PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

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

1 Case Number: 22-073889

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

3 Station/Precinct:

10 Crash Occurred On: FINCHLEY BLVD — Road Name

☐ At Intersection With

☒ Feet ☐ Miles — 14: 75

☐ N ☒ E ☐ S ☐ W of: SHAYAS RD — Dir

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

4 Date of Crash (mm dd yy): 09/20/22 — 15

5 Day Of Week: TUESDAY — 16

6 Time (use 2400 hrs): 2307

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.060478

22 Longitude: -74.221992

20 Route/Name:

118a	29
118b	-
119a	29
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	10
132	10
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4237136546

25 NJ Ins. Code: 148

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

26 Driver's First Name: JHAIRY — Initial: - — Last Name: VISTIN - — 29 Sex: F

27 Number & Street: 223 RIVER AVE

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

30 Eyes: 1 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: V46824010053001

33 DOB (mm dd yyyy): 03/24/2000

34 Expires (mm yy): 03 26

35 Owner's First Name: HECTOR — Initial: E — Last Name: VISTIN -

☐ Same As Driver

36 Number & Street: 119 E KENNEDY BLVD; 17

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

38 Make: HOND — 39 Model: CRV — 40 Color: GRY — 41 Year: 2011 — 42 Plate No.: E74PCC — 43 State: NJ

44 VIN: 5J6RE4H31BL058600 — 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: MAYER — Initial: - — Last Name: KLEIN - — 59 Sex: M

57 Number & Street: 8 SUNRISE DR

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

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

61 State: NY

62 Driver's License Number: 748712960

63 DOB (mm dd yyyy): 09/22/1999

64 Expires (mm yy): 09 30

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

☐ Same As Driver

66 Number & Street: 8 SUNRISE CT

67 City: MONSEY — State: NJ — Zip: 10952

68 Make: HOND — 69 Model: PLT — 70 Color: GRY — 71 Year: 2021 — 72 Plate No.: KJN6599 — 73 State: NY

74 VIN: 5FNYF8H54MB011493 — 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	22	F	-	-	-	11	04	-	-	JHAIRY - VISTIN - 223 RIVER AVE LAKEWOOD NJ 08701
B	01	07	01	05	2M	M	-	-	-	06	06	-	-	ZAVION VINCENT 223 RIVER AVE LAKEWOOD NJ 08701
C	01	08	01	05	2	F	-	-	-	05	05	-	-	ZAMYLAH VINCENT 223 RIVER AVE LAKEWOOD NJ 08701
D	02	01	01	05	22	M	-	-	-	11	04	-	-	MAYER - KLEIN - 8 SUNRISE DR MONSEY NY 10952

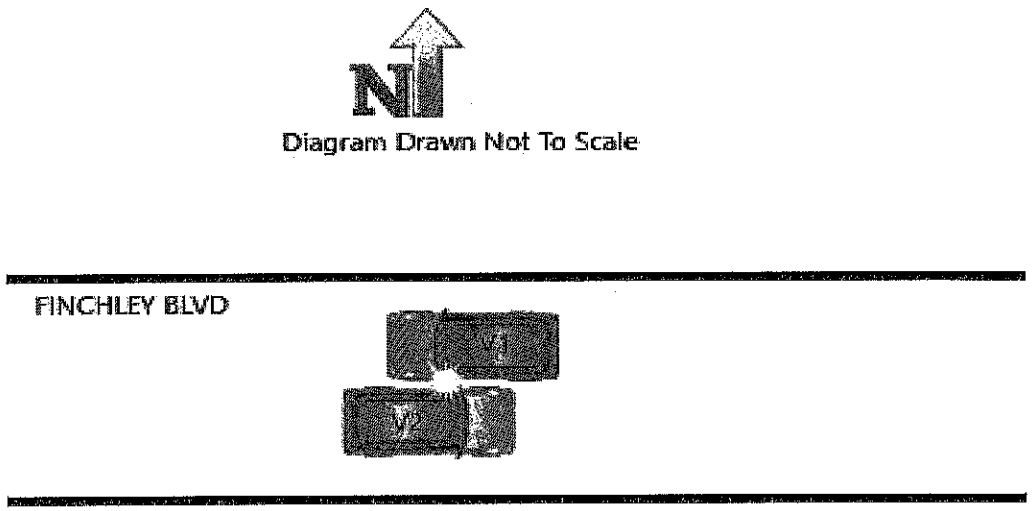
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-073889

(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

V2 Insurance
Geico (NY)
One GEICO Plaza
Washington, DC 20076
800-841-3000
4360-87-01-50
639

Driver of V1 stated she was traveling West on Finchley Blvd. D1 stated she moved over slightly for cars parked on her side of the road. D1 stated V2 (traveling East) saw her and had a big car. D1 stated V2's driver side, side view mirror struck her mirror.

Driver of V2 stated he was traveling East on Finchley Blvd. D2 stated V1 was traveling West on Finchley Blvd. D2 stated V1 was traveling fast and struck his driver side, side view mirror.

I observed the damage to both vehicles and it was very minor. V1 had a cracked mirror and V2 had a small chip in the paint on the front part of the mirror. This lead me to determine V1 was not traveling a high rate of speed, due to the small amount of damage. I was unable to determine fault.

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

96	05	1 Case Number	22-072519
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	05	4 Date of Crash (mm dd yy)	09/15/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	0830
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	CROSS ST
		☐ At Intersection With	
		☒ Feet / ☐ Miles	100
		☐ N ☒ E / ☐ S ☐ W	
		Road Name	NEWPORT AVE
		Dir	
		of:	
		11 Speed Limit	35
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.074466
		22 Longitude	-74.249724
118a	09		
118b	02		
119a	25		
119b	-		

100b	04	23 Veh #	1	53 Veh #	2
101	02	24 Policy No.	939659174	54 Policy No.	CAH7409735-04
102	01	25 NJ Ins. Code	012	55 NJ Ins. Code	650
103	01	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
104	2	26 Driver's First Name	SUSAN	56 Driver's First Name	ANGEL
		Initial	-	Initial	N
		Last Name	STERNBUCH -	Last Name	BLOUNT -
		29 Sex	F	59 Sex	F
		27 Number & Street	1 FILLMORE AVE	57 Number & Street	22 SKYTOP GARDENS APT. 14
		28 City	LAKEWOOD	58 City	PARLIN
		State	NJ	State	NJ
		Zip	08701	Zip	08859
		30 Eyes	3	60 Eyes	6
		DL Class	D	DL Class	D
		Restrictions	-	Restrictions	-
		Endorsements	-	Endorsements	-
		31 State	NJ	61 State	NJ
105	01	32 Driver's License Number	S82277270059033	62 Driver's License Number	B55660437556966
		33 DOB (mm dd yyyy)	09/21/2003	63 DOB (mm dd yyyy)	06/17/1996
		34 Expires (mm yy)	09 25	64 Expires (mm yy)	06 23
106	-	35 Owner's First Name	DANIEL	65 Owner's First Name	-
		Initial	-	Initial	-
		Last Name	STERNBUCH -	Last Name	K MOOREA CO LLC -
		☐ Same As Driver		☐ Same As Driver	
107	-	36 Number & Street	1 FILLMORE AVE	66 Number & Street	5300 ASBURY RD
108	01	37 City	LAKEWOOD	67 City	FARMINGDALE
		State	NJ	State	NJ
		Zip	08701	Zip	07727
109	03	38 Make	LINC	68 Make	CHEV
		39 Model	COR	69 Model	EXP - EX
		40 Color	2	70 Color	WHI
		41 Year	2020	71 Year	2019
		42 Plate No.	L13MYW	72 Plate No.	XHPR93
		43 State	NJ	73 State	NJ
110	01	44 VIN	5LMCJ1D94LUL26477	74 VIN	1GCWGAFP7K1224332
		45 Expires	11 23	75 Expires	02 23
111	02	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
112	-	47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police
113	-	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
114	-	49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
115	-	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
116	02	51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
117	02	52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity	
		Number & Street		Number & Street	
		City / State / Zip		City / State / Zip	

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		

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	-	-	SUSAN - STERNBUCH - 1 FILLMORE AVE LAKEWOOD NJ 08701
B	02	01	01	05	26	F	-	-	-	11	04	-	-	ANGEL N BLOUNT - 22 SKYTOP GARDENS AP PARLIN NJ 08859
C	02	03	01	05	40	F	-	-	-	11	04	-	-	CAROLYN CARPENTER 325 LETTS AVE FORKED RIVER NJ 08731
D														

New Jersey Police Crash Investigation Report

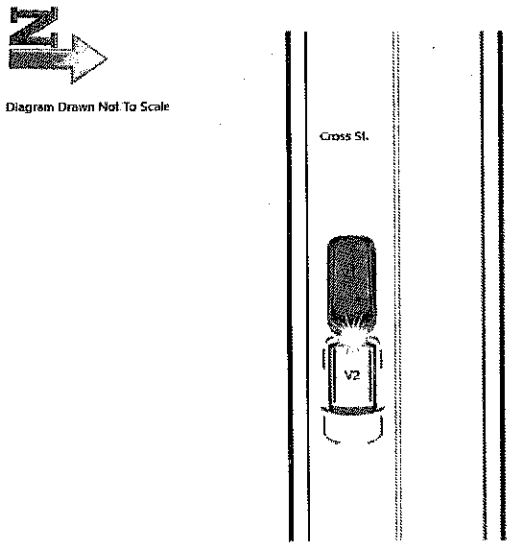
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072519

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle 1 stated that she was stopping in traffic east bound on Cross St. when vehicle 2 reversed into her. Driver 1 stated she did not know why vehicle 2 was reversing because she "wasn't looking". There were no injuries reported or observed to the occupant of vehicle 1. Vehicle 1 sustained what appeared to be minor damage to the front bumper and was driven from the scene by the driver.

The driver and passenger of vehicle 2 stated that they were stopped in traffic east bound on Cross St. when vehicle 1 rear ended them. There were no injuries reported or observed to the occupants of vehicle 2. Vehicle 2 sustained what appeared to be minor to no damage to the rear bumper and was driven from the scene by the driver.

Based on driver statements I find driver 1 at fault of the crash for following too closely and driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOONEY JR M	330	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	01	1 Case Number	22-074868
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	09	4 Date of Crash (mm dd yy)	09/24/22
100a	01	5 Day Of Week	SATURDAY
		6 Time (use 2400 hrs)	1216
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	3 FAIRWAYS BLVD
		Road Name	
		Dir	
		11 Speed Limit	
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	
		☐ At Intersection With	
		☐ Feet ☐ N ☐ E of:	
		☐ Miles ☐ S ☐ W	
		14 15 16	
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.057740
		22 Longitude	-74.229961
118a	02		
118b	-		
119a			
119b			
120a	01		
120b	01		
121a			
121b			
122	01		
123			
124	99		
125			
126a	49		
126b	01		
126c	-		
126d	-		
126e	49		
127a			
127b			
127c			
127d			
127e			
128			
129	12		
130	17		
131			
132			
133	01		
134			

100b	04	23 Veh #	1	24 Policy No.	939 787 305	25 NJ Ins. Code	054
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run					
102	01	26 Driver's First Name	EDNA	Initial	C	Last Name	KRANE
		29 Sex	F				
103	01	27 Number & Street	2A HERON ST				
104	1	28 City	MANCHESTER	State	NJ	Zip	08759
105	11	30 Eyes	5	DL Class	D	Restrictions	-
		Endorsements	-	31 State	NJ		
		32 Driver's License Number	K71851916351465	33 DOB (mm dd yyyy)	01/09/1946	34 Expires (mm yy)	01 24
106	-	35 Owner's ☐ Same As Driver	EDNA	Initial	C	Last Name	KRANE
107		36 Number & Street	2A HERON ST				
108	01	37 City	MANCHESTER	State	NJ	Zip	08759
109		38 Make	CHEV	39 Model	EQU	40 Color	BLU
		41 Year	2016	42 Plate No.	A71CVL	43 State	NJ
110	01	44 VIN	2GNALBEK1G6148099	45 Expires	07 23		
111		46 Vehicle Removed To					
112		☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded					
113		47 Authority	☒ Owner ☐ Driver ☐ Police				
114		48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused				
115		Type: ☐ Breath ☐ Blood ☐ Urine					
116	04	Results: 0. - % ☐ Pending					
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill				
		Hazard Class		Placard No.			
117		50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None				
		51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs				
		52 Motor Carrier or Government Entity					
		Number & Street					
		City		State		Zip	

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

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

MECHANICAL GATE: BARRIER ARM BROKEN FROM IT MOUNTING BRACKET.

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01		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	-	76	F	-	-	-	11	04	-	-	EDNA C KRANE - 2A HERON ST MANCHESTER NJ 08759
B														
C														
D														

New Jersey Police
Crash Investigation Report

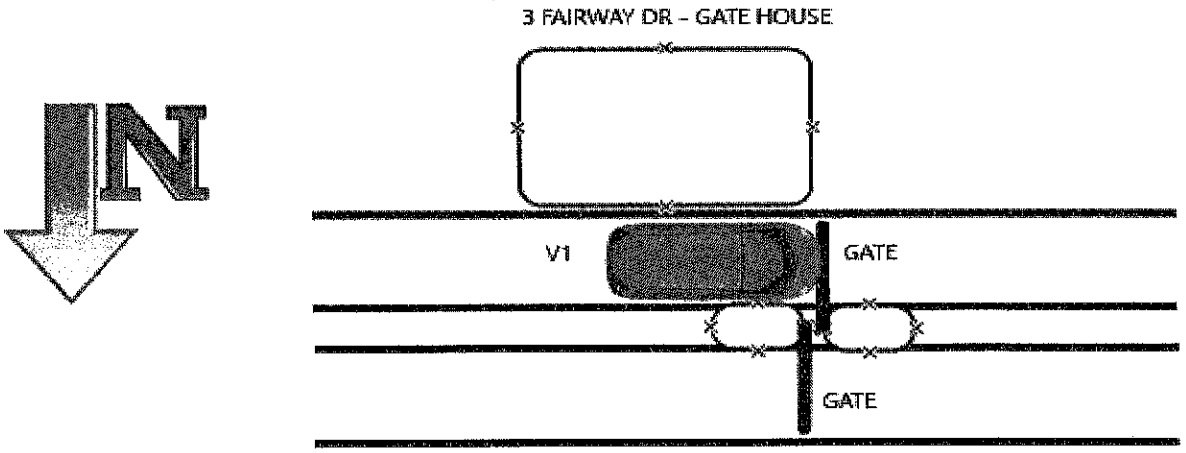
Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-074868

(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

Based on evidence and statements on scene, Driver 01 upon showing ID to the Gate Guard, proceeded forward; however, the Gate Guard had yet to open the gate and Driver 01 struck it, knocking it to the ground.

No injuries were reported and no airbag deployment noted. Vehicle 01 was driven from the scene by the listed driver. 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

96	05	PAGE 1 OF 2 ☐ Fatal	New Jersey Police Crash Investigation Report ☐ Reportable ☒ Non-Reportable ☐ Change Report
97	01	1 Case Number: 22-075560	10 Crash Occurred On: MADISON AVE; 11 Speed Limit: 40
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P; Code: 01	☐ At Intersection With; Road Name: 9TH ST; Dir; 12 Route No.; Suffix; 13 Milepost; 18 Speed Limit: 25
99	02	3 Station/Precinct	☒ Feet ☒ N ☐ E of: ; 14: 15; ☐ Miles ☐ S ☐ W; 15; 16; 19 Ramp ☐ To ☐ From: ; 17 Cross Road Name: ; ☐ NB ☐ EB ☐ SB ☐ WB
100a	01	4 Date of Crash (mm dd yy): 09/26/22; 5 Day Of Week: MONDAY; 6 Time (use 2400 hrs): 1631; 7 Municipality Code: 1514; 8 Total Killed: --; 9 Total Injured: --	20 Route/Name: ; 21 Latitude: 40.098760; 22 Longitude: -74.217973
100b	04	23 Veh #: 1; 24 Policy No.: 006920535C71029; 25 NJ Ins. Code: 823	53 Veh #: 2; 54 Policy No.: PANJ-008719878; 55 NJ Ins. Code: 071
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
102	01	26 Driver's First Name: JOHN; Initial: H; Last Name: PRATT 3RD -; 29 Sex: M	56 Driver's First Name: BRENDA; Initial: V; Last Name: OVIEDODELATORRE -; 59 Sex: F
103	01	27 Number & Street: 99 HARVEY AVENUE	57 Number & Street: 507 BARNEGAT AVE
104	2	28 City: LINCROFT; State: NJ; Zip: 07738	58 City: TOMS RIVER; State: NJ; Zip: 08753
105	01	30 Eyes: 5; DL Class: D; Restrictions: -; Endorsements: -; 31 State: NJ	60 Eyes: 1; DL Class: A; Restrictions: -; Endorsements: -; 61 State: NJ
106	-	32 Driver's License Number: P72214076804785; 33 DOB (mm dd yyyy): 04/11/1978; 34 Expires (mm yy): 04 26	62 Driver's License Number: O95460968559851; 63 DOB (mm dd yyyy): 09/17/1985; 64 Expires (mm yy): 09 26
107	-	35 Owner's First Name: JOHN; Initial: H; Last Name: PRATT 3RD - ☐ Same As Driver	65 Owner's First Name: BRENDA; Initial: V; Last Name: OVIEDODELATORRE - ☐ Same As Driver
108	01	36 Number & Street: 99 HARVEY AVENUE	66 Number & Street: 507 BARNEGAT AVE
109	01	37 City: LINCROFT; State: NJ; Zip: 07738	67 City: TOMS RIVER; State: NJ; Zip: 08753
110	01	38 Make: HOND; 39 Model: PIL; 40 Color: 4; 41 Year: 2013; 42 Plate No.: P83NPS; 43 State: NJ	68 Make: CHRY; 69 Model: 200; 70 Color: GRY; 71 Year: 2015; 72 Plate No.: F19MYT; 73 State: NJ
111	01	44 VIN: 5FNYF4H41DB007272; 45 Expires: 05 23	74 VIN: 1C3CCCAB8FN636767; 75 Expires: 11 22
112	-	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
113	-	47 Authority: ☒ Owner ☐ Driver ☐ Police	77 Authority: ☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused
115	-	Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
116	03	49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79 Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
117	03	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. 1; 136 Charge; 137 Summons. No. -	Oper.; 138 Charge; 139 Summons. No.
		Oper. 2; 140 Charge; 141 Summons. No. -	Oper.; 142 Charge; 143 Summons. No.

	118a	118b	119a	119b	120a	120b	121a	121b	122	123	124	125	126a	126b	126c	126d	126e	127a	127b	127c	127d	127e	128	129	130	131	132	133	134
	02	-	25	-	01	-	01	-	07	08	03	03	26	-	-	-	26	26	-	-	-	26	26	10	10	04	04	02	02

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	44	M	-	-	-	11	04	-	-	JOHN H PRATT 3RD - 99 HARVEY AVENUE LINCROFT NJ 07738
B	2	01	01	05	37	F	-	-	-	11	04	-	-	BRENDA V OVIEDODELATORRE - 507 BARNEGAT AVE TOMS RIVER NJ 08753
C	2	03	01	05	46	F	-	-	-	11	04	-	-	NEISY - BALENZEA - 110 HOLY BERRY DR TOMS RIVER NJ 08753
D	2	06	01	05	12	M	-	-	-	11	04	-	-	ALESSANDRO - MUNOZ - 507 BARNEGAT AVE TOMS RIVER NJ 08755

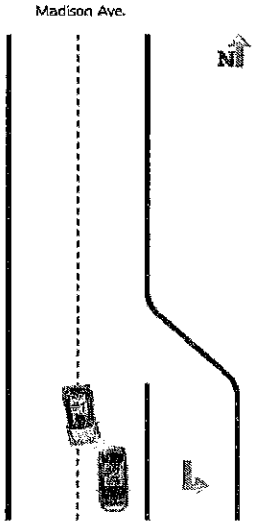
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-075560

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	2	04	01	05	21	F	-	-	-	11	04	-	-	ALEXA - MUNOZ - 507 BARNEGAT AVE TOMS RIVER NJ 08753
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 was traveling south on Rt. 9 when he observed Vehicle 2 stopped at the traffic light and attempted to change lanes. As the driver of Vehicle 1 began his lane change, he observed a vehicle in his mirror also traveling south and he quickly changed back into his lane of travel. As the driver of Vehicle 1 re-entered his lane, he attempted to stop Vehicle 1, but could not in time and crashed into Vehicle 2.

The driver of Vehicle 2 was stopped at the traffic signal, and stated that she was stopped when Vehicle 1 crashed into the rear of Vehicle 2. Based on my observation and speaking with both drivers, I determined that the driver of Vehicle 1 did not ensure that it was safe to properly change lanes, and when he re-entered his lane, he did not have adequate time to properly stop prior to the crash.

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

96	05	1 Case Number	22-076159
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	07	3 Station/Precinct	
99	02	4 Date of Crash (mm dd yy)	09/28/22
100a	01	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
		☒ At Intersection With	Road Name
		☐ Feet ☐ N ☐ E of:	BROADWAY AVE
		☐ Miles ☐ S ☐ W	
		14 15 16	
		11 Speed Limit	45
		12 Route No.	0009
		Suffix	
		13 Milepost	
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		20 Route/Name	
		21 Latitude	40.062545
		22 Longitude	-74.219288
		Dir	
		☐ NB ☐ EB ☐ SB ☐ WB	
118a	04		
118b	-		
119a	25		
119b	-		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	4600-05-86-24
102	01	25 NJ Ins. Code	148
103	01	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
104	2	26 Driver's First Name	BLUMA
105	03	Initial	P
106	-	Last Name	BADDOUCH -
107	-	29 Sex	F
108	01	27 Number & Street	24 KLETSK HILL RD
109	04	28 City	LAKEWOOD
110	01	State	NJ
111	01	Zip	08701
112	-	30 Eyes	2
113	-	DL Class	-
114	-	Restrictions	-
115	-	Endorsements	-
116	02	31 State	NJ
117	03	32 Driver's License Number	B00940947756772
		33 DOB (mm dd yyyy)	06/03/1977
		34 Expires (mm yy)	06 24
		35 Owner's ☐ Same As Driver	DANIEL - BADDOUCH -
		36 Number & Street	24 KLETSK HILL RD
		37 City	LAKEWOOD
		State	NJ
		Zip	08701
		38 Make	HYUN
		39 Model	SON
		40 Color	SIL
		41 Year	2018
		42 Plate No.	S24MSE
		43 State	NJ
		44 VIN	5NPE24AF1JH671076
		45 Expires	08 22
		46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
		47 Authority	☐ Owner ☐ Driver ☒ Police
		48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
		50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
		51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	
		Number & Street	
		City	
		State	
		Zip	

Vehicle 2

53 Veh #	2	118a	04
54 Policy No.	605 116793 206 1	118b	-
55 NJ Ins. Code	884	119a	25
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		119b	-
56 Driver's First Name	ZEV	120a	01
Initial	-	120b	-
Last Name	LOWINGER -	121a	01
59 Sex	M	121b	-
57 Number & Street	1416 KIMBERLY DR		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	4	122	03
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	L68867960004054	123	03
63 DOB (mm dd yyyy)	04/14/2005		
64 Expires (mm yy)	04 26		
65 Owner's ☐ Same As Driver	ALEXANDER F LOWINGER -	124	08
66 Number & Street	1416 KIMBERLY DRIVE	125	04
67 City	LAKEWOOD	126a	26
State	NJ		
Zip	08701		
68 Make	HOND	126b	-
69 Model	PIL		
70 Color	BLU		
71 Year	2020		
72 Plate No.	X73MRE		
73 State	NJ		
74 VIN	5FNYF6H37LB053707	126c	-
75 Expires	07 24		
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	126d	-
77 Authority	☐ Owner ☒ Driver ☐ Police	126e	26
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	127a	26
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	127b	-
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	127c	-
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	127d	-
82 Motor Carrier or Government Entity		127e	26
Number & Street		128	26
City		129	10
State		130	10
Zip			

135 Damage To Other Property	☐ Yes (If Yes, describe)	☒ No				131 08
Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.	132 08
01	39:3-4	A294619				
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.	133 02
						134 02

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	45	F	-	-	-	11	04	-	-	BLUMA P BADDOUCH - 24 KLETSK HILL RD LAKEWOOD NJ 08701
B	02	01	01	05	17	M	-	-	-	11	04	-	-	ZEV - LOWINGER - 1416 KIMBERLY DR LAKEWOOD NJ 08701
C														
D														

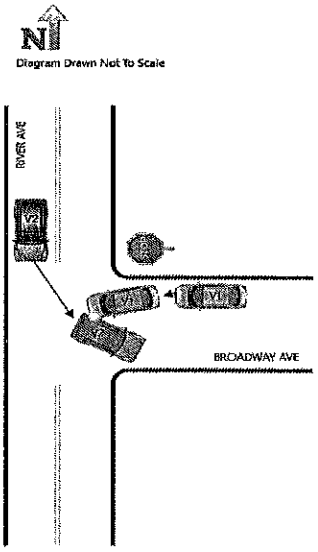
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-076159

(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 declined to speak to me without a lawyer present. I advised her she can call a lawyer to consult before speaking to me. D1's husband advised her not to speak to me about the crash.

Driver of V2 stated he was traveling South on River Ave. D2 stated he attempted to turn left onto Broadway Ave when V2 also made a left from the Broadway Ave. D2 stated V1 collided with his vehicle.

I determined V1 was at fault for the crash. V1 had a stopsign on Broadway Ave and should have yielded to oncoming traffic. I made this determination based on statements from D2, the location of damage to both vehicles and my observations of the crash scene. Both vehicles had minor damage.

V1 had an expired registration from 8/2022. The registered owner reported that he registered V1 online but did not have a receipt. D1 was advised to park in the Four Seasons Grocery Store until she received the receipt or DMV was updated. D1 was issued for the unregistered vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICALLEF E	366	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96 05 | 97 01 | 98 01 | 99 07 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 2 | 105 08 | 106 - | 107 - | 108 - | 109 01 | 110 02 | 111 01 | 112 - | 113 - | 114 03 | 115 - | 116 03 | 117 02

1 Case Number: 22-076149

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

3 Station/Precinct:

10 Crash Occurred On: 2ND STREET | 11 Speed Limit: 25 | 12 Route No.: - | Suffix: - | 13 Milepost: -

☐ At Intersection With | Road Name | Dir | 18 Speed Limit: 25

☒ Feet ☐ Miles | 14: 100 | 15 | ☐ N ☒ E ☐ S ☐ W | 16 | 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): 09/28/22 | 5 Day Of Week: WEDNESDAY | 6 Time (use 2400 hrs): 1745 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: -- | 21 Latitude: 40.092490 | 22 Longitude: -74.213917

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

Vehicle 1

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

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

26 Driver's First Name: WANDERSON | Initial: L | Last Name: SILVA - | 29 Sex: M

27 Number & Street: 72 12 KOMORN ST

28 City: NEWARK | State: NJ | Zip: 07105

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

32 Driver's License Number: 208139415 | 33 DOB (mm dd yyyy): 05/05/1982 | 34 Expires (mm yy): 05 26

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

36 Number & Street: 254 ELIZABETH AVE

37 City: NEWARK | State: NJ | Zip: 07108

38 Make: PETE | 39 Model: - | 40 Color: GRN | 41 Year: 2019 | 42 Plate No.: XKEM70 | 43 State: NJ

44 VIN: 2NP2HM6X5KM633346 | 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 3906897 ☐ 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: SHIMONS EXPRESS

Number & Street: 254 ELIZABETH AVE

City: NEWARK | State: NJ | Zip: 07108

Vehicle 2

53 Veh #: 2 | 54 Policy No.: 8610623 | 55 NJ Ins. Code: 096

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

56 Driver's First Name: MARIA | Initial: A | Last Name: ROBLEDO-ROJAS - | 59 Sex: F

57 Number & Street: 415 E VETERANS HWY

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

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

62 Driver's License Number: R60265196159772 | 63 DOB (mm dd yyyy): 09/30/1977 | 64 Expires (mm yy): 09 25

65 Owner's ☐ Same As Driver | First Name: LAURA | Initial: - | Last Name: SANTILLANROBLEI -

66 Number & Street: 415 E VETERANS HIGHWAY

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

68 Make: FORD | 69 Model: EXP | 70 Color: BLK | 71 Year: 2008 | 72 Plate No.: T51FKW | 73 State: NJ

74 VIN: 1FMEU74E58UB06419 | 75 Expires: 05 23

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	40	M	-	-	-	11	04	-	-	WANDERSON L SILVA - 72 12 KOMORN ST NEWARK NJ 07105
B	1	01	01	05	44	F	-	-	-	11	04	-	-	MARIA A ROBLEDO-ROJAS - 415 E VETERANS HWY JACKSON NJ 08527
C														
D														

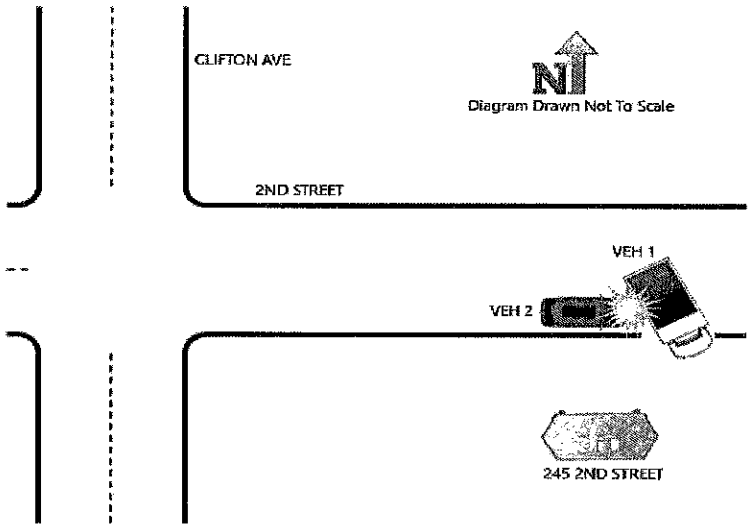
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-076149

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE ONE INSURANCE POLICY: VEHICLE ONE IS SELF INSURED THROUGH EVERSPAN INDEMNITY INSURANCE COMPANY. POLICY NUMBER:CW1EII-738380-01. PHONE NUMBER 718-972-3705.

VEHICLE ONE WAS BACKING OUT OF A PARKING LOT NEXT TO 245 2ND STREET ONTO 2ND STREET. VEHICLE TWO WAS PARKED FACING EAST IN THE ROADWAY NEXT TO 245 2ND STREET. DRIVER TWO STATED SHE WAS IN HER PARKED VEHICLE IN FRONT OF 245 2ND STREET WHEN VEHICLE ONE SRUCK HER VEHICLE. DRIVER ONE STATED HE WAS BACKING OUT OF A PARKING LOT NEXT TO 245 2ND STREET. DRIVER ONE STATED HE WAS UNAWARE THAT HE STRUCK VEHICLE TWO AND LEFT THE SCENE. DRIVER TWO HAD THE LICENSE PLATE OF VEHICLE ONE WHICH WAS UTILIZED TO TRACK THE VEHICLE DOWN.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR BACKING UNSAFELY. NO INJURIES WERE REPORTED AT THE SCENE. VEHICLE ONE SUFFERED NO DAMAGE. VEHICLE TWO SUFFERED MINOR DAMAGE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	LT JP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	PAGE 1 OF 2 ☐ Fatal	New Jersey Police Crash Investigation Report ☐ Reportable ☒ Non-Reportable ☐ Change Report
97	01	1 Case Number: 22-076127	10 Crash Occurred On: NEW HAMPSHIRE AVE; ☐ At Intersection With; Road Name; Dir; 11 Speed Limit: 45; 12 Route No.: 0623; Suffix; 13 Milepost
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P; Code: 01	☒ Feet ☐ Miles; ☐ N ☐ E ☒ S ☐ W of: SALEM RD; 18 Speed Limit: 25
99	05	3 Station/Precinct	14: 75; 15; 16; 19 Ramp ☐ To ☐ From; 17 Cross Road Name; ☐ NB ☐ EB ☐ SB ☐ WB
100a	01	4 Date of Crash mm dd yy: 09/28/22; 5 Day Of Week: WEDNESDAY; 6 Time (use 2400 hrs): 1543; 7 Municipality Code: 1514; 8 Total Killed: --	9 Total Injured: 1; 20 Route/Name; 21 Latitude: 40.055420; 22 Longitude: -74.195863
100b	04	23 Veh #: 1; 24 Policy No.: AI02351966; 25 NJ Ins. Code: 058	53 Veh #: 2; 54 Policy No.: 939 148 523; 55 NJ Ins. Code: 054
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
102	01	26 Driver's First Name: SHIRA; Initial: -; Last Name: FELENDLER -; 29 Sex: F	56 Driver's First Name: MARIA; Initial: A; Last Name: FILIPPONE -; 59 Sex: F
103	01	27 Number & Street: 135 FOREST PARK CIR	57 Number & Street: 419 ROSE CT
104	2	28 City: LAKEWOOD; State: NJ; Zip: 08701	58 City: LAKEWOOD; State: NJ; Zip: 08701
105	01	30 Eyes: 6; DL Class: D; Restrictions: -; Endorsements: -; 31 State: NJ	60 Eyes: 4; DL Class: D; Restrictions: -; Endorsements: -; 61 State: NJ
106	-	32 Driver's License Number: F23667080051846; 33 DOB mm dd yyyy: 01/11/1984; 34 Expires mm yy: 01 26	62 Driver's License Number: F43355196151714; 63 DOB mm dd yyyy: 01/25/1971; 64 Expires mm yy: 01 24
107	-	35 Owner's ☐ Same As Driver; First Name: SHLOMIE; Initial: -; Last Name: FELENDLER -	65 Owner's ☐ Same As Driver; First Name: MARIA; Initial: A; Last Name: FILIPPONE -
108	01	36 Number & Street: 135 FOREST PARK CIR	66 Number & Street: 419 ROSE CT
109	04	37 City: LAKEWOOD; State: NJ; Zip: 08701	67 City: LAKEWOOD; State: NJ; Zip: 08701
110	01	38 Make: TOYT; 39 Model: SIE; 40 Color: SIL; 41 Year: 2017; 42 Plate No.: R52PFL; 43 State: NJ	68 Make: HOND; 69 Model: CR; 70 Color: RD; 71 Year: 2013; 72 Plate No.: CF1378; 73 State: NJ
111	01	44 VIN: 5TDKZ3DC7HS854593; 45 Expires: 10 22	74 VIN: 5J6RM4H5XDL050695; 75 Expires: 07 23
112	-	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
113	-	47 Authority: ☐ Owner ☒ Driver ☐ Police	77 Authority: ☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	49 Hazardous Material: ☒ None ☐ On Board ☐ Spill
115	-	Type: ☐ Breath ☐ Blood ☐ Urine	Hazard Class; Placard No.
116	03	Results: 0. - % ☐ Pending	78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused
117	03	50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None
		Number & Street	81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		City; State; Zip	82 Motor Carrier or Government Entity
		135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No	Number & Street; City; State; Zip

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	38	F	-	-	-	11	04	-	-	SHIRA - FELENDLER - 135 FOREST PARK CIR LAKEWOOD NJ 08701
B	01	03	01	05	12	F	-	-	-	11	04	-	-	GITTEL - FELENDLER - 135 FOREST PARK CIR LAKEWOOD NJ 08701
C	01	04	01	05	10	F	-	-	-	11	04	-	-	MIRIAM - FELENDLER - 135 FOREST PARK CIR LAKEWOOD NJ 08701
D	01	06	01	05	7	M	-	-	-	11	04	-	-	BORUCH - FELENDLER - 135 FOREST PARK CIR LAKEWOOD NJ 08701

118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	08
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	06
132	06
133	01
134	01

New Jersey Police Crash Investigation Report

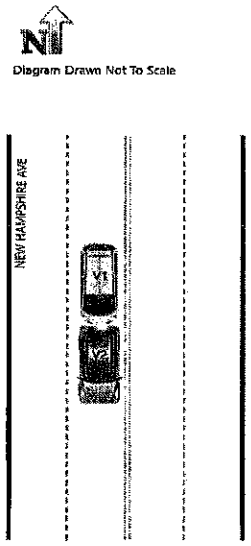
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-076127

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	01	07	01	05	3	F	-	-	-	05	05	-	-	RIVKA - FELENDLER - 135 FOREST PARK CIR LAKEWOOD NJ 08701
F	01	09	01	05	05M	M	-	-	-	06	06	-	-	ISRAEL - FELENDLER - 135 FOREST PARK CIR LAKEWOOD NJ 08701
G	02	01	01	04	51	F	01	08	01	11	04	-	-	MARIA A FILIPPONE - 419 ROSE CT LAKEWOOD NJ 08701
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated she was stopped in traffic Southbound on New Hampshire Ave, behind V2. D1 stated V2 began driving them stopped quickly.

Driver of V2 stated she was stopped in traffic Southbound on New Hampshire Ave. D2 stated the light turned green and as traffic began moving V1 collided with the rear of her vehicle.

D2 reported she was not injured at first but started to have a headache. D2 further advised she has back and neck issues. D2 declined EMS response/transport. Lakewood EMS first responder was on scene and was advised D2 refused treatment but stated she would go to a walk in medical treatment facility at a later time.

I determined V1 was at fault for this crash. D1 should have been aware of V2 stopping, whether it was abrupt or not, and left enough room to safely stop behind her in the highly congested traffic. V1 had minor damage to the front, driver side fender of her vehicle and V2 did not have any visible damage. I made this determination based on statements from both drivers, the location of damage to V1 and my observations of the crash scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICALLEF E	366	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	22-076461
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	02	4 Date of Crash (mm dd yy)	09/29/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	1650
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	RIVER AVE
		☒ At Intersection With	Road Name
		☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☒ W
		of:	CEDAR CT
		11 Speed Limit	40
		12 Route No.	0009
		Dir / Suffix	
		13 Milepost	
		14 / 15 / 16	
		17 Cross Road Name	
		18 Speed Limit	15
		19 Ramp ☐ To ☐ From:	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.071234
		22 Longitude	-74.217839

118a	04	118b	-
119a	29	119b	-
120a	01	120b	01
121a	01	121b	01
122	02	123	-
124	08	125	-
126a	21	126b	03
126c	-	126d	-
126e	21	127a	26
127b	-	127c	-
127d	-	127e	26
128	21	129	01
130	01	131	01
132	01	133	02
134	01		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	939490323
		25 NJ Ins. Code	054
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	ESTHER
		Initial	-
		Last Name	PACHTINGER -
		29 Sex	F
103		27 Number & Street	182 HADASSAH LN
104	1	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	5
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	14	32 Driver's License Number	P00472390058025
		33 DOB (mm dd yyyy)	08/25/2002
		34 Expires (mm yy)	08 24
106	-	35 Owner's First Name	☐ Same As Driver SARAH
		Initial	-
		Last Name	PACHTINGER -
107	-	36 Number & Street	182 HADASSAH LN
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	-	38 Make	NISS
		39 Model	SEN - SE
		40 Color	RD
		41 Year	2021
		42 Plate No.	V48PFC
		43 State	NJ
110	01	44 VIN	3N1AB8CV0MY302083
		45 Expires	10 24
111	-	46 Vehicle Removed To	
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	03	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	01	51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	
		Number & Street	
		City / State / Zip	

Vehicle 2

53 Veh #	B2	54 Policy No.	-
		55 NJ Ins. Code	-
		☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	DAVID	Initial	A
		Last Name	DRAYTON -
		59 Sex	M
57 Number & Street	1308 MCARTHUR ST		
58 City	LAKEWOOD	State	NJ
		Zip	08701
60 Eyes	2	DL Class	D
		Restrictions	-
		Endorsements	-
		61 State	NJ
62 Driver's License Number	-		
		63 DOB (mm dd yyyy)	05/24/1977
		64 Expires (mm yy)	05 26
65 Owner's First Name	☐ Same As Driver -	Initial	-
		Last Name	-
66 Number & Street	-		
67 City	-	State	-
		Zip	-
68 Make	-	69 Model	-
		70 Color	-
		71 Year	-
		72 Plate No.	-
		73 State	-
74 VIN	-		
		75 Expires	- -
76 Vehicle Removed To	-		
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
77 Authority	☒ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill		
	- / -		
	Hazard Class / Placard No.		
80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None		
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity	-		
Number & Street	-		
City	-	State	-
		Zip	-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	20	F	-	-	-	11	04	-	-	ESTHER - PACHTINGER - 182 HADASSAH LN LAKEWOOD NJ 08701
B	P	01	01	05	45	M	11	08	01	01	01	-	-	DAVID A DRAYTON - 1308 MCARTHUR ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

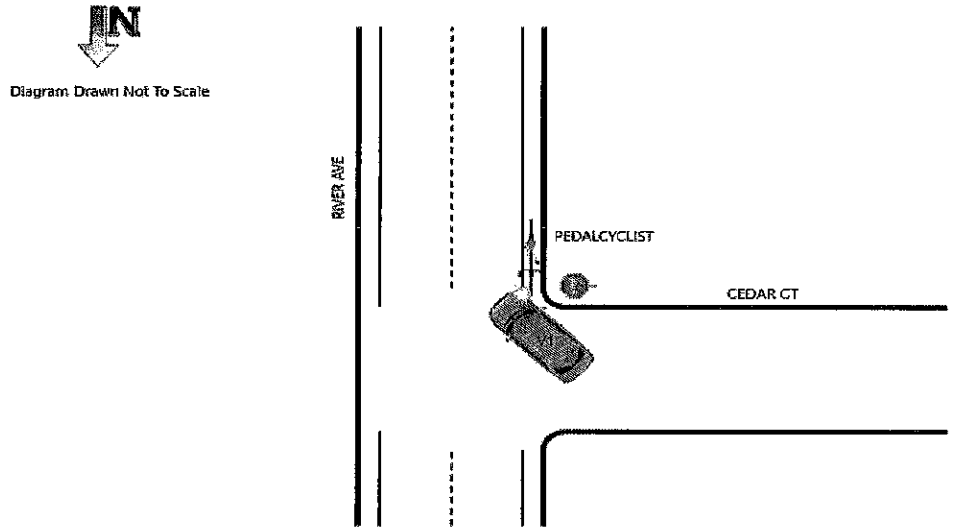
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-076461

(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 stopped at a stop sign on Cedar Ct and was trying to make a right turn onto River Ave. Driver 1 stated a vehicle heading South on River Ave had stopped to let her pull out to make a right turn and was suddenly side swiped by a Pedalcyclist. Driver 1 was unsure of how the accident actually occurred and stated she did not even see the Pedalcyclist.

Upon my arrival, I spoke with both parties involved. The Pedalcyclist stated he was traveling North on River Ave in the shoulder lane and V1 pulled out in front of him causing him to sideswipe V1. Pedalcyclist refused medical attention and had no signs of injury, only complaint of pain. Driver 1 is at fault for failure to yield the right of way to a Pedalcyclist and Pedalcyclist was at fault for traveling against the flow of traffic. Driver 1 had clear vision in the path the Pedalcyclist was traveling with no obstructions blocking her view.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIANOULIS J	410	LTJP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-076359
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	07	4 Date of Crash (mm dd yy)	09/29/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	0825
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	E 5TH ST
		☒ At Intersection With	Road Name: NEGBA ST
		☐ Feet ☐ Miles	14 15
		☐ N ☐ E ☐ S ☐ W	16
		11 Speed Limit	25
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		20 Route/Name	
		21 Latitude	
		22 Longitude	
		☐ NB ☐ EB ☐ SB ☐ WB	

118a	00	118b	00
119a	00	119b	00
120a	01	120b	01
121a	01	121b	01
122	01	123	01
124	04	125	08
126a	22	126b	-
126c	-	126d	-
126e	22	127a	26
127b	-	127c	-
127d	-	127e	26
128	26	129	00
130	00	131	-
132	-	133	01
134	-		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	954296894
102	01	25 NJ Ins. Code	134
103	01	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
104	2	26 Driver's First Name	AVRAHAM
105	03	Initial	Y
106	-	Last Name	SCHWARTZ
107	-	29 Sex	M
108	01	27 Number & Street	373 E 5TH ST
109	-	28 City	LAKEWOOD
110	01	State	NJ
111	-	Zip	08701
112	-	30 Eyes	4
113	-	DL Class	D
114	-	Restrictions	-
115	-	Endorsements	-
116	04	31 State	NJ
117	03	32 Driver's License Number	S15700718802944
		33 DOB (mm dd yyyy)	02/02/1994
		34 Expires (mm yy)	02 26
		35 Owner's First Name	AVRAHAM
		Initial	Y
		Last Name	SCHWARTZ
		☐ Same As Driver	
		36 Number & Street	373 E 5TH ST
		37 City	LAKEWOOD
		State	NJ
		Zip	08701
		38 Make	KIA
		39 Model	SED
		40 Color	3
		41 Year	2018
		42 Plate No.	Y99PMG
		43 State	NJ
		44 VIN	KNDMB5C19J6400568
		45 Expires	12 22
		46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
		47 Authority	☒ Owner ☐ Driver ☐ Police
		48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
		50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
		51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	
		Number & Street	
		City	
		State	
		Zip	

Vehicle 2

53 Veh #	2	54 Policy No.	
55 NJ Ins. Code		☐ Parked ☒ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MOSHE	Initial	-
Last Name	RUBENFELD	59 Sex	M
57 Number & Street	40 NEGBA ST	58 City	LAKEWOOD
State	NJ	Zip	08701
60 Eyes	BR	DL Class	-
Restrictions	-	Endorsements	-
61 State	-	62 Driver's License Number	-
63 DOB (mm dd yyyy)	07/29/2010	64 Expires (mm yy)	- -
65 Owner's First Name		Initial	
Last Name		☐ Same As Driver	
66 Number & Street		67 City	
State		Zip	
68 Make		69 Model	
70 Color		71 Year	
72 Plate No.		73 State	
74 VIN		75 Expires	
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
77 Authority	☐ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. %; ☐ Pending		
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.		
80 Carrier No.	☐ USDOT ☐ MC/MX ☐ None		
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity			
Number & Street			
City			
State			
Zip			

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	28	M	-	-	-	11	04	-	-	AVRAHAM Y SCHWARTZ - 373 E 5TH ST LAKEWOOD NJ 08701
B	2	-	-	05	12	M	-	-	01	-	-	-	-	MOSHE - RUBENFELD - 40 NEGBA ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-076359

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

DRIVER OF V1 STATED HE WAS TRAVELLING EAST ON E. 5TH STREET AND AS HE APPROACHED THE INTERSECTION OF NEGBA STREET, PEDESTRIAN 1 RAN INTO THE ROAD, AND THEN FELL DOWN. DRIVER 1 STATED HE DID NOT THINK HE HIT THE PEDESTRIAN AND THERE WAS NO DAMAGE TO V1. DRIVER 1 ALSO STATED THAT THE PEDESTRIAN WAS NOT IN THE CROSSWALK, AND WAS FURTHER UP THE ROAD.

PEDESTRIAN 2 STATED HE WAS EITHER IN THE CROSSWALK OR NEAR IT ON NEGBA STREET AND AS HE WAS CROSSING, HE THOUGHT V1 STRUCK HIM, BUT HE WAS NOT SURE. PEDESTRIAN STATED THAT HE FELL ON THE GROUND, BUT STILL DID NOT KNOW IF V1 STRUCK HIM OR NOT.

BASED ON CONFLICTING STATEMENTS, AND LACK OF AN INDEPENDANT WITNESS, I WAS UNABLE TO DETERMINE WHO WAS AT FAULT FOR THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCKEE M	320	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 05 | 97 01 | 98 01 | 99 07 | 100a 01

1 Case Number: 22-074058
2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 09/21/22
5 Day Of Week: WEDNESDAY
6 Time (use 2400 hrs): 1223
7 Municipality Code: 1514
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: PINE STREET | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost
☐ At Intersection With
☒ Feet ☐ Miles (14) (15)
☐ N ☒ E ☐ S ☐ W (16)
of: RIVER AVENUE
19 Ramp ☐ To ☐ From: -
17 Cross Road Name: -
☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name
21 Latitude: 40.079275
22 Longitude: -74.216493

11 Speed Limit: 35 | 18 Speed Limit: 45

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

Vehicle 1

100b 04 | 101 02 | 102 01 | 103 01 | 104 2

23 Veh #: 1
24 Policy No.: 957740908
25 NJ Ins. Code: 134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: SHAYNE | Initial: C | Last Name: PROTONENTIS | 29 Sex: M
27 Number & Street: 513 WATERS EDGE DRIVE
28 City: TOMS RIVER | State: NJ | Zip: 08753
30 Eyes: 04 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ
32 Driver's License Number: P75857046306934
33 DOB (mm dd yyyy): 06/28/1993
34 Expires (mm yy): 06 26
35 Owner's First Name: ☐ Same As Driver SHAYNE | Initial: C | Last Name: PROTONENTIS
36 Number & Street: 513 WATERS EDGE DRIVE
37 City: TOMS RIVER | State: NJ | Zip: 08753
38 Make: NISS | 39 Model: ALT - AL | 40 Color: BLK | 41 Year: 2013 | 42 Plate No.: N93KAZ | 43 State: NJ
44 VIN: 1N4AL3AP5DC143920
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.: BAP 9441414-06
55 NJ Ins. Code: 379
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: CECIL | Initial: W | Last Name: EVANS | 59 Sex: M
57 Number & Street: 19 NORWOOD DR
58 City: TOMS RIVER | State: NJ | Zip: 08755
60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ
62 Driver's License Number: E95291168610622
63 DOB (mm dd yyyy): 10/15/1962
64 Expires (mm yy): 10 25
65 Owner's First Name: ☐ Same As Driver DONLEN | Initial: - | Last Name: TRUST
66 Number & Street: 3000 LAKESIDE DRIVE
67 City: BANNOCKBURN | State: IL | Zip: 60015
68 Make: CHEV | 69 Model: CLD | 70 Color: WHI | 71 Year: 2022 | 72 Plate No.: K113316 | 73 State: TX
74 VIN: 1GCHSCEA7L1181404
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	29	M	-	-	-	11	04	-	-	SHAYNE C PROTONENTIS - 513 WATERS EDGE DRIV TOMS RIVER NJ 08753
B	V2	01	01	05	59	M	-	-	-	11	04	-	-	CECIL W EVANS - 19 NORWOOD DR TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

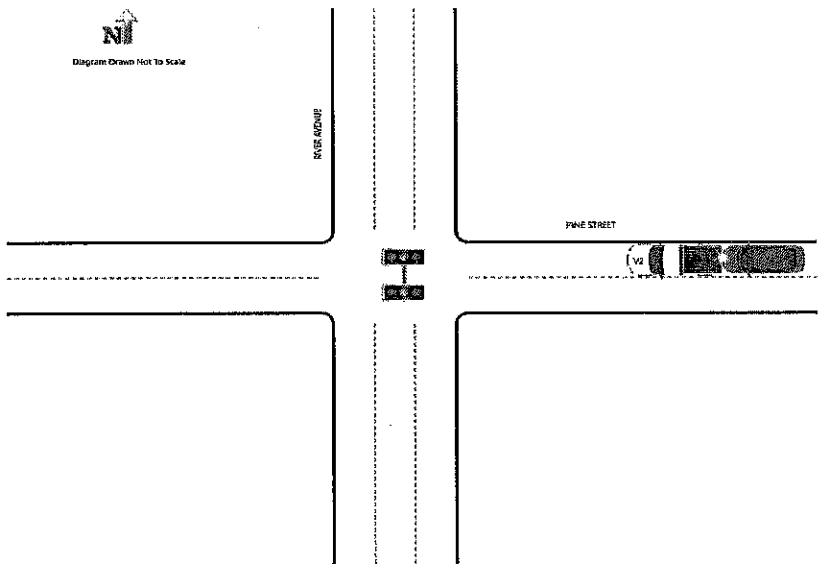
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074058

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED THAT HE WAS STOPPED BEHIND V2 ON PINE STREET JUST BEFORE THE INTERSECTION OF RIVER AVENUE, DUE TO THE TRAFFIC LIGHT BEING RED. D1 STATED THAT HIS FOOT SLIPPED OFF OF THE BRAKE PEDAL, WHICH CAUSED HIM TO STRIKE THE REAR OF V2.

D2 STATED THAT HE WAS STOPPED BEHIND A VEHILCE ON PINE STREET JUST BEFORE RIVER AVENUE, WHEN V1 STRUCK HIM FROM BEHIND.

UPON DOING DOING MY INVESTIGATION, I PUT V1 AT FAULT, DUE TO HIM STRIKING THE REAR END OF V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-074089

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/21/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1528

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 183 STERLING CT # A — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost

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

14 - 15 16

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

20 Route/Name

21 Latitude - 22 Longitude -

11 Speed Limit: 15 — 18 Speed Limit: -

118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	08
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	00
131	12
132	12
133	00
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: HPA00002792615

25 NJ Ins. Code: 017

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

26 Driver's First Name: KIANA — Initial: A — Last Name: WATTS — 29 Sex: F

27 Number & Street: 115 MICHELE WAY

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): 03/21/2002 — 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver — First Name: SHANAE — Initial: E — Last Name: HENDERSON -

36 Number & Street: 1255 WASHINGTON AVE APT. A

37 City: ASBURY PARK — State: NJ — Zip: 07712

38 Make: NISS — 39 Model: MAX - MA — 40 Color: 6 — 41 Year: 1998 — 42 Plate No.: R63PZU — 43 State: NJ

44 VIN: JN1CA21A7WM804801 — 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.: 26403900

55 NJ Ins. Code: 135

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

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

57 Number & Street: 183 STERLING CT # A

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

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

62 Driver's License Number: G52713260002562 — 63 DOB (mm dd yyyy): 02/18/1956 — 64 Expires (mm yy): 02 25

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

66 Number & Street: 183 STERLING CT # A

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

68 Make: INFI — 69 Model: G35 — 70 Color: BLK — 71 Year: 2007 — 72 Plate No.: YWZ79R — 73 State: NJ

74 VIN: JNKBV61F87M802068 — 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	20	F	-	-	-	11	04	-	-	KIANA A WATTS - 115 MICHELE WAY LAKEWOOD NJ 08701
B	V2	01	01	05	66	M	-	-	-	11	04	-	-	HERBERT - GLENN - 183 STERLING CT # A LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074089

(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)

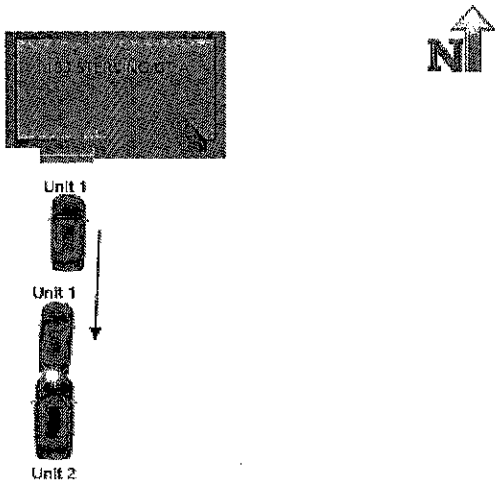


Diagram Drawn Not To Scale

145 Crash Description/Narrative

D1 OF V1 STATED TO ME THAT SHE WAS MOVING/BACKING V1 OUT OF THE DRIVE WAY (183 STERLING CT A) WHEN SHE BACKED IT IN TO V2 WHICH WAS PARKED AT A DISTANCE. D2 OF V2 STATED TO ME THAT HE WAS PARKED AT A DISTANCE WAITING FOR V1 TO BACK OUT OF HIS DRIVE WAY WHEN V1 FAILED TO BRAKE IN TIME AND CRASHED IN TO HIS VEHICLE. D1 IS UNLICENSED DRIVER AND WAS MOVING V1 ON PRIVATE PROPERTY. NO INJURIES WERE REPORTED. UPON MY ARRIVAL V1 WAS NOT ON LOCATION BUT THE OPERATOR, WATTS, WAS ON LOCATION. THE VEHICLE WAS DRIVEN FROM THE SCENE BY ANOTHER OPERATOR, JOHN BROWN. INSURANCE INFORMATION AND SUPPORTIVE FACTS OF THIS INCIDENT WERE OBTAINED OVER THE PHONE FROM THE SAME PARTY. D1 OF V1 WAS FOUND TO BE AT FAULT FOR THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ZAVALNYUK T	359	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074356

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

3 Station/Precinct:

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

☐ At Intersection With

☒ Feet ☐ Miles — 200 (14, 15)

☐ N ☐ E ☐ S ☒ W of: PARK AVE

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

18 Speed Limit: 35

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — 20 Route/Name: -

☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 09/22/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1450 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 16 — 21 Latitude: 40.095547 — 22 Longitude: -74.210748

118a	25
118b	-
119a	08
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	03
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	11
132	11
133	03
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 116 9262-B21-3OD — 25 NJ Ins. Code: 962

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

26 Driver's First Name: DIANA — Initial: E — Last Name: DOMINGUEZ-RAMIR - — 29 Sex: F

27 Number & Street: 323 LAUREL AVE

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

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

32 Driver's License Number: D63441676560022 — 33 DOB (mm dd yyyy): 10/07/2002 — 34 Expires (mm yy): 10 23

35 Owner's ☐ Same As Driver — First Name: JAMIL — Initial: J — Last Name: LEFEBRE -

36 Number & Street: 33 BEACON DR

37 City: BARNEGAT — State: NJ — Zip: 08005

38 Make: SUBA — 39 Model: WRX — 40 Color: GRY — 41 Year: 2019 — 42 Plate No.: W85LYZ — 43 State: NJ

44 VIN: JF1VA1C60K9801590 — 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.: 4609-06-49-46 — 55 NJ Ins. Code: 100

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

56 Driver's First Name: JAMIL — Initial: J — Last Name: LEFEBRE - — 59 Sex: M

57 Number & Street: 33 BEACON DR

58 City: BARNEGAT — State: NJ — Zip: 08005

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

62 Driver's License Number: L22033847110992 — 63 DOB (mm dd yyyy): 10/26/1999 — 64 Expires (mm yy): 10 22

65 Owner's ☐ Same As Driver — First Name: DIANA — Initial: E — Last Name: DOMINGUEZ-RAMI -

66 Number & Street: 323 LAUREL AVE

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

68 Make: NISS — 69 Model: ARM — 70 Color: WHI — 71 Year: 2006 — 72 Plate No.: V88MSE — 73 State: NJ

74 VIN: 5N1AA08B66N711734 — 75 Expires: 08 23

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

	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	-	-	DIANA E DOMINGUEZ-RAMIREZ - 323 LAUREL AVE LAKEWOOD NJ 08701
B	02	01	01	05	22	M	-	-	-	11	04	-	-	JAMIL J LEFEBRE - 33 BEACON DR BARNEGAT NJ 08005
C														
D														

New Jersey Police Crash Investigation Report

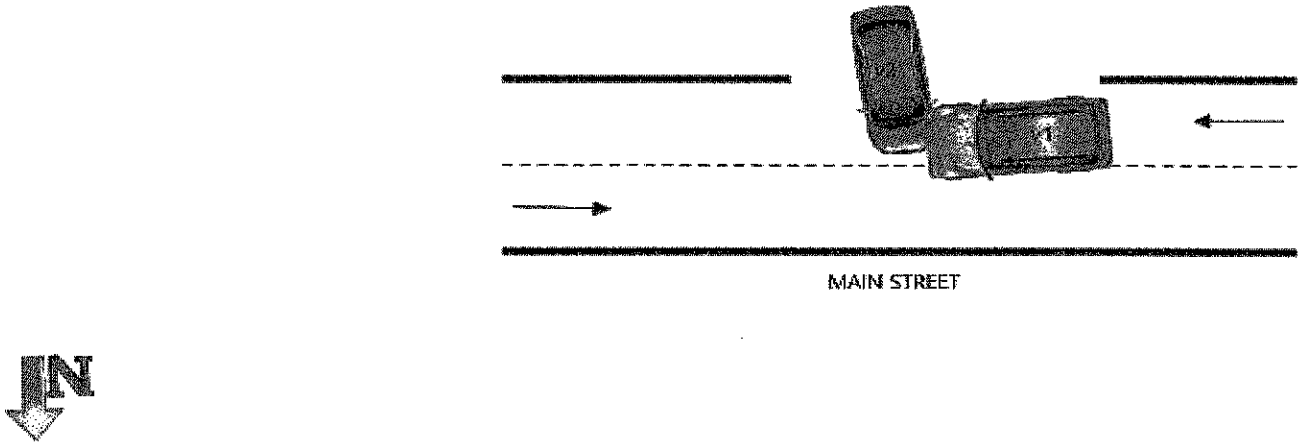
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-074356

(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 EAST ON OCEAN AVENUE WHEN SHE WAS STRUCK.

DRIVER OF VEHICLE 2 STATED HE WAS MAKING A LEFT TURN FROM A PARKING LOT LOCATED AT 130 OCEAN AVENUE WHEN HE WAS STRUCK BY VEHICLE 1. HE ALSO STATED THAT HE LOOKED BOTH WAY BEFORE TURNING.

THIS INVESTIGATION DETERIMINED THAT THE DRIVER OF VEHICLE 2 MADE A UNSAFE LEFT TURN.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE 1 OF 2 ☐ Fatal	New Jersey Police Crash Investigation Report ☒ Reportable ☐ Non-Reportable ☐ Change Report
97	01	1 Case Number: 22-074372	10 Crash Occurred On: SEA POINT DR; 11 Speed Limit: 25
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P; Code: 01	☐ At Intersection With; Road Name; Dir; 12 Route No.; Suffix; 13 Milepost; 18 Speed Limit
99	07	3 Station/Precinct	☒ Feet ☐ Miles; 14: 100; 15; ☒ N ☐ E ☐ S ☐ W of: OCEAN AVENUE; 16; 19 Ramp ☐ To ☐ From; 17 Cross Road Name; ☐ NB ☐ EB ☐ SB ☐ WB
100a	01	4 Date of Crash mm dd yy: 09/22/22; 5 Day Of Week: THURSDAY; 6 Time (use 2400 hrs): 1408; 7 Municipality Code: 1514; 8 Total Killed: --; 9 Total Injured: --	20 Route/Name; 21 Latitude: 40.087063; 22 Longitude: -74.179833
100b	04	23 Veh #: 1; 24 Policy No.: 4307-31-90-48; 25 NJ Ins. Code: 148	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
101	02	26 Driver's First Name: ISAAC; Initial: S; Last Name: LANGSAM; 29 Sex: M	
102	01	27 Number & Street: 73 SEA POINT DR	
103	01	28 City: LAKEWOOD; State: NJ; Zip: 08701	
104	2	30 Eyes: 2; DL Class: D; Restrictions: -; Endorsements: -; 31 State: NJ	
105	01	32 Driver's License Number: L04263708205872; 33 DOB mm dd yyyy: 05/24/1987; 34 Expires mm yy: 05 25	
106	-	35 Owner's First Name: ISAAC; Initial: S; Last Name: LANGSAM; ☒ Same As Driver	
107	-	36 Number & Street: 73 SEA POINT DR	
108	01	37 City: LAKEWOOD; State: NJ; Zip: 08701	
109	03	38 Make: HOND; 39 Model: ACC; 40 Color: BLK; 41 Year: 2019; 42 Plate No.: B75LTT; 43 State: NJ	
110	01	44 VIN: 1HGCV1F15KA170650; 45 Expires: 10 22	
111	00	46 Vehicle Removed To	
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	00	47 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.
115	00		
116	01	50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
117	00		
118a	25	52 Motor Carrier or Government Entity	Number & Street; City; State; Zip
118b	-		
119a	10	53 Veh #: 2; 54 Policy No.: 00; 55 NJ Ins. Code: -	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run
119b	-	56 Driver's First Name: -; Initial: -; Last Name: -; 59 Sex: M	
120a	01	57 Number & Street: -	
120b	01	58 City: -; State: -; Zip: -	
121a	00	60 Eyes: -; DL Class: -; Restrictions: -; Endorsements: -; 61 State: UN	
121b	00	62 Driver's License Number: -; 63 DOB mm dd yyyy: -; 64 Expires mm yy: - -	
122	08	65 Owner's First Name: RENZO; Initial: A; Last Name: REYNA; ☐ Same As Driver	
123	13	66 Number & Street: 368 DAVIS AVE	
124	08	67 City: KEARNY; State: NJ; Zip: 07032	
125	08	68 Make: FORD; 69 Model: 250; 70 Color: WHI; 71 Year: 2001; 72 Plate No.: X94RBS; 73 State: NJ	
126a	26	74 VIN: 1FTNE24271HA45843; 75 Expires: 06 23	
126b	-	76 Vehicle Removed To	
126c	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
126d	-	77 Authority: ☐ Owner ☒ Driver ☐ Police	
126e	26	78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
127a	26		
127b	-	80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
127c	-		
127d	-	82 Motor Carrier or Government Entity	Number & Street; City; State; Zip
127e	26		
128	26		
129	07		
130	07		
131	00	135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No	
132	00	Oper. 1; 136 Charge; 137 Summons. No.: -	Oper. 2; 138 Charge; 139 Summons. No.: -
133	03	Oper.; 140 Charge; 141 Summons. No.	Oper.; 142 Charge; 143 Summons. No.
134	00		

	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	-	-	ISAAC S LANGSAM - 73 SEA POINT DR LAKEWOOD NJ 08701
B	2	01	00		00	M	00	00	-	00	00	-	-	00 00 00 00 - 00
C														
D														

New Jersey Police Crash Investigation Report

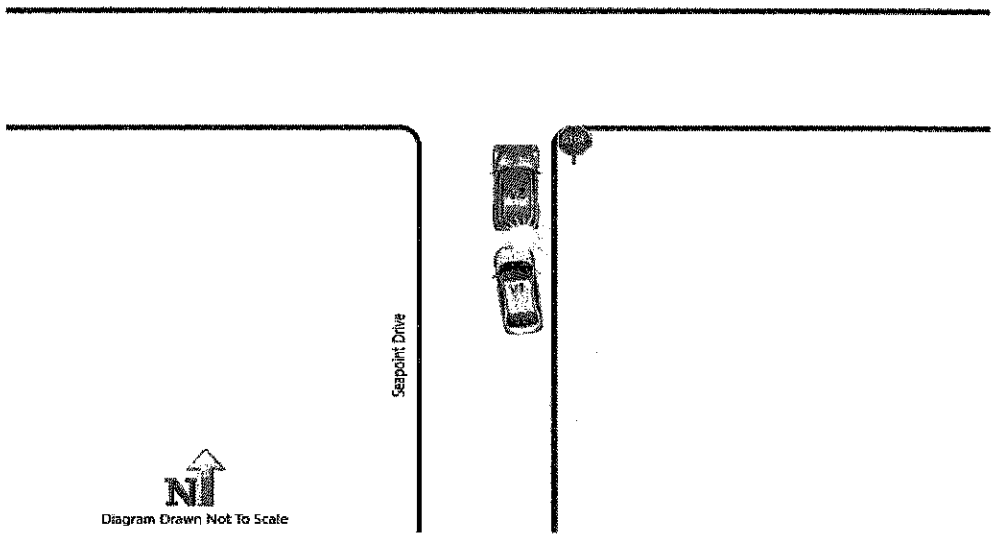
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-074372

(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 on Seapoint Drive northbound behind vehicle 2 who was at the stop sign when vehicle 2 attempted to drive in reverse striking vehicle 1 on the passenger side front bumper. Driver of vehicle 1 stated he spoke to the driver of vehicle 2 briefly who stated he has to leave and to call his company. The only thing driver of vehicle 1 was able to obtain prior to driver of vehicle 2 leaving the scene was the NJ/Registration of vehicle 2.

Based on the statement from driver of vehicle 1 and my observations at the scene and damage to vehicle 1, I have made the determination that vehicle 2 is at fault due to backing unsafely. At this time no summonses have been issued and no injuries have been reported.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-074387
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	05	4 Date of Crash (mm dd yy)	09/22/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	1504
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
		10 Crash Occurred On:	CEDARBRIDGE AVE
		☒ At Intersection With	Road Name: SHENANDOAH DR
		☐ Feet ☐ N ☐ E of:	Dir
		☐ Miles ☐ S ☐ W	14 15 16
		11 Speed Limit	35
		12 Route No.	0528
		Suffix	
		13 Milepost	
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		20 Route/Name	
		21 Latitude	40.079309
		22 Longitude	-74.193051
		☐ NB ☐ EB ☐ SB ☐ WB	
118a	03		
118b	-		
119a	04		
119b	-		

100b	04	23 Veh #	1	24 Policy No.	939 444 120	25 NJ Ins. Code	054	53 Veh #	2	54 Policy No.	EVAU391008	55 NJ Ins. Code	187
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run						☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run					
102	02	26 Driver's First Name	SARAH	Initial	M	Last Name	KAISMAN -	29 Sex	F	56 Driver's First Name	CHRISTOPH	Initial M	Last Name JONES JR -
										59 Sex	M		
103	01	27 Number & Street	108 VINE AVE					57 Number & Street	1109 LONGBOAT AVE				
104	2	28 City	LAKEWOOD	State	NJ	Zip	08701	58 City	BEACHWOOD	State	NJ	Zip	08722
		30 Eyes	2	DL Class	D	Restrictions	-	Endorsements	-	31 State	NJ		
		60 Eyes	4	DL Class	D	Restrictions	-	Endorsements	-	61 State	NJ		
105	07	32 Driver's License Number	K02006917462852	33 DOB (mm dd yyyy)	12/25/1985	34 Expires mm	12	yy	23	62 Driver's License Number	J63941247409954	63 DOB (mm dd yyyy)	09/13/1995
		64 Expires mm	09	yy	25								
106	-	35 Owner's ☐ Same As Driver	First Name NACHUM	Initial -	Last Name KAISMAN -			65 Owner's ☐ Same As Driver	First Name -	Initial -	Last Name WYNNS BINS LLC -		
107	-	36 Number & Street	1099 MADISON AVE; 13					66 Number & Street	1183 EVERGREEN AVE				
108	01	37 City	LAKEWOOD	State	NJ	Zip	08701	67 City	LAKEWOOD	State	NJ	Zip	08701
109	05	38 Make	TOYT	39 Model	SIE	40 Color	GRY	41 Year	2017	42 Plate No.	D92LBD	43 State	NJ
		68 Make	RAM	69 Model	350	70 Color	WHI	71 Year	2018	72 Plate No.	XMLS22	73 State	NJ
110	01	44 VIN	5TDKZ3DC0HS832600	45 Expires	03	23		74 VIN	3C7WRTCJ0JG159817	75 Expires	07	23	
111	01	46 Vehicle Removed To	ACME TOWING					76 Vehicle Removed To	ACME TOWING				
112	-	☐ Driven ☐ Left At Scene	☒ Towed Disabled ☐ Towed Impounded	☐ Towed Disabled & Impounded				☐ Driven ☐ Left At Scene	☒ Towed Disabled ☐ Towed Impounded	☐ Towed Disabled & Impounded			
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police					77 Authority	☐ Owner ☒ Driver ☐ Police				
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused					78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused				
115	-	Type: ☐ Breath ☐ Blood ☐ Urine						Type: ☐ Breath ☐ Blood ☐ Urine					
116	04	Results: 0. - % ☐ Pending						Results: 0. - % ☐ Pending					
117	02	49 Hazardous Material	☒ None ☐ On Board ☐ Spill					79 Hazardous Material	☒ None ☐ On Board ☐ Spill				
		Hazard Class		Placard No.				Hazard Class		Placard No.			
		50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None					80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None				
		51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs					81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs				
		52 Motor Carrier or Government Entity						82 Motor Carrier or Government Entity					
		Number & Street						Number & Street					
		City		State		Zip		City		State		Zip	

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

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-144	1514A294290	2	39:4-144	1514294289
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	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	36	F	08	08	02	11	11	01	6505	SARAH M KAISMAN - 108 VINE AVE LAKEWOOD NJ 08701
B	2	01	01	05	27	M	-	-	-	11	04	-	-	CHRISTOPH M JONES JR - 1109 LONGBOAT AVE BEACHWOOD NJ 08722
C														
D														

New Jersey Police Crash Investigation Report

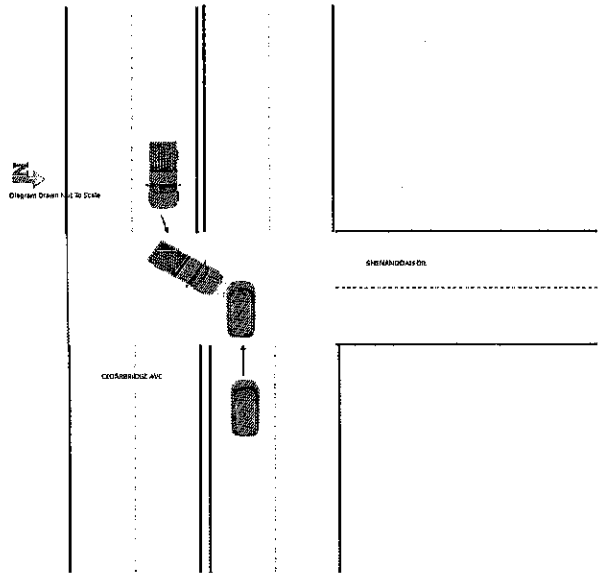
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-074387

(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 West on Cedarbridge Avenue going straight ahead. Vehicle #2 was travelling East on Cedarbridge Avenue and was making a left turn onto Shenandoah Drive as Vehicle #1 was crossing the intersection. Vehicle #1 sustained dents to the front driver side quarter panel with front airbag deployment. Vehicle #2 sustained dents to the front bumper and grille of the truck. Both vehicles were towed by Acme towing. Driver 1 had complaint of pain to her right hand.

Driver 1 stated she was travelling straight ahead on Cedarbridge Avenue. Vehicle #2 turned in front of her as she was crossing the intersection.

Driver 2 stated he was already out in the intersection and made his left turn before the light turned Red.

I was able to view video footage via marked police vehicle 3377 where Vehicle #1 was observed going through the Red light. My investigation finds Vehicle #1 at fault for going through the Red light and Vehicle #2 for not yielding right of way to oncoming traffic.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-074408
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	07	4 Date of Crash (mm dd yy)	09/22/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	1623
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	OAK ST
		☐ At Intersection With / ☒ Feet / ☐ Miles (14, 15, 16)	100
		Road Name	OAK ST
		Dir	
		☐ N ☐ E ☐ S ☒ W	
		of:	CLYDE AVE
		11 Speed Limit	35
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.062346
		22 Longitude	-74.199903

118a	25	118b	-
119a	02	119b	-
120a	-	120b	-
121a	01	121b	-
122	10	123	01
124	04	125	04
126a	26	126b	-
126c	-	126d	-
126e	26	127a	28
127b	-	127c	-
127d	-	127e	26
128	26	129	07
130	07	131	02
132	02	133	04
134	03		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	939 827 688
102	01	25 NJ Ins. Code	054
103	01	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
104	2	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	-
105	06	32 Driver's License Number	-
		33 DOB (mm dd yyyy)	-
		34 Expires (mm yy)	- -
106	-	35 Owner's First Name	ZACHARY
		Initial	J
		Last Name	NOVOSELLER
		☐ Same As Driver	-
107	-	36 Number & Street	1404 14TH ST
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	LINC
		39 Model	MKC
		40 Color	BLK
		41 Year	2019
		42 Plate No.	H89RDK
		43 State	NJ
110	01	44 VIN	5LMCJ1D90KUL07441
		45 Expires	08 23
111	01	46 Vehicle Removed To	
112	-	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	04	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	04	51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	
		Number & Street	
		City / State / Zip	

Vehicle 2

53 Veh #	2	54 Policy No.	6115-97-47
55 NJ Ins. Code	100	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	GURWINDER	Initial	S
Last Name	WADHWA	59 Sex	M
57 Number & Street	7 HIGH RIDGE RD		
58 City	OCEAN	State	NJ
Zip	07712		
60 Eyes	01	DL Class	D
Restrictions	-	Endorsements	-
61 State	NJ		
62 Driver's License Number	W01023088201771	63 DOB (mm dd yyyy)	01/06/1977
64 Expires (mm yy)	01 26		
65 Owner's First Name	GURWINDER	Initial	S
Last Name	WADHWA	☐ Same As Driver	-
66 Number & Street	7 HIGH RIDGE RD		
67 City	OCEAN	State	NJ
Zip	07712		
68 Make	KIA	69 Model	FORTE
70 Color	BLU	71 Year	2013
72 Plate No.	X605669	73 State	NJ
74 VIN	3KPF24AD2PE516052	75 Expires	10 22
76 Vehicle Removed To	ACME TOWING		
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
77 Authority	☒ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill		
	Hazard Class / Placard No.		
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None		
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity			
Number & Street			
City / State / Zip			

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		N/A	2	39:4-97	1514A294291
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	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	45	M	-	-	-	11	04	-	-	GURWINDER S WADHWA - 7 HIGH RIDGE RD OCEAN NJ 07712
B														
C														
D														

New Jersey Police Crash Investigation Report

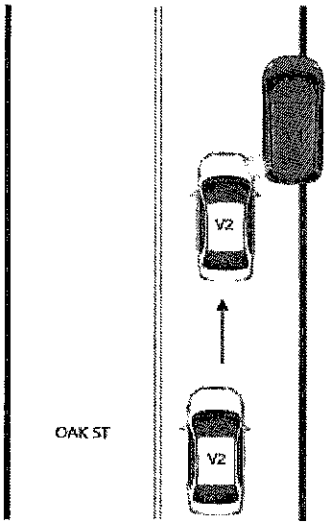
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-074408

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was parked on the North side of Oak Street on the shoulder facing West. Vehicle #2 was travelling West on Oak Street going straight ahead. While proceeding forward in traffic, Vehicle #2 drifted near the shoulder of the road where it struck Vehicle #1 parked on the shoulder. Vehicle #1 sustained dents and scratches to the rear driver side quarter panel and remained on scene until a personal tow arrived. Vehicle #2 sustained scratches and dents to the front passenger side quarter panel and was towed by Acme towing.

Driver 2 stated he was travelling on Oak Street and was not observant to Vehicle #1 parked on the shoulder of the road.

My investigation finds Vehicle #2 at fault for the crash for careless driving and was also issued a summons for careless driving.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	31
110	01
111	02
112	-
113	09
114	-
115	02
116	03
117	02

1 Case Number: 22-074416

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

3 Station/Precinct:

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

☒ At Intersection With ☐ Feet ☐ Miles (14) ☐ N ☐ E ☐ S ☐ W (15) of: COTTAGE PLACE (16)

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

18 Speed Limit: 25

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

20 Route/Name:

4 Date of Crash (mm dd yy): 09/22/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1706 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.075985 — 22 Longitude: -74.183268

118a	25
118b	-
119a	16
119b	-
120a	01
120b	-
121a	00
121b	00
122	01
123	07
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	04
130	04
131	12
132	12
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: NC10063566 — 25 NJ Ins. Code: 946

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

26 Driver's First Name: CAMILLE — Initial: - — Last Name: GALANOS — 29 Sex: F

27 Number & Street: 1017 MULBERRY PLACE

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

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

32 Driver's License Number: G02351090054662 — 33 DOB (mm dd yyyy): 04/12/1966 — 34 Expires (mm yy): 04 25

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

☐ Same As Driver

36 Number & Street: 1017 MULBERRY PLACE

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

38 Make: HOND — 39 Model: CIV — 40 Color: GRY — 41 Year: 2017 — 42 Plate No.: CAMXO — 43 State: NJ

44 VIN: 2HGFC2F72HH509873 — 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 ☐ None ☐ MC/MX

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

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

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

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

57 Number & Street:

58 City: — State: — Zip:

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

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

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

☐ Same As Driver

66 Number & Street:

67 City: — State: — Zip:

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

74 VIN: — 75 Expires:

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity:

Number & Street:

City: — State: — Zip:

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	56	F	-	-	-	11	04	-	-	CAMILLE - GALANOS - 1017 MULBERRY PLACE TOMS RIVER NJ 08753
B														
C														
D														

New Jersey Police Crash Investigation Report

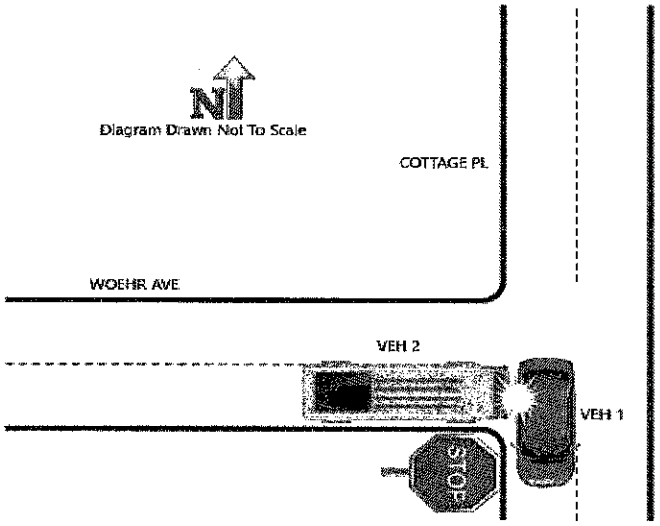
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-074416

(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 ONE STATED SHE WAS TRAVELING SOUTH ON COTTAGE PLACE PASSING WOEHR AVE WHEN VEHICLE TWO WENT THROUGH THE STOP AND STRUCK THE REAR PASSENGER SIDE OF THE VEHICLE. VEHICLE TWO THEN FLED NORTH BOUND ON COTTAGE PLACE. DRIVER ONE STATED SHE DID A U TURN AND FOLLOWED VEHICLE TWO UNTIL THE BUS FINALLY STOPPED AT 725 VASSAR AVENUE APROXIMITELY 45 MINUTES LATER.

VEHICLE TWO IS DESCRIBED AS A JAYS SCHOOL BUS #195 BEARING NJ REGISTRATION F821S1 WITH A BLACK MALE DRIVER. A REPRESENTATIVE FROM JAYS WAS CONTACTED WHO STATED THEY REVIEWED THE CAMERA FOOTAGE AND COULD NOT DETERMINE IF VEHICLE TWO WAS THE CORRECT VEHICLE INVOLVED IN THE ACCIDENT. THE DRIVER OF THIS VEHICLE WAS IDENTIFIED AS MENARD PIERRE. MENARD STATED HE WAS UNSURE IF HE WAS IN AN ACCIDENT WHILE DRIVING THE BUS. VEHICLE ONE DID HAVE DAMAGE CONSISTENT WITH STRIKING A BUS, INCLUDING YELLOW AND BLACK PAINT TRANSFER. AT THE TIME OF THIS REPORT I WAS UNABLE TO VIEW THE EXTERIOR OF THE BUS TO DETERMINE IF THE BUS RECIEVED DAMAGE FROM THE ACCIDENT.

JAYS PROVIDED THE FOLLOWING INFORMATION FOR THE TIME BEING UNTIL THE BUS CAN BE CONFIRMED OR RULED OUT AS THE SECOND VEHICLE IN THE ACCIDENT. VEHICLE TWO IS INSURED THROUGH NATIONWIDE COMMERCIAL INSURANCE: POLICY # BA22997BD. INSURANCE CODE #23787. DOT # 1926134.

A HIT AND RUN FOLLOW UP FOR WAS COMPLETED. VIDEO SENT FROM JAYS BUS SERVICE WAS ATTACHED TO THE CALL.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	JP	283	☒ Pending ☐ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	05
106	-
107	-
108	01
109	31
110	01
111	02
112	-
113	09
114	-
115	02
116	02
117	04

1 Case Number: 22-074419

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

3 Station/Precinct:

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

☐ At Intersection With

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

11 Speed Limit: 25 — 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): 09/22/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1708 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.076651 — 22 Longitude: -74.180818

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939 921 979 — 25 NJ Ins. Code: 054

☒ 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: ZACHARIA — Initial: - — Last Name: HIRTH -

36 Number & Street: 171 CHATEAU DRIVE

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

38 Make: TOYT — 39 Model: SIE — 40 Color: 3 — 41 Year: 2011 — 42 Plate No.: P76FXP — 43 State: NJ

44 VIN: 5TDKK3DC8BS162340 — 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.: KCA 2661168-1 — 55 NJ Ins. Code: 082

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

56 Driver's First Name: JORGE — Initial: A — Last Name: FLORESCORTEZ - — 59 Sex: M

57 Number & Street: 407 WOODLAKE MANOR DR

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

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

62 Driver's License Number: F55434106102002 — 63 DOB (mm dd yyyy): 02/20/2000 — 64 Expires (mm yy): 05 25

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

66 Number & Street: 185 LEHIGH AVE

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

68 Make: BB — 69 Model: BBC — 70 Color: YEL — 71 Year: 2016 — 72 Plate No.: G262S1 — 73 State: NJ

74 VIN: 1BAKFCPH5GF323269 — 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 1941930 ☐ 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: KLARR TRANSPORT SERVICES

Number & Street: 185 LEHIGH AVE

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.
1		N/A	2		N/A
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	05	22	M	-	-	-	11	04	-	-	JORGE A FLORESCORTEZ - 407 WOODLAKE MANOR LAKEWOOD NJ 08701
B														
C														
D														

BUS SEATING ARRANGEMENT

1	GERSHON	KRIEGER
2	YISROEL	ROSENBERG
3	YOSSI	SNOW
4	DOVID	ZELMAN
5	SHLOMIE	ZELMAN
6	YISROEL	ZELMAN
7	ZEVI	ALTUSKY
8	MOSHE	KRIEGER
9	YECHEZKEL	KRIEGER
10	DON	UNGARISCHER
11	SHUA	STURMAN
12	YEHUDA	LANDSBERG
13	SIMCHA	SCHUSTAL
14		
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16		
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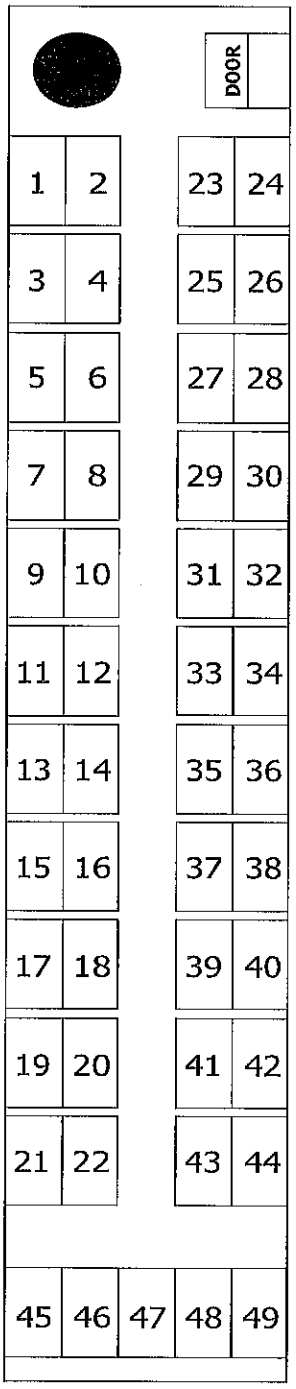
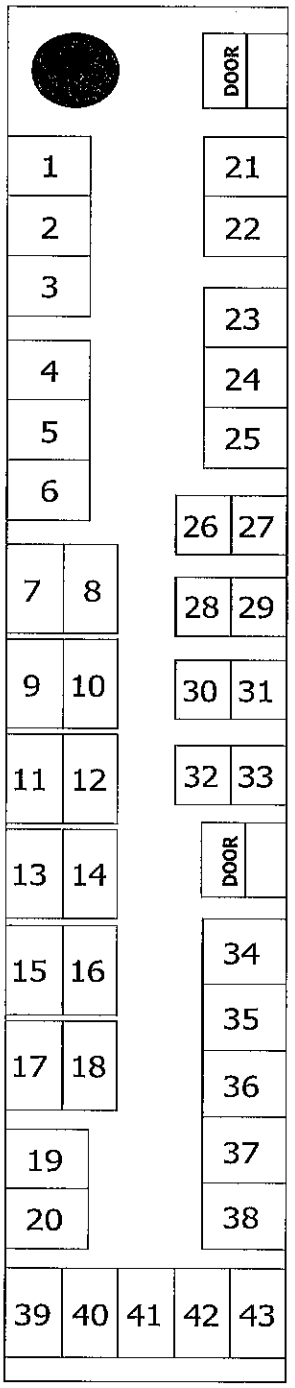
MCI-9, EAGLE & FLXIBLE



FLXIBLE TRANSIT & NOVA 06



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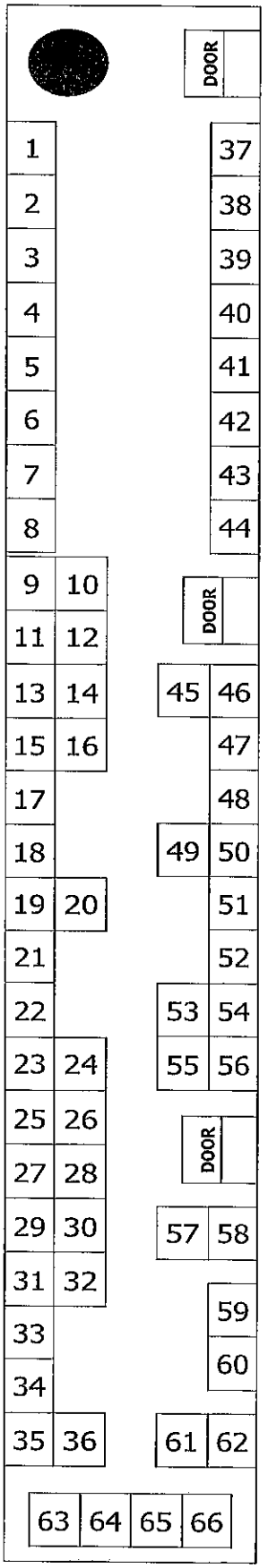


Rear

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.

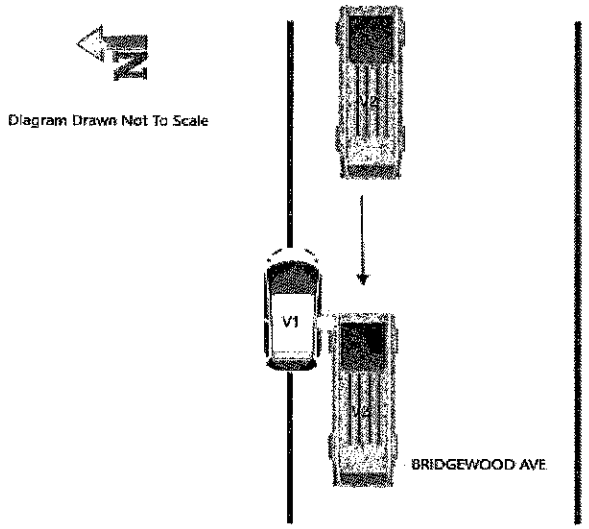
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-074419

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was parked on the North side of Bridgewood Avenue facing East. Vehicle #2 (Klaar Bus 136) was travelling West on Bridgewood Avenue going straight ahead. As Vehicle #2 was passing Vehicle #1, the driver of Vehicle #2 misjudged the amount of space it had to pass and sideswiped Vehicle #1. Vehicle #1 sustained scratches along the middle passenger side of the vehicle. Vehicle #2 sustained scratches to the rear passenger bumper. There were no reports of injuries.

Driver 2 stated he was travelling straight ahead when he observed another bus coming from the opposite direction. The other driver waived Driver 2 to go first. As Driver 2 proceeded forward, he sideswiped Vehicle #1.

My investigation finds Vehicle #2 to be at fault for driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-074430
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	05	4 Date of Crash (mm dd yy)	09/22/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	1805
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	LOCUST
		☐ At Intersection With	Road Name
		☒ Feet / ☐ Miles	10
		☐ N ☒ E ☐ S ☐ W of:	VERMONT AVE
		11 Speed Limit	35
		12 Route No.	0083
		Suffix	-
		13 Milepost	-
		18 Speed Limit	35
		19 Ramp ☐ To ☐ From:	-
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.048650
		22 Longitude	-74.208711
118a	04		
118b	-		
119a	25		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	15		
123	08		
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	03		
132	03		
133	02		
134	02		

100b	04	23 Veh #	1	24 Policy No.	8626809	25 NJ Ins. Code	096	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
101	02	26 Driver's First Name	ROSALBA	Initial	A	Last Name	RUFINO -	29 Sex	F
102	01	27 Number & Street	1304 MARSHALL ST						
103	01	28 City	LAKEWOOD	State	NJ	Zip	08701		
104	2	30 Eyes	2	DL Class	D	Restrictions	-	Endorsements	-
		31 State	NJ						
105	02	32 Driver's License Number	R91296696151942	33 DOB (mm dd yyyy)	01/27/1994	34 Expires (mm yy)	01 23		
106	-	35 Owner's ☐ Same As Driver	AARON	Initial	W	Last Name	PEARSON -		
107	-	36 Number & Street	2747 HOOPER AVE BLDG9 APT19						
108	04	37 City	BRICK	State	NJ	Zip	08723		
109	03	38 Make	DODG	39 Model	DUR	40 Color	ONG	41 Year	2007
		42 Plate No.	L80PWX	43 State	NJ				
110	01	44 VIN	1D8HB48207F539849	45 Expires	05 23				
111	01	46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded						
112	-								
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police						
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused						
115	-		Type: ☐ Breath ☐ Blood ☐ Urine						
116	04		Results: 0. - % ☐ Pending						
		49 Hazardous Material	☐ None ☐ On Board ☐ Spill						
			Hazard Class	Placard No.					
117	04	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None						
		51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs						
		52 Motor Carrier or Government Entity	-						
		Number & Street	-						
		City	-	State	-	Zip	-		

53 Veh #	2	54 Policy No.	SEE NARRATIVE	55 NJ Ins. Code		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	ANNAMAE	Initial	-	Last Name	INDELICATO -	59 Sex	F		
57 Number & Street	1383 BRITTON ST								
58 City	WANTAGH	State	NY	Zip	11793				
60 Eyes	6	DL Class	-	Restrictions	-	Endorsements	-		
61 State	NY								
62 Driver's License Number	633071826	63 DOB (mm dd yyyy)	08/21/1944	64 Expires (mm yy)	08 27				
65 Owner's ☐ Same As Driver	ANNAMAE	Initial	-	Last Name	INDELICATO -				
66 Number & Street	1383 BRITTON ST								
67 City	WANTAGH	State	NY	Zip	11793				
68 Make	HYUN	69 Model	TCN	70 Color	BLK	71 Year	2021		
72 Plate No.	CPK1397	73 State	NY						
74 VIN	KM8J3CA4XMU365004	75 Expires	08 23						
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded								
77 Authority	☒ Owner ☐ Driver ☐ Police								
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused								
	Type: ☐ Breath ☐ Blood ☐ Urine								
	Results: 0. - % ☐ Pending								
79 Hazardous Material	☒ None ☐ On Board ☐ Spill								
	Hazard Class	Placard No.							
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None								
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs								
82 Motor Carrier or Government Entity	-								
Number & Street	-								
City	-	State	-	Zip	-				

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-129	294735	1	39:4-130	294736
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	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	F	-	-	-	11	04	-	-	ROSALBA A RUFINO - 1304 MARSHALL ST LAKEWOOD NJ 08701
B	2	01	01	05	78	F	-	-	-	11	04	-	-	ANNAMAE - INDELICATO - 1383 BRITTON ST WANTAGH NY 11793
C														
D														

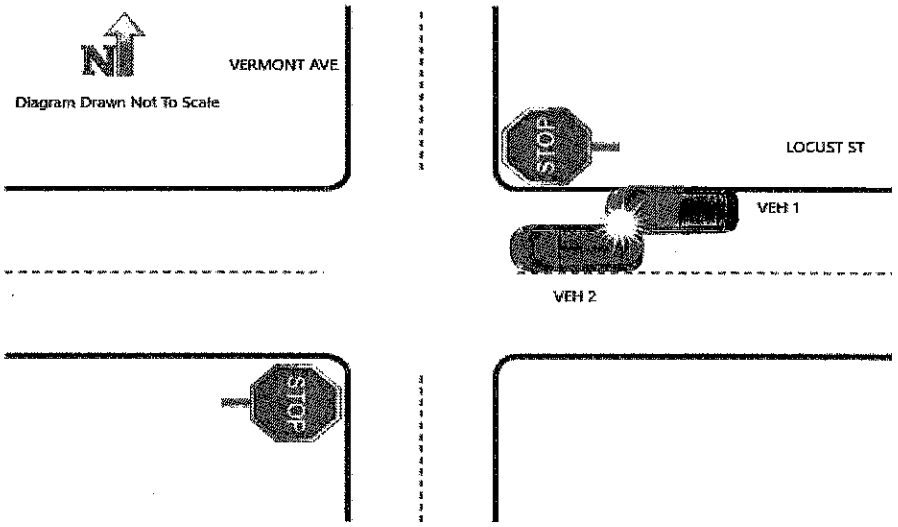
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-074430

(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 INSURANCE INFORMATION. NEW YORK STATE INSURANCE CARD. ALL STATE FIRE AND CASUALTY INSURANCE COMPANY. POLICY NUMBER 000000943715876. EXPIRATION 3/6/2023. PHONE NUMBER 1-800-255-7828.

VEHICLES ONE AND TWO WERE TRAVELING WEST ON LOCUST ST APPROACHING THE INTERSECTION OF VERMONT AVENUE. VEHICLE TWO STOPPED AT THE STOP SIGN AWAITING TO MAKE A RIGHT TURN ON VERMONT AVENUE. VEHICLE ONE ATTEMPTED TO PASS VEHICLE TWO ON THE RIGHT WHERE BOTH VEHICLES COLLIDED. DRIVER TWO STATED DRIVER ONE BECAME IMPATIENT AND ATTEMPTED TO PASS ON THE RIGHT, WHICH CAUSED THE COLLISION. SHE STATED VEHICLE ONE FLED THE SCENE NORTH ON VERMONT AVENUE. DRIVER ONE WAS DESCRIBED AS A HISPANIC FEMALE WITH DARK BROWN HAIR AND BLACK FRAMED GLASSES, DRIVING AND ORANGE SUV BEARING NJ REGISTRATION L80PWX.

THE VEHICLE WAS LOCATED BY BRICK POLICE AT THE REGISTERED OWNERS ADDRESS, AND THE DRIVER BROUGHT THE VEHICLE TO LAKEWOOD POLICE HEADQUARTERS TO PROVIDE A STATEMENT. DRIVER ONE STATED SHE BELIEVED SHE WAS ABLE TO PASS ON THE RIGHT DUE TO THERE BEING ENOUGH ROOM BETWEEN VEHICLE TWO AND THE CURB. AS SHE WAS PASSING VEHICLE TWO, DRIVER TWO TURNED TO THE RIGHT AND STRUCK HER VEHICLE.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR IMPROPER PASSING. DRIVER ONE WAS ISSUED TWO SUMMONS' FOR FAILURE TO REPORT AND ACCIDENT, AND LEAVING THE SCENE OF AN ACCIDENT. NO INJURIES WERE REPORTED AT THE SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-073727
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	05	4 Date of Crash (mm dd yy)	09/20/22
100a	01	5 Day Of Week	TUESDAY
		6 Time (use 2400 hrs)	1157
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	CEDARBRIDGE AVENUE
		☒ At Intersection With	MARTIN LUTHER KING DRIVE
		☐ Feet / ☐ Miles	☐ N ☐ E ☐ S ☐ W
		11 Speed Limit	45
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		18 Speed Limit	30
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.086258
		22 Longitude	-74.210359
118a	25		
118b	-		
119a	02		
119b	08		
120a	01		
120b	01		
121a	01		
121b	01		
122	03		
123	18		
124	03		
125	03		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	05		
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131	11		
132	11		
133	03		
134	03		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	922633792
102	01	25 NJ Ins. Code	882
103	01	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
104	2	26 Driver's First Name	MAGDALENO
105	07	Initial	A
106	-	Last Name	TACUAPAN
107	-	29 Sex	M
108	PCAI	27 Number & Street	233 RIVER AVE
109	PCAI	28 City	LAKEWOOD
110	01	State	NJ
111	01	Zip	08701
112	-	30 Eyes	2
113	-	DL Class	I
114	-	Restrictions	-
115	-	Endorsements	-
116	04	31 State	NJ
117	01	32 Driver's License Number	T00865080005802
		33 DOB (mm dd yyyy)	05/25/1980
		34 Expires (mm yy)	- -
		35 Owner's First Name	MAGDALENO
		Initial	T
		Last Name	AMBROCIO
		☐ Same As Driver	
		36 Number & Street	5799 LOWER YORK RD
		37 City	LAHASKA
		State	PA
		Zip	18931
		38 Make	CHRY
		39 Model	MPV
		40 Color	GRY
		41 Year	2005
		42 Plate No.	JCL0471
		43 State	PA
		44 VIN	2C8GP64L85R410008
		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.	994100087 206 1		
55 NJ Ins. Code	884		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	AVIVA		
Initial	B		
Last Name	JOSEFOVIC		
59 Sex	F		
57 Number & Street	27 SHENANDOAH DR		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	2		
DL Class	-		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	J66920716259902		
63 DOB (mm dd yyyy)	09/11/1990		
64 Expires (mm yy)	09 26		
65 Owner's First Name	JEFFREY		
Initial	-		
Last Name	JOSEFOVIC		
☐ Same As Driver			
66 Number & Street	100 VILLAGE PATH		
67 City	LAKEWOOD		
State	NJ		
Zip	08701		
68 Make	ACUR		
69 Model	MDX		
70 Color	BLK		
71 Year	2020		
72 Plate No.	W25MYK		
73 State	NJ		
74 VIN	5J8YD4H57LL022046		
75 Expires	10 23		
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
77 Authority	☒ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.		
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None		
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity	-		
Number & Street	-		
City	-		
State	-		
Zip	-		

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-40	295172	-		-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	42	M	-	-	-	11	04	-	-	MAGDALENO A TACUAPAN - 233 RIVER AVE LAKEWOOD NJ 08701
B	02	01	01	05	32	F	-	-	-	11	04	-	-	AVIVA B JOSEFOVIC - 27 SHENANDOAH DR LAKEWOOD NJ 08701
C														
D														

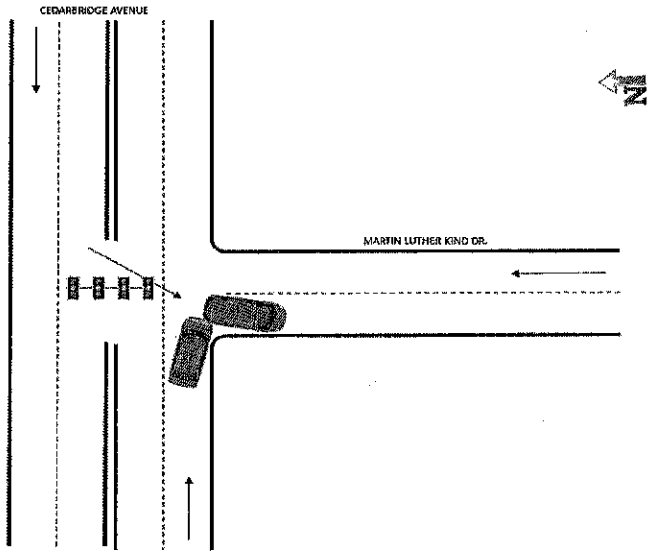
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: _____ Case No: 22-073727

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING WEST ON CEDEARBRIDGE AVENUE AND WAS STRUCK BY VEHICLE 2 WHILE MAKING A LEFT TURN ONTO MARTIN LUTHER KING DRIVE. HE ALSO STATED HE WAS TRAVELING THROUGH A GREEN TURN ARROW AND VEHICLE 2 WAS TRAVELING THROUGH A RED TRAFFIC LIGHT AT THE TIME OF THE CRASH.

DRIVER OF VEHICLE 2 STATED SHE WAS STOPPED AT A RED TRAFFIC LIGHT ON CEDARBRIDGE AVENUE AT THE INTERSECTION WITH MARTIN LUTHER KING DRIVE. AS SHE PROCEEDED TO MAKE A RIGHT ON RED, VEHICLE 1 STRUCK VEHICLE 2.

THIS INVESTIGATION DETERMINED THAT VEHICLE 1 WAS MAKING A LEFT TURN THROUGH A GREEN ARROW SIGNAL AND VEHICLE 2 MADE A UNSAFE RIGHT TURN ON RED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-073832

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

3 Station/Precinct: -

10 Crash Occurred On: 2ND ST | - | 11 Speed Limit: 25 | - | - | -

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

☐ Feet ☐ N ☐ E of: MONMOUTH AVE | 18 Speed Limit: 25

☐ Miles ☐ S ☐ W

14 - | 15 | 16

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

4 Date of Crash (mm dd yy): 09/20/22 | 5 Day Of Week: TUESDAY | 6 Time (use 2400 hrs): 2010 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: --

20 Route/Name | 21 Latitude: 40.092626 | 22 Longitude: -74.210214

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

Vehicle 1

23 Veh #: 1 | 24 Policy No.: S 2472286 | 25 NJ Ins. Code: 207

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

26 Driver's First Name: ISAEL | Initial: J | Last Name: BRAVO-MENDOZA | - | 29 Sex: M

27 Number & Street: 106 DOWNING ST

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): 11/21/1986 | 34 Expires (mm yy): - -

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

36 Number & Street: 1144 E COUNTY LINE RD; SUITE 1

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

38 Make: CHEV | 39 Model: SIL | 40 Color: WHI | 41 Year: 2022 | 42 Plate No.: XMLU24 | 43 State: NJ

44 VIN: 1GB4YSE70NF291099 | 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.: 993809886 206 2 | 55 NJ Ins. Code: 884

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

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

57 Number & Street: 25 MAPLEWOOD TER

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

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

62 Driver's License Number: P73525250006802 | 63 DOB (mm dd yyyy): 06/02/1980 | 64 Expires (mm yy): 07 21

65 Owner's ☐ Same As Driver | First Name: MARTIN | Initial: - | Last Name: PRESENT | -

66 Number & Street: 25 MAPLEWOOD TER

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

68 Make: TOYT | 69 Model: SNA | 70 Color: TN | 71 Year: 2014 | 72 Plate No.: L54JAZ | 73 State: NJ

74 VIN: 5TDZK3DC5ES410613 | 75 Expires: 07 23

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☒ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill

Hazard Class: - | Placard No.: -

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	1514-A-295227	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	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	-	-	ISAEL J BRAVO-MENDOZA - 106 DOWNING ST LAKEWOOD NJ 08701 - -
B	2	01	01	05	42	M	-	-	-	11	04	-	-	MARTIN - PRESENT - 25 MAPLEWOOD TER LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

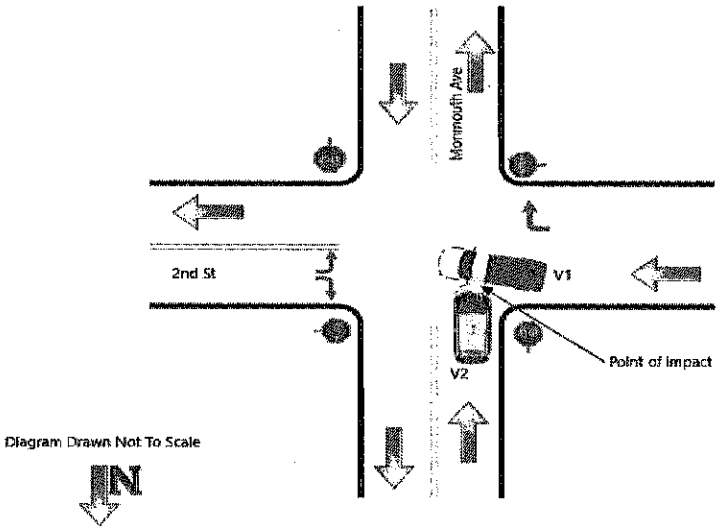
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-073832

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was traveling east bound on 2nd St when it struck V2 in the intersection of 2nd St & Monmouth Ave.

Driver 1 related he was traveling east bound on 2nd St approaching the intersection of 2nd St & Monmouth Ave. He stated he stopped at the stop sign then proceed to go straight through the intersection. He stated as he was driving through the intersection V2 struck his vehicle on driver side of vehicle. He informed me that V2 did not stop at the stop sign.

Driver 2 related that he was traveling south bound on Monmouth Ave approaching the intersection of Monmouth Ave & 2nd St. He stated he stopped at the stop sign and then proceed to go straight through the intersection. He stated as he drove through the intersection V1 struck his vehicle on the passenger side front bumper. He stated V1 never stopped at the stop sign.

Based on statements made by the involved parties, my observations, and damages to the vehicle 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	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

95	05
97	01
98	07
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-074983

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

3 Station/Precinct: -

10 Crash Occurred On: HOPE CHAPEL RD — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 200 — 15

☐ N ☐ E ☒ S ☐ W — 16

of: 14TH ST

11 Speed Limit: 35

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

18 Speed Limit: 30

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.106462 — 22 Longitude: -74.242711

4 Date of Crash (mm dd yy): 09/24/22 — 5 Day Of Week: SATURDAY — 6 Time (use 2400 hrs): 2211 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 1941025260 — 25 NJ Ins. Code: 854

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

26 Driver's First Name: HADASSAH — Initial: C — Last Name: WOLF — 29 Sex: F

27 Number & Street: 16 MAPLEWOOD TERRACE

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

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

32 Driver's License Number: W62443116355914 — 33 DOB (mm dd yyyy): 05/18/1991 — 34 Expires (mm yy): 05 26

35 Owner's ☐ Same As Driver — First Name: ZACHARIAH — Initial: C — Last Name: BLACKSTEIN

36 Number & Street: 16 MAPLEWOOD TER

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

38 Make: TOYT — 39 Model: SIE — 40 Color: 4 — 41 Year: 2015 — 42 Plate No.: A14JSH — 43 State: NJ

44 VIN: 5TDKK3DC0FS561703 — 45 Expires: 02 23

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: PAA80002155347 — 55 NJ Ins. Code: 963

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

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

57 Number & Street: 164 GLEN AVE S

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

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

62 Driver's License Number: K91397900010992 — 63 DOB (mm dd yyyy): 10/28/1999 — 64 Expires (mm yy): 10 24

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

66 Number & Street: 164 GLEN AVE S

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

68 Make: HYUN — 69 Model: SON — 70 Color: GRY — 71 Year: 2020 — 72 Plate No.: Y81MYG — 73 State: NJ

74 VIN: 5NPEL4JA0LH035592 — 75 Expires: 09 23

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	31	F	-	-	-	11	04	-	-	HADASSAH C WOLF - 16 MAPLEWOOD TERRAC LAKEWOOD NJ 08701 - -
B	01	04	01	05	6	F	-	-	-	05	05	-	-	ROCHEL - BLACKSTEIN - 16 MAPPLEWOOD TER LAKEWOOD NJ 08701 - -
C	01	06	01	05	7	F	-	-	-	07	07	-	-	NECHAMA - BLACKSTEIN - 16 MAPLEWOOD TER LAKEWOOD NJ 08701 - -
D	01	07	01	05	3M	F	-	-	-	06	06	-	-	SHIRA - BLACKSTEIN - 16 MAPLEWOOD TER LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

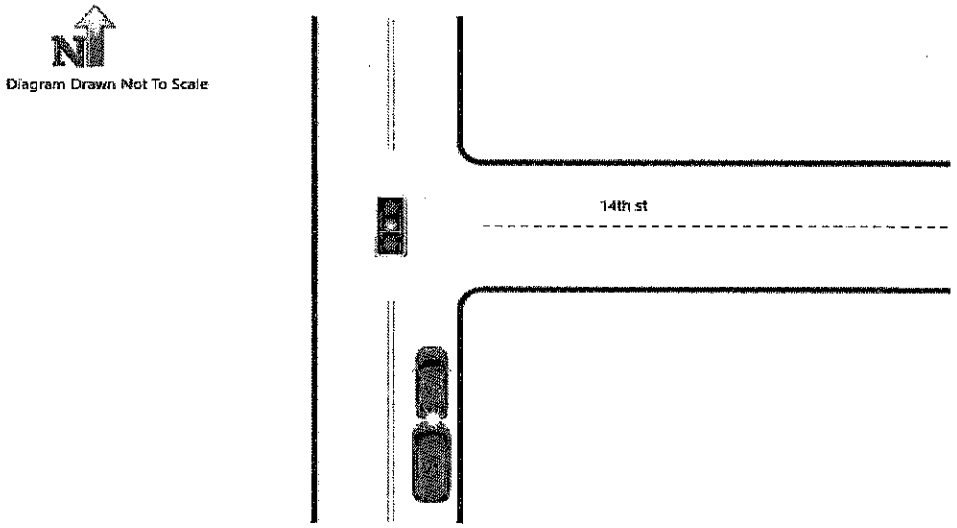
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074983

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	02	01	01	05	22	M	-	-	-	11	04	-	-	YISROEL - KUGLER - 164 GLEN AVE S LAKEWOOD NJ 08701 - -
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Both vehicle's 1 and 2 were both traveling north bound on Hope Chapel Road. Vehicle 2 stopped due to traffic. Once vehicle 2 stopped vehicle 1 crashed into the rear of vehicle 2.

Driver 1 stated she zoned out and did not realize vehicle 2 was stopped in traffic.

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

My investigation determined that driver 1 is at fault due to being inattentive and following too closely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-075189

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

3 Station/Precinct: -

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

☐ At Intersection With

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

of: WHITE RD

11 Speed Limit: 45 — 12 Route No.: - — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

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

20 Route/Name

21 Latitude: 40.080365 — 22 Longitude: -74.255426

4 Date of Crash (mm dd yy): 09/25/22 — 5 Day Of Week: SUNDAY — 6 Time (use 2400 hrs): 1030 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: BA0000002409AP — 25 NJ Ins. Code: 153

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

26 Driver's First Name: CHRISTINE — Initial: S — Last Name: TLAPANCO — 29 Sex: F

27 Number & Street: 712 HANNIBAL ST

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

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

32 Driver's License Number: T50791248255962 — 33 DOB (mm dd yyyy): 05/21/1996 — 34 Expires (mm yy): 05 25

35 Owner's ☐ Same As Driver — First Name: SPECIAL — Initial: - — Last Name: CHILDRENS CTR IN -

36 Number & Street: 1400 PROSPECT ST

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

38 Make: TOYT — 39 Model: SIE — 40 Color: SIL — 41 Year: 2014 — 42 Plate No.: M89LVR — 43 State: NJ

44 VIN: 5TDZK3DC2ES492963 — 45 Expires: 09 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.: 603679759 206 1 — 55 NJ Ins. Code: 884

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

56 Driver's First Name: JOSEPH — Initial: A — Last Name: MANDEL — 59 Sex: M

57 Number & Street: 6 DOVE MILL CRESCENT

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

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

62 Driver's License Number: M03954106102882 — 63 DOB (mm dd yyyy): 02/01/1988 — 64 Expires (mm yy): 02 25

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

66 Number & Street: 6 DOVE MILL CRESCENT

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

68 Make: TOYT — 69 Model: HIG — 70 Color: BLK — 71 Year: 2019 — 72 Plate No.: W13LTR — 73 State: NJ

74 VIN: 5TDBZRFH5KS705506 — 75 Expires: 09 23

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	26	F	-	-	-	11	04	-	-	CHRISTINE S TLAPANCO - 712 HANNIBAL ST TOMS RIVER NJ 08757
B	01	03	01	05	21	M	-	-	-	11	04	-	-	SCHLOMO - KRAMER - 1400 PROSPECT ST LAKEWOOD NJ 08701
C	01	04	01	05	18	M	-	-	-	11	04	-	-	MAYER - BROWN - 1400 PROSPECT ST LAKEWOOD NJ 08701
D	01	06	01	05	27	M	-	-	-	11	04	-	-	ELIAHU - ABOUD - 329 OAKLEY AVE LONG BRANCH NJ 07740

New Jersey Police Crash Investigation Report

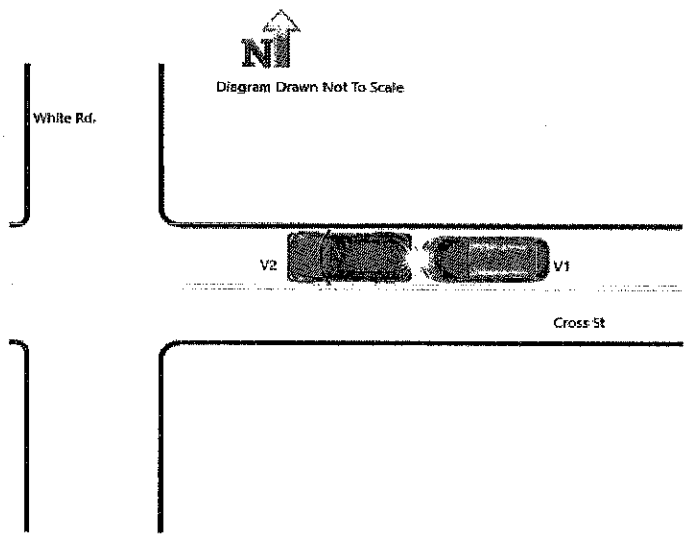
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-075189

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E	02	01	01	05	34	M	-	-	-	11	04	-	-	JOSEPH A MANDEL - 6 DOVE MILL CRESCENT JACKSON NJ 08527
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Westbound on Cross St, attempted to stop, and crashed into the rear of vehicle 2 which was also stopping on Cross St.

Driver 1 stated she was traveling Westbound on Cross St. when she noticed that vehicle 2, which was in front of her had just slammed on its brakes. She then did the same but was unable to stop in time and crashed into the rear of vehicle 2.

Driver 2 stated he was traveling Westbound on Cross St. when a vehicle, 2 cars in front of him, made an abrupt right turn. This caused him to slam on his brakes. As he did this, vehicle 1 crashed into the rear of his vehicle.

There were no reported injuries on scene. Vehicle 1 was disabled due to heavy damage to the front bumper and vehicle 2 sustained moderate damage to its rear bumper.

Based on my observations and speaking with both drivers, I determined that driver 1 was at fault for failing to stop in time which would have avoided the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GARRETSON C	391	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074568

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/23/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1009

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: E KENNEDY BLVD | Road Name | Dir: - | 11 Speed Limit: 40 | 12 Route No.: 0006 | Suffix: - | 13 Milepost: -

☒ At Intersection With ☐ Feet ☐ Miles — 14: - 15: 16: ☐ N ☐ E ☐ S ☐ W of: SQUANKUM RD | 18 Speed Limit: 40

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

20 Route/Name: | 21 Latitude: 40.105879 | 22 Longitude: -74.204557

118a	25
118b	-
119a	04
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	03
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	11
132	12
133	04
134	03

Vehicle 1

23 Veh #: 1 | 24 Policy No.: PANJ-008543011 | 25 NJ Ins. Code: 071

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

26 Driver's First Name: CRISTOPER | Initial: J | Last Name: OLIVARES-AGUILAR - | 29 Sex: M

27 Number & Street: 1507 ATLANTIC AVENUE APT 79

28 City: MANASQUAN | State: NJ | Zip: 08736

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

32 Driver's License Number: O53961427106982 | 33 DOB (mm dd yyyy): 06/18/1998 | 34 Expires (mm yy): 06 26

35 Owner's: ☒ Same As Driver | First Name: CRISTOPER | Initial: J | Last Name: OLIVARES-AGUILA -

36 Number & Street: 1507 ATLANTIC AVENUE APT 79

37 City: MANASQUAN | State: NJ | Zip: 08736

38 Make: FORD | 39 Model: MUS | 40 Color: WHI | 41 Year: 1995 | 42 Plate No.: XLEA87 | 43 State: NJ

44 VIN: 1FDKE37H8SHC12216 | 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.: 4203-97-46-07 | 55 NJ Ins. Code: -

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

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

57 Number & Street: 10810 MEADOWHILL RD

58 City: SILVER SPRING | State: MD | Zip: 20901

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

62 Driver's License Number: S516599599830 | 63 DOB (mm dd yyyy): 10/28/1996 | 64 Expires (mm yy): 10 25

65 Owner's: ☐ Same As Driver | First Name: LISA | Initial: A | Last Name: SAMBERG -

66 Number & Street: 10810 MEADOWHILL RD

67 City: SILVER SPRING | State: MD | Zip: 20901

68 Make: TOYT | 69 Model: CAM | 70 Color: BLK | 71 Year: 2007 | 72 Plate No.: 4ES0637 | 73 State: MD

74 VIN: JTNBB46K773025162 | 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	-	24	M	-	-	-	11	04	-	-	CRISTOPER J OLIVARES-AGUILAR - 1507 ATLANTIC AVENUE MANASQUAN NJ 08736
B	2	01	01	-	25	M	-	-	-	11	04	-	-	MENACHEM M SAMBERG - 10810 MEADOWHILL RD SILVER SPRING MD 20901
C														
D														

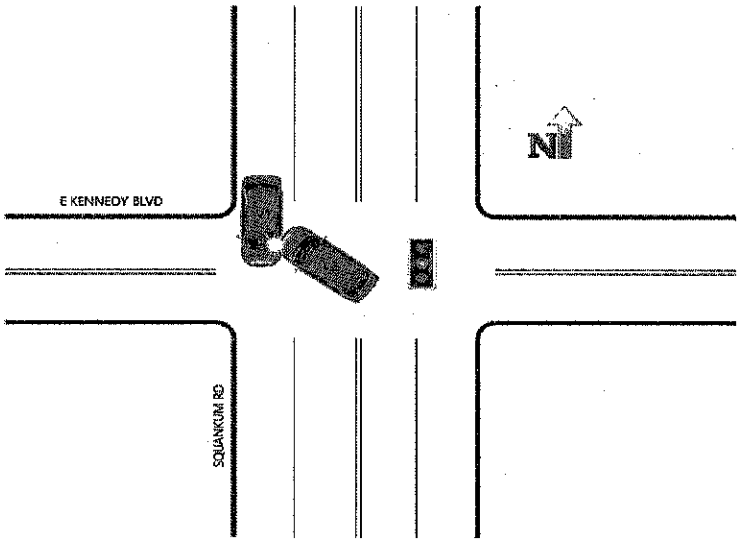
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-074568

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 WAS TRAVELING SOUTH ON SQUANKUM RD APPROACHING E KENNEDY BLVD. VEHICLE 2 WAS TRAVELING NORTH ON SQUANKUM RD APPROACHING THE SAME INTERSECTION.

DRIVER 1 STATED THAT HE WAS GOING STRAIGHT WHEN VEHICLE 2 MADE A LEFT TURN INTO HIS VEHICLE.

DRIVER 2 STATED THAT A VEHICLE IN THE INSIDE LANE OF SOUTHBOUND TRAFFIC STOPPED TO LET HIM MAKE THE LEFT TURN BUT HE DID NOT SEE VEHICLE 1 COMING.

IT APPEARS THAT DRIVER 2 FAILED TO YIELD TO VEHICLE 1 BEFORE MAKING A LEFT TURN AND CAUSED THE CRASH. DRIVER 2 IS AT FAULT.

VEHICLE 2 IS INSURED BY GEICO OF MARYLAND.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	3
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	04

1 Case Number: 22-074588

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

3 Station/Precinct: -

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

☐ At Intersection With ☒ Feet ☐ Miles — 14: 75 — 15

☐ N ☒ E ☐ S ☐ W of: HOOVER AVE

11 Speed Limit: 45

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

18 Speed Limit: 35

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.082285 — 22 Longitude: -74.166567

4 Date of Crash (mm dd yy): 09/23/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1152 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: AO2-238-195434-0026 — 25 NJ Ins. Code: 182

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

26 Driver's First Name: JAMES — Initial: T — Last Name: MCHUGH — 29 Sex: M

27 Number & Street: 59 HEDGEWOOD RD

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

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

32 Driver's License Number: M15443838306452 — 33 DOB (mm dd yyyy): 06/16/1945 — 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver — First Name: JAMES — Initial: T — Last Name: MCHUGH

36 Number & Street: 59 HEDGEWOOD RD

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

38 Make: TOYT — 39 Model: COR — 40 Color: SIL — 41 Year: 2005 — 42 Plate No.: SL700T — 43 State: NJ

44 VIN: 2T1BR32E95C486703 — 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.: 4297-14-96-37 — 55 NJ Ins. Code: 100

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

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

57 Number & Street: 86 PORT RD

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

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

62 Driver's License Number: P28477400009722 — 63 DOB (mm dd yyyy): 09/30/1972 — 64 Expires (mm yy): 09 25

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

66 Number & Street: 86 PORT RD

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

68 Make: HYUN — 69 Model: ELA — 70 Color: BLK — 71 Year: 2020 — 72 Plate No.: J17EZU — 73 State: NJ

74 VIN: KMHD74LFXLU063684 — 75 Expires: 12 22

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	77	M	-	-	-	11	04	-	-	JAMES T MCHUGH - 59 HEDGEWOOD RD HOWELL NJ 07731 - -
B	V2	01	01	05	49	M	-	-	-	11	04	-	-	THOMAS - PETERSON - 86 PORT RD BRICK NJ 08723 - -
C	V3	01	01	05	20	F	-	-	-	11	04	-	-	MINDY - BENENFELD - 138 WEBSTER AVE BROOKLYN NY 11230 - -
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	3
105	01
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	-

1 Case Number: 22-074588

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

3 Station/Precinct: -

10 Crash Occurred On: OCEAN AVE — 11 Speed Limit: 45 — 12 Route No.: 0088 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14: 75 — 15 — 16

☐ N ☒ E ☐ S ☐ W of: HOOVER AVE — 18 Speed Limit: 35

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

4 Date of Crash (mm dd yy): 09/23/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1152 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.082285 — 22 Longitude: -74.166567

23 Veh #: 3 — 24 Policy No.: 939593692 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: MINDY — Initial: - — Last Name: BENENFELD — 29 Sex: F

27 Number & Street: 138 WEBSTER AVE

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

30 Eyes: 05 — DL Class: - — Restrictions: - — Endorsements: - — 31 State: NY

32 Driver's License Number: 116636523 — 33 DOB (mm dd yyyy): 01/23/2002 — 34 Expires (mm yy): 01 23

35 Owner's ☐ Same As Driver — First Name: YEHOSHUA — Initial: - — Last Name: PRIVALSKY

36 Number & Street: 13 WASHINGTON AVE

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

38 Make: HYUN — 39 Model: SON — 40 Color: GRY — 41 Year: 2020 — 42 Plate No.: G45MVF — 43 State: NJ

44 VIN: 5NPEF4JA3LH049526 — 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: -

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

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

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

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

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

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

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: - — 75 Expires: - -

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

New Jersey Police Crash Investigation Report

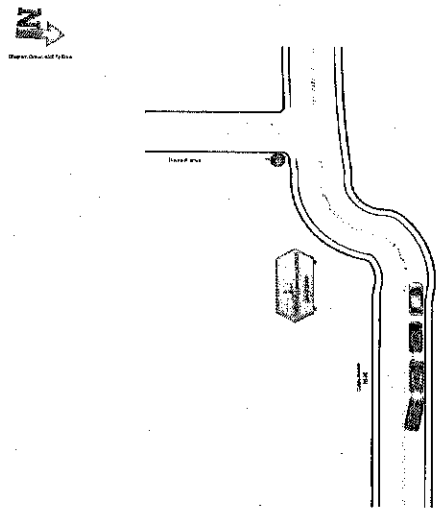
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074588

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The Driver of Vehicle #2 stated that prior to the crash he was traveling west bound on Ocean Avenue towards Hoover Avenue. The Driver of Vehicle #2 stated that two cars ahead, a car came to a stop in order to turn into Lots of Liquor. The Driver of Vehicle #2 stated that the car in front of him stopped so he came to a stop. The Driver of Vehicle #2 stated that once he was stopped, the rear of his vehicle was struck by Vehicle #1. The Driver of Vehicle #2 stated that he was not injured as a result of the crash.

The Driver of Vehicle #1 stated that prior to the crash he was traveling west bound on Ocean Avenue. The Driver of Vehicle #1 stated that Vehicle #2 stopped suddenly. the Driver of Vehicle #1 stated that he did not have time to stop, causing him to collide with the rear of Vehicle #2. The Driver of Vehicle #1 stated that he was them struck in the rear of his vehicle by Vehicle #3. The Driver of Vehicle #1 did not report any injury as a result of the crash.

The Driver of Vehicle #3 stated that prior to the crash she was traveling west bound of Ocean Avenue. The Driver of Vehicle #3 stated that she saw Vehicle #1 strike Vehicle #2. The Driver of Vehicle #3 stated that she tried to avoid the accident and steer to the left. The Driver of Vehicle #3 stated that she could not avoid Vehicle #1 but could not. The Driver of Vehicle #3 did not report any injury as a result of the crash.

After taking statements from all parties, I find the Driver of Vehicle #1 to be at fault for the crash.

END OF REPORT

Submitted By: Ptl. R. Ingram #408

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
INGRAM R	408	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	118a	25
97	01	118b	-
98	01	119a	29
99	07	119b	-
100a	01	120a	-
100b	04	120b	-
101	02	121a	01
102	01	121b	-
103	01	122	10
104	2	123	01
105	06	124	11
106	-	125	11
107	-	126a	26
108	01	126b	-
109	31	126c	-
110	01	126d	-
111	02	126e	26
112	-	127a	28
113	-	127b	-
114	-	127c	-
115	-	127d	-
116	-	127e	28
117	01	128	26
		129	03
		130	03
		131	05
		132	05
		133	03
		134	02

1 Case Number: 22-074589

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

3 Station/Precinct:

10 Crash Occurred On: EAST END AVE & — Road Name — Dir: - — 11 Speed Limit: 25 — 12 Route No. — Suffix — 13 Milepost

☐ At Intersection With — ☒ Feet — ☐ Miles — 14: 250 — 15 — 16 — ☐ N ☐ E ☒ S ☐ W of: E 9TH ST — 18 Speed Limit: 25

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

20 Route/Name — 21 Latitude: 40.100881 — 22 Longitude: -74.200373

4 Date of Crash (mm dd yy): 09/23/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1153 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4510 68 79 75 — 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 ☐ Same As Driver — First Name: ASHER — Initial: A — Last Name: FRIEDMAN -

36 Number & Street: 191 E 4TH ST

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

38 Make: DODG — 39 Model: GRA — 40 Color: SIL — 41 Year: 2009 — 42 Plate No.: W96PUF — 43 State: NJ

44 VIN: 2D8HN44E99R564753 — 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.: BA 2997BD — 55 NJ Ins. Code: -

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

56 Driver's First Name: BLONDELL — Initial: M — Last Name: MILLIGAN - — 59 Sex: F

57 Number & Street: 160 FIRST AVENUE

58 City: SO. TOMS RIVER — State: NJ — Zip: 08757

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

62 Driver's License Number: M43680947460712 — 63 DOB (mm dd yyyy): 10/07/1971 — 64 Expires (mm yy): 10 26

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

66 Number & Street: 672 CROSS ST

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

68 Make: INTR — 69 Model: BUS — 70 Color: YEL — 71 Year: 2016 — 72 Plate No.: F810S1 — 73 State: NJ

74 VIN: 4DRBUC8P1GB733250 — 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 1926134 ☐ None — ☐ MC/MX

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

82 Motor Carrier or Government Entity: JAYS BUS SERVICE

Number & Street: 672 CROSS ST

City: 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	2	01	01	05	50	F	-	-	-	04	04	-	-	BLONDELL M MILLIGAN - 160 FIRST AVENUE SO. TOMS RIVER NJ 08757
B														
C														
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station _____ Case No. 22-074589

1. UNKNOWN
2. UNKNOWN
3. UNKNOWN
4. UNKNOWN
5. UNKNOWN
6. UNKNOWN
7.
8.
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11.
12.
13.
14.
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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

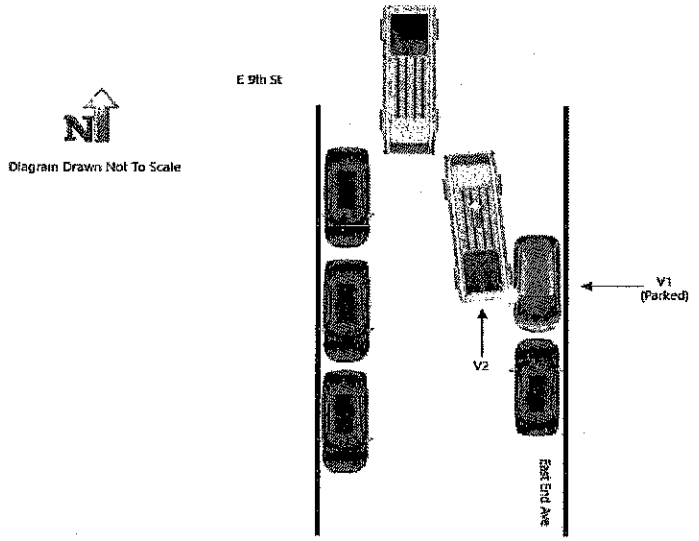
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-074589

(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 unoccupied and improperly parked (facing oncoming traffic) southbound on East End Ave. The improper parking of vehicle 1 did not contribute to crash, because it was in a legal parking area and an appropriate distance from the curb.

Driver of vehicle 2 was operating a full sized school bus. Driver of vehicle 2 stated she was north on East End Ave and in a traffic jam, due to another full sized school bus traveling south on East End Ave. Driver of vehicle 2 stated she attempted to maneuver the bus around a parked car and the bus, and the back end of her bus struck the parked car.

As a result of my investigation, I, Ptl. Livingston #373 determined the driver of vehicle 2 is at fault for this crash. The driver of vehicle 2 failed to maintain awareness of the rear of her vehicle, which resulted in her crashing into vehicle 1.

Driver of vehicle 2 stated there were approximately 6 students on her bus, but they all left prior to my arrival. Driver of vehicle 2 stated she did not have a list of students that were on the bus. No injuries were reported.

Vehicle 2 Insurance Information:

Nationwide Insurance Group
Central Insurers Group, Inc.
Company Number: 23787

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-074608
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	09/23/22
100a	01	5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1325
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	5TH ST -
		11 Speed Limit	25
		Road Name	LEXINGTON AVE
		Dir	-
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14 Feet / Miles	-
		15 N E S W	
		16 of:	
		17 Cross Road Name	-
		18 Speed Limit	25
		19 Ramp To / From	
		20 Route/Name	
		21 Latitude	40.095334
		22 Longitude	-74.212756
		118a	25
		118b	-
		119a	03
		119b	-
		120a	01
		120b	-
		121a	01
		121b	-
		122	01
		123	01
		124	04
		125	08
		126a	26
		126b	-
		126c	-
		126d	-
		126e	26
		127a	26
		127b	-
		127c	-
		127d	-
		127e	26
		128	26
		129	10
		130	10
		131	12
		132	12
		133	04
		134	04

☒ At Intersection With ☐ Feet ☐ Miles

☐ N ☐ E ☐ S ☐ W

☐ To ☐ From ☐ Ramp

☐ NB ☐ EB ☐ SB ☐ WB

Vehicle 1

23 Veh # 1 | 24 Policy No. 4542-69-90-48 | 25 NJ Ins. Code 148

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

26 Driver's First Name: ELIEZER | Initial: Z | Last Name: SCHWARTZ | 29 Sex: M

27 Number & Street: 27 BIRMINGHAM DRIVE

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

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

32 Driver's License Number: S15702078906882 | 33 DOB (mm dd yyyy): 06/12/1988 | 34 Expires (mm yy): 06 24

35 Owner's First Name: ☒ Same As Driver ELIEZER | Initial: Z | Last Name: SCHWARTZ

36 Number & Street: 27 BIRMINGHAM DRIVE

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

38 Make: TOYT | 39 Model: CAM | 40 Color: SIL | 41 Year: 2009 | 42 Plate No.: K56CFM | 43 State: NJ

44 VIN: 4T1BE46K39U334602 | 45 Expires: 07 23

46 Vehicle Removed To: MOISHY'S TOWING

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City | State | Zip

Vehicle 2

53 Veh # 2 | 54 Policy No. 0949895-E21-30C | 55 NJ Ins. Code -

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

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

57 Number & Street: 1221 59TH ST

58 City: BROOKLYN | State: NY | Zip: 11219

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

62 Driver's License Number: 997119602 | 63 DOB (mm dd yyyy): 12/11/2001 | 64 Expires (mm yy): 12 23

65 Owner's First Name: ☐ Same As Driver - | Initial: - | Last Name: P & W ELEVATORS

66 Number & Street: 251 2ND ST; 203

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

68 Make: JEEP | 69 Model: GRA | 70 Color: BLU | 71 Year: 2009 | 72 Plate No.: D77RGL | 73 State: NJ

74 VIN: 1J8GR48K19C525140 | 75 Expires: 08 23

76 Vehicle Removed To: MOISHY'S TOWING

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT ☐ 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	-	34	M	-	-	-	11	04	-	-	ELIEZER Z SCHWARTZ - 27 BIRMINGHAM DRIVE JACKSON NJ 08527
B	1	06	01	-	5	F	-	-	-	05	05	-	-	CHANA - SCHWARTZ - 27 BIRMINGHAM DR JACKSON NJ 08527
C	2	01	01	-	20	M	-	-	-	11	04	-	-	ROBERT - KLEIN - 1221 59TH ST BROOKLYN NY 11219
D														

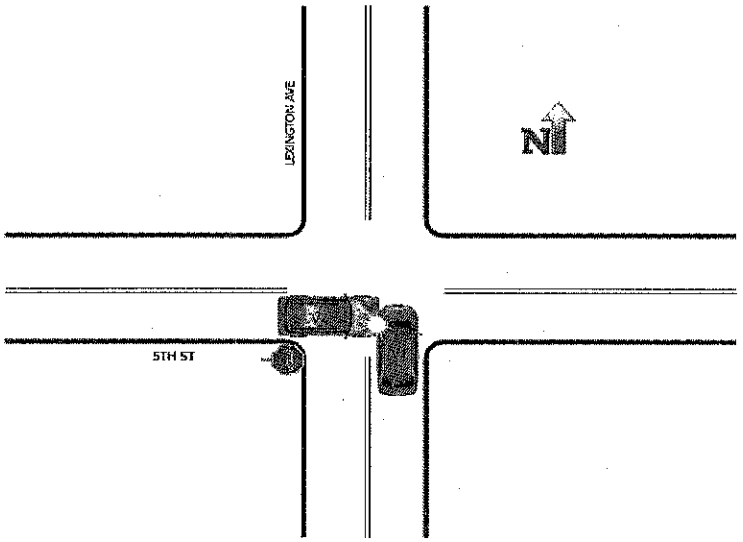
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-074608

(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 LEXINGTON AVE APPROACHING 5TH ST. VEHICLE 2 WAS TRAVELING EAST ON 5TH ST APPROACHING LEXINGTON AVE.

DRIVER 1 STATED THAT HE WAS GOING STRAIGHT WHEN VEHICLE 2 STRUCK HIS VEHICLE.

DRIVER 2 STATED THAT HE SLOWED DOWN AND THEN TAPPED HIS BRAKE. WHEN HE SAW NO ONE WAS COMING HE PROCEEDED THROUGH THE INTERSECTION AND VEHICLE 1 CAME OUT OF NOWHERE.

IT APPEARS THAT DRIVER 2 FAILED TO STOP AT THE STOP SIGN AND CAUSED THE CRASH. DRIVER 2 IS AT FAULT.

VEHICLE 2 IS INSURED BY STATE FARM MUTUAL AUTOMOBILE INSURANCE ARTEK INSURANCE 777 BEDFORD AVE SUITE 2B BROOKLYN, NY 11205.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074629

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

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 09/23/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1510

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 1700 MADISON AVE | Road Name | Dir: - | 11 Speed Limit: 15 | 12 Route No. | Suffix | 13 Milepost: --

☐ At Intersection With

☐ Feet ☐ N ☐ E of:

☐ Miles ☐ S ☐ W

14 15 16

17 Cross Road Name

18 Speed Limit: 40

19 Ramp ☐ To ☐ From:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.107055

22 Longitude: -74.221457

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

Vehicle 1

23 Veh #: 1

24 Policy No.: 4374769828

25 NJ Ins. Code: 148

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

26 Driver's First Name: ARYE | Initial: - | Last Name: SCHREIBER - | 29 Sex: M

27 Number & Street: 118 FOREST AVE

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

30 Eyes: 06 | DL Class: - | Restrictions: - | Endorsements: -

31 State: NJ

32 Driver's License Number: S15200620001726

33 DOB (mm dd yyyy): 01/02/1972

34 Expires (mm yy): 01 25

35 Owner's First Name: ARYE | Initial: - | Last Name: SCHREIBER -

☐ Same As Driver

36 Number & Street: 118 FOREST AVE

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

38 Make: TOYT | 39 Model: CAM | 40 Color: BLK | 41 Year: 2019 | 42 Plate No.: P37PNZ | 43 State: NJ

44 VIN: 4T1B11HK4KU691364

45 Expires: 12 22

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

47 Authority

☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

49 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class | Placard No.

50 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City | State | Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: 4534235660

55 NJ Ins. Code: 100

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

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

57 Number & Street: 205 E 4TH ST

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

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

61 State: NJ

62 Driver's License Number: P51110110051902

63 DOB (mm dd yyyy): 01/10/1990

64 Expires (mm yy): 01 25

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

☐ Same As Driver

66 Number & Street: 205 E 4TH ST

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

68 Make: TOYT | 69 Model: COR | 70 Color: BLK | 71 Year: 2022 | 72 Plate No.: L10LCV | 73 State: NJ

74 VIN: 7MUAAABG8NV002171

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.

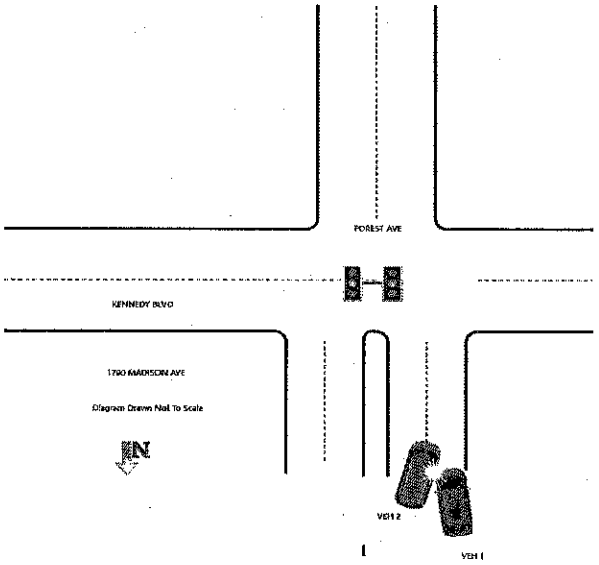
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	50	M	-	-	-	11	04	-	-	ARYE - SCHREIBER - 118 FOREST AVE LAKEWOOD NJ 08701
B	02	01	01	05	32	F	-	-	-	11	04	-	-	ADRIANA - PLATAGONZALEZ - 205 E 4TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: -- Case No: 22-074629

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEH 2 STATED SHE WAS TRAVELING SOUTH IN THE PLAZA OF 1700 MADISON AVE. AND WAS APPROACHING THE EXIT TO LEAVE THE PLAZA NEAR KENNEDY BLVD AND FOREST AVE. DRIVER 1 SAID WHEN SHE WAS PULLING UP THE EXIT LANE TO HEAD STRAIGHT SHE WAS STRUCK BY VEH 2 THAT CUT HER OFF.

DRIVER OF VEH 1 STATED HE WAS TRAVELING SOUTH IN THE PLAZA AT 1700 MADISON AVE ATTEMPTING TO EXIT THE PLAZA BY KENNEDY BLVD AND FOREST AVENUE EXIT. DRIVER 2 SAID WHEN HE WAS PULLING UP IN THE LANE TO EXIT , VEH 2 CAME FROM THE LEFT LANE, CUT HIM OFF CAUSING HIM TO SLAM ON HIS BRAKES, STRICKING HIS VEHICLE.

DRIVER 1 HAD DASH CAMERA FOOTAGE OF THE INCIDENT AND EMAILED IT TO ME. AFTER VIWEING THE FOOTAGE I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH. DRIVER 2 WAS FIRST SEEN DRIVING IN FRONT OF VEH 1 WHEN APPROACHING THE EXIT OF 1700 MADISON AVE, COMPLETLY LEAVES THE FRONT VIEW OF VEH 1 AND APPEARS TO BE IN THE LEFT EXIT LANE, THEN ALL OF SUDDEN PULLS BACK IN TO THE RIGHT EXIT LANE HITTING VEH 1 THAT WAS PULLING UP INTO THE LANE. DRIVER 2 FAILED TO MAINTAIN ITS LANE.

THE VIDEO IS ATTACHED TO SPILLMAN.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-074634
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	09/23/22
100a	03	5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1525
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
		10 Crash Occurred On:	OAK STREET
		Road Name	-
		Dir	
		11 Speed Limit	40
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14	50
		15	☐ At Intersection With ☒ Feet ☐ Miles
		16	☐ N ☐ E ☐ S ☒ W of:
			AIRPORT ROAD
		17 Cross Road Name	-
		18 Speed Limit	40
		19 Ramp	☐ To ☐ From:
		20 Route/Name	
		21 Latitude	40.057974
		22 Longitude	-74.180096
118a	09		
118b	-		
119a	25		☐ NB ☐ EB ☐ SB ☐ WB
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	01		
123	07		
124	09		
125	09		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	12		
130	12		
131	06		
132	06		
133	03		
134	03		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	SELF INSURED
		25 NJ Ins. Code	-
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	YEHUDA
		Initial	-
		Last Name	PRUSHINOWSKI -
		29 Sex	M
103	01	27 Number & Street	4 DRUBICH WAY 402
104	2	28 City	MONROE
		State	NY
		Zip	10950
		30 Eyes	04
		DL Class	-
		Restrictions	-
		Endorsements	-
		31 State	NY
105	01	32 Driver's License Number	726425000
		33 DOB (mm dd yyyy)	01/17/1999
		34 Expires (mm yy)	01 24
106	-	35 Owner's First Name	☐ Same As Driver -
		Initial	-
		Last Name	HERTZ -
107	-	36 Number & Street	5400 BUTLER NATIONAL DR
108	04	37 City	ORLANDO
		State	FL
		Zip	32812
109	01	38 Make	GMC
		39 Model	YUK
		40 Color	DBL
		41 Year	2022
		42 Plate No.	49BKQD
		43 State	FL
110	01	44 VIN	1GKS1JKL3NR195540
		45 Expires	06 23
111	01	46 Vehicle Removed To	-
112	-		☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			-
			Hazard Class
			-
			Placard No.
116	02	50 Carrier No.	☐ USDOT - ☒ None
117	02		☐ MC/MX -
		51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	-
		Number & Street	-
		City	-
		State	-
		Zip	-

Vehicle 2

53 Veh #	2		
54 Policy No.	F403972-3		
55 NJ Ins. Code	426		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	LISA		
Initial	L		
Last Name	HATRAK -		
59 Sex	F		
57 Number & Street	125 BRIGANTINE BLVD		
58 City	WARETOWN		
State	NJ		
Zip	08758		
60 Eyes	04		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	H08284767358674		
63 DOB (mm dd yyyy)	08/06/1967		
64 Expires (mm yy)	08 24		
65 Owner's First Name	☐ Same As Driver LISA		
Initial	L		
Last Name	HATRAK -		
66 Number & Street	125 BRIGANTINE BLVD		
67 City	WARETOWN		
State	NJ		
Zip	08758		
68 Make	VOLK		
69 Model	JET - JE		
70 Color	BLK		
71 Year	2015		
72 Plate No.	S51LDH		
73 State	NJ		
74 VIN	3VWD17AJ7FM298600		
75 Expires	03 23		
76 Vehicle Removed To	-		
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
77 Authority	☒ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill		
	-		
	Hazard Class		
	-		
	Placard No.		
80 Carrier No.	☐ USDOT - ☒ None		
	☐ MC/MX -		
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity	-		
Number & Street	-		
City	-		
State	-		
Zip	-		

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	23	M	-	-	-	11	04	-	-	YEHUDA - PRUSHINOWSKI - 4 DRUBICH WAY 402 MONROE NY 10950
B	01	03	01	05	22	M	-	-	-	11	04	-	-	CHAIM - WERTZBERGER - 43 N MADISON AVE 201 SPRING VALLEY NY 10977
C	02	01	01	04	55	F	04	08	01	11	04	-	-	LISA L HATRAK - 125 BRIGANTINE BLVD WARETOWN NJ 08758
D														

New Jersey Police Crash Investigation Report

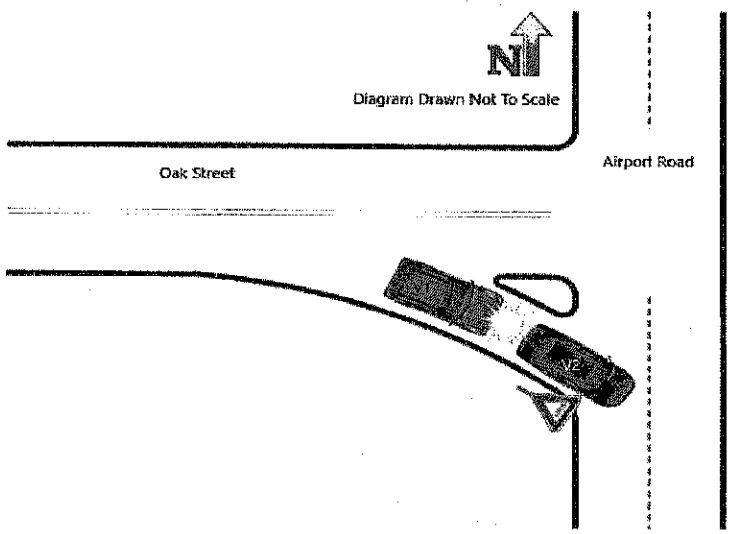
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074634

(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 driving east on Oak Street behind vehicle 2. They approached Airport Road when vehicle 2 veered right to turn onto Airport. Driver 1 looked to his left and into his "blind spot" before he crashed into the rear of vehicle 2. Vehicle 1 sustained damage to the front bumper.

Driver 2 stated she was driving east on Oak Street and veered right to turn onto Airport Road. As she was about to turn she observed a Fedex truck on Airport Road driving south. She slowed to a stop and yielded when vehicle 1 crashed into her. Vehicle 2 sustained damage to the rear bumper, trunk and fender.

Vehicle 1 is at fault for this crash.

Vehicle 1 is a rental vehicle and is self insured.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074636

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

3 Station/Precinct: -

10 Crash Occurred On: 7TH ST — Road Name — Dir: -

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

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

18 Speed Limit: 25

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

20 Route/Name

4 Date of Crash (mm dd yy): 09/23/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1532 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.097039 — 22 Longitude: -74.215540

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: HPA00002757616 — 25 NJ Ins. Code: 017

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

26 Driver's First Name: FRUMA — Initial: S — Last Name: KAHN — 29 Sex: F

27 Number & Street: 464 11TH ST

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

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

32 Driver's License Number: 813346261 — 33 DOB (mm dd yyyy): 07/22/2002 — 34 Expires (mm yy): 07 25

35 Owner's ☐ Same As Driver — First Name: ABRAHAM — Initial: - — Last Name: LEISER

36 Number & Street: 11 ABRAHAMS WAY

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

38 Make: TOYT — 39 Model: COR — 40 Color: BLU — 41 Year: 2013 — 42 Plate No.: B12PMH — 43 State: NJ

44 VIN: 2T1BU4EE3DC957873 — 45 Expires: 12 22

46 Vehicle Removed To: MOISHY'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.: 939571886 — 55 NJ Ins. Code: 054

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

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

57 Number & Street: 314 FOREST AVE

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

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

62 Driver's License Number: O70894100002922 — 63 DOB (mm dd yyyy): 02/12/1992 — 64 Expires (mm yy): 02 24

65 Owner's ☐ Same As Driver — First Name: YOCHEVED — Initial: I — Last Name: OPPENHEIMER

66 Number & Street: 314 FOREST AVE

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

68 Make: TOYT — 69 Model: SIE — 70 Color: BLU — 71 Year: 2022 — 72 Plate No.: U94PWP — 73 State: NJ

74 VIN: 5TDKRKECXNS111379 — 75 Expires: 04 26

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	20	F	-	-	-	11	04	-	-	FRUMA S KAHN - 464 11TH ST LAKEWOOD NJ 08701
B	02	01	01	-	30	M	-	-	-	11	04	-	-	JOSEPH - OPPENHEIMER - 314 FOREST AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

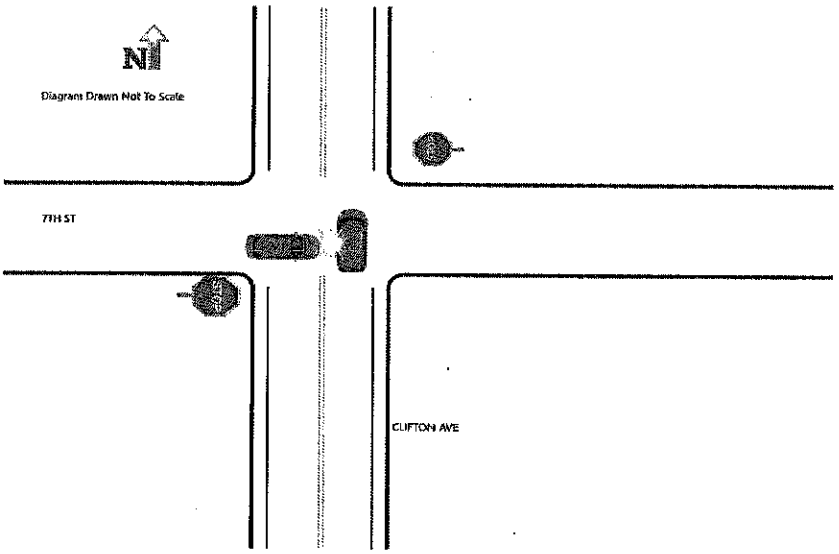
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074636

(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 VEHLICE 1 STATED SHE WAS DRIVING EAST ON 7TH ST. WHEN SHE GOT TO THE INTERSECTION OF CLIFTON AVE SHE CAME TO A STOP AT THE STOP SIGN. SHE STATED SHE DID NOT SEE ANYONE WAS COMING SO SHE PROCEEDED THROUGH THE INTERSECTION. SHE THEN CRASHED INTO VECHILE 2 WHO WAS TRAVELING NORTH ON CLIFTON AVE. DRIVER OF VEHICLE 1 STATED SHE WAS IN A RUSH AND THAT SHE SHOULD OF MADE SURE IT WAS CLEAR TO GO THROUGH THE INTERSECTION.

DRIVER OF VEHICLE 2 TO STATED HE WAS TRAVELING NORTH ON CLIFTON AVE. WHEN HE WAS APPROACHING 7TH ST HE STATED HE COULD SEE VEHILCE 1 NOSED OUT PARTIALLY IN THE INTERSECTION ON 7TH ST FACING EAST. AS HE PASSED THROUGH THE INTERSECTION VEHICLE 1 CRASHED INTO HIM.

DRIVER OF VEHICLE 1 WAS FOUND TO BE AT FAULT FOR ACCIDENT FOR FAILING TO OBEY STOP SIGN AND FAILING TO GIVE VEHICLE 2 RIGHT OF WAY.

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

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

1 Case Number: 22-074638

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

3 Station/Precinct:

10 Crash Occurred On: MADISON AVE — Road Name — Dir — 11 Speed Limit: 45 — 12 Route No.: 0009 — Suffix — 13 Milepost

☐ At Intersection With — ☒ Feet — ☐ Miles — 14: 200 — 15: ☒ N ☐ E ☐ S ☐ W — 16: of: E KENNEDY BLVD — 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): 09/23/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1536 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.106934 — 22 Longitude: -74.219482

118a	25
118b	-
119a	04
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	02
130	02
131	05
132	05
133	04
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: HPA00002031555 — 25 NJ Ins. Code: 017

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

26 Driver's First Name: SHLOMO — Initial: Z — Last Name: LUWISH — 29 Sex: M

27 Number & Street: 424 13TH STREET

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

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

32 Driver's License Number: L95137098903034 — 33 DOB (mm dd yyyy): 03/11/2003 — 34 Expires (mm yy): 03 24

35 Owner's ☐ Same As Driver — First Name: MISHAEL — Initial: Z — Last Name: LUWISH

36 Number & Street: 424 13TH ST

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

38 Make: HYUN — 39 Model: SON — 40 Color: 4 — 41 Year: 2021 — 42 Plate No.: Z45PHX — 43 State: NJ

44 VIN: 5NPEJ4J28MH122947 — 45 Expires: 10 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 ☐ 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.: F10410799-0 — 55 NJ Ins. Code: 426

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

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

57 Number & Street: 1521 TANGLEWOOD LN

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

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

62 Driver's License Number: R40905397402932 — 63 DOB (mm dd yyyy): 02/15/1993 — 64 Expires (mm yy): 02 26

65 Owner's ☐ Same As Driver — First Name: SHIMON — Initial: M — Last Name: RICHTER

66 Number & Street: 1521 TANGLEWOOD LN

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

68 Make: TOYT — 69 Model: COR — 70 Color: SIL — 71 Year: 2005 — 72 Plate No.: G80MLF — 73 State: NJ

74 VIN: 2T1BR30E85C417052 — 75 Expires: 08 22

76 Vehicle Removed To: YITZ AUTO BODY

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		N/A	2	39:3-4	1514A294292
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	19	M	-	-	-	11	04	-	-	SHLOMO Z LUWISH - 424 13TH STREET LAKEWOOD NJ 08701
B	2	01	01	05	29	M	-	-	-	11	11	04	-	MENACHEM M RICHTER - 1521 TANGLEWOOD LN LAKEWOOD NJ 08701
C														
D														

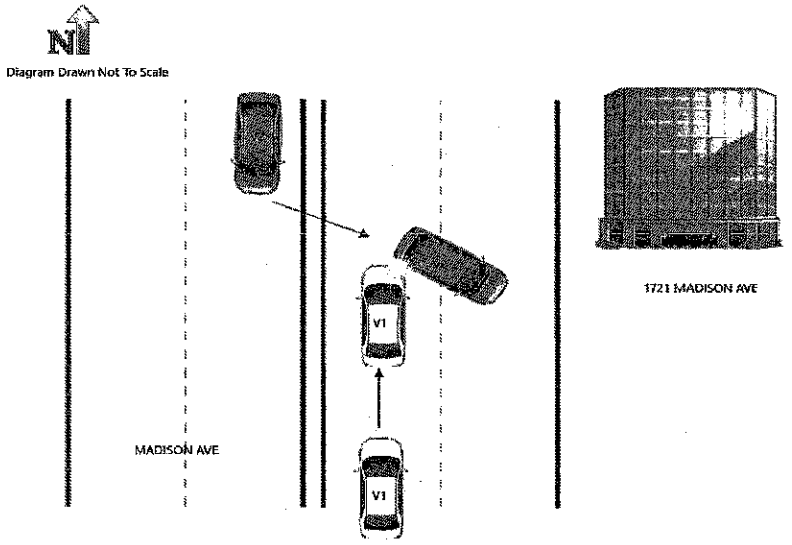
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-074638

(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

Upon arrival, I observed Vehicle #1 off to the shoulder of the road and Vehicle #2 in the parking lot of 1721 Madison Avenue. Vehicle #1 was travelling North in the left lane going straight ahead on Madison Avenue. Vehicle #2 was travelling South on Madison Avenue and made a left turn in front of Vehicle #1 causing the crash. Vehicle #1 sustained dents and scratches to the front passenger side quarter panel and cracks to the front passenger side head light. Vehicle #2 sustained dents to the rear passenger side quarter panel. Vehicle #1 was towed by Moishy's towing. Vehicle #2 was towed by Yitz Auto Body. There was no reports of injuries.

Driver 1 stated he was in the left lane on Madison Avenue travelling straight ahead. Vehicle #2 made a left turn in front of him.

Driver 2 stated he was travelling South on Madison Avenue and was making a left turn into 1721 Madison Avenue. As he was turning, Vehicle #1 was driving at a high rate of speed and was unable to avoid the crash.

My investigation finds Vehicle #2 to be at fault for failing to yield right of way to vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074642

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

3 Station/Precinct:

10 Crash Occurred On: W COUNTY LINE RD — Road Name — Dir

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

11 Speed Limit: 40

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 25

14 — 15 — 16

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

4 Date of Crash (mm dd yy): 09/23/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1543

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.106503

22 Longitude: -74.223738

118a	25
118b	-
119a	16
119b	04
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	12
132	12
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 928116 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: CHANA — Initial: P — Last Name: KAUFMAN — 29 Sex: F

27 Number & Street: 414 YESHIVA PLAZA

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

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: K08741207755914

33 DOB (mm dd yyyy): 05/09/1991

34 Expires (mm yy): 05 26

35 Owner's First Name: CHANA — Initial: P — Last Name: KAUFMAN

☐ Same As Driver

36 Number & Street: 414 YESHIVA PLAZA

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

38 Make: TOYT — 39 Model: SNA — 40 Color: GRY — 41 Year: 2007 — 42 Plate No.: R97GHE — 43 State: NJ

44 VIN: 5TDZK23C47S072653 — 45 Expires: 02 23

46 Vehicle Removed To

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: A052311662154000 — 55 NJ Ins. Code: 192

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

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

57 Number & Street: 518 CURTIS LN

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

60 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

61 State: FL

62 Driver's License Number: B651200381800

63 DOB (mm dd yyyy): 05/20/1938

64 Expires (mm yy): 05 28

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

☐ Same As Driver

66 Number & Street: 518 CURTIS LN

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

68 Make: ACUR — 69 Model: MDX — 70 Color: GRY — 71 Year: 2022 — 72 Plate No.: H20NSZ — 73 State: NJ

74 VIN: 5J8YE1H47NL005432 — 75 Expires: 05 25

76 Vehicle Removed To

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

	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	F	-	-	-	11	04	-	-	CHANA P KAUFMAN - 414 YESHIVA PLAZA LAKEWOOD NJ 08701
B	2	01	01	-	84	M	-	-	-	11	04	-	-	EGON - BIRNBAUM - 518 CURTIS LN LAKEWOOD NJ 08701
C	1	03	01	-	19	F	-	-	-	11	04	-	-	HADASAH KAUFMAN 1023 BEACH 9TH ST FAR ROCKAWAY NY
D	1	05	01	-	1	F	-	-	-	05	05	-	-	NECHAMA KAUFMAN 414 YESHIVA PLAZA LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

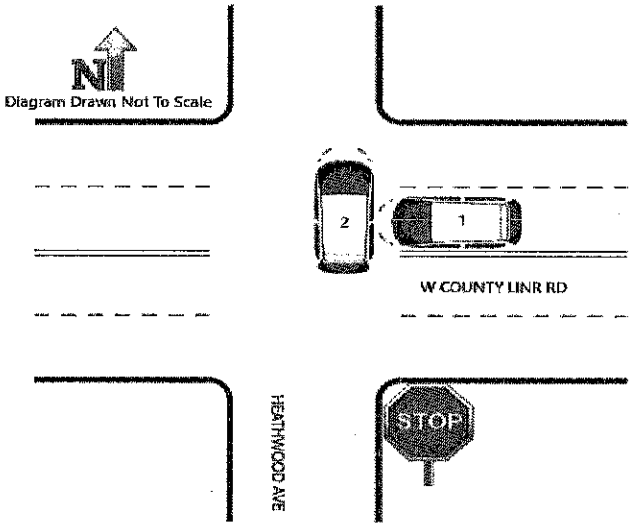
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-074642

(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	1	06	01	-	3	F	-	-	-	05	05	-	-	ROCHEL KAUFMAN 414 YESHIVA PLAZA LAKEWOOD NJ 08701
F	1	04	-	-	9	F	-	-	-	11	04	-	-	BAILA KAUFMAN 414 YESHIVA PLAZA LAKEWOOD NJ 08701
G	1	07	01	-	7	M	-	-	-	11	04	-	-	DOV KAUFMAN 414 YESHIVA PLAZA LAKEWOOD NJ 08701
H	1	08	01	-	5	M	-	-	-	05	05	-	-	ARON KAUFMAN 414 YESHIVA PLAZA LAKEWOOD NJ 08701
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling West on West Countyline Rd at the intersection with Heathwood Ave in the left hand lane. Vehicle #2 was traveling North on Heathwood Ave at the intersection with W Countyline Rd. Vehicle #2 had a stop sign. The vehicles collided in the roadway. Driver #1 stated that she was going straight and vehicle #2 pulled out in front of her. Driver #2 stated that he stopped at the stop sign, he did not see vehicle #1, he thought it was clear and he went. Driver #2 failed to obey the stop sign and yield the right of way to vehicle #1 causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074645

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

3 Station/Precinct: -

10 Crash Occurred On: 1771 MADISON AVE — Road Name: - — Dir: - — 11 Speed Limit: - — 12 Route No.: - — Suffix: - — 13 Milepost: -

☐ At Intersection With

☐ Feet ☐ N ☐ E of: -

☐ Miles ☐ S ☐ W

14 15 16

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

18 Speed Limit: -

20 Route/Name:

4 Date of Crash (mm dd yy): 09/23/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1554

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.109250

22 Longitude: -74.217680

118a	02
118b	-
119a	25
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	02
130	01
131	10
132	11
133	02
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 944960019

25 NJ Ins. Code: 134

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

26 Driver's First Name: DMYTRO — Initial: - — Last Name: LAKUSTA — 29 Sex: M

27 Number & Street: 236 COLGATE AVE

28 City: PEMBERTON — State: NJ — Zip: 08068

30 Eyes: 04 — DL Class: A — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: L02281710008004

33 DOB (mm dd yyyy): 08/16/2000

34 Expires (mm yy): 08 25

35 Owner's First Name: ☐ Same As Driver ILLYA — Initial: - — Last Name: LAKUSTA

36 Number & Street: 300 FISHER BLVD; 3

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

38 Make: NISS — 39 Model: SEN - SE — 40 Color: SIL — 41 Year: 2009 — 42 Plate No.: D77LMJ — 43 State: NJ

44 VIN: 3N1AB61E49L689894

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 - ☒ 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.: PAA80002143276

55 NJ Ins. Code: 963

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

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

57 Number & Street: 116 LEONARD ST

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

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

61 State: NJ

62 Driver's License Number: G65763110059992

63 DOB (mm dd yyyy): 09/25/1999

64 Expires (mm yy): 09 25

65 Owner's First Name: ☐ Same As Driver YEHOSHUA — Initial: L — Last Name: GORELICK

66 Number & Street: 116 LEONARD ST

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

68 Make: LEXU — 69 Model: ES3 — 70 Color: 1 — 71 Year: 2009 — 72 Plate No.: V25PVM — 73 State: NJ

74 VIN: JTHBJ46G792298533

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	05	22	M	-	-	-	11	04	-	-	DMYTRO - LAKUSTA - 236 COLGATE AVE PEMBERTON NJ 08068 - -
B	2	01	01	05	22	F	-	-	-	11	04	-	-	HADASSAH - GORDON - 116 LEONARD ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

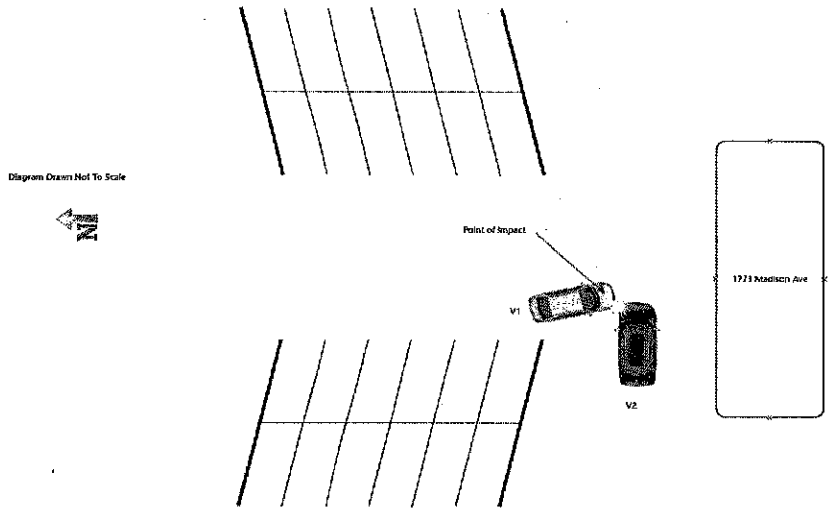
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074645

(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

V2 was traveling east bound of the parking lot in front of 1771 Madison Ave when V1 struck V2 on driver side front bumper.

Driver 2 related she was traveling east bound in the parking lot 1771 Madison Ave when V1 struck her vehicle on driver side front bumper.

Driver 1 related he was traveling south bound in the parking lot of 1771 Madison Ave attempting to make a left turn. He stated as he was turning he did not see V2 and struck V2 on driver side front bumper of vehicle.

Based on statements made by involved parties, my observations, and damages to 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	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074652

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

3 Station/Precinct: -

10 Crash Occurred On: ALBERT AVENUE — Road Name — Dir: -

☒ At Intersection With ☐ Feet ☐ Miles (14) (15) ☐ N ☐ E ☐ S ☐ W (16) of: OAK STREET

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

18 Speed Limit: 40

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

4 Date of Crash (mm dd yy): 09/23/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1627 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

21 Latitude: 40.062346 — 22 Longitude: -74.199903

118a	59
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	01
124	03
125	03
126a	21
126b	-
126c	-
126d	-
126e	21
127a	26
127b	-
127c	-
127d	-
127e	26
128	21
129	01
130	17
131	11
132	17
133	01
134	01

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4146428893 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: ISAAC — Initial: A — Last Name: PERLSTEIN — 29 Sex: M

27 Number & Street: 13 GITI RD

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

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

32 Driver's License Number: P27113706103842 — 33 DOB (mm dd yyyy): 03/30/1984 — 34 Expires (mm yy): 03 23

35 Owner's First Name: ISAAC — Initial: A — Last Name: PERLSTEIN — ☐ Same As Driver

36 Number & Street: 13 GITI RD

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

38 Make: TOYT — 39 Model: SIE — 40 Color: SIL — 41 Year: 2011 — 42 Plate No.: Y91EFF — 43 State: NJ

44 VIN: 5TDKK3DC8BS144503 — 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 B1

53 Veh #: B1 — 54 Policy No.: - — 55 NJ Ins. Code: -

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

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

57 Number & Street: 1435 SOUTH 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): 04/16/2010 — 64 Expires (mm yy): - -

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

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: — 75 Expires:

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	38	M	-	-	-	11	04	-	-	ISAAC A PERLSTEIN - 13 GITI RD LAKEWOOD NJ 08701
B	P1	01	01	04	12	M	11	08	01	08	08	-	-	MENACHEM - SCHUSTER - 1435 SOUTH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

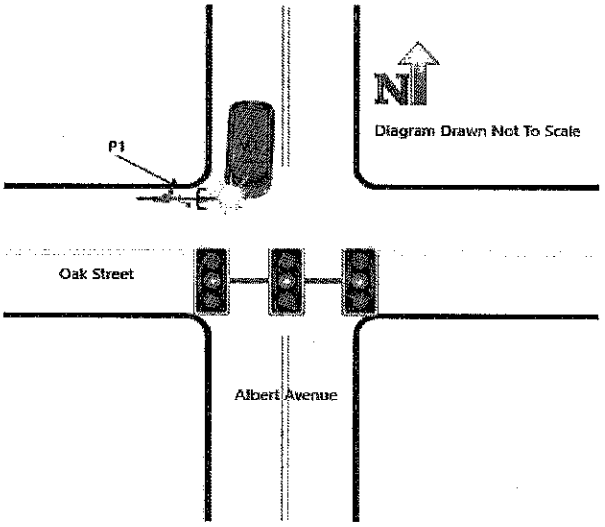
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074652

(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 making a right turn on red onto Oak Street from albert Avenue when he struck B1. He stated the sun was directly in his eyes and he did not see B1 crossing the street.

B1 was riding his bicycle eastbound on Oak Street. He had the white "walk" sign lit up and began to cross over Albert Avenue when he was struck by vehicle 1. B1 and his parent declined any medical attention on scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074843

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

3 Station/Precinct: -

10 Crash Occurred On: GARDEN STATE PARKWAY — Road Name — Dir: N

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☒ S ☐ W — 16

of: CEDARBRIDGE AVENUE

11 Speed Limit: 65

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

18 Speed Limit: 45

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: - 22 Longitude: -

4 Date of Crash (mm dd yy): 09/24/22

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 1004

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

118a	05
118b	04
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	11
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	03
132	03
133	02
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: F0800540

25 NJ Ins. Code: 426

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

26 Driver's First Name: THERESA — Initial: - — Last Name: FARSARIS — 29 Sex: F

27 Number & Street: 1155 ARGYLL CIR # A

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

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: F06787390058504

33 DOB (mm dd yyyy): 08/14/1950

34 Expires (mm yy): 08 23

35 Owner's First Name: ☒ Same As Driver THERESA — Initial: - — Last Name: FARSARIS

36 Number & Street: 1155 ARGYLL CIR # A

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

38 Make: HYUN — 39 Model: VEN — 40 Color: BLU — 41 Year: 2022 — 42 Plate No.: C35LHF — 43 State: NJ

44 VIN: KMHRC8A37NU178960

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: DAVID — Initial: M — Last Name: LAZARO — 59 Sex: M

57 Number & Street: 55 RUTH DR

58 City: MANAHAWKIN — State: NJ — Zip: 08050

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

61 State: NJ

62 Driver's License Number: L09761567409852

63 DOB (mm dd yyyy): 09/01/1985

64 Expires (mm yy): 09 24

65 Owner's First Name: ☐ Same As Driver CHRISTINA — Initial: A — Last Name: LAZARO

66 Number & Street: 55 RUTH DRIVE

67 City: MANAHAWKIN — State: NJ — Zip: 08050

68 Make: AUDI — 69 Model: Q8 — 70 Color: WHI — 71 Year: 2019 — 72 Plate No.: Y53LZK — 73 State: NJ

74 VIN: WA1AVAF1XKD016756

75 Expires: 11 22

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill

Hazard Class: - Placard No.: -

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

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

-

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

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

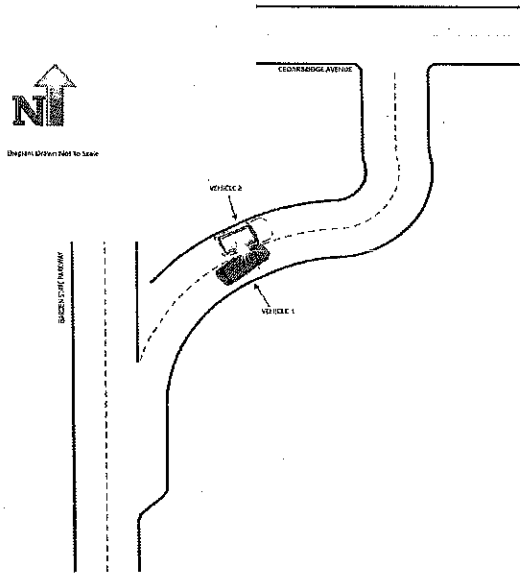
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	72	F	-	-	-	11	04	-	-	THERESA - FARSARIS - 1155 ARGYLL CIR # A LAKEWOOD NJ 08701
B	V1	03	01	05	76	M	-	-	-	11	04	-	-	NICANDROS FARSARIS 1155 ARGYLL CIRCLE LAKEWOOD NJ 08701
C	V2	01	01	05	37	M	-	-	-	11	04	-	-	DAVID M LAZARO - 55 RUTH DR MANAHAWKIN NJ 08050
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: - Case No: 22-074843

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING IN THE RIGHT LANE WHEN VEHICLE 2 MADE CONTACT WITH HER VEHICLE. IT SHOULD BE NOTED, THE PASSENGER OF VEHICLE 1 STATED THAT THEY WERE ATTEMPTING TO CHANGE INTO THE LEFT LANE WHEN THE VEHICLES MADE CONTACT.

THE DRIVER OF VEHICLE 2 STATED HE WAS IN THE LEFT LANE WHEN VEHICLE 1 ATTEMPTED TO CHANGE LANES, ULTIMATELY MAKING CONTACT WITH HIS VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT DUE TO THE FACT SHE IMPROPERLY CHANGED LANES AND FAILED TO YIELD TO THE VEHICLE ALREADY IN THE LEFT LANE OF TRAVEL.

NO INJURIES WERE REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-075566

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/26/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1720

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: CEDARBRIDGE AVE (Road Name) - (Dir) 11 Speed Limit: 50 — 12 Route No.: 0528 — Suffix: - — 13 Milepost: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 30 — 15

☐ N ☐ E ☐ S ☒ W — 16

of: NEW HAMPSHIRE AVE — 18 Speed Limit: 50

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: - — 22 Longitude: -

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 009651028 — 25 NJ Ins. Code: 012

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

26 Driver's First Name: TRACY — Initial: A — Last Name: MCDERMOTT — 29 Sex: F

27 Number & Street: 36 LOCKER STREET

28 City: BAYVILLE — State: NJ — Zip: 08721

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

32 Driver's License Number: M12057506159645 — 33 DOB (mm dd yyyy): 09/09/1964 — 34 Expires (mm yy): 09 24

35 Owner's First Name: EUGENE — Initial: G — Last Name: ODONNELL — ☐ Same As Driver

36 Number & Street: 36 LOCKER STREET

37 City: BAYVILLE — State: NJ — Zip: 08721

38 Make: FORD — 39 Model: F15 — 40 Color: SIL — 41 Year: 2019 — 42 Plate No.: LEBL50 — 43 State: NJ

44 VIN: 1FTEW1EP1KFC75165 — 45 Expires: 04 23

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: F124244-5 — 55 NJ Ins. Code: 426

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

56 Driver's First Name: TAMI — Initial: A — Last Name: PEGOS — 59 Sex: F

57 Number & Street: 342 CLEARSTREAM ROAD

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

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

62 Driver's License Number: P22317326161664 — 63 DOB (mm dd yyyy): 11/15/1966 — 64 Expires (mm yy): 11 24

65 Owner's First Name: TAMI — Initial: A — Last Name: PEGOS — ☐ Same As Driver

66 Number & Street: 342 CLEARSTREAM ROAD

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

68 Make: VOLV — 69 Model: C70 - C7 — 70 Color: WHI — 71 Year: 2013 — 72 Plate No.: SUZ43E — 73 State: NJ

74 VIN: YV1672MC4DJ143002 — 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	V1	01	01	05	58	F	-	-	-	11	04	-	-	TRACY A MCDERMOTT - 36 LOCKER STREET BAYVILLE NJ 08721
B	V2	01	01	03	55	F	06	08	01	11	04	-	-	TAMI A PEGOS - 342 CLEARSTREAM ROAI JACKSON NJ 08527
C	V3	01	01	05	60	M	-	-	-	11	04	-	-	DAVID - ONDERKO - 3 CRAMMER LANE HILLSBOROUGH NJ 08844
D														

New Jersey Police Crash Investigation Report

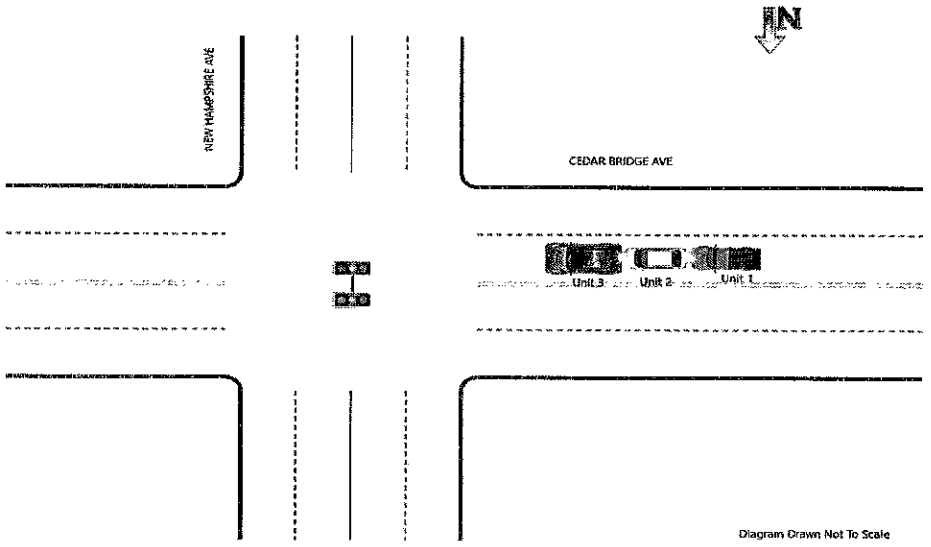
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-075566

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 OF V1 STATED TO ME THAT WHILE STOPPED IN TRAFFIC ON CEDAR BRIDGE AVE PRIOR TO NEW HAMPSHIRE AVE HER FOOT SLIPPED OFF THE BRAKE PADEL CAUSING HER VEHICLE TO DRIVE FORWARD AND STRIKE V2 IN THE REAR. D2 OF V2 STATED THAT SHE WAS STOPPED IN TRAFFIC ON CEDAR BRIDGE AVE PRIOR TO NEW HAMPSHIRE AVE WHEN SHE WAS STRUCK IN THE REAR BY V1. INITIAL IMPACT CAUSED V2 TO MOVE FORWARD AND STRIKE V3 IN THE REAR. D3 OF V3 STATED THAT WHILE STOPPED IN TRAFFIC ON CEDAR BRIDGE AVE PRIOR TO NEW HAMPSHIRE AVE HIS VEHICLE WAS STRUCK IN THE REAR BY V2. D2 COMPLAINED OF PAIN TO HER LOWER BACK BUT REFUSED FIRST AID. BASED ON MY OBSERVATIONS I FOUND D1 AT FAULT FOR THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ZAVALNYUK T	359	DIBIASE	286	☐ Pending ☒ Complete

PAGE 3 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 05 | 97 01 | 98 01 | 99 05 | 100a 01

1 Case Number: 22-075566
2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 09/26/22
5 Day Of Week: MONDAY
6 Time (use 2400 hrs): 1720
7 Municipality Code: 1514
8 Total Killed: --
9 Total Injured: 1

10 Crash Occurred On: CEDARBRIDGE AVE (Road Name) - (Dir)
☐ At Intersection With
☒ Feet ☐ Miles: 30 (14)
☐ N ☐ E ☐ S ☒ W (16)
of: NEW HAMPSHIRE AVE
11 Speed Limit: 50
12 Route No.: 0528 — Suffix: - — 13 Milepost: -
18 Speed Limit: 50
19 Ramp ☐ To ☐ From: -
17 Cross Road Name: -
☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name
21 Latitude: -
22 Longitude: -

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

100b 05 | 101 02 | 102 01 | 103 01 | 104 3

23 Veh #: 3
24 Policy No.: F729679-1
25 NJ Ins. Code: 426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: DAVID — Initial: - — Last Name: ONDERKO -
29 Sex: M
27 Number & Street: 3 CRAMMER LANE
28 City: HILLSBOROUGH — State: NJ — Zip: 08844
30 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: -
31 State: NJ
32 Driver's License Number: 058731560004625
33 DOB (mm dd yyyy): 04/05/1962
34 Expires (mm yy): 04 23

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): - -

105 01 | 106 - | 107 - | 108 04 | 109 -

35 Owner's First Name: DAVID — Initial: - — Last Name: ONDERKO -
☐ Same As Driver
36 Number & Street: 3 CRAMMER LANE
37 City: HILLSBOROUGH — State: NJ — Zip: 08844
38 Make: CHEV — 39 Model: SUB - SU — 40 Color: RD — 41 Year: 2014 — 42 Plate No.: N71DYR — 43 State: NJ
44 VIN: 1GNSKJE76ER111788
45 Expires: 02 23

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: - -

110 01 | 111 - | 112 - | 113 - | 114 - | 115 - | 116 02 | 117 -

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: -

76 Vehicle Removed To: -
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☐ Left At Scene ☐ Towed Impounded
77 Authority: ☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - % ☐ Pending
79 Hazardous Material: ☐ None ☐ On Board ☐ Spill
Hazard Class: - — Placard No.: -
80 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: - — State: - — Zip: -

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

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

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

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 05 | 1 Case Number: 22-073512

97 01 | 2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

98 01 | 3 Station/Precinct:

99 07 | 4 Date of Crash (mm dd yy): 09/19/22 | 5 Day Of Week: MONDAY | 6 Time (use 2400 hrs): 1422 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 1

10 Crash Occurred On: FOREST AVE | 11 Speed Limit: 25 | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit: 40

☐ At Intersection With | Road Name | Dir

☒ Feet ☐ Miles | 14: 100 | 15 | ☐ N ☐ E ☒ S ☐ W | 16 | of: 5TH ST

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

20 Route/Name | 21 Latitude: 40.094603 | 22 Longitude: -74.219290

118a 01 | 118b 02 | 119a 25 | 119b -

100a 01 | 100b 04

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 6108-41-50-24 | 25 NJ Ins. Code: 100

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

101 02 | 26 Driver's First Name: PAUL | Initial: D | Last Name: GROOM JR | JR | 29 Sex: M

102 01 | 27 Number & Street: 702 MAPLE ST

103 01 | 28 City: LAKEHURST | State: NJ | Zip: 08733

104 2 | 30 Eyes: 2 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

105 06 | 32 Driver's License Number: G75626196404732 | 33 DOB (mm dd yyyy): 04/06/1973 | 34 Expires (mm yy): 04 26

106 - | 35 Owner's ☐ Same As Driver: PAUL | Initial: D | Last Name: GROOM JR | JR

107 - | 36 Number & Street: 702 MAPLE ST

108 05 | 37 City: LAKEHURST | State: NJ | Zip: 08733

109 01 | 38 Make: TOYT | 39 Model: TAC | 40 Color: TN | 41 Year: 2019 | 42 Plate No.: S71RAP | 43 State: NJ

110 01 | 44 VIN: 5TFSZ5AN9KX207695 | 45 Expires: 06 23

111 01 | 46 Vehicle Removed To: BARINA'S AUTOMOTIVE

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

113 - 47 Authority: ☐ Owner ☐ Driver ☒ Police

114 - 48 Alcohol/Drug Test: Given: ☐ No ☒ Yes ☐ Refused | Type: ☐ Breath ☒ Blood ☐ Urine | Results: 0. % ☒ Pending

115 - 49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class | Placard No.

116 03 | 50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

117 03 | 51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

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

Vehicle 2

53 Veh #: 2 | 54 Policy No.: 6115-28-88-10 | 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 ☐ Same As Driver: MALKAH | Initial: - | Last Name: SIMONOVSKY -

66 Number & Street: 101 SOUTHFIELD DR

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

68 Make: HYUN | 69 Model: SONATA | 70 Color: SIL | 71 Year: 2014 | 72 Plate No.: X585077 | 73 State: NJ

74 VIN: 5NPEB4AC2EH910310 | 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

122 01 | 123 10 | 124 03 | 125 04 | 126a 56 | 126b 62 | 126c 22 | 126d 59 | 126e 59 | 127a 26 | 127b - | 127c - | 127d - | 127e 26 | 128 56 | 129 12 | 130 12 | 131 06 | 132 06 | 133 04 | 134 02

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

FENCE TO PINEWOOD PROPERY GROUP ON 408 FOREST AVE

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-50	295460	1	39:4-96	295461

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
1	39:4-97	295462	1	39:4-88A	295462

	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	49	M	11	04	02	11	11	04	6502	PAUL D GROOM JR JR 702 MAPLE ST LAKEHURST NJ 08733
B														
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	-
109	-
110	-
111	-
112	-
113	-
114	-
115	-
116	-
117	-

1 Case Number: 22-073512

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 09/19/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1422

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

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

☐ At Intersection With

☒ Feet ☐ Miles — 100 (14, 15)

☐ N ☐ E ☒ S ☐ W of: 5TH ST

16 Speed Limit: 40

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.094603

22 Longitude: -74.219290

11 Speed Limit: 25

23 Veh #: P

24 Policy No.:

25 NJ Ins. Code:

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

26 Driver's First Name: YEHUDIS — Initial: - — Last Name: KAMINSKY — 29 Sex: F

27 Number & Street: 15 FOREST AVE

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

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

32 Driver's License Number: - — 33 DOB (mm dd yyyy): 05/25/2022 — 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

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

118a	85
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	49
123	-
124	11
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	-
128	56
129	-
130	-
131	-
132	-
133	-
134	-

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

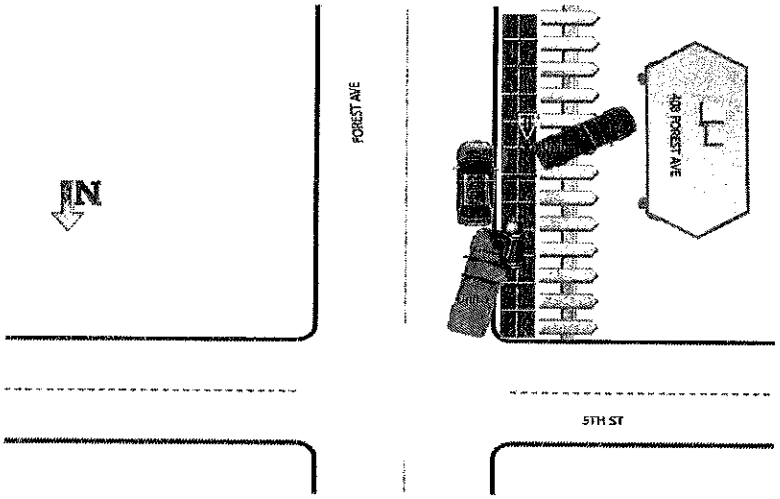
Station: _____ Case No: 22-073512

(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

WITNESS STATED DRIVER OF VEHICLE 1 WAS TRAVELING AT A HIGH RATE OF SPEED, SWERVED AND STRUCK VEHICLE 2. CAUSING VEHICLE 1 TO STRIKE A CURB THEN A STROLLER WITH CHILD INSIDE (NO INJURY TO CHILD). VEHICLE 1 THEN DAMAGE A METAL FENCE IN FRONT OF 408 FOREST AVE.

DRIVER OF VEHICLE 1 STATED HE DID NOT REMEMBERED WHAT HAPPENED.

UPON FURTHER INVESTIGATION IT WAS DETERMINED THAT VEHICLE 1 STRUCK THE CURB THEN THE FIRE HYDRANT, PARTIALLY STRIKING VEHICLE 2. ALSO PARTIALLY STRIKING A STROLLER THEN DAMAGING A METAL FENCE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	06
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	05
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	01

1 Case Number: 22-073517

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 09/19/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1447

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: FOREST AVENUE

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14 — 15 — ☒ N ☐ E ☐ S ☐ W — 16 — of: 7TH STREET — 12 Route No. — Suffix — 13 Milepost

17 Cross Road Name — 18 Speed Limit

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

21 Latitude: 40.096567 — 22 Longitude: -74.219643

11 Speed Limit: 25

118a	25
118b	-
119a	02
119b	10
120a	01
120b	-
121a	03
121b	-
122	08
123	13
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	07
132	07
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4620-90-55-72

25 NJ Ins. Code: 148

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

26 Driver's First Name: TOVA — Initial: - — Last Name: RIEDER — 29 Sex: F

27 Number & Street: 430 2ND ST

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

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

32 Driver's License Number: R41547500062774 — 33 DOB (mm dd yyyy): 12/16/1977 — 34 Expires (mm yy): 12 25

35 Owner's ☐ Same As Driver — First Name: DAVID — Initial: - — Last Name: RIEDER

36 Number & Street: 430 2ND ST

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

38 Make: TOYT — 39 Model: SIE — 40 Color: 3 — 41 Year: 2015 — 42 Plate No.: W46LFB — 43 State: NJ

44 VIN: 5TDYK3DC1FS681827 — 45 Expires: 04 23

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

47 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: 6108-41-50-24

55 NJ Ins. Code: 100

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

56 Driver's First Name: PAUL — Initial: D — Last Name: GROOM JR — JR — 59 Sex: M

57 Number & Street: 702 MAPLE ST

58 City: LAKEHURST — State: NJ — Zip: 08733

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

62 Driver's License Number: G75626196404732 — 63 DOB (mm dd yyyy): 04/06/1973 — 64 Expires (mm yy): 04 26

65 Owner's ☐ Same As Driver — First Name: PAUL — Initial: D — Last Name: GROOM JR — JR

66 Number & Street: 702 MAPLE ST

67 City: LAKEHURST — State: NJ — Zip: 08733

68 Make: TOYT — 69 Model: TAC — 70 Color: TN — 71 Year: 2019 — 72 Plate No.: S71RAP — 73 State: NJ

74 VIN: 5TFSZ5AN9KX207695 — 75 Expires: 06 23

76 Vehicle Removed To: BARINA'S AUTOMOTIVE — ☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	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	01	01	01	05	44	F	-	-	-	11	04	-	-	TOVA - RIEDER - 430 2ND ST LAKEWOOD NJ 08701
B	02	01	01	05	49	M	-	-	-	11	04	-	-	PAUL D GROOM JR JR 702 MAPLE ST LAKEHURST NJ 08733
C	01	02	01	05	19	F	-	-	-	11	04	-	-	TZIPORA - RIEDER - 430 2ND ST LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

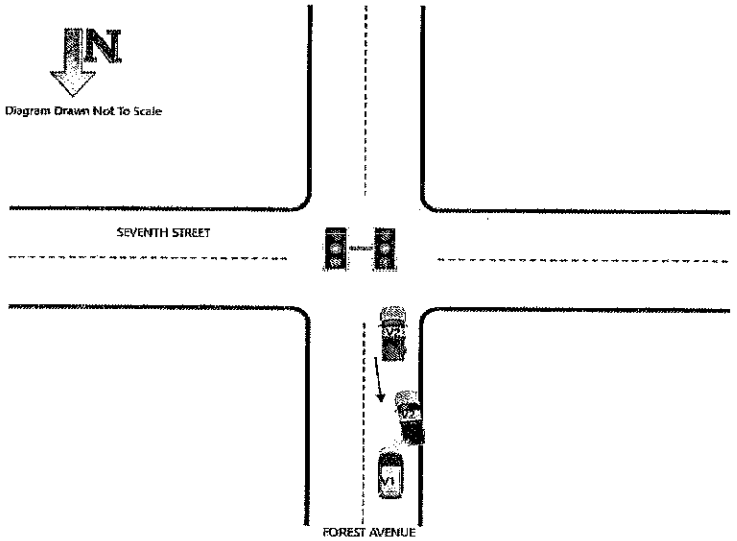
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-073517

(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 stopped in traffic for a red light facing South on Forest Avenue at Seventh Street. Driver #1 stated vehicle #2 was directly in front of her and began to roll back and eventually the left rear corner of vehicle #2 collided with the right front corner of her vehicle. Driver #1 said vehicle #2 then fled the scene South on Forest Avenue. Vehicle #1 sustained minor damage and was able to be driven from the scene.

Vehicle #2 fled the scene and then crashed through a metal fence at Forest Avenue and Fifth Street. Driver #2 was unresponsive and was administered Narcan and slowly regained consciousness. Blood was taken from driver #2 due to that motor vehicle collision. Ptl. Vega #348 handled that MVC, see LPD 22-073512 for full details.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAVALLO M	337	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074428

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

3 Station/Precinct: -

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

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1801

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

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

☒ At Intersection With: COUNTYLINE RD

☐ Feet ☐ N ☐ E of: -- 14 15 16

☐ Miles ☐ S ☐ W

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

20 Route/Name:

21 Latitude: 40.105495

22 Longitude: -74.219262

11 Speed Limit: 45

12 Route No.: 0009

Suffix:

13 Milepost:

18 Speed Limit: 45

☐ NB ☐ EB ☐ SB ☐ WB

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	06
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	07
132	07
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4062615267

25 NJ Ins. Code: 148

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

26 Driver's First Name: REMI — Initial: N — Last Name: REINHARDT — 29 Sex: F

27 Number & Street: 2702 HAYES STREET

28 City: WALL — State: NJ — Zip: 07719

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

32 Driver's License Number: R22846477557016

33 DOB (mm dd yyyy): 07/01/2001

34 Expires (mm yy): 07 26

35 Owner's First Name: RICHARD — Initial: G — Last Name: REINHARDT JR

☐ Same As Driver

36 Number & Street: 2702 HAYES ST.

37 City: WALL — State: NJ — Zip: 07719

38 Make: JEEP — 39 Model: GRA — 40 Color: BLK — 41 Year: 2004 — 42 Plate No.: C74NVY — 43 State: NJ

44 VIN: 1J4GW48S84C226005 — 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.: 4547573263

55 NJ Ins. Code: 148

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

56 Driver's First Name: RUTH — Initial: N — Last Name: GREENWALD — 59 Sex: F

57 Number & Street: 45 8TH ST

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

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

62 Driver's License Number: G73136817558972

63 DOB (mm dd yyyy): 08/17/1997

64 Expires (mm yy): 08 26

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

☐ Same As Driver

66 Number & Street: 45 8TH ST

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

68 Make: TOYT — 69 Model: CAM — 70 Color: GRN — 71 Year: 2011 — 72 Plate No.: E43KJA — 73 State: NJ

74 VIN: 4T1BF3EK9BU671824 — 75 Expires: 08 23

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class: Placard No.:

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	21	F	-	-	-	11	04	-	-	REMI N REINHARDT - 2702 HAYES STREET WALL NJ 07719
B	02	01	01	05	25	F	-	-	-	11	04	-	-	RUTH N GREENWALD - 45 8TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

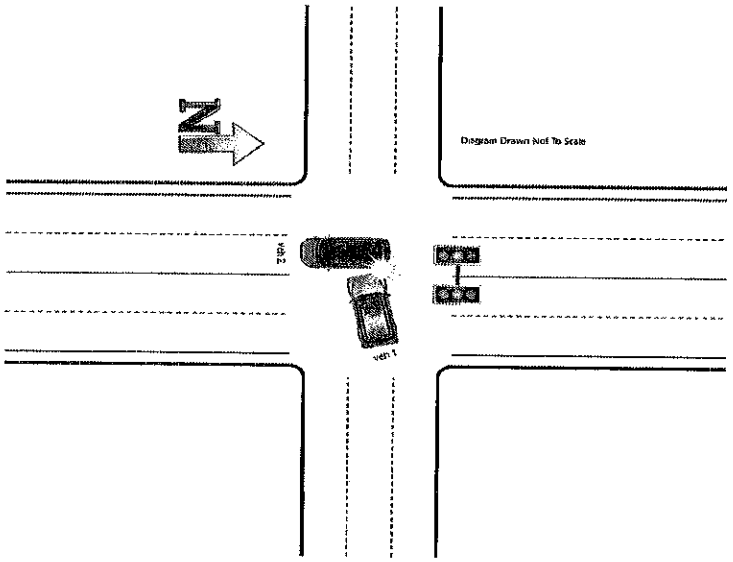
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074428

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEH 1 STATED SHE WAS TRAVELING WEST ON COUNTLINE RD AND WAS AT THE INTERSECTION OF MADISON AVENUE WAITING TO MAKE A LEFT TURN. DRIVE 1 SAID SHE WAS STOPPED IN TRAFFIC IN THE MIDDLE OF THE INTERSECTION WHEN THE TRAFFIC SIGNAL TURNNED YELLOW AND THEN RED. DRIVER 1 SAID ONCE THE ROLADWAY WAS CLEAR SHE MADE HER LEFT AND WAS STRUCK BY VEH 2.

DRIVER OF VEH 2 STATED SHE WAS HEADING SOUTH BOUND ON MADISON AVENUE IN THE LEFT LANE OF TRAFFIC, AND WAS STOPPED FOR THE RED TRAFFIC SIGNAL AT THE INTERSECTION OF COUNTYLINE RD. DRIVER 1 SAID HER LIGHT TURNED GREEN SO SHE PROCEEDED TO DRIVE STRAIGHT THROUGH THE INTERSECTION, AND WAS STRUCK BY VEHICLE 1 THAT TURNED INTO HER.

UPON MY INVESTIGATION I DETERMINED DRIVER 1 AT FAULT FOR THE CRASH. VEHICLE 2 HAD THE RIGHT OF WAY IN TRAFFIC WITH THE GREEN TRAFFIC SIGNAL. VEHILE 1 WAS IMPEDING TRAFFIC BEING IN THE MIDDLE OF THE INTERSECTION AFTER THE CHANGE OF THE TRAFFIC SIGNAL.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-075204
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	07	3 Station/Precinct	
100a	01	4 Date of Crash (mm dd yy)	09/25/22
		5 Day Of Week	SUNDAY
		6 Time (use 2400 hrs)	1254
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	W KENNEDY BLVD
		☐ At Intersection With	
		Road Name	
		Dir	
		11 Speed Limit	25
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	
		☒ Feet ☐ Miles	500
		☐ N ☐ E ☐ S ☒ W	
		of:	FOREST AVENUE
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		20 Route/Name	
		21 Latitude	40.107619
		22 Longitude	-74.224485
118a	25		
118b	-		
119a	10		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	01		
123	13		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	01		
130	01		
131	06		
132	06		
133	03		
134	03		

100b	04	23 Veh #	1	24 Policy No.	939057173	25 NJ Ins. Code	054	53 Veh #	2	54 Policy No.	939539207	55 NJ Ins. Code	054										
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run						☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run															
101	02	26 Driver's First Name	ALEKSANDE	Initial	-	Last Name	GROMADZKI	-	29 Sex	M	56 Driver's First Name	FRUMA	Initial	-	Last Name	ROSENGARTEN	-	59 Sex	F				
102	01	27 Number & Street	14 SUMMERHILL DRIVE								57 Number & Street	296 7TH ST											
103	05	28 City	JACKSON			State	NJ	Zip	08527		58 City	LAKEWOOD					State	NJ	Zip	08701			
104	2	30 Eyes	6	DL Class	D	Restrictions	-	Endorsements	-	31 State	NJ	60 Eyes	2	DL Class	D	Restrictions	-	Endorsements	-	61 State	NJ		
105	08	32 Driver's License Number	G75380180011486	33 DOB (mm dd yyyy)	11/24/1948	34 Expires (mm yy)	11 22	62 Driver's License Number	R66952700051692	63 DOB (mm dd yyyy)	01/06/1969	64 Expires (mm yy)	01 25										
106	-	35 Owner's First Name	☐ Same As Driver ALEKSANDE	Initial	-	Last Name	GROMADZKI	-			65 Owner's First Name	☐ Same As Driver FRUMA	Initial	-	Last Name	ROSENGARTEN	-						
107	-	36 Number & Street	14 SUMMERHILL DRIVE								66 Number & Street	296 7TH ST											
108	04	37 City	JACKSON			State	NJ	Zip	08527		67 City	LAKEWOOD					State	NJ	Zip	08701			
109	01	38 Make	MERZ	39 Model	350 - 35	40 Color	SIL	41 Year	2003	42 Plate No.	ZDX60M	43 State	NJ	68 Make	TOYT	69 Model	SIE	70 Color	3	71 Year	2017	72 Plate No.	J61BYP	73 State	NJ
110	01	44 VIN	4JGAB57EX3A445983					45 Expires	11 22					74 VIN	5TDKZ3DC6HS823237					75 Expires	04 23		
111	01	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									
112	-																						
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police											77 Authority	☐ Owner ☒ Driver ☐ Police								
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused								49 Hazardous Material	☒ None ☐ On Board ☐ Spill											
115	-		Type: ☐ Breath ☐ Blood ☐ Urine									Hazard Class	Placard No.										
116	02		Results: 0. - % ☐ Pending																				
117	01	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None								51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs											
		52 Motor Carrier or Government Entity												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. 1	136 Charge			137 Summons. No. -					Oper. 2	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	-	-	ALEKSANDE - GROMADZKI - 14 SUMMERHILL DRIVE JACKSON NJ 08527
B	02	01	01	05	53	F	-	-	-	11	04	-	-	FRUMA - ROSENGARTEN - 296 7TH ST LAKEWOOD NJ 08701
C	02	03	01	05	11	F	-	-	-	11	04	-	-	CHAYA - ROSENGARTEN - 296 7TH ST LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

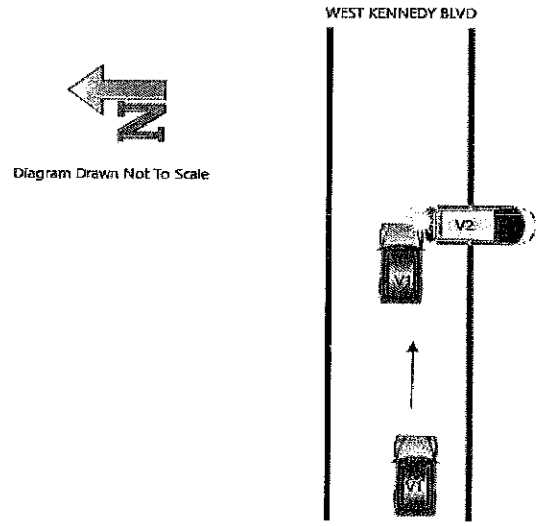
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-075204

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated he was traveling East on West Kennedy Blvd when vehicle #2 backed out of a driveway into his lane of travel and the collision occurred. I contacted language line due to driver #1 speaking Polish and obtained his statement through an interpreter. Vehicle #1 sustained moderate damage and was able to be driven from the scene.

Driver #2 stated she was backing out of a driveway to a synagogue when vehicle #2 collided with the rear of her vehicle. Driver #2 stated vehicle #1 was speeding. She later said her back up camera was not on so she could not have been backing out. Vehicle #2 sustained moderate damage to the rear but was able to be driven from the scene.

There were no witnesses to this collision. No summonses issued and no injuries reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAVALLO M	337	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☒ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-075255

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/25/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 1742

7 Municipality Code: 1514

8 Total Killed: 1

9 Total Injured: --

10 Crash Occurred On: SPRUCE ST — Dir: - — 11 Speed Limit: 25 — 12 Route No.: - — Suffix: - — 13 Milepost: -

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

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

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

20 Route/Name:

21 Latitude: 40.071413 — 22 Longitude: -74.207886

118a: 01
118b: 02
119a: -
119b: -
120a: 01
120b: -
121a: -
121b: -
122: 01
123: -
124: 08
125: -
126a: 56
126b: 05
126c: 60
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.: 4334866359 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: DAVID — Initial: - — Last Name: MILLER — 29 Sex: M

27 Number & Street: 14 ZINFANDEL RD

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

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

32 Driver's License Number: M43581560007892 — 33 DOB (mm dd yyyy): 07/28/1989 — 34 Expires (mm yy): 12 25

35 Owner's First Name: DAVID — Initial: - — Last Name: MILLER — ☐ Same As Driver

36 Number & Street: 14 ZINFANDEL RD

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

38 Make: TOYT — 39 Model: SNA — 40 Color: 1 — 41 Year: 2014 — 42 Plate No.: G80KNG — 43 State: NJ

44 VIN: 5TDXK3DC7ES479018 — 45 Expires: 09 22

46 Vehicle Removed To: MOISHY'S TOWING

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

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

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

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

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

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

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: - — 75 Expires: - -

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	33	M	01	04	02	11	04	-	6502	DAVID - MILLER - 14 ZINFANDEL RD LAKEWOOD NJ 08701
B	01	03	01	05	28	F	-	-	-	11	04	-	-	RIVKA S MILLER - 14 ZINFANDEL RD LAKEWOOD NJ 08701
C	01	04	01	01	8	F	-	-	-	11	04	-	-	RACHEL - MILLER - 14 ZINFANDEL RD LAKEWOOD NJ 08701
D	01	05	01	05	1	M	-	-	-	05	05	-	-	AVROHOM - MILLER - 14 ZINFANDEL RD LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

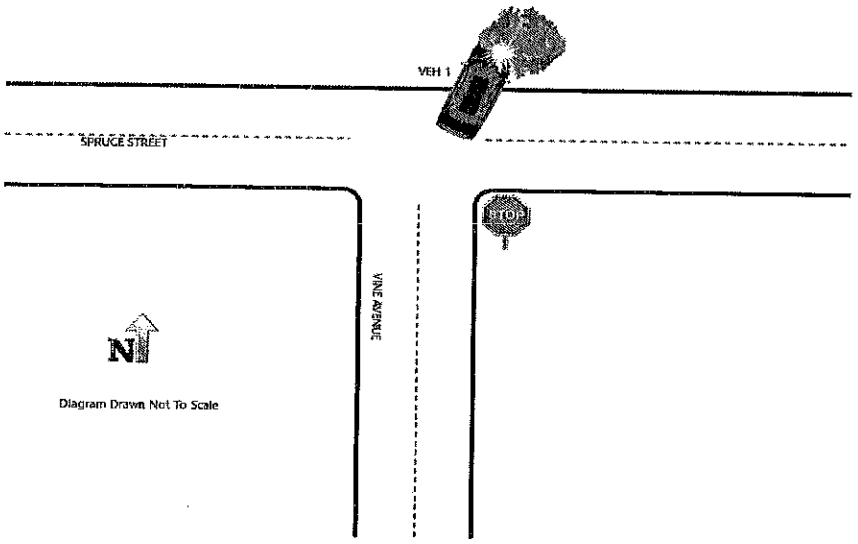
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-075255

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	01	06	01	05	6	F	-	-	-	11	04	-	-	NECHA E MILLER - 14 ZINFANDEL RD LAKEWOOD NJ 08701
F	01	07	01	05	4	F	-	-	-	11	04	-	-	GOLDIE - MILLER - 14 ZINFANDEL RD LAKEWOOD NJ 08701
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was traveling north on Vine Ave approaching the intersection with Spruce St. He stated he attempted to brake, but his vehicle didn't stop. He stated he vehicle slid across the intersection hitting the curb on the north side of Spruce St and then hitting a small tree.

Vehicle 1 sustained disabling damage to the front of the vehicle. Driver 1 sustained a head injury 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

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

1 Case Number: 22-074095

2 Police Dept of: LAKEWOOD POLICE — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/21/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1551

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

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

☒ At Intersection With ☐ Feet ☐ Miles (14) (15) ☐ N ☐ E ☐ S ☐ W (16) of: PINE ST

11 Speed Limit: 40

12 Route No.: 0009 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: - ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.079275

22 Longitude: -74.216493

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 03219153-0 — 25 NJ Ins. Code: 135

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

26 Driver's First Name: TZIVIA — Initial: M — Last Name: SWIMER — 29 Sex: F

27 Number & Street: 20 HALSEY ST

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

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

32 Driver's License Number: S96007537456014 — 33 DOB (mm dd yyyy): 06/04/2001 — 34 Expires (mm yy): 06 23

35 Owner's ☐ Same As Driver — First Name: SHAHEED — Initial: R — Last Name: PASHA

36 Number & Street: 503 EVERGREEN FOREST BLVD

37 City: AVENEL — State: NJ — Zip: 07001

38 Make: FREI — 39 Model: COL — 40 Color: WHI — 41 Year: 2006 — 42 Plate No.: AX902S — 43 State: NJ

44 VIN: 1FUJA6CV66LV65140 — 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 3588317 ☐ None — ☐ MC/MX 1214506

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

52 Motor Carrier or Government Entity: MOON LOGISTICS

Number & Street: 861 HARNED ST; 7

City: PERTH AMBOY — State: NJ — Zip: 08861

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 4629-94-00-91 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: TZIVIA — Initial: M — Last Name: SWIMER — 59 Sex: F

57 Number & Street: 20 HALSEY ST

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

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

62 Driver's License Number: S96007537456014 — 63 DOB (mm dd yyyy): 06/04/2001 — 64 Expires (mm yy): 06 23

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

66 Number & Street: 20 HALSEY ST

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

68 Make: ACUR — 69 Model: TLX — 70 Color: GRY — 71 Year: 2020 — 72 Plate No.: N33MYK — 73 State: NJ

74 VIN: 19UUB1F37LA017719 — 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	30	M	-	-	-	04	04	-	-	RASHEED A HOWARD - 166 ROANOKE ST WOODBRIDGE NJ 07095 - -
B	2	01	01	05	21	F	-	-	-	11	04	-	-	TZIVIA M SWIMER - 20 HALSEY ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

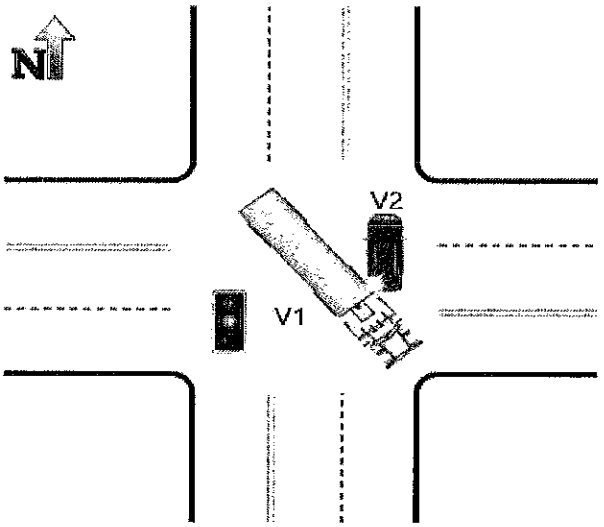
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-074095

(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 Trailer: 1999 Trailmobile semi-trailer, VIN: 1PTF71TJ0X9002451

V1 (tractor-trailer) and V2 crashed in the intersection of River Avenue (US-9) and James Street/Pine Street. Prior to the crash V1 was being driven southbound on River Avenue and was attempting to turn left onto Pine Street. V2 was being driven northbound and was stuck in traffic in the intersection, inching forward gradually.

Driver 1 said that he thought V2 was pulling forward so he attempted to complete his left turn, which resulted in his trailer catching the C pillar of V2's driver side. This cause the rear window to shatter. Driver 1 immediately stopped so V2 could move away, then pulled over on Pine Street a short distance away.

Driver 2 said she was in bumper to bumper traffic and got stuck in the intersection while going north on River Avenue. She said that the vehicle behind her left a gap and V1 attempted to turn through it, but did not wait for her to pull forward more.

I find Driver 1 responsible, as he failed to unsure that there was adequate clearance around V2 as he turned. No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

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

1 Case Number: 22-075856

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 09/27/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1710

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: OAK STREET

☒ At Intersection With — Road Name — Dir

☐ Feet ☐ N ☐ E of: AIRPORT ROAD

☐ Miles ☐ S ☒ W

14 15 16

11 Speed Limit: 40

12 Route No. — Suffix — 13 Milepost

16 Speed Limit: 35

17 Cross Road Name

19 Ramp ☐ To ☐ From:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: -

22 Longitude: -

23 Veh #: 1 — 24 Policy No.: 6071105388 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: CHARLES — Initial: C — Last Name: TIBBS — 29 Sex: M

27 Number & Street: 3 LEE DR

28 City: POTTSTOWN — State: PA — Zip: 19464

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

31 State: PA

32 Driver's License Number: 30286008

33 DOB (mm dd yyyy): 11/24/1991

34 Expires (mm yy): 11 24

35 Owner's First Name: NATASHA — Initial: A — Last Name: RAMDEEN

☐ Same As Driver

36 Number & Street: 136 MIZZEN AVE

37 City: BEACHWOOD — State: NJ — Zip: 08722

38 Make: VOLK — 39 Model: CC — 40 Color: SIL — 41 Year: 2012 — 42 Plate No.: U39PTK — 43 State: NJ

44 VIN: WVWMP7AN9CE501959 — 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

53 Veh #: 2 — 54 Policy No.: 00330 43 48C 7101 — 55 NJ Ins. Code: 823

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

56 Driver's First Name: DIANE — Initial: T — Last Name: DRAGONE — 59 Sex: F

57 Number & Street: 313 LAUREL AVENUE

58 City: LINCROFT — State: NJ — Zip: 07738

60 Eyes: 06 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: D71531678358636

63 DOB (mm dd yyyy): 08/24/1963

64 Expires (mm yy): 08 26

65 Owner's First Name: PAUL — Initial: A — Last Name: DRAGONE

☐ Same As Driver

66 Number & Street: 313 LAUREL AVENUE

67 City: LINCROFT — State: NJ — Zip: 07738

68 Make: LEXU — 69 Model: ES — 70 Color: RD — 71 Year: 2007 — 72 Plate No.: S71JDN — 73 State: NJ

74 VIN: JTHBJ46G672023491 — 75 Expires: 08 23

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	30	M	-	-	-	11	04	-	-	CHARLES C TIBBS - 3 LEE DR POTTSTOWN PA 19464
B	02	01	01	05	59	F	-	-	-	11	04	-	-	DIANE T DRAGONE - 313 LAUREL AVENUE LINCROFT NJ 07738
C														
D														

New Jersey Police Crash Investigation Report

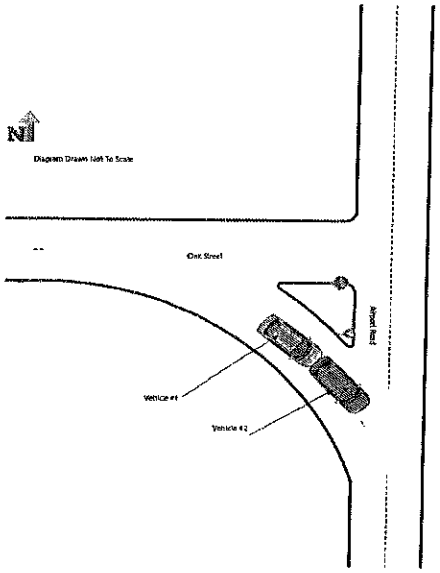
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-075856

(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 on Oak Street merging South onto Airport Road. He further reported he tapped into Vehicle #2 because it stopped suddenly.

The driver of Vehicle #2 stated she was traveling on Oak Street merging South onto Airport Road. She further reported she began inching forward to go, but stopped due to oncoming traffic on Airport Road. As a result, she said Vehicle #1 rear ended her vehicle.

I observed minor damage to the front of Vehicle #1 and minor damage to the rear of Vehicle #2. There were no reported injuries.

The driver of Vehicle #1 is at fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DUNPHEY C	357	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05
97	01
98	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	01
117	01

1 Case Number: 22-075864

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 09/27/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1803

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: RIDGE AVE

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☒ S ☐ W — 16

of: LANES MILL RD

11 Speed Limit: 40

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 45

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

20 Route/Name:

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.099567

22 Longitude: -74.176542

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	06
123	08
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	17
131	06
132	17
133	01
134	01

Vehicle 1

23 Veh #: 1

24 Policy No.: 4506-35-10-99

25 NJ Ins. Code: 100

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

26 Driver's First Name: DIEGO — Initial: - — Last Name: CINTRON — 29 Sex: M

27 Number & Street: 92S COOKSBRIDGE

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

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

31 State: NJ

32 Driver's License Number: C45291690012652

33 DOB (mm dd yyyy): 12/14/1965

34 Expires (mm yy): 12 24

35 Owner's First Name: ☐ Same As Driver DIEGO — Initial: - — Last Name: CINTRON

36 Number & Street: 92S COOKSBRIDGE

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

38 Make: DODG — 39 Model: DUR — 40 Color: 1 — 41 Year: 2007 — 42 Plate No.: Y87JPJ — 43 State: NJ

44 VIN: 1D8HB38P97F537409

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.: 1187874-F30-30

55 NJ Ins. Code: 962

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

56 Driver's First Name: VIVIEN — Initial: S — Last Name: KOK — 59 Sex: F

57 Number & Street: 25 RUTGERS ROAD

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

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

61 State: NJ

62 Driver's License Number: K61967738256932

63 DOB (mm dd yyyy): 06/02/1993

64 Expires (mm yy): 06 26

65 Owner's First Name: ☐ Same As Driver LII — Initial: H — Last Name: KOK

66 Number & Street: 25 RUTGERS ROAD

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

68 Make: MAZD — 69 Model: 3 — 70 Color: BLK — 71 Year: 2014 — 72 Plate No.: L16HTK — 73 State: NJ

74 VIN: JM1BM1U72E1123164

75 Expires: 04 23

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
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	56	M	-	-	-	11	04	-	-	DIEGO - CINTRON - 92S COOKSBRIDGE JACKSON NJ 08527
B	2	01	01	05	29	F	-	-	-	11	04	-	-	VIVIEN S KOK - 25 RUTGERS ROAD JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

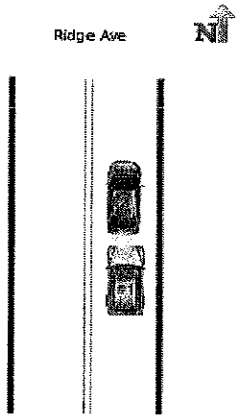
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-075864

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated that he was stopped in traffic at the red light and then traffic began to move in front of him. As it began to move, so did he, but he did not observe that Vehicle 2 was still stopped and crashed into Vehicle 2. The driver of Vehicle 2 was stopped in traffic and stated Vehicle 1 crashed into the rear of Vehicle 2. Based on my observations and speaking with both drivers involved, I determined that the driver of Vehicle 1 was not paying attention to Vehicle 2 and crashed into it.

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

96	05
97	01
98	01
99	05
100a	02
100b	06
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-075869

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

3 Station/Precinct: -

10 Crash Occurred On: GARDEN STATE PKWY ONRA — 11 Speed Limit: 25

☐ At Intersection With — Road Name: CEDAR BRIDGE AVE — Dir: - — 12 Route No.: - — Suffix: - — 13 Milepost: -

☒ Feet ☒ N ☐ E of: — 18 Speed Limit: 50

14: 10 ☐ Miles ☐ S ☐ W — 15 — 16

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

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

4 Date of Crash (mm dd yy): 09/27/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1816 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: AOJ-231-814124-4020 — 25 NJ Ins. Code: 370

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

26 Driver's First Name: AHMED — Initial: E — Last Name: NASSER — 29 Sex: M

27 Number & Street: 27 PERSIMMON LANE

28 City: HOLMDEL — State: NJ — Zip: 07733

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

32 Driver's License Number: N07670146501832 — 33 DOB (mm dd yyyy): 01/28/1983 — 34 Expires (mm yy): 01 25

35 Owner's First Name: AHMED — Initial: E — Last Name: NASSER — ☐ Same As Driver

36 Number & Street: 27 PERSIMMON LANE

37 City: HOLMDEL — State: NJ — Zip: 07733

38 Make: TES — 39 Model: MOD — 40 Color: SIL — 41 Year: 2021 — 42 Plate No.: S39NXJ — 43 State: NJ

44 VIN: 5YJ3E1EB0MF015605 — 45 Expires: 07 24

46 Vehicle Removed To: -

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 455586148 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: HELENA — Initial: R — Last Name: SCHOPPE — 59 Sex: F

57 Number & Street: 460 PIEL AVENUE

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

60 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: S15023227955946 — 63 DOB (mm dd yyyy): 05/05/1994 — 64 Expires (mm yy): 05 23

65 Owner's First Name: HELENA — Initial: R — Last Name: SCHOPPE — ☐ Same As Driver

66 Number & Street: 460 PIEL AVENUE

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

68 Make: HOND — 69 Model: CRV — 70 Color: GRY — 71 Year: 2019 — 72 Plate No.: Y54LUC — 73 State: NJ

74 VIN: 2HKRW2H53KH655888 — 75 Expires: 09 23

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	39	M	-	-	-	11	04	-	-	AHMED E NASSER - 27 PERSIMMON LANE HOLMDEL NJ 07733
B	V2	01	01	05	28	F	-	-	-	11	04	-	-	HELENA R SCHOPPE - 460 PIEL AVENUE BRICK NJ 08723
C														
D														

New Jersey Police Crash Investigation Report

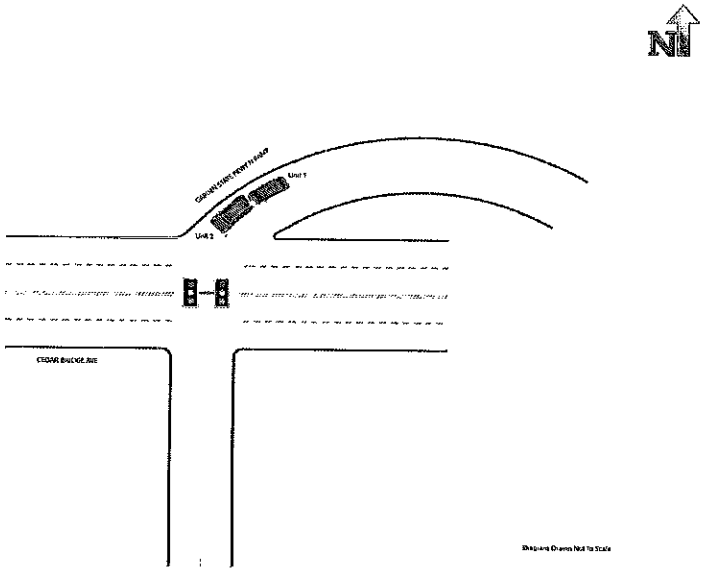
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-075869

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 OF V1 STATED TO ME THAT WHILE ON GARDEN STATE PKWY N RAMP HE FAILED TO STOP IN TIME BEHIND V2 CAUSING TO STRIKE IT IN THE REAR. D2 OF V2 STATED TO ME THAT SHE WAS STOPPING AT THE RED TRAFFIC SIGNAL ON GARDEN STATE PKWY N RAMP WHEN SHE WAS STRUCK IN THE REAR BY V1. NO INJURIES WERE REPORTED. FROM MY OBSERVATIONS I DETERMINED THAT D1 OF V1 WAS AT FAULT FOR THE CRASH.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	04
109	09
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01

1 Case Number: 22-073472

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/19/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1102

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 711 CEDARBRIDGE; SEASONS — Road Name — Dir: -

☐ At Intersection With

☐ Feet ☐ Miles — 14 — 15 — 16

☐ N ☐ E ☐ S ☐ W of: -

11 Speed Limit: -

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

18 Speed Limit: -

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.079429

22 Longitude: -74.191903

118a	13
118b	-
119a	10
119b	-
120a	-
120b	-
121a	01
121b	01
122	10
123	13
124	99
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	06
132	06
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4326444769

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

36 Number & Street: 28 NEWWOOD HILLS AVE

37 City: LAKEWOOD State: NJ Zip: 08701

38 Make: BMW 39 Model: X7 40 Color: BLK 41 Year: 2022 42 Plate No.: V86PTM 43 State: NJ

44 VIN: 5UXCW2C07N9L11784 45 Expires: 02 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.: 5129J006713

55 NJ Ins. Code: 917

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

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

57 Number & Street: 6 SHOSHANA DR

58 City: LAKEWOOD State: NJ Zip: 08701

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

62 Driver's License Number: H46216580053776 63 DOB (mm dd yyyy): 03/09/1977 64 Expires (mm yy): 03 25

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

66 Number & Street: 6 SHOSHANA DR

67 City: LAKEWOOD State: NJ Zip: 08701

68 Make: HOND 69 Model: ODY 70 Color: BLK 71 Year: 2020 72 Plate No.: Y89MDR 73 State: NJ

74 VIN: 5FNRL6H74LB012659 75 Expires: 01 24

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	-	45	F	-	-	-	11	04	-	-	RIVKA - HIRTH - 6 SHOSHANA DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-073472

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

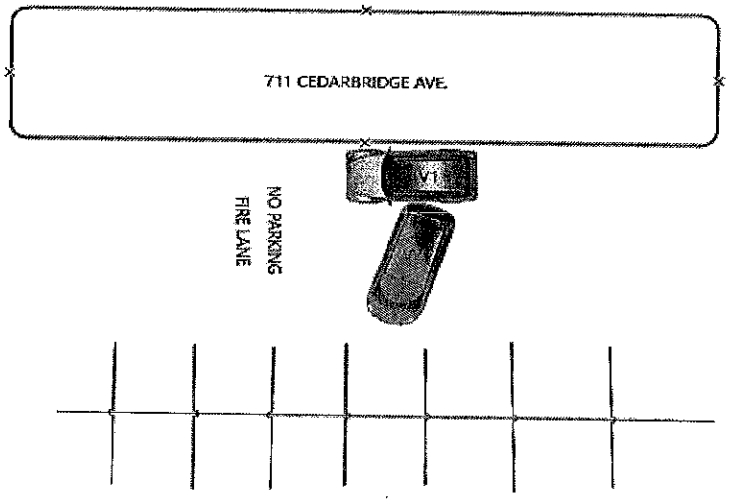


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of V1 stated that his vehicle was left running, parked facing west in the parking lot of 711 Cedarbridge Ave. when he arrived by to his vehicle, he was informed that V2 proceeded to back into his driver side door. Driver of V2 stated that she was backing out of her parking spot when she ended up backing into V1.

In conclusion to my investigation and the statements provided to me, I determined that both V1 and V2 were at fault for the crash. V1 was at fault for parking in a fire lane and V2 was at a fault for back unsafely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-075205

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/25/2022

5 Day Of Week:

6 Time (use 2400 hrs): 1254

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: LOCUST STREET

☐ At Intersection With Road Name

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

Dir: -

11 Speed Limit: 25

12 Route No.: -

Suffix: -

13 Milepost: -

18 Speed Limit: 40

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.047997

22 Longitude: -74.221711

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

Vehicle 1

23 Veh #: 1

24 Policy No.: 1102294824

25 NJ Ins. Code: 426

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

26 Driver's First Name: MENASHE | Initial: Y | Last Name: LOUK | 29 Sex: M

27 Number & Street: 90 FARADAY AVE

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

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

31 State: NJ

32 Driver's License Number: L68035398807722

33 DOB (mm dd yyyy): 07/09/1972

34 Expires (mm yy): 07 26

35 Owner's First Name: WORK | Initial: G | Last Name: INTERNATIONAL N -

☐ Same As Driver

36 Number & Street: 90 FARADAY AVE

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

38 Make: ACUR | 39 Model: MDX | 40 Color: BLK | 41 Year: 2020 | 42 Plate No.: S12MMV | 43 State: NJ

44 VIN: 5J8YD4H32LL023443

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.: 939428283

55 NJ Ins. Code: 054

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

56 Driver's First Name: YITZCHOK | Initial: Z | Last Name: PORTNOY - | 59 Sex: M

57 Number & Street: 501 EALGE POINT DRIVE

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

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

61 State: NJ

62 Driver's License Number: P66767908904634

63 DOB (mm dd yyyy): 04/16/1963

64 Expires (mm yy): 04 24

65 Owner's First Name: MIRIAM | Initial: D | Last Name: PORTNOY -

☐ Same As Driver

66 Number & Street: 122 W CARANETTA DR

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

68 Make: KIA | 69 Model: K5 | 70 Color: GRY | 71 Year: 2021 | 72 Plate No.: C97NHJ | 73 State: NJ

74 VIN: 5XXG34J2XMG032374

75 Expires: 02 24

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill

Hazard Class: - | Placard No.: -

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	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	50	M	-	-	-	11	04	-	-	MENASHE Y LOUK - 90 FARADAY AVE LAKEWOOD NJ 08701 - -
B	V2	01	01	04	59	M	06	08	01	11	04	-	-	YITZCHOK Z PORTNOY - 501 EALGE POINT DRIVE TOMS RIVER NJ 08753 - -
C														
D														

New Jersey Police Crash Investigation Report

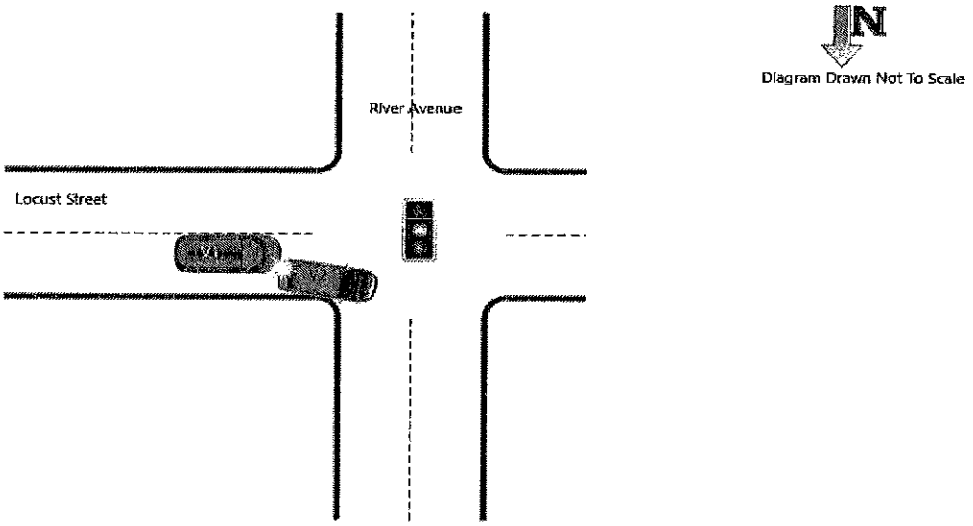
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-075205

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Westbound on Locust Street. Driver 1 mentioned that he thought V2 was moving forward when V2 stopped causing his car to collide with V2.

Vehicle 2 was traveling Westbound on Locust Street. Driver 2 said that he was approaching the red traffic light. He stopped before making the right turn on red when he felt an impact from the rear of his car. Driver 2 noticed that V1 collided with the back of his vehicle.

Investigation revealed that both parties were traveling Westbound on Locust Street. V1 was following too close to V2 when V2 stopped at the red traffic light before turning right. V1 did not have enough time to stop and collided with V2. Driver 2 said he felt pain in his lower back but refused medical attention.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-074095

2 Police Dept of: LAKEWOOD POLICE — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/21/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1551

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: RIVER AVE — Dir: - — 11 Speed Limit: 40

☒ At Intersection With — Road Name: PINE ST

☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W

14 15 16

12 Route No.: 0009 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.079275 — 22 Longitude: -74.216493

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 03219153-0 — 25 NJ Ins. Code: 135

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

26 Driver's First Name: TZIVIA — Initial: M — Last Name: SWIMER — 29 Sex: F

27 Number & Street: 20 HALSEY ST

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

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

32 Driver's License Number: S96007537456014 — 33 DOB (mm dd yyyy): 06/04/2001 — 34 Expires (mm yy): 06 23

35 Owner's ☐ Same As Driver — First Name: SHAHEED — Initial: R — Last Name: PASHA

36 Number & Street: 503 EVERGREEN FOREST BLVD

37 City: AVENEL — State: NJ — Zip: 07001

38 Make: FREI — 39 Model: COL — 40 Color: WHI — 41 Year: 2006 — 42 Plate No.: AX902S — 43 State: NJ

44 VIN: 1FUJA6CV66LV65140 — 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 3588317 ☐ None — ☐ MC/MX 1214506

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

52 Motor Carrier or Government Entity: MOON LOGISTICS

Number & Street: 861 HARNED ST; 7

City: PERTH AMBOY — State: NJ — Zip: 08861

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 4629-94-00-91 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: TZIVIA — Initial: M — Last Name: SWIMER — 59 Sex: F

57 Number & Street: 20 HALSEY ST

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

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

62 Driver's License Number: S96007537456014 — 63 DOB (mm dd yyyy): 06/04/2001 — 64 Expires (mm yy): 06 23

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

66 Number & Street: 20 HALSEY ST

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

68 Make: ACUR — 69 Model: TLX — 70 Color: GRY — 71 Year: 2020 — 72 Plate No.: N33MYK — 73 State: NJ

74 VIN: 19UUB1F37LA017719 — 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	30	M	-	-	-	04	04	-	-	RASHEED A HOWARD - 166 ROANOKE ST WOODBRIDGE NJ 07095 - -
B	2	01	01	05	21	F	-	-	-	11	04	-	-	TZIVIA M SWIMER - 20 HALSEY ST LAKEWOOD NJ 08701 - -
C														
D														

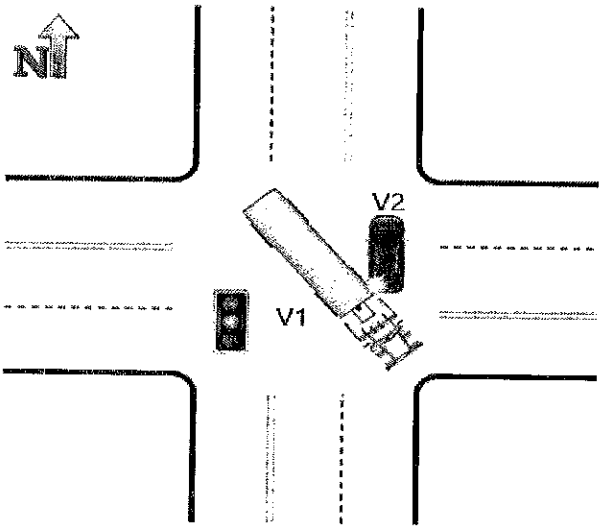
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD POLICE Code: 01
Station: - Case No: 22-074095

(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 Trailer: 1999 Trailmobile semi-trailer, VIN: 1PTF71TJ0X9002451

V1 (tractor-trailer) and V2 crashed in the intersection of River Avenue (US-9) and James Street/Pine Street. Prior to the crash V1 was being driven southbound on River Avenue and was attempting to turn left onto Pine Street. V2 was being driven northbound and was stuck in traffic in the intersection, inching forward gradually.

Driver 1 said that he thought V2 was pulling forward so he attempted to complete his left turn, which resulted in his trailer catching the C pillar of V2's driver side. This cause the rear window to shatter. Driver 1 immediately stopped so V2 could move away, then pulled over on Pine Street a short distance away.

Driver 2 said she was in bumper to bumper traffic and got stuck in the intersection while going north on River Avenue. She said that the vehicle behind her left a gap and V1 attempted to turn through it, but did not wait for her to pull forward more.

I find Driver 1 responsible, as he failed to unsure that there was adequate clearance around V2 as he turned. No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-074095
2 Police Dept of	LAKEWOOD POLICE
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/21/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1551
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

10 Crash Occurred On: ☐ At Intersection With Road Name Dir ☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W

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

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

20 Route/Name 21 Latitude 22 Longitude

Veh #	Policy No.	NJ Ins. Code	Driver's First Name	Initial	Last Name	Sex	Number & Street	City	State	Zip
1			RASHEED	A	HOWARD	M	166 ROANOKE ST	WOODBRIDGE	NJ	07095

23 Veh # 1 — 24 Policy No. — 25 NJ Ins. Code — ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: RASHEED — Initial: A — Last Name: HOWARD — 29 Sex: M

27 Number & Street: 166 ROANOKE ST

28 City: WOODBRIDGE — State: NJ — Zip: 07095

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

32 Driver's License Number: H68726426108922 — 33 DOB (mm dd yyyy): 08/25/1992 — 34 Expires (mm yy): 08 23

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

36 Number & Street

37 City — State — Zip

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

44 VIN — 45 Expires

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

47 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

57 Number & Street

58 City — State — Zip

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

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

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

66 Number & Street

67 City — State — Zip

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

74 VIN — 75 Expires

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	30	M	-	-	-	04	04	-	-	RASHEED A HOWARD - 166 ROANOKE ST WOODBRIDGE NJ 07095 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: **LAKEWOOD POLICE** Code: **01**

Station: - Case No: **22-074095**

(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

*** original report had Driver 2 also listed as Driver 1 - this was an error an has been corrected, with Rasheed Howard being Driver 1 ***

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	**361**	**DTWORKOSKI**	**249**	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	02
103	02
104	3
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01

1 Case Number: 22-074380

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

3 Station/Precinct:

10 Crash Occurred On: MONMOUTH AVENUE (Road Name) — Dir: - — 11 Speed Limit: 30 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☒ At Intersection With — 18 Speed Limit: 25

☐ Feet ☐ N ☐ E of: 5TH STREET

☐ Miles ☐ S ☐ W

14 15 16

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

20 Route/Name

21 Latitude: 40.095547 — 22 Longitude: -74.210748

4 Date of Crash (mm dd yy): 09/22/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1450 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	25
118b	-
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	08
123	01
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	26
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	11
132	12
133	03
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939 917 505 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: PINCHOS — Initial: - — Last Name: HERSKOWITZ — 29 Sex: M

27 Number & Street: 130 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: H27676300009952 — 33 DOB (mm dd yyyy): 09/20/1995 — 34 Expires (mm yy): 09 24

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

☐ Same As Driver

36 Number & Street: 130 5TH ST

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

38 Make: HYUN — 39 Model: SON — 40 Color: WHI — 41 Year: 2016 — 42 Plate No.: W99MFF — 43 State: NJ

44 VIN: 5NPE24AF1GH286836 — 45 Expires: 02 23

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

47 Authority

☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

49 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class: — Placard No.:

50 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 4589-64-82-62 — 55 NJ Ins. Code: 148

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

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

57 Number & Street: 101 LEONARD ST

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

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

62 Driver's License Number: E40800000001882 — 63 DOB (mm dd yyyy): 01/21/1988 — 64 Expires (mm yy): 01 25

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

☐ Same As Driver

66 Number & Street: 101 LEONARD ST

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

68 Make: DODG — 69 Model: CAR — 70 Color: MAR — 71 Year: 2009 — 72 Plate No.: E72ECM — 73 State: NJ

74 VIN: 2D8HN44E89R628863 — 75 Expires: 04 22

76 Vehicle Removed To: ACME TOWING

☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class: — Placard No.:

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity:

Number & Street:

City: — State: — Zip:

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:3-4	295172	3	39:4-144	295173
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
3	2C:40-26	295174			

	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	-	-	PINCHOS - HERSKOWITZ - 130 5TH ST LAKEWOOD NJ 08701
B	02	01	01	05	34	M	-	-	-	11	04	-	-	AARON - EICHENSTEIN - 101 LEONARD ST LAKEWOOD NJ 08701
C	03	01	01	05	46	M	-	-	-	11	04	-	-	JOHNNY - VARGAS - 215 E.KENNEDY BLVD AF LAKEWOOD NJ 00870
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	02
103	02
104	3
105	03
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	02
117	-

1 Case Number: 22-074380

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

3 Station/Precinct:

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

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1450

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MONMOUTH AVENUE (Road Name) - (Dir)

☒ At Intersection With ☐ Feet ☐ Miles (14) (15) ☐ N ☐ E ☐ S ☐ W (16) of: 5TH STREET

11 Speed Limit: 30

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

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.095547

22 Longitude: -74.210748

118a	16
118b	02
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	01
123	-
124	08
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	-
128	26
129	12
130	12
131	-
132	-
133	03
134	-

Vehicle 3

23 Veh #: 3

24 Policy No.: 4245-97-09-36

25 NJ Ins. Code: 100

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

26 Driver's First Name: JOHNNY — Initial: - — Last Name: VARGAS — 29 Sex: M

27 Number & Street: 215 E.KENNEDY BLVD APT-5

28 City: LAKEWOOD — State: NJ — Zip:

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

32 Driver's License Number: V05814070009762

33 DOB (mm dd yyyy): 09/21/1976

34 Expires (mm yy): 09 22

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

☐ Same As Driver

36 Number & Street: 215 E.KENNEDY BLVD APT-5

37 City: LAKEWOOD — State: NJ — Zip:

38 Make: HOND — 39 Model: ACC — 40 Color: RD — 41 Year: 2003 — 42 Plate No.: H10MVW — 43 State: NJ

44 VIN: 1HGCM66523A009709 — 45 Expires: 09 22

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 26

53 Veh #: -

54 Policy No.: -

55 NJ Ins. Code: -

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

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

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

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

☐ Same As Driver

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: - — 75 Expires: - -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

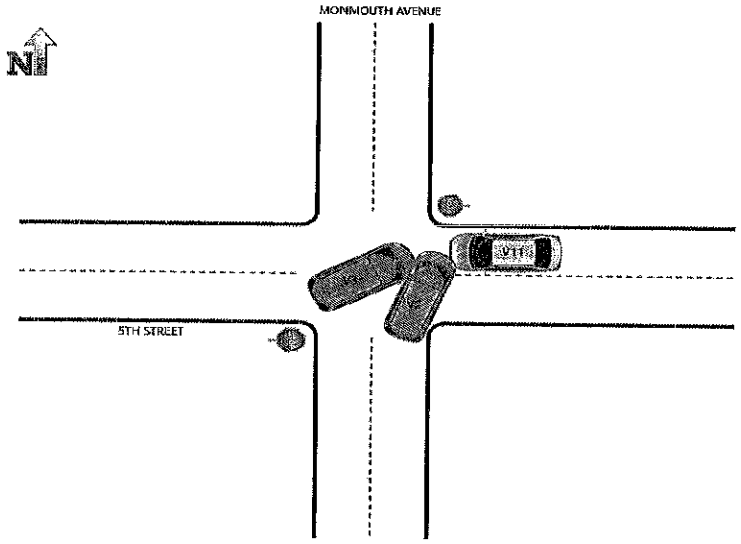
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-074380

(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 STOPPED AT A STOP SIGN ON 5TH STREET FACING WEST WHEN HE WAS STRUCK BY VEHICLE 2.

THE DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING NORTH ON MONMOUTH AVENUE WHEN VEHICLE 3 WENT THROUGH A STOP AT A STOP SIGN. HE CONTINUED TO SAY THAT VEHICLE 3 STRUCK VEHICLE 2 AND THE FORCE OF THE CRASH PUSHED VEHICLE 2 INTO THE VEHICLE 1.

THE DRIVER OF VEHICLE 3 STATED HE WAS TRAVELING EAST ON 5TH STREET WHEN HE WENT THROUGH A STOP SIGN AND STRUCK VEHICLE 2.

THIS INVESTIGATION DETERMINED VEHICLE 1 WAS STOPPED AT A STOP SIGN ON 5TH STREET FACING WEST. VEHICLE 2 WAS TRAVELING NORTH ON MONMOUTH AVENUE. VEHICLE 3 WHICH WAS TRAVELING EAST ON 5TH STREET FAILED TO STOP OR YIELD AT A STOP SIGN AT THE INTERSECTION WITH MONMOUTH AVENUE. VEHICLE 3 THEN CONTINUED INTO THE INTERSECTION AND STRUCK VEHICLE 2. THE FORCE OF THE CRASH PUSHED VEHICLE 2 INTO VEHICLE 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-076152
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	03	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	09/28/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	1824
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	CLIFTON AVE
		Road Name	
		Dir	-
		11 Speed Limit	25
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14 Feet / 15 Miles	-
		16 N E S W	
		☒ At Intersection With	
		of:	6TH STREET
		17 Cross Road Name	-
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	-
		20 Route/Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		21 Latitude	40.096031
		22 Longitude	-74.215349
118a	04		
118b	-		
119a	25		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	01		
123	01		
124	08		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	12		
130	12		
131	05		
132	05		
133	03		
134	03		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	268-20-72-65A
		25 NJ Ins. Code	890
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	SHELDON
		Initial	K
		Last Name	GROSSMAN
		29 Sex	M
103	01	27 Number & Street	1493 N LAKE DR
104	2	28 City	LAKEWOOD
		State	NJ
		Zip	08701
105	03	30 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
		32 Driver's License Number	G75807057207992
		33 DOB (mm dd yyyy)	07/03/1999
		34 Expires (mm yy)	07 26
106	-	35 Owner's ☐ Same As Driver	MIRIAM - BEREN -
107	-	36 Number & Street	236 PRIVATE WAY
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	TOYT
		39 Model	GY
		40 Color	GRY
		41 Year	2017
		42 Plate No.	L37PGU
		43 State	NJ
110	01	44 VIN	4T1BK1EB6HU250426
		45 Expires	11 22
111	01	46 Vehicle Removed To	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	02		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - Placard No. -
117	03	50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
		51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	-
		Number & Street	-
		City	-
		State	-
		Zip	-

Vehicle 2

100b	04	53 Veh #	2
101	02	54 Policy No.	144 2387-E17-30
		55 NJ Ins. Code	962
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	56 Driver's First Name	RAFAEL
		Initial	-
		Last Name	VALLADARESGALLO -
		59 Sex	M
103	01	57 Number & Street	245 2ND ST
104	2	58 City	LAKEWOOD
		State	NJ
		Zip	08701
105	03	60 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		61 State	NJ
		62 Driver's License Number	V02906380011682
		63 DOB (mm dd yyyy)	11/26/1968
		64 Expires (mm yy)	11 26
106	-	65 Owner's ☐ Same As Driver	RAFAEL - VALLADARES-GALL -
107	-	66 Number & Street	245 2ND ST; 2ND FL
108	01	67 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	68 Make	HOND
		69 Model	ODY
		70 Color	SIL
		71 Year	2010
		72 Plate No.	S92RAD
		73 State	NJ
110	01	74 VIN	5FNRL3H40AB106877
		75 Expires	06 23
111	01	76 Vehicle Removed To	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	77 Authority	☒ Owner ☐ Driver ☐ Police
114	-	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	02		Results: 0. - % ☐ Pending
		79 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - Placard No. -
117	03	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
		81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		82 Motor Carrier or Government Entity	-
		Number & Street	-
		City	-
		State	-
		Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	23	M	-	-	-	11	04	-	-	SHELDON K GROSSMAN - 1493 N LAKE DR LAKEWOOD NJ 08701
B	V2	01	01	05	53	M	-	-	-	11	04	-	-	RAFAEL - VALLADARES-GALLO - 245 2ND ST; 2ND FL LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

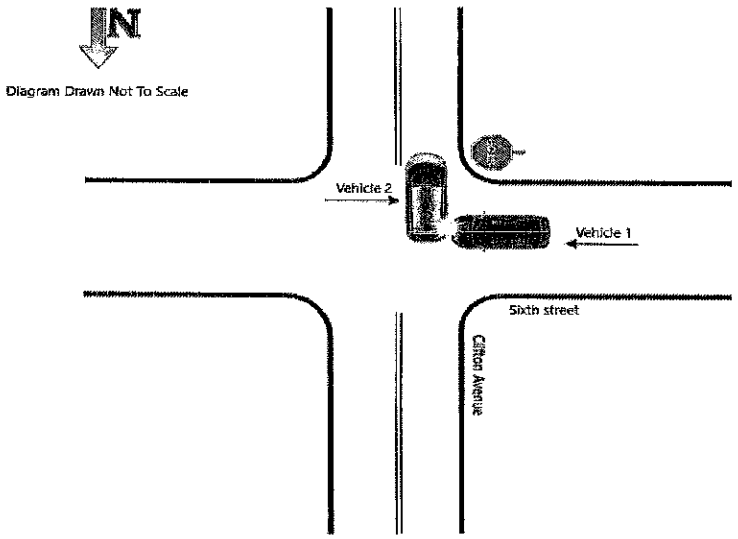
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-076152

(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 stopped at the stop sign on 6th Street facing east, when he tried to cross over Clifton Avenue he did not see vehicle 2 traveling south on Clifton Avenue due to the vehicles that were parked on the side of the road obstructing his view. Vehicle 1 sustained damage to the front bumper of the vehicle. No injuries were reported.

The driver of Vehicle 2 stated he was driving south on Clifton Avenue and he saw Vehicle 1 never stopped at the stop sign and crashed into the passengers side rear of his vehicle. Vehicle 2 sustained damage to the passengers side rear bumper.

No injuries were reported.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-076132

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1622

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: PROSPECT ST

☒ At Intersection With — Road Name: SUMMER AVE — Dir:

☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 35

12 Route No.: 0628 — Suffix: — 13 Milepost:

18 Speed Limit: 15

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

20 Route/Name:

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.073130

22 Longitude: -74.229860

118a	25
118b	-
119a	02
119b	04
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	11
130	11
131	01
132	01
133	04
134	04

Vehicle 1

23 Veh #: 1

24 Policy No.: 1811419030

25 NJ Ins. Code: 945

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

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

27 Number & Street: 413 SCHOOL GARDEN ST

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

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

31 State: NJ

32 Driver's License Number: F74024500061944

33 DOB (mm dd yyyy): 11/14/1994

34 Expires (mm yy): 11 24

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

☐ Same As Driver

36 Number & Street: 413 SCHOOL GARDEN ST

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

38 Make: HOND — 39 Model: ODY — 40 Color: 4 — 41 Year: 2020 — 42 Plate No.: L98LUV — 43 State: NJ

44 VIN: 5FNRL6H57LB010290

45 Expires: 10 23

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: HPA00002761009

55 NJ Ins. Code: 017

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

56 Driver's First Name: YOSEF — Initial: A — Last Name: CZERMAK — 59 Sex: M

57 Number & Street: 40 COLES WAY

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

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

61 State: NJ

62 Driver's License Number: C97377906103042

63 DOB (mm dd yyyy): 03/19/2004

64 Expires (mm yy): 03 26

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

☐ Same As Driver

66 Number & Street: 40 COLES WAY; BLDG-1

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

68 Make: NISS — 69 Model: SEN - SE — 70 Color: GRY — 71 Year: 2018 — 72 Plate No.: T15REK — 73 State: NJ

74 VIN: 3N1AB7AP1JY282114

75 Expires: 07 23

76 Vehicle Removed To: MOSHIES TOWING

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	27	F	-	-	-	11	11	01	-	LEAH - FRIEDMAN - 413 SCHOOL GARDEN ST LAKEWOOD NJ 08701
B	01	04	01	05	2	M	-	-	-	05	05	01	-	SHLOMO - FRIEDMAN - 413 SCHOOL GARDEN ST LAKEWOOD NJ 08701
C	01	06	01	05	5	M	-	-	-	05	05	01	-	MORDECHAI - FRIEDMAN - 413 SCHOOL GARDEN ST LAKEWOOD NJ 08701
D	02	01	01	05	18	M	-	-	-	11	04	-	-	YOSEF A CZERMAK - 40 COLES WAY LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

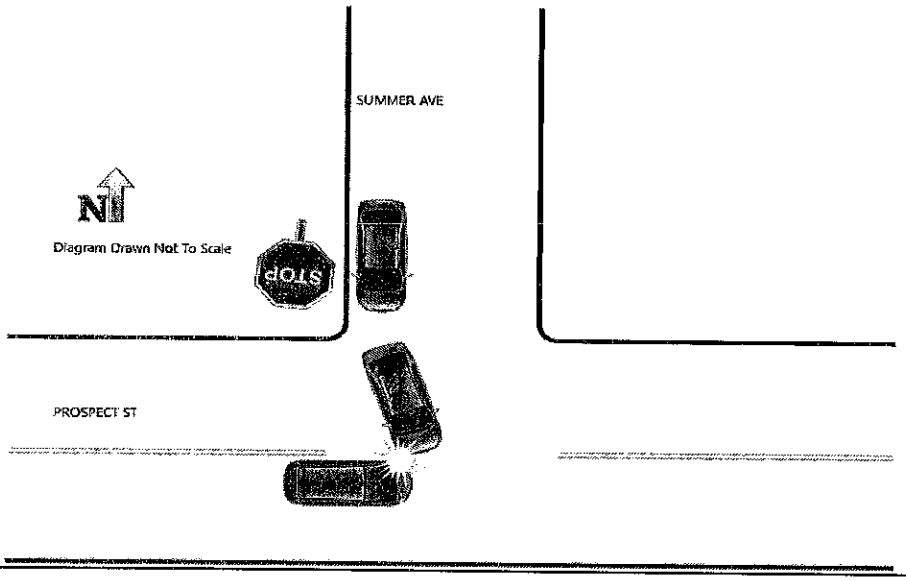
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-076132

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was Eastbound on Prospect ST. She stated as she was going forward, vehicle 2 turned left in front of her and crashed into her vehicle.

Driver of vehicle 2 stated he was Southbound on Summer Ave and was stopped at the stop sign located at the intersection of Prospect ST. He stated after vehicles stopped to let him turn and once it was clear, he attempted to turn left onto Prospect ST but vehicle 1 crashed into his vehicle.

In my investigation I find vehicle 2 fault for driver inattention and failure to yield to vehicle was vehicle 2 as the stop sign and needs to make sure it is clear before turning.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-076140

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

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1659

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 6TH ST (Road Name) - (Dir)

☐ At Intersection With ☐ Feet ☒ Miles .25 (14) (15)

☐ N ☐ E ☐ S ☒ W (16)

of: PRIVATE WAY

11 Speed Limit: 25

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

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.095433

22 Longitude: -74.220918

118a	25
118b	-
119a	06
119b	09
120a	01
120b	-
121a	01
121b	-
122	03
123	15
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	02
132	02
133	03
134	04

Vehicle 1

23 Veh #: 1

24 Policy No.: 60635154742061

25 NJ Ins. Code: 884

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

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

27 Number & Street: 311 FOREST AVE; 2

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

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: B46135670001884

33 DOB (mm dd yyyy): 01/19/1988

34 Expires (mm yy): - -

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

☐ Same As Driver

36 Number & Street: 311 FOREST AVE; 2

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

38 Make: TOYT — 39 Model: CAM — 40 Color: 3 — 41 Year: 2014 — 42 Plate No.: C67NWB — 43 State: NJ

44 VIN: 4T1BF1FK5EU369941

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.: 4595568942

55 NJ Ins. Code: 148

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

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

57 Number & Street: 3483 SEVERN RD

58 City: CLEVELAND HEIGH — State: OH — Zip: 44118

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

61 State: OH

62 Driver's License Number: VH045490

63 DOB (mm dd yyyy): 11/19/2003

64 Expires (mm yy): 11 24

65 Owner's First Name: YEHUDIS — Initial: M — Last Name: BLUMENFRUCHT

☐ Same As Driver

66 Number & Street: 166 VILLAGE PATH

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

68 Make: TOYT — 69 Model: CAM — 70 Color: GRY — 71 Year: 2014 — 72 Plate No.: C51ELU — 73 State: NJ

74 VIN: 4T1BF1FK2EU429562

75 Expires: 07 23

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ 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	34	M	-	-	-	11	04	-	-	MOSHE - BIRNBAUM - 311 FOREST AVE; 2 LAKEWOOD NJ 08701
B	02	01	01	05	18	F	-	-	-	11	04	-	-	MOSHE - KOHN - 3483 SEVERN RD CLEVELAND HEIG OH 44118
C														
D														

New Jersey Police Crash Investigation Report

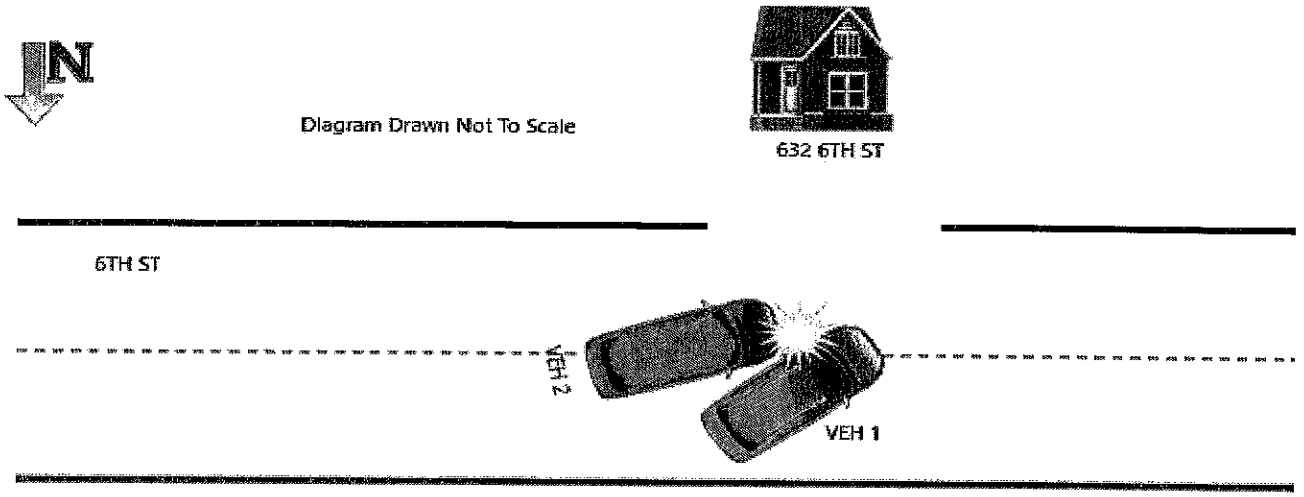
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-076140

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEH 1 STATED HE WAS TRAVELING WEST ON 6TH STREET AND WAS SLOWING DOWN TO MAKE A LEFT TURN INTO THE DIVEWAY AT 632 6TH STREET. DRIVER 1 SAID WHEN HE STARTED TO MAKE HIS LEFT TURN INTO THE DRIVEWAY HE WAS STRUCK BY VEH 2 THAT CAME SPEEDING DOWN THE ROADWAY AND TRIED TO PASS AROUND HIM ON THE LEFT.

DRIVER OF VEH 2 STATED HE WAS TRAVELING WEST ON 6TH STREET BEHIND VEH 1. HE SAID VEH 1 SLOWED DOWN AHEAD GOING LESS THEN 5 MPH AND APPEARED TO BE PULLED OVER TO THE RIGHT AS IF HE WAS PARKING. DRIVER 2 SAID HE WENT TO PASS VEH 1 ON THE LEFT AND THAT WAS WHEN VEH 1 MADE TH LEFT TURN AND CRASHED INTO HIS CAR. DRIVER 2 SAID DRIVER 1 DID NOT USE A TURN SIGNAL WHEN MAKING THE LEFT TURN.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH. DRIVER 2 WAS FOLLOWING TOO CLOSELY AND IMPROPERLY PASSED AROUND VEH 1 CAUSING THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-076147

2 Police Dept of: LAKEWOOD POLICE — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1740

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: RIVER AVE — Road Name: OAK ST — Dir: -

☐ At Intersection With ☒ Feet ☐ Miles — 14: 50 — 15: ☒ N ☐ E ☐ S ☐ W — 16: of:

11 Speed Limit: 40

12 Route No.: 0009 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.066950 — 22 Longitude: -74.218552

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 03 | 134 02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4603-01-15-70 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: SHLOMO — Initial: M — Last Name: WOLF — 29 Sex: M

27 Number & Street: 218 JOE PARKER RD

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

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

31 State: NY

32 Driver's License Number: 825565383

33 DOB (mm dd yyyy): 06/06/1992

34 Expires (mm yy): 06 24

35 Owner's ☐ Same As Driver — First Name: CHAIM — Initial: N — Last Name: WOLF

36 Number & Street: 69 BIRCH ST

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

38 Make: HYUN — 39 Model: GEN — 40 Color: BLK — 41 Year: 2013 — 42 Plate No.: K27HHM — 43 State: NJ

44 VIN: KMHGC4DD1DU240713

45 Expires: 12 22

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 6034-01-62-43 — 55 NJ Ins. Code: 100

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

56 Driver's First Name: ROSAISELA — Initial: - — Last Name: SANCHEZ-PASTOR — 59 Sex: F

57 Number & Street: 1192 MANOR DR

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

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

61 State: NJ

62 Driver's License Number: S03876690055022

63 DOB (mm dd yyyy): 05/18/2002

64 Expires (mm yy): 05 23

65 Owner's ☒ Same As Driver — First Name: ROSAISELA — Initial: - — Last Name: SANCHEZ-PASTOR

66 Number & Street: 1192 MANOR DR

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

68 Make: FORD — 69 Model: XPL — 70 Color: GRY — 71 Year: 2007 — 72 Plate No.: C70MTY — 73 State: NJ

74 VIN: 1FMEU75E27UB40735

75 Expires: 08 23

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	30	M	-	-	-	11	04	-	-	SHLOMO M WOLF - 218 JOE PARKER RD LAKEWOOD NJ 08701 - -
B	1	03	01	05	15	F	-	-	-	11	04	-	-	FRAIDY - WOLF - 218 JOE PARKER RD LAKEWOOD NJ 08701 - -
C	1	04	01	05	13	M	-	-	-	11	04	-	-	YOSSI - WOLF - 218 JOE PARKER RD LAKEWOOD NJ 08701 - -
D	1	06	01	05	11	M	-	-	-	11	04	-	-	SRULY - WOLF - 218 JOE PARKER RD LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

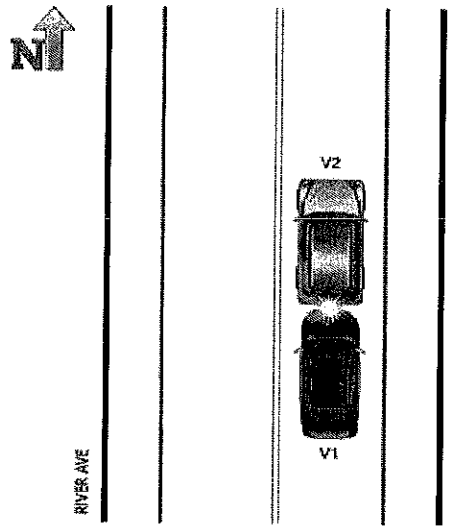
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-076147

(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	20	F	-	-	-	11	04	-	-	ROSAISELA - SANCHEZ-PASTOR - 1192 MANOR DR LAKEWOOD NJ 08701 - -
F	2	03	01	05	48	F	-	-	-	11	04	-	-	OCTAVIANA L PASTOR-MORALES - 1192 MANOR DR LAKEWOOD NJ 08701 - -
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 struck V2 from behind on River Avenue (US-9), just north of the intersection with Oak Street. Driver 1 said that he was unable to stop in time and hit V2. Driver 2 said she was in traffic when she was hit from behind. I observed minor damage to V2's rear bumper and moderate damage to V1's front end (bumper & hood). No injuries were reported. I find driver 1 responsible due to unsafe following distance.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02
118a	25
118b	-
119a	02
119b	09
120a	01
120b	01
121a	01
121b	01
122	08
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	11
132	11
133	03
134	04

1 Case Number: 22-076102

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

3 Station/Precinct:

10 Crash Occurred On: OCEAN AVE — 11 Speed Limit: 45

☒ At Intersection With — Road Name: OCEANSIDE DRIVE — Dir — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 25

☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W

14 15 16

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

20 Route/Name

21 Latitude: 40.087526 — 22 Longitude: -74.181004

4 Date of Crash (mm dd yy): 09/28/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1328 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 6093793822061 — 25 NJ Ins. Code: 884

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

26 Driver's First Name: AVRAHAM — Initial: S — Last Name: EBRIANI — 29 Sex: M

27 Number & Street: 126 HARVARD ST

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

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

32 Driver's License Number: E1066071820991 2 — 33 DOB (mm dd yyyy): 09/19/1991 — 34 Expires (mm yy): 09 22

35 Owner's ☐ Same As Driver — First Name: AVRAHAM — Initial: S — Last Name: EBRIANI

36 Number & Street: 126 HARVARD ST

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

38 Make: TOYT — 39 Model: SEQ — 40 Color: SIL — 41 Year: 2002 — 42 Plate No.: C75NUV — 43 State: NJ

44 VIN: 5TDZT34A42S110536 — 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.: 6102878562061 — 55 NJ Ins. Code: 884

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

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

57 Number & Street: 21 BLOSSOM DRIVE

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

60 Eyes: 6 — DL Class: A — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: E46445130060896 — 63 DOB (mm dd yyyy): 10/27/1989 — 64 Expires (mm yy): 10 25

65 Owner's ☐ Same As Driver — First Name: GERSHON — Initial: P — Last Name: EISENSTEIN

66 Number & Street: 112 5TH STREET APT 3

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

68 Make: TOYT — 69 Model: SIE — 70 Color: 4 — 71 Year: 2007 — 72 Plate No.: D86GXB — 73 State: NJ

74 VIN: 5TDZK23C87S062952 — 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.
1		-	2		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	31	M	-	-	-	11	04	-	-	AVRAHAM S EBRIANI - 126 HARVARD ST LAKEWOOD NJ 08701
B	2	01	01	05	32	F	-	-	-	11	04	-	-	MALKA - EISENSTEIN - 21 BLOSSOM DRIVE LAKEWOOD NJ 08701
C	1	04	01	05	5	F	-	-	-	11	04	-	-	AHUVA EBRIANI 126 HARVARD STREET LAKEWOOD NJ 08701
D	1	05	01	05	3	M	-	-	-	05	05	-	-	CHAIM EBRIANI 126 HARVARD STREET LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-076102

(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	03	01	05	9	F	-	-	-	11	04	-	-	BAILA EISENSTEIN 21 BLOOSOM DRIVE LAKEWOOD NJ 08701
F	2	04	01	05	7	F	-	-	-	11	04	-	-	MIRIAM EISENSTEIN 21 BLOOSOM DRIVE LAKEWOOD NJ 08701
G	2	05	01	05	5	F	-	-	-	11	04	-	-	GITTY EISENSTEIN 21 BLOOSOM DRIVE LAKEWOOD NJ 08701
H	2	06	01	05	2	M	-	-	-	06	06	-	-	ELIEZER EISENSTEIN 21 BLOOSOM DRIVE LAKEWOOD NJ 08701
I														
J														

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	EV	311	☐ Pending ☒ Complete

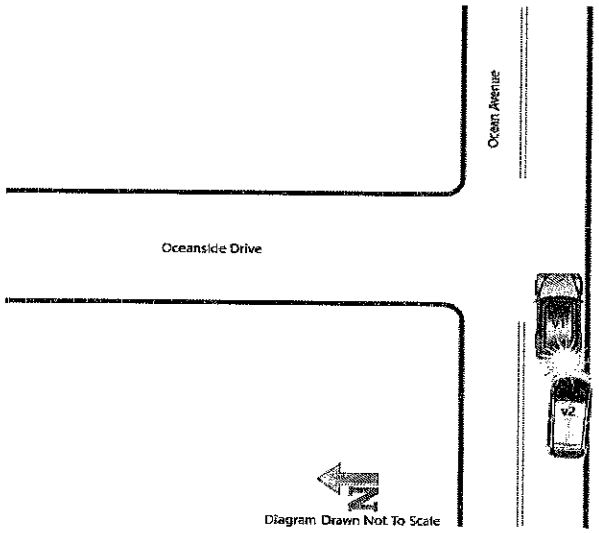
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-076102

(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 Ocean Avenue eastbound with his left blinker on attempting to make a left turn onto Oceanside Drive when vehicle 2 who was travelling on Ocean Avenue behind him struck his rear bumper.

Driver of vehicle 2 stated she was travelling east on Ocean Avenue and noticed vehicle 1 in front of her however she didn't know if vehicle 1 was stopped or still travelling when she struck vehicle 1 in the rear bumper.

Based on statements from involved parties and my observations at the scene and damage to the vehicles, I determined that vehicle 1 is at fault due to following to closely and driver 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	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-074138
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	07	3 Station/Precinct	
99	07	4 Date of Crash (mm dd yy)	09/21/22
100a	03	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	2132
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	MILLER RD
		Road Name	
		Dir	
		11 Speed Limit	35
		12 Route No.	
		Suffix	
		13 Milepost	
		14	100
		15	☒ Feet ☐ Miles
		16	☐ N ☐ E ☐ S ☒ W
		of:	GUDZ RD
		17 Cross Road Name	
		18 Speed Limit	25
		19 Ramp	☐ To ☐ From:
		20 Route/Name	
		21 Latitude	40.095807
		22 Longitude	-74.245397
		☐ At Intersection With	
118a	25		
118b	-		
119a	00		☐ NB ☐ EB ☐ SB ☐ WB
119b	00		
120a	01		
120b	-		
121a	00		
121b	00		
122	01		
123	00		
124	04		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	00		
127b	00		
127c	00		
127d	00		
127e	26		
128	26		
129	09		
130	09		
131	00		
132	00		
133	04		
134	00		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	6040744358
		25 NJ Ins. Code	148
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	SARA
		Initial	R
		Last Name	HAUBEN
		29 Sex	F
103	01	27 Number & Street	70 ROSELLE CT
104	2	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	2
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	05	32 Driver's License Number	H08656917961692
		33 DOB (mm dd yyyy)	11/23/1969
		34 Expires (mm yy)	11 22
106	-	35 Owner's First Name	HENDEL
		Initial	-
		Last Name	SMITH
		☐ Same As Driver	-
107	00	36 Number & Street	8 KENT COURT
108	01	37 City	JAKSON
		State	NJ
		Zip	08527
109	00	38 Make	HOND
		39 Model	ODY
		40 Color	BLK
		41 Year	2021
		42 Plate No.	R95MXY
		43 State	NJ
110	01	44 VIN	5FNRL6H71MB013804
		45 Expires	10 24
111	00	46 Vehicle Removed To	HESHEY'S
112	-	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	02	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	04	51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	
		Number & Street	
		City	
		State	
		Zip	

Vehicle 2

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	52	F	-	-	-	11	11	02	-	SARA R HAUBEN - 70 ROSELLE CT LAKEWOOD NJ 08701
B	01	03	01	05	16	F	-	-	-	11	04	-	-	BYLEE - HAUBEN - 70 ROSELLE CT LAKEWOOD NJ 08701
C	02	00	00				00	00	00	00	00			
D														

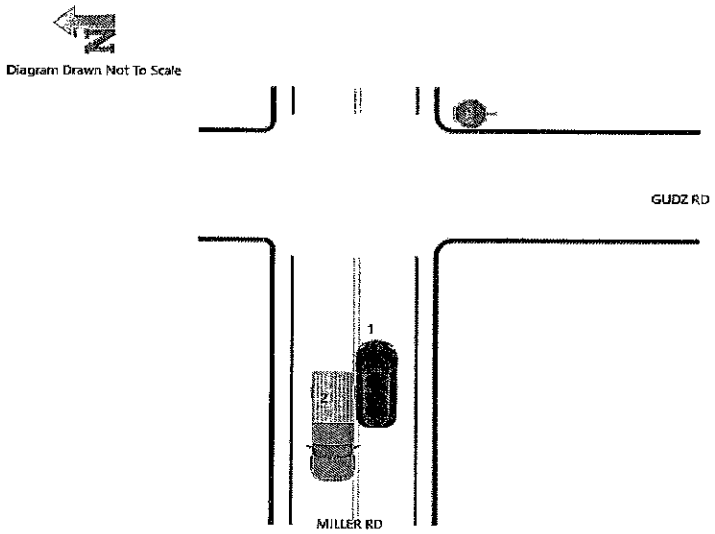
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-074138

(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 reported that she was traveling in her lane on Miller Rd. when an unknown vehicle side swiped her vehicle and continued traveling towards Hope Chapel Rd.

There were no injuries reported at the scene of the crash. Vehicle #1 sustained damage along the entire driver side of the vehicle and the impact from the crash caused the driver side curtain air bags to deploy.

The suspect vehicle was only described as a work type truck with no further description of the vehicle or the driver.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	DIBIASE	286	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-074631
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	--
99	07	4 Date of Crash (mm dd yy)	09/23/22
100a	01	5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1520
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	W KENNEDY BLVD
		Road Name	
		Dir	-
		11 Speed Limit	25
		12 Route No.	
		Suffix	
		13 Milepost	
		14 Feet	150
		15 Miles	
		16 N E S W	W
		of:	TEABERRY CT
		17 Cross Road Name	
		18 Speed Limit	25
		19 Ramp To From	
		20 Route/Name	
		21 Latitude	40.108416
		22 Longitude	-74.232380
118a	25		
118b	-		
119a	10		
119b	02		
120a	-		
120b	-		
121a	01		
121b	-		
122	10		
123	13		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	28		
127b	-		
127c	-		
127d	-		
127e	28		
128	26		
129	12		
130	12		
131	06		
132	17		
133	04		
134	01		

☐ At Intersection With ☒ Feet ☐ Miles ☐ N ☐ E ☐ S ☒ W ☐ To ☐ From ☐ Ramp ☐ NB ☐ EB ☐ SB ☐ WB

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	953862008
		25 NJ Ins. Code	134
		☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	-
		Initial	-
		Last Name	-
		29 Sex	-
103	01	27 Number & Street	-
104	2	28 City	-
		State	-
		Zip	-
		30 Eyes	-
		DL Class	-
		Restrictions	-
		Endorsements	-
		31 State	-
105	08	32 Driver's License Number	-
		33 DOB (mm dd yyyy)	-
		34 Expires (mm yy)	- -
106	-	35 Owner's First Name	ZEV
		Initial	-
		Last Name	HERZL
		☐ Same As Driver	
107	-	36 Number & Street	34 LOUISBURG SQ
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	-	38 Make	TOYT
		39 Model	SIE
		40 Color	BLK
		41 Year	2022
		42 Plate No.	L46PTX
		43 State	NJ
110	01	44 VIN	5TDKRKEC7NS105670
		45 Expires	03 26
111	02	46 Vehicle Removed To	MOSHE TOWING
112	-	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	01	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115			Type: ☐ Breath ☐ Blood ☐ Urine
116			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
117		50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
		51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	
		Number & Street	
		City	
		State	
		Zip	

Vehicle 2

53 Veh #	2		
54 Policy No.			
55 NJ Ins. Code	-		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	JORDIN		
Initial	A		
Last Name	BONILLA		
59 Sex	M		
57 Number & Street	55 W EDGARRD RD		
58 City	LINDEN		
State	NJ		
Zip	07036		
60 Eyes	-		
DL Class	-		
Restrictions	-		
Endorsements	-		
61 State	-		
62 Driver's License Number	-		
63 DOB (mm dd yyyy)	-		
64 Expires (mm yy)	- -		
65 Owner's First Name	-		
Initial	-		
Last Name	-		
☐ Same As Driver			
66 Number & Street	-		
67 City	-		
State	-		
Zip	-		
68 Make			
69 Model			
70 Color			
71 Year			
72 Plate No.			
73 State			
74 VIN			
75 Expires			
76 Vehicle Removed To			
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
77 Authority	☐ Owner ☒ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill		
	Hazard Class / Placard No.		
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None		
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity			
Number & Street			
City			
State			
Zip			

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

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

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

New Jersey Police Crash Investigation Report

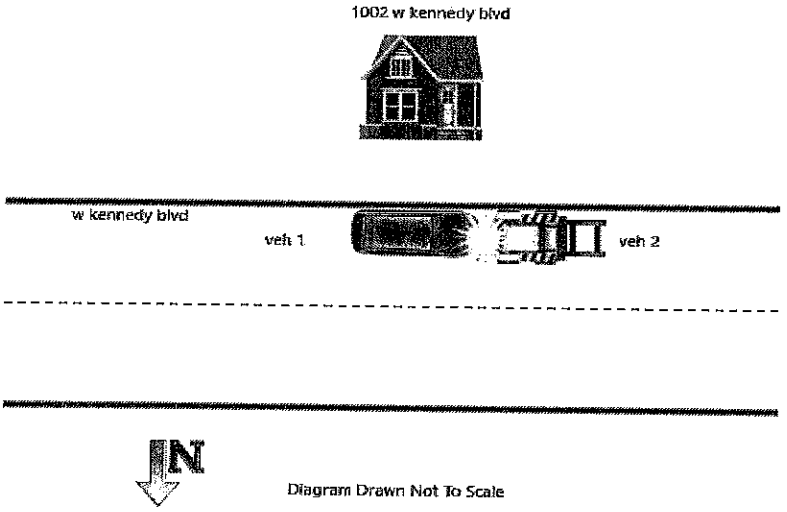
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-074631

(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

OWNER OF VEH 1 STATED VEH 2, A BOOM LIFT, WAS WORKING ON THE HIS PROPERTY LOCATED AT 1002 W KENNEDY BLVD , WAS BACKED INTO THE FRONT END OF HIS CAR CAUSING SERIOUS DAMAGE DISABLING IT.

VEH 2 HAS NO LINCENSE PLATE BEING CONSTRUCTION WORK EQUIPMENT. VEH 2 IS A BOOM LIFT,MAKE JLG, MODEL 600 AJ, ORANGE IN COLOR, YEAR 2021, SERIEL # 0300269970.

OWNER OF THE BOOM LIFT EQUIPMENT IS COMPLETE EQUIPMENT LOCATED 1360 OCEAN AVE (844) 547-7366. THE CONTACTER RENTING OUT THE EQUIPMENT IS DESTINY HOMES LOCATED 102 DESTINY WAY LAKEWOOD NJ (732) 806-1274. SUB-CONTRACTOR HIG CONSTRUCTION LOCATED 1516 7TH AVE TOMS RIVER NJ 08753 (215)892-4208.

I DO NOT HAVE INSURANCE INFORMATION AT THIS TIME AS IT'S UNKNOWN WHICH COMPANY IS RESPONSIBLE FOR COVERING THE DAMAGES.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	JP	290	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
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	03

1 Case Number: 22-074887

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/24/22

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 1445

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 135 STATE HWY 70 W — Road Name — Dir: - — 11 Speed Limit: - — 12 Route No.: - — Suffix: - — 13 Milepost: -

☐ At Intersection With — 18 Speed Limit: -

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

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

21 Latitude: 40.049197 — 22 Longitude: -74.210390

118a	08
118b	-
119a	25
119b	-
120a	02
120b	-
121a	01
121b	-
122	02
123	01
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	07
132	07
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 908951254 — 25 NJ Ins. Code: 134

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

26 Driver's First Name: RICHARD — Initial: - — Last Name: MATAKA — 29 Sex: M

27 Number & Street: 1986 LEONARD DRIVE

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

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

32 Driver's License Number: M07846550012812 — 33 DOB (mm dd yyyy): 12/13/1981 — 34 Expires (mm yy): 12 24

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

☐ Same As Driver

36 Number & Street: 6 TIMBERLINE DR

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

38 Make: CADI — 39 Model: ESC — 40 Color: BLK — 41 Year: 2021 — 42 Plate No.: A79NNK — 43 State: NJ

44 VIN: 1GYS4NKL4MR254176 — 45 Expires: 03 25

46 Vehicle Removed To: ACME TOWING

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

47 Authority: ☐ Owner ☐ Driver ☒ Police

48 Alcohol/Drug Test: Given: ☐ No ☒ Yes ☐ Refused — Type: ☒ Breath ☐ Blood ☐ Urine — Results: 0.25 % ☐ 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.: 923975688 — 55 NJ Ins. Code: 134

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

56 Driver's First Name: ANGELO — Initial: L — Last Name: HERNANDEZ — 59 Sex: M

57 Number & Street: 1211 ROBERT STREET

58 City: HILLSIDE — State: NJ — Zip: 07205

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

62 Driver's License Number: H27180437311684 — 63 DOB (mm dd yyyy): 11/09/1968 — 64 Expires (mm yy): 11 22

65 Owner's First Name: ANGELO — Initial: L — Last Name: HERNANDEZ

☐ Same As Driver

66 Number & Street: 1211 ROBERT STREET

67 City: HILLSIDE — State: NJ — Zip: 07205

68 Make: NISS — 69 Model: ALT - AL — 70 Color: WHI — 71 Year: 2013 — 72 Plate No.: P78LLZ — 73 State: NJ

74 VIN: 1N4AL3AP6DC108531 — 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.	Charge	Summons. No.	Oper.	Charge	Summons. No.
1	39:4-50	295333	1	39:4-129	295337
1	39:4-96	295335	1	142 Charge: 39:4-97	143 Summons. No.: 295334

	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	40	M	-	-	-	11	04	-	-	RICHARD - MATAKA - 1986 LEONARD DRIVE TOMS RIVER NJ 08755
B	V2	01	01	05	53	M	-	-	-	11	04	-	-	ANGELO L HERNANDEZ - 1211 ROBERT STREET HILLSIDE NJ 07205
C														
D														

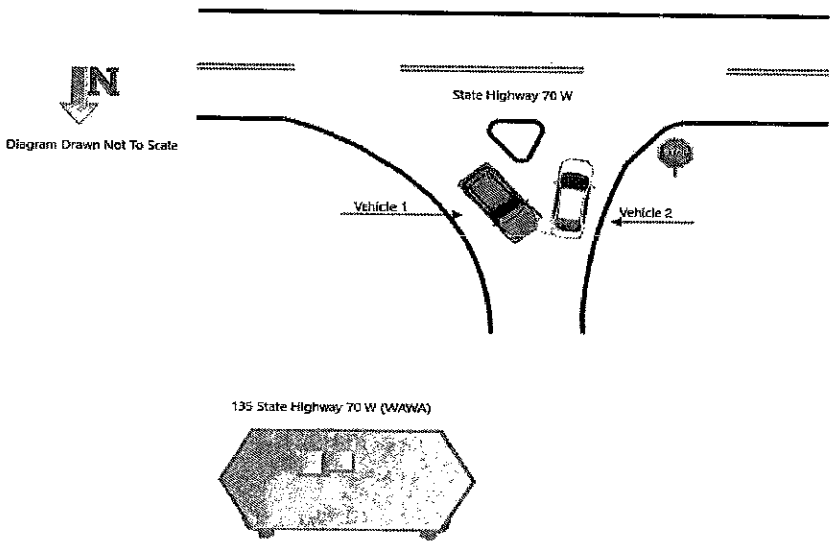
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-074887

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated he pulled into the parking lot of 135 State Highway 70 W and Vehicle 2 struck him. Driver one could not explain how Vehicle 2 struck him, stated he just drove in to him. Vehicle 1 sustained moderate damage to the drivers side front bumper. No injuries were reported.

The driver of Vehicle 2 stated he was stopped at the stop sign, awaiting to pull on to State Highway 70 W when Vehicle 1 took the turn too wide and struck his vehicle. Vehicle 2 sustained damage to the drivers side rear wheel area. No injuries were reported.

Driver 1 was issued the following Summons:

Driving While Intoxicated
Reckless Driving
Careless Driving
Failure to Report Crash
Leaving the Scene of an Accident
Open Alcoholic Beverage in Vehicle

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	07
99	09
100a	01
100b	04
101	02
102	02
103	01
104	1
105	11
106	-
107	-
108	05
109	-
110	00
111	-
112	00
113	-
114	-
115	-
116	02
117	-

1 Case Number: 22-075278

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/25/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 2003

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 145 COUNTRY CLUB DR; LAKE- — Road Name — Dir

☐ At Intersection With

☐ Feet ☐ Miles — 14 — 15 — ☐ N ☐ E ☐ S ☐ W of: -

11 Speed Limit: 5

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: -

17 Cross Road Name: -

19 Ramp ☐ To ☐ From: -

20 Route/Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.109467

22 Longitude: -74.246101

118a	29
118b	01
119a	-
119b	-
120a	00
120b	-
121a	-
121b	-
122	01
123	-
124	11
125	-
126a	06
126b	59
126c	-
126d	-
126e	59
127a	-
127b	-
127c	-
127d	-
127e	-
128	59
129	11
130	00
131	00
132	-
133	00
134	-

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 - ☐ MC/MX - ☒ None

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: -

54 Policy No.: -

55 NJ Ins. Code: -

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

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

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

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

☐ Same As Driver

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: - — 75 Expires: - -

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

WOODEN LOG FENCE STRUCK AND DAMAGED. GOLF COURSE GRASS DAMAGED BY A PIECE OF IT.

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	-	-	-	-	-	-	-	-	-	-	-
B														
C														
D														

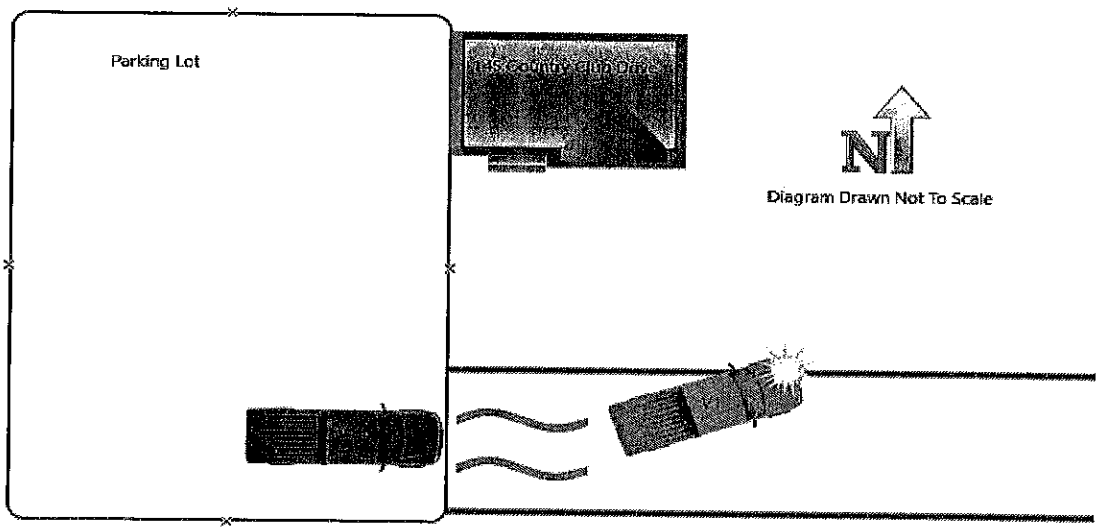
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-075278

(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

Reporting party stated he heard a vehicle in the parking lot of the country club located at 145 Country Club Drive revving its engine and doing what sounded like burnouts in the lot. He observed a red and what he believed to be a Chevrolet pickup truck then pull out of the lot and onto the entrance road accelerating causing the truck to begin sliding and crash into the wooden fencing. One of the pieces of wood landed on a grass portion of the golf course ripping up the grass causing damage. The truck then left the area east on Country Club Drive towards Hope Chapel Road. The surrounding area was checked with negative results.

Camera footage will be made available at a later time as per the reporting party.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	E. MIICK	307	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	07
99	02
100a	01
100b	04
101	02
102	02
103	01
104	2
105	01
106	-
107	-
108	04
109	00
110	01
111	00
112	-
113	00
114	-
115	00
116	02
117	02

1 Case Number: 22-075286

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/25/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 2032

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: OCEAN AVENUE (Road Name) - (Dir)

☐ At Intersection With

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

11 Speed Limit: 40

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

18 Speed Limit: 40

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: -

21 Latitude: -

22 Longitude: -

☐ NB ☐ EB ☐ SB ☐ WB

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

Vehicle 1

23 Veh #: 1

24 Policy No.: 939 900 302

25 NJ Ins. Code: 054

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

26 Driver's First Name: MICHAEL — Initial: R — Last Name: VENCE — 29 Sex: M

27 Number & Street: 202 SAMANTHA COURT

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

30 Eyes: 05 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: V25005447910745

33 DOB (mm dd yyyy): 10/24/1974

34 Expires (mm yy): 10 24

35 Owner's First Name: MICHAEL — Initial: R — Last Name: VENCE

☐ Same As Driver

36 Number & Street: 202 SAMANTHA COURT

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

38 Make: HYUN — 39 Model: TUC — 40 Color: BLU — 41 Year: 2018 — 42 Plate No.: Z14PKC — 43 State: NJ

44 VIN: KM8J3CA45JU654772

45 Expires: 11 22

46 Vehicle Removed To: ACME TOWING

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

47 Authority: ☐ Owner ☐ Driver ☒ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: 00

55 NJ Ins. Code: -

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

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

57 Number & Street: 00

58 City: 00 — State: - — Zip: 00

60 Eyes: 00 — DL Class: 00 — Restrictions: 00 — Endorsements: 00 — 61 State: -

62 Driver's License Number: 00

63 DOB (mm dd yyyy): 00

64 Expires (mm yy): 00 00

65 Owner's First Name: 00 — Initial: - — Last Name: 00

☐ Same As Driver

66 Number & Street: 00

67 City: 00 — State: - — Zip: 00

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

74 VIN: 00

75 Expires: 00 00

76 Vehicle Removed To: 00

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT 00 ☐ MC/MX 00 ☐ 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	47	M	-	-	-	11	11	04	-	MICHAEL R VENCE - 202 SAMANTHA COURT BRICK NJ 08724 - -
B	02	01	01	-	00	U	00	00	00	00	00	-	-	00 - 00 - 00 00 - 00 - -
C														
D														

New Jersey Police Crash Investigation Report

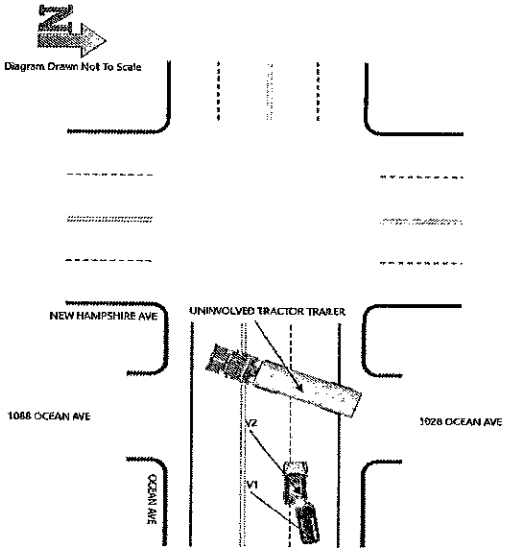
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-075286

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated he was traveling in the right most westbound lane on Ocean Avenue when he saw a tractor trailer ahead of him. The driver stated the tractor trailer appeared to be across both east and west lanes of travel as if he was backing into a business. The driver went on stating, a unknown year Jeep Wrangler, orange or red in color was traveling east on Ocean Avenue in the left most lane and then entered the right lane in front of him. The driver stated he was unable to avoid impact and rear ended V2, causing V2 to spin around and come to a halt. The driver stated after exiting his vehicle, he spoke to the driver of V2 briefly. He described him as a younger, tall Hispanic male, slender build with medium length dark colored hair. The driver lastly stated, he went to retrieve his documents and phone and when he returned, V2 had left in an unknown direction. V1 sustained disabling front end damage. The driver reported no injuries and declined first aid.

I canvassed the area for surveillance cameras. Pine Belt Chevrolet's (1088 Ocean Avenue) may have captured the incident but I was unable to speak to anyone as the business was closed. Amongst the debris, I located an aftermarket black antenna with an orange colored tip, possibly belonging to the V2. The antenna was added into Property as Evidence. In addition, I canvassed several of the car dealership parking lots located on Ocean Avenue yielding negative results for a suspect vehicle. `

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MEYER JR R	401	E. MIICK	307	☒ Pending ☐ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 05 | 97 01 | 98 07 | 99 07 | 100a 01 | 100b 06 | 101 02 | 102 01 | 103 01 | 104 1 | 105 11 | 106 - | 107 - | 108 99 | 109 - | 110 02 | 111 - | 112 - | 113 - | 114 - | 115 - | 116 01 | 117 -

1 Case Number: 22-075450

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/26/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0507

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CLIFTON AVE - Road Name Dir

☐ At Intersection With

☒ Feet ☐ Miles: 60 (14 15)

☐ N ☐ E ☒ S ☐ W (16)

of: MAIN ST

11 Speed Limit: 25

12 Route No. - Suffix - 13 Milepost -

18 Speed Limit: 35

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.090058

22 Longitude: -74.214224

118a 00 | 118b 02 | 119a - | 119b - | 120a 00 | 120b - | 121a - | 121b - | 122 01 | 123 - | 124 04 | 125 - | 126a 56 | 126b 52 | 126c 54 | 126d 60 | 126e 52 | 127a - | 127b - | 127c - | 127d - | 127e - | 128 56 | 129 01 | 130 01 | 131 - | 132 - | 133 04 | 134 -

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 - - MJJ MURPHY MSNF-

36 Number & Street: 155 WALNUT ST

37 City: PISCATAWAY | State: NJ | Zip: 08854

38 Make: FORD | 39 Model: F45 | 40 Color: WHI | 41 Year: 2005 | 42 Plate No.: XMUU54 | 43 State: NJ

44 VIN: 1FDXF46P95EB91934 | 45 Expires: 08 23

46 Vehicle Removed To: ACME TOWING

☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☐ Driver ☒ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill

Hazard Class - | Placard No. -

50 Carrier No.: ☐ USDOT - ☒ 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

TELEPHONE POLE, TRAFFIC SIGN, TREE

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														

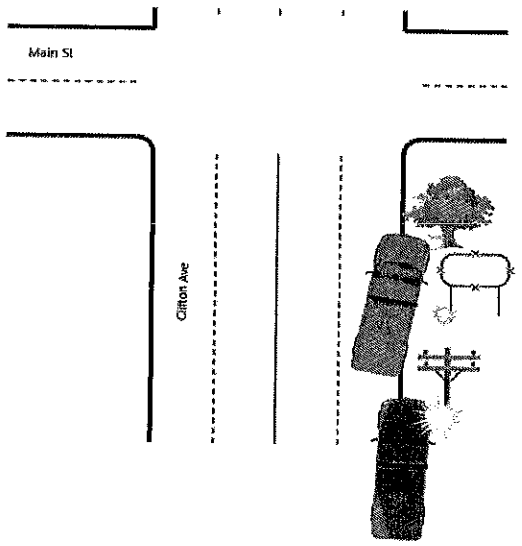
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-075450

(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 fled from the crash prior to Police arrival. The surrounding area was checked, but no one was located. Vehicle 01 was traveling North on Clifton Ave when it left the roadway, went over the curb, struck a utility pole, struck a traffic sign, and then struck a tree. It then appeared that Driver 01 attempted to put Vehicle 01 in reverse after striking the tree but Vehicle 01 was fully disabled due to the damage it sustained.

***No insurance was information was found in Vehicle 01.**
No Driver information or ID was found in Vehicle 01.
Address on Registration comes back to a single family home

***Possible Owner of Vehicle 01:**
MJ MURPHY MSNRY&PVNG CORP
54 International Ave, Piscataway, NJ, 08854
732-500-8730

*Possible Owner of Vehicle 01:
Ocean County Paving and Masonry LLC
1218 Monroe Ave, Asbury Park, NJ, 07712
848-224-1281
848-231-6917

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROMEO N	395	LT. M. LORENC	316	☒ Pending ☐ Complete

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-075450

(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

After my investigation, I concluded Driver 01 to be at fault for the crash but was unable to determine the reasons why due to the driver fleeing prior to police arrival. Possible owners were called, messages were left, but I have yet to hear back from anyone.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROMEO N	395	LT. M. LORENC	316	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	01
109	02
110	01
111	00
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-076085

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1233

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

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

☐ At Intersection With

☒ Feet ☐ Miles — 14: 1000 — 15

☒ N ☐ E ☐ S ☐ W — 16

of: CHESTNUT STREET

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.055425

22 Longitude: -74.209141

11 Speed Limit: 20

12 Route No.: -

Suffix: -

13 Milepost: -

18 Speed Limit: 45

23 Veh #: 1

24 Policy No.: P0200330301-06

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: FRUZSINA Initial: - Last Name: NYERGES -

36 Number & Street: 30 MELODY LN

37 City: JACKSON State: NJ Zip: 08527

38 Make: VOLK 39 Model: JET 40 Color: 3 41 Year: 2010 42 Plate No.: LPFJ30 43 State: FL

44 VIN: 3VWRZ7AJ5AM163171 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: -

118a	25
118b	-
119a	00
119b	-
120a	01
120b	-
121a	00
121b	-
122	10
123	-
124	04
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	28
127e	28
128	28
129	10
130	10
131	00
132	00
133	03
134	00

53 Veh #: 2

54 Policy No.: -

55 NJ Ins. Code: -

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

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

57 Number & Street: -

58 City: - State: - Zip: -

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

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

65 Owner's ☐ Same As Driver First Name: - Initial: - Last Name: CAMP LOUEMMA LA-

66 Number & Street: 1427 53RD STREET

67 City: BROOKLYN State: NY Zip: 11219

68 Make: CHEV 69 Model: EXP - EX 70 Color: WHI 71 Year: 2014 72 Plate No.: R98KYS 73 State: NJ

74 VIN: 1GAZG1FA8E1201986 75 Expires: 01 20

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill

Hazard Class: - Placard No.: -

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

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

-

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

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

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

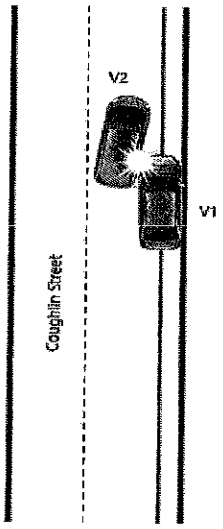
Station: - Case No: 22-076085

(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 owner of Vehicle 1 was not in the vehicle at the time of the collision.

According to video footage from a ring doorbell camera, a van (Vehicle 2) bearing NJ Registration: R98KYS swiped the side of Vehicle 1 while passing. Efforts to contact the owner of Vehicle 2 proved unsuccessful. Vehicle 1 was parked legally on the side of the road.

After my investigation I determined the driver of Vehicle 2 to be at fault for swiping the parked Vehicle 1.

Vehicle 1 sustained moderate damage to the front driver side quarter panel and side mirror.

End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	01
109	25
110	01
111	02
112	-
113	-
114	-
115	99
116	02
117	02

1 Case Number: 22-076081

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1208

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

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

☐ At Intersection With

☒ Feet ☐ Miles — 200 (14, 15)

☐ N ☒ E ☐ S ☐ W (16)

of: RIVER AVE

11 Speed Limit: 25

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

21 Latitude: 40.062545

22 Longitude: -74.219288

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

Vehicle 1

23 Veh #: 1

24 Policy No.

25 NJ Ins. Code

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

26 Driver's First Name: ADRIAN — Initial: - — Last Name: RIVERA — 29 Sex: M

27 Number & Street: 780 RIVER AVE APT 78

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

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

32 Driver's License Number: - — 33 DOB (mm dd yyyy): 01/08/2004 — 34 Expires (mm yy): - -

35 Owner's First Name: TOMAS MAHUIZTL — Initial: - — Last Name: BELLO

☐ Same As Driver

36 Number & Street: 37 LAKE ST

37 City: DANVILLE — State: IL — Zip: -

38 Make: HOND — 39 Model: ODY — 40 Color: 6 — 41 Year: 2003 — 42 Plate No.: DF59005 — 43 State: IL

44 VIN: 5FNRL18643B053089 — 45 Expires: 12 22

46 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☒ Left At Scene ☐ Towed Impounded

47 Authority

☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

49 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

50 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2

54 Policy No.

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: HUB TRUCK LEASIN

☐ Same As Driver

66 Number & Street: 94 GAZZA BLVD

67 City: FARMINGDALE — State: NY — Zip: 11735

68 Make: VOLV — 69 Model: 999 — 70 Color: - — 71 Year: 2016 — 72 Plate No.: 44094PC — 73 State: NY

74 VIN: 4V4NC9EG0GN945359 — 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 1183031 ☐ 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: HUB TRUCK LEASING & RENTALS

Number & Street: 94 GAZZA BLVD

City: FARMINGDALE — State: NY — Zip: 11735

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	1514A294466			

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

	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	M	-	-	-	11	04	-	-	ADRIAN - RIVERA - 780 RIVER AVE APT 78 LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

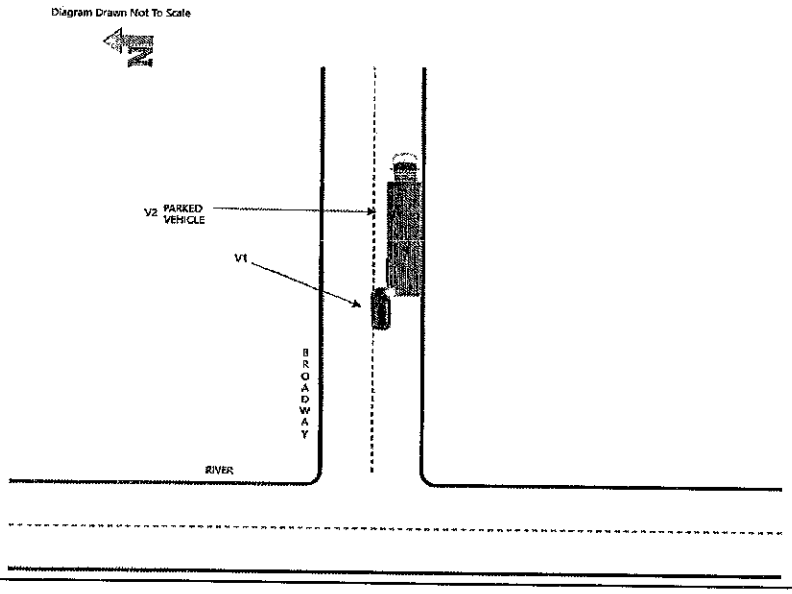
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-076081

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said he was traveling East on Broadway, when he miss judged how close he was to V2 and struck the rear corner of a tractor trailer (trailer portion). V2 was parked on Broadway.

Operator of V2 said his vehicle was parked on the shoulder of Broadway (vehicle engine was off and he was just sitting in the driver seat), when the vehicle was struck from behind by V1. Trailer registration CA 77836 NY.

Driver of V1 received a summons for being an unlicensed driver.

V1 Insurance Info. : Millenium Insurance Agency & Tax Service
4388 S Archer Ave
Chicago IL 60632

Policy # ILP3312798

V2 Insurance Info. : State Farm
PO Box 8000
Ballston Spa, NY 12020

Policy # 2675778-b14-32

Code 328

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-076043

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 0930

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

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

☒ At Intersection With ☐ Feet ☐ Miles (14 - 15) ☐ N ☐ E ☐ S ☐ W of: AIRPORT ROAD

11 Speed Limit: 50 — 18 Speed Limit: 35

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name — 20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.068066 — 22 Longitude: -74.167587

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4156-21-76-57 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: WILLIAM — Initial: J — Last Name: BELL JR — 29 Sex: M

27 Number & Street: 35 COTSWOLD CIR.

28 City: OCEAN — State: NJ — Zip: 07712

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

32 Driver's License Number: B23907857108682 — 33 DOB (mm dd yyyy): 08/21/1968 — 34 Expires (mm yy): 08 23

35 Owner's ☐ Same As Driver — First Name: WILLIAM — Initial: J — Last Name: BELL JR

36 Number & Street: 35 COTSWOLD CIR.

37 City: OCEAN — State: NJ — Zip: 07712

38 Make: HOND — 39 Model: ACC — 40 Color: GRY — 41 Year: 2012 — 42 Plate No.: A71HPU — 43 State: NJ

44 VIN: 1HGCP2F34CA220277 — 45 Expires: 02 23

46 Vehicle Removed To: GEICO 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.: 4465-29-77-39 — 55 NJ Ins. Code: 100

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

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

57 Number & Street: 438 BRICK BLVD APT. D

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

60 Eyes: 03 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: M62583320055573 — 63 DOB (mm dd yyyy): 05/15/1957 — 64 Expires (mm yy): 05 24

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

66 Number & Street: 438 BRICK BLVD APT. D

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

68 Make: TOYT — 69 Model: HGH — 70 Color: BLK — 71 Year: 2020 — 72 Plate No.: QFYD47 — 73 State: FL

74 VIN: 5TDGZRBHXLS516363 — 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	39:4-97	294634	-		-

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

	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	M	-	-	-	11	04	02	-	WILLIAM J BELL JR - 35 COTSWOLD CIR. OCEAN NJ 07712 - -
B	02	01	01	03	65	F	01	02	02	11	04	-	6505	HILDA - MOLINA - 438 BRICK BLVD APT. D BRICK NJ 08723 - -
C	02	03	01	05	19	F	-	-	-	11	04	-	-	PAMELA - HERRERA - 438 BRICK BLVD BRICK NJ 08724 - -
D														

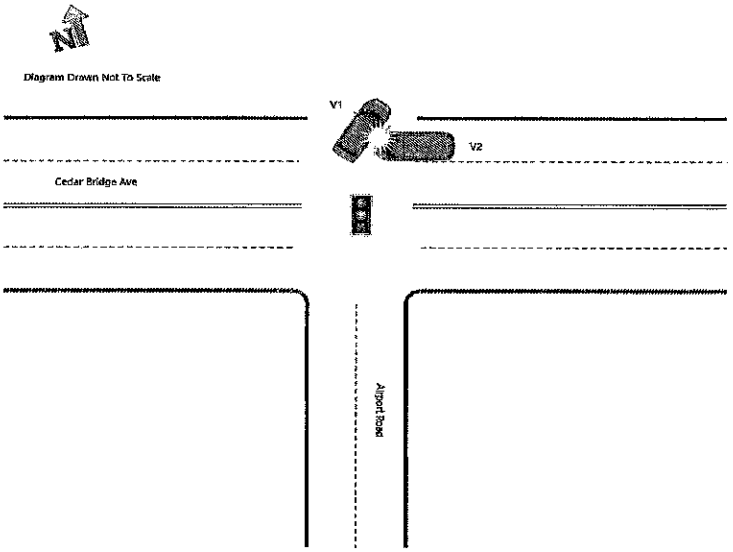
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-076043

(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 on Cedar Bridge Ave east bound and attempted to turn left. He did not see Vehicle 2 and was struck during his turn on the side by Vehicle 2.

Driver 2 stated she was traveling straight on Cedar Bridge Ave when Vehicle 1 turned in front of her causing her to strike it head on.

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

Driver 2 had complaints of pain in her head and neck and was transported to Ocean University Medical Center. Driver 1 had no reported injuries on scene. Vehicle 1 sustained disabling damage to the passenger side front and left doors. The passenger side airbags were deployed. It was towed by Geico. Vehicle 2 sustained moderate damage to the passenger side front bumper and headlight. It was left on scene by the authority of the owner. Driver 1 was issued one summons by mail for careless driving (39:4-97).

End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	99
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	04

1 Case Number: 22-076039

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

3 Station/Precinct: -

10 Crash Occurred On: FAIRWAYS BOULEVARD — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 200 — 15

☒ N ☐ E ☐ S ☐ W of: MASSACHUSETTS AVENUE — 16

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

18 Speed Limit: 40

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: - — 22 Longitude: -

4 Date of Crash (mm dd yy): 09/28/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 0942 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	08
124	02
125	02
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: SEE NARRATIVE* — 25 NJ Ins. Code: -

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

26 Driver's First Name: SASCHA — Initial: M — Last Name: SCHIEKE — 29 Sex: M

27 Number & Street: 6 GRACE COURT

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

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

32 Driver's License Number: S13866927404766 — 33 DOB (mm dd yyyy): 04/23/1976 — 34 Expires (mm yy): 04 23

35 Owner's: ☐ Same As Driver — First Name: - — Initial: - — Last Name: HERTZ VEHICLES LI-

36 Number & Street: 900 DOREMUS AVE

37 City: PORT NEWARK — State: NJ — Zip: 07114

38 Make: TES — 39 Model: MOD — 40 Color: WHI — 41 Year: 2021 — 42 Plate No.: S35PCT — 43 State: NJ

44 VIN: 5YJ3E1EA8MF087112 — 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.: HPA00002790422 — 55 NJ Ins. Code: 017

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

56 Driver's First Name: SELENE — Initial: F — Last Name: IVORY — 59 Sex: F

57 Number & Street: 1308 PARIS CT

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

60 Eyes: 1 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: I95536966654721 — 63 DOB (mm dd yyyy): 04/18/1972 — 64 Expires (mm yy): 04 25

65 Owner's: ☒ Same As Driver — First Name: SELENE — Initial: F — Last Name: IVORY

66 Number & Street: 1308 PARIS CT

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

68 Make: FORD — 69 Model: ESC — 70 Color: SIL — 71 Year: 2014 — 72 Plate No.: S20KRR — 73 State: NJ

74 VIN: 1FMCU9J98EUD62186 — 75 Expires: 10 22

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	46	M	-	-	-	11	04	-	-	SASCHA M SCHIEKE - 6 GRACE COURT LONG BRANCH NJ 07740
B	V2	01	01	05	50	F	-	-	-	11	04	-	-	SELENE F IVORY - 1308 PARIS CT LAKEWOOD NJ 08701
C														
D														

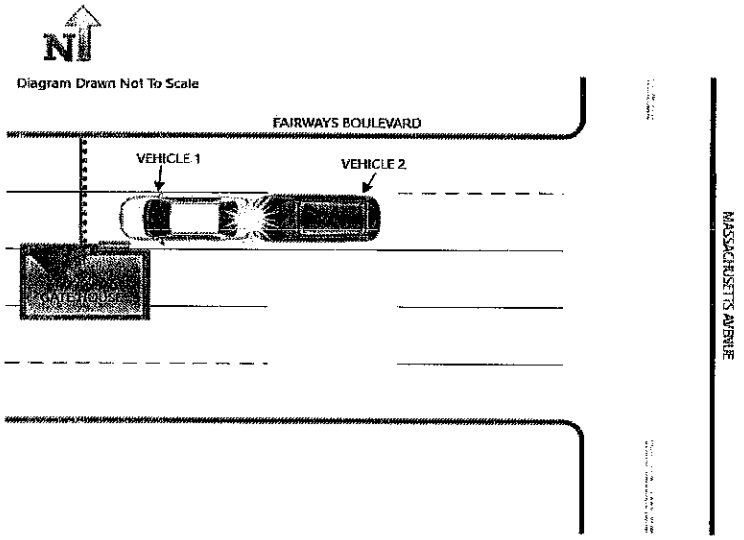
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-076039

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED HE ATTEMPTED TO REVERSE OUT OF THE LANE BECAUSE HE DID NOT WANT TO SHOW HIS DRIVERS LICENSE TO THE GATE HOUSE. THUS CAUSING HIM TO CRASH INTO VEHICLE 2 WHICH WAS STOPPED BEHIND HIM.

THE DRIVER OF VEHICLE 2 STATED SHE WAS STOPPED BEHIND VEHICLE 1 AT THE GATE HOUSE LINE, WHEN VEHICLE 1 REVERSED INTO HER VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT FOR THE CRASH DUE TO THE FACT HE BACKED UNSAFELY.

NO INJURIES WERE REPORTED.

VEHICLE 1 IS SELF INSURED THROUGH HERTZ RENTAL.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	04

1 Case Number: 22-076053

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

3 Station/Precinct:

10 Crash Occurred On: 391 MONMOUTH AVENUE

☐ At Intersection With Road Name | Dir

☐ Feet ☐ N ☐ E of:

☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit

12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

19 Ramp ☐ To ☐ From:

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.094562

22 Longitude: -74.210564

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1013

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

118a	25
118b	-
119a	10
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	13
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	08
130	08
131	06
132	06
133	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 5129J007885

25 NJ Ins. Code: 917

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: NATHAN | Initial: - | Last Name: KLEIN | 29 Sex: M

27 Number & Street: 109 APPLE ST

28 City: LAKEWOOD | State: NJ | Zip: 08701

30 Eyes: 2 | DL Class: D | Restrictions: - | Endorsements: -

31 State: NJ

32 Driver's License Number: K52345820002942

33 DOB (mm dd yyyy): 02/03/1994

34 Expires (mm yy): 02 25

35 Owner's First Name: NATHAN | Initial: - | Last Name: KLEIN

☐ Same As Driver

36 Number & Street: 109 APPLE ST

37 City: LAKEWOOD | State: NJ | Zip: 08701

38 Make: TOYT | 39 Model: CAM | 40 Color: SIL | 41 Year: 2013 | 42 Plate No.: T44KTJ | 43 State: NJ

44 VIN: 4T4BF1FK0DR310154

45 Expires: 11 23

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

47 Authority

☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

49 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class | Placard No.

50 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City | State | Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: TCA00001007158

55 NJ Ins. Code: 632

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: BINYOMIN | Initial: Y | Last Name: LEFKOWITZ | 59 Sex: M

57 Number & Street: 13 ABRAHAMS WAY

58 City: LAKEWOOD | State: NJ | Zip: 08701

60 Eyes: 2 | DL Class: D | Restrictions: - | Endorsements: -

61 State: NJ

62 Driver's License Number: L22100938812702

63 DOB (mm dd yyyy): 12/22/1970

64 Expires (mm yy): 12 22

65 Owner's First Name: BINYOMIN | Initial: Y | Last Name: LEFKOWITZ

☐ Same As Driver

66 Number & Street: 13 ABRAHAMS WAY

67 City: LAKEWOOD | State: NJ | Zip: 08701

68 Make: TOYT | 69 Model: SIE | 70 Color: BGE | 71 Year: 2008 | 72 Plate No.: M63EDM | 73 State: NJ

74 VIN: 5TDZK23C28S182022

75 Expires: 04 23

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class | Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City | State | Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-	2		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

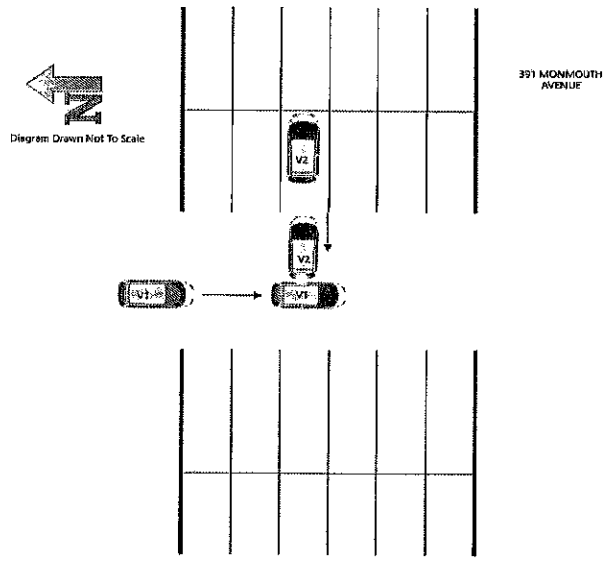
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	28	M	-	-	-	11	04	-	-	NATHAN - KLEIN - 109 APPLE ST LAKEWOOD NJ 08701
B	02	01	01	05	51	M	-	-	-	11	04	-	-	BINYOMIN Y LEFKOWITZ - 13 ABRAHAMS WAY LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: _____ Case No: 22-076053

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling south through the shopping center at 391 Monmouth Avenue when vehicle #2 backed out of a parking space and the center rear of vehicle #2 collided with the left rear passenger door of vehicle #1. Vehicle #1 sustained moderate damage and was driven from the scene.

Driver #2 stated he was backing out of a parking space and his vehicle collided with vehicle #1. Vehicle #2 sustained moderate damage and was able to be driven from the scene.

Witness information: Michael Kupchin: Mr. Kupchin stated he witnessed the collision and observed vehicle #2 back out of a parking space and collide with vehicle #1 which was traveling through the parking lot.

No injuries reported on scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAVALLO M	337	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05		
97	01	1 Case Number	22-074308
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	05	3 Station/Precinct	-
100a	01	4 Date of Crash (mm dd yy)	09/22/22
		5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	0854
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	CEDARBRIDGE AVE
		☐ At Intersection With Road Name	
		☒ Feet ☐ Miles (14)	20
		☐ N ☒ E ☐ S ☐ W (15)	
		of:	SWARTHMORE AVE
		11 Speed Limit	50
		12 Route No.	0528
		Suffix	-
		13 Milepost	-
		18 Speed Limit	35
		19 Ramp ☐ To ☐ From:	-
		17 Cross Road Name	-
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.071119
		22 Longitude	-74.172842
118a	25		
118b	-		
119a	05		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	01		
123	11		
124	04		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	12		
130	12		
131	06		
132	06		
133	03		
134	04		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	1135177A2130C
		25 NJ Ins. Code	962
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	ANGELA
		Initial	T
		Last Name	WEST
		29 Sex	F
103	01	27 Number & Street	119 SCHINDLER DR
104	2	28 City	BRICK
		State	NJ
		Zip	08723
		30 Eyes	2
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	01	32 Driver's License Number	W28250438359842
		33 DOB (mm dd yyyy)	09/02/1984
		34 Expires (mm yy)	09 26
106	-	35 Owner's ☒ Same As Driver	ANGELA T WEST -
107	-	36 Number & Street	119 SCHINDLER DR
108	01	37 City	BRICK
		State	NJ
		Zip	08723
109	03	38 Make	VOLK
		39 Model	EOS
		40 Color	WHI
		41 Year	2008
		42 Plate No.	WE796B
		43 State	NJ
110	01	44 VIN	WVWDB71FX8V013327
		45 Expires	04 23
111	02	46 Vehicle Removed To	ACME TOWING
112	-	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - Placard No. -
116	02	50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
117	02	51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	-
		Number & Street	-
		City	-
		State	-
		Zip	-

Vehicle 2

53 Veh #	2		
54 Policy No.	5095815011		
55 NJ Ins. Code	379		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	RAKESH		
Initial	-		
Last Name	PURI		
59 Sex	M		
57 Number & Street	28 CANNONADE DRIVE		
58 City	MARLBORO		
State	NJ		
Zip	07746		
60 Eyes	1		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	P93656380006641		
63 DOB (mm dd yyyy)	06/10/1964		
64 Expires (mm yy)	06 25		
65 Owner's ☐ Same As Driver	- - PC RICHARD & SON -		
66 Number & Street	317-321 RTE 17 S		
67 City	PARAMUS		
State	NJ		
Zip	07652		
68 Make	CHEV		
69 Model	EXP - EX		
70 Color	WHI		
71 Year	2018		
72 Plate No.	XGZR20		
73 State	NJ		
74 VIN	1GCWGAFP4J1316545		
75 Expires	09 23		
76 Vehicle Removed To	-		
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
77 Authority	☒ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill		
	Hazard Class - Placard No. -		
80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None		
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity	-		
Number & Street	-		
City	-		
State	-		
Zip	-		

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	38	F	-	-	-	11	04	-	-	ANGELA T WEST - 119 SCHINDLER DR BRICK NJ 08723
B	01	03	01	05	10	F	-	-	-	11	04	-	-	ALYSSA WEST 119 SCHINDLER DR BRICK NJ 08723
C	01	04	01	05	12	M	-	-	-	11	04	-	-	ELIJAH WEST 119 SCHINDLER DR BRICK NJ 08723
D	02	01	01	05	58	M	-	-	-	11	04	-	-	RAKESH - PURI - 28 CANNONADE DRIVE MARLBORO NJ 07746

New Jersey Police Crash Investigation Report

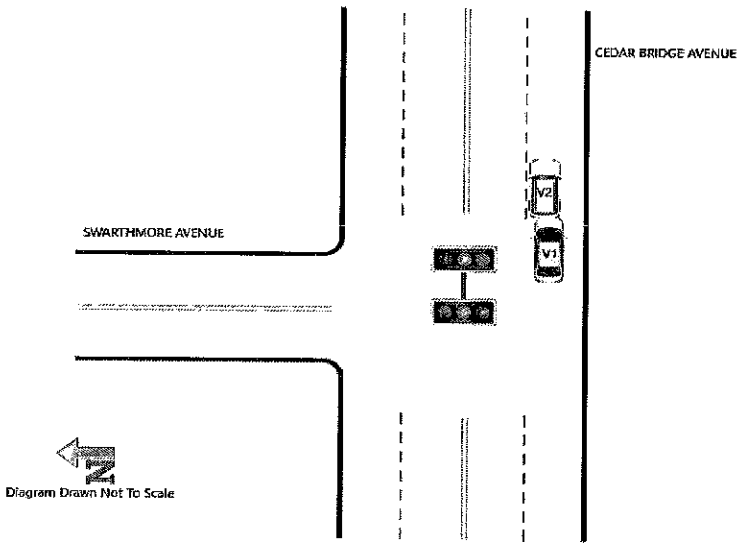
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074308

(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, Angela West was operating a 2008 Volkswagen, NJ WE7-96B. Mrs. West stated she was traveling east on Cedar Bridge Avenue in the right lane at Swarthmore Avenue when vehicle 2 which was in the left lane changed lanes directly front of her. She was unable to slow down or avoid vehicle 2 and the front of her vehicle struck its rear bumper.

Driver 1, Puri Rakesh was operating a 2018 Chevrolet Express Van, NJ XGZ-R20. Mr. Rakesh stated he was traveling east on Cedar Bridge Avenue in the left lane when he changed lanes into the right lane. He stated vehicle 1 which was traveling at a high rate of speed then struck the rear of his vehicle.

Driver 1 was determined to be at fault for improper lane change. end of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☒ Change Report

96	1 Case Number: 22-074308	10 Crash Occurred On: ☐ At Intersection With Road Name Dir ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: 14 15 16	11 Speed Limit 118a
97	2 Police Dept of: LAKEWOOD TOWNSHIP P Code: 01	19 Ramp ☐ To ☐ From: 17 Cross Road Name	12 Route No. Suffix 13 Milepost 118b
98	3 Station/Precinct: -	20 Route/Name	18 Speed Limit 119a
99	4 Date of Crash mm dd yy: 09/22/22	21 Latitude 22 Longitude	☐ NB ☐ EB ☐ SB ☐ WB 119b
100a	5 Day Of Week: THURSDAY	6 Time (use 2400 hrs): 0854	7 Municipality Code: 1514
100b	8 Total Killed: --	9 Total Injured: --	120a

101	23 Veh #	24 Policy No.	25 NJ Ins. Code	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
102	26 Driver's First Name: ANGELA	Initial: T	Last Name: WEST	29 Sex: -
103	27 Number & Street			
104	28 City	State	Zip	
105	30 Eyes: 0	DL Class	Restrictions	Endorsements
106	31 State			
107	32 Driver's License Number	33 DOB mm dd yyyy	34 Expires mm yy	
108	35 Owner's First Name	Initial	Last Name	☐ Same As Driver
109	36 Number & Street			
110	37 City	State	Zip	
111	38 Make	39 Model	40 Color	41 Year
112	42 Plate No.	43 State		
113	44 VIN	45 Expires		
114	46 Vehicle Removed To			
115	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded			
116	☐ Left At Scene ☐ Towed Impounded			
117	47 Authority: ☐ Owner ☐ Driver ☐ Police			
118a	48 Alcohol/Drug Test			
118b	Given: ☐ No ☐ Yes ☐ Refused			
119a	Type: ☐ Breath ☐ Blood ☐ Urine			
119b	Results: 0. % ☐ Pending			
120a	49 Hazardous Material			
120b	☐ None ☐ On Board ☐ Spill			
121a	Hazard Class	Placard No.		
121b	50 Carrier No.			
122	☐ USDOT	☐ None		
123	☐ MC/MX			
124	51 GVWR/GCWR			
125	☐ Weight <= 10,000 lbs			
126a	☐ Weight 10,001-26,000 lbs			
126b	☐ Weight >= 26,001 lbs			
126c	52 Motor Carrier or Government Entity			
126d	Number & Street			
126e	City	State	Zip	
127a	53 Veh #	54 Policy No.	55 NJ Ins. Code	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
127b	56 Driver's First Name: RAKESH	Initial: -	Last Name: PURI	59 Sex: -
127c	57 Number & Street			
127d	58 City	State	Zip	
127e	60 Eyes	DL Class	Restrictions	Endorsements
128	61 State			
129	62 Driver's License Number	63 DOB mm dd yyyy	64 Expires mm yy	
130	65 Owner's First Name	Initial	Last Name	☐ Same As Driver
131	66 Number & Street			
132	67 City	State	Zip	
133	68 Make	69 Model	70 Color	71 Year
134	72 Plate No.	73 State		
	74 VIN	75 Expires		
	76 Vehicle Removed To			
	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded			
	☐ Left At Scene ☐ Towed Impounded			
	77 Authority: ☐ Owner ☐ Driver ☐ Police			
	78 Alcohol/Drug Test			
	Given: ☐ No ☐ Yes ☐ Refused			
	Type: ☐ Breath ☐ Blood ☐ Urine			
	Results: 0. % ☐ Pending			
	79 Hazardous Material			
	☐ None ☐ On Board ☐ Spill			
	Hazard Class	Placard No.		
	80 Carrier No.			
	☐ USDOT	☐ None		
	☐ MC/MX			
	81 GVWR/GCWR			
	☐ Weight <= 10,000 lbs			
	☐ Weight 10,001-26,000 lbs			
	☐ Weight >= 26,001 lbs			
	82 Motor Carrier or Government Entity			
	Number & Street			
	City	State	Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-074308

(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

Narrative change: The original narrative has Driver 2 labeled as Driver 1 in paragraphs two and three, which is incorrect. the narrative should state as follows:

Driver 1, Angela West was operating a 2008 Volkswagen, NJ WE7-96B. Mrs. West stated she was traveling east on Cedar Bridge Avenue in the right lane at Swarthmore Avenue when vehicle 2 which was in the left lane changed lanes directly front of her. She was unable to slow down or avoid vehicle 2 and the front of her vehicle struck its rear bumper.

Driver 2, Puri Rakesh was operating a 2018 Chevrolet Express Van, NJ XGZ-R20. Mr. Rakesh stated he was traveling east on Cedar Bridge Avenue in the left lane when he changed lanes into the right lane. He stated vehicle 1 which was traveling at a high rate of speed then struck the rear of his vehicle.

Driver 2 was determined to be at fault for improper lane change. end of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
P.O. JON PEDERSON	305	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

95: 05

1 Case Number: 22-076015

97: 01

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

98: 01

3 Station/Precinct: -

99: 07

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 0723

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: LOCUST ST — Road Name — Dir: - — 11 Speed Limit: 40

☐ At Intersection With

☒ Feet ☐ Miles — 14: 400 — 15

☐ N ☐ E ☐ S ☒ W — 16

of: NEW HAMPSHIRE AVE

12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 50

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.045676

22 Longitude: -74.197483

118a: 59 — 118b: - — 119a: - — 119b: -

100a: 01

100b: 04

23 Veh #: 1

24 Policy No.: 939 741 603

25 NJ Ins. Code: 054

☐ 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

120a: 01 — 120b: -

101: 02

26 Driver's First Name: SAMUEL — Initial: D — Last Name: DANCIGER — 29 Sex: M

56 Driver's First Name: - — Initial: - — Last Name: - — 59 Sex: -

121a: -

102: 01

27 Number & Street: 652 EAST 7TH STREET

57 Number & Street: -

121b: -

103: 01

28 City: LAKEWOOD — State: NJ — Zip: 08701

58 City: - — State: - — Zip: -

104: 1

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 61 State: -

122: 01

105: 11

32 Driver's License Number: D03886886405772

33 DOB (mm dd yyyy): 05/27/1977

34 Expires (mm yy): 05 25

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

123: -

106: -

35 Owner's First Name: SAMUEL — Initial: D — Last Name: DANCIGER

☐ Same As Driver

65 Owner's First Name: - — Initial: - — Last Name: -

☐ Same As Driver

124: 11

107: -

36 Number & Street: 652 EAST 7TH STREET

66 Number & Street: -

125: -

108: 01

37 City: LAKEWOOD — State: NJ — Zip: 08701

67 City: - — State: - — Zip: -

126a: 56

109: -

38 Make: TOYT — 39 Model: CAM — 40 Color: BLK — 41 Year: 2017 — 42 Plate No.: VTC77H — 43 State: NJ

68 Make: - — 69 Model: - — 70 Color: - — 71 Year: - — 72 Plate No.: - — 73 State: -

126b: 52

110: 01

44 VIN: 4T1BF1FK9HU673245 — 45 Expires: 04 23

74 VIN: - — 75 Expires: - -

126c: 56

111: -

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

126d: -

112: -

113: -

47 Authority: ☒ Owner ☐ Driver ☐ Police

77 Authority: ☐ Owner ☐ Driver ☐ Police

126e: 52

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.: -

127a: -

115: -

127b: -

116: 02

50 Carrier No. — ☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR — ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

80 Carrier No. — ☐ USDOT - ☐ MC/MX - ☐ None

81 GVWR/GCWR — ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

127c: -

127d: -

117: -

52 Motor Carrier or Government Entity

82 Motor Carrier or Government Entity: -

127e: -

Number & Street

Number & Street: -

128: 56

City — State — Zip

City: - — State: - — Zip: -

129: 01

130: 01

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

TELEPHONE POLE (POLE # 40263LD

131: -

Oper. — 136 Charge — 137 Summons. No. — Oper. — 138 Charge — 139 Summons. No.

132: -

Oper. — 140 Charge — 141 Summons. No. — Oper. — 142 Charge — 143 Summons. No.

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	1	01	01	05	45	M	-	-	-	11	11	04	-	SAMUEL D DANCIGER - 652 EAST 7TH STREET LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

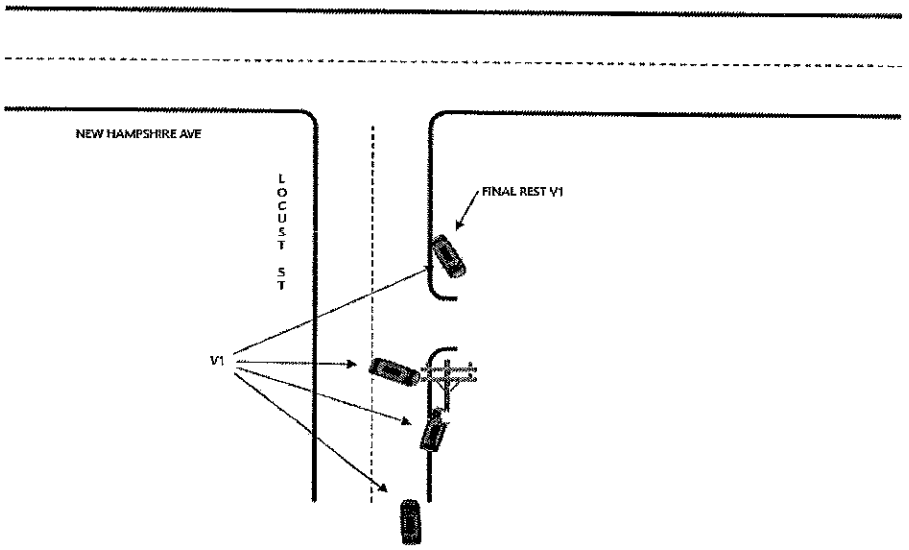
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-076015

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said he was traveling East on Locust St, when the glare of the sun blinded him. He lost sight of the road and struck a telephone pole.

Telephone pole sustained damage (pole # 40263LD).

No injuries reported by driver of V1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	DT	249	☐ 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 12 | 106 - | 107 - | 108 04 | 109 - | 110 01 | 111 - | 112 - | 113 - | 114 - | 115 - | 116 02 | 117 -

1 Case Number: 22-076496

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1855

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CEDARBRIDGE AVE — Road Name — Dir: - — 11 Speed Limit: 45 — 12 Route No.: 0528 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name: S CLOVER STREET — 18 Speed Limit: 35

☒ Feet ☐ Miles — 14: 150 — 15 — 16

☐ N ☐ E ☐ S ☒ W of:

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.082695 — 22 Longitude: -74.201450

118a 25 | 118b - | 119a - | 119b - | 120a 01 | 120b - | 121a - | 121b - | 122 01 | 123 - | 124 04 | 125 - | 126a 24 | 126b - | 126c - | 126d - | 126e 24 | 127a - | 127b - | 127c - | 127d - | 127e - | 128 24 | 129 10 | 130 12 | 131 - | 132 - | 133 03 | 134 -

23 Veh #: 1 — 24 Policy No.: 137 2057-F11-30 — 25 NJ Ins. Code: 962

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: CINDY — Initial: P — Last Name: RIVASPEREZ — 29 Sex: F

27 Number & Street: 242 S CLOVER ST

28 City: LAKEWOOD — State: NJ — Zip: 08701

30 Eyes: 01 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: R47451267760891 — 33 DOB (mm dd yyyy): 10/14/1989 — 34 Expires (mm yy): 10 26

35 Owner's ☐ Same As Driver — First Name: CINDY — Initial: P — Last Name: RIVASPEREZ

36 Number & Street: 242 S CLOVER ST

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: MAZD — 39 Model: CX5 — 40 Color: GRY — 41 Year: 2016 — 42 Plate No.: G68RGL — 43 State: NJ

44 VIN: JM3KE4CY3G0896539 — 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: -

53 Veh #: - — 54 Policy No.: - — 55 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: - — Initial: - — Last Name: - — 59 Sex: -

57 Number & Street: -

58 City: - — State: - — Zip: -

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 61 State: -

62 Driver's License Number: - — 63 DOB (mm dd yyyy): - — 64 Expires (mm yy): - -

65 Owner's ☐ Same As Driver — First Name: - — Initial: - — Last Name: -

66 Number & Street: -

67 City: - — State: - — Zip: -

68 Make: - — 69 Model: - — 70 Color: - — 71 Year: - — 72 Plate No.: - — 73 State: -

74 VIN: - — 75 Expires: - -

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test — Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material — ☐ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

80 Carrier No. — ☐ USDOT - ☐ MC/MX - ☐ None

81 GVWR/GCWR — ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

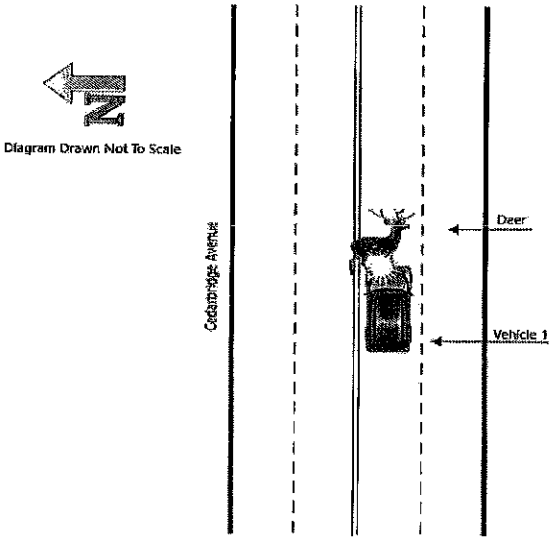
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	32	F	-	-	-	11	04	-	-	CINDY P RIVASPEREZ - 242 S CLOVER ST LAKEWOOD NJ 08701
B	V1	05	01	05	2	F	-	-	-	05	05	-	-	MEGAN RIVAS 49 MAIN STREET APT 2 NEW EGYPT NJ 08533
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-076496

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated she was driving east on Cedarbridge Avenue when a deer ran out across her vehicle causing her to strike the deer without being able to avoid hitting it. Vehicle 1 sustained damage to the entire windshield, the drivers side head / parking light, drivers side front bumper and wheel well area and also the drivers side view mirror.

No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	LTJP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	07
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	00
108	01
109	00
110	01
111	00
112	-
113	00
114	-
115	00
116	04
117	04

1 Case Number: 22-076513

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1943

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 9TH ST — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☒ E ☐ S ☐ W — 16

of: FOREST AVE

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.098521

22 Longitude: -74.220040

11 Speed Limit: 25

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 25

118a	25
118b	-
119a	00
119b	-
120a	-
120b	-
121a	00
121b	00
122	10
123	01
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

Vehicle 1

23 Veh #: 1

24 Policy No.: 4568-18-16-73

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: AVRAHAM — Initial: - — Last Name: GLOBERMAN -

☐ Same As Driver

36 Number & Street: 268 BRUCE ST

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: TOYT — 39 Model: WAGON — 40 Color: RD — 41 Year: 2013 — 42 Plate No.: S99HUP — 43 State: NJ

44 VIN: 5TDZK3DC6DS385963

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.:

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

75 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

79 Hazardous Material

☐ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☐ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	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

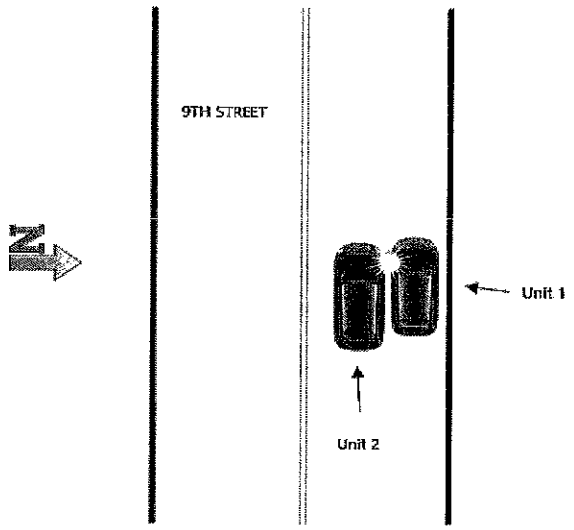
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-076513

(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 TRAVELING WEST ON 9TH STREET AND STRUCK VEHICLE #1 WHICH WAS PARKED ALONG THE CURB ON 9TH STREET. VEHICLE #1 SUSTAINED DAMAGE ON THE FRONT DRIVER SIDE. UNKNOWN WHAT TYPE OF VEHICLE CAUSED THIS DAMAGE. NO WITNESSES ON THE SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	LTJP	290	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-076369

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

10 Crash Occurred On: CEDARBRIDGE AVE — Dir: - — 11 Speed Limit: 50 — 12 Route No.: 0528 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name: NEW HAMPSHIRE AVE — 16 Speed Limit: 50

☒ Feet ☐ Miles — 14: 100 — 15: ☐ N ☐ E ☐ S ☒ W — 16 of:

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — ☐ NB ☐ EB ☐ SB ☐ WB — 20 Route/Name

4 Date of Crash (mm dd yy): 09/29/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 0934 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.075804 — 22 Longitude: -74.184458

118a	25
118b	-
119a	05
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	11
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	01
132	01
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 005124788C7101 — 25 NJ Ins. Code: 823

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: SYLVIA — Initial: - — Last Name: SCHWARTZ — 29 Sex: F

27 Number & Street: 3611 15TH AVE

28 City: BROOKLYN — State: NY — Zip: 11218

30 Eyes: 02 — DL Class: - — Restrictions: - — Endorsements: - — 31 State: NY

32 Driver's License Number: 517192642 — 33 DOB (mm dd yyyy): 12/17/1967 — 34 Expires (mm yy): 12 25

35 Owner's ☒ Same As Driver — First Name: SYLVIA — Initial: - — Last Name: SCHWARTZ

36 Number & Street: 3611 15TH AVE

37 City: BROOKLYN — State: NY — Zip: 11218

38 Make: HOND — 39 Model: CIVIC — 40 Color: SIL — 41 Year: 2003 — 42 Plate No.: HBX1002 — 43 State: NY

44 VIN: 2HGES26743H591550 — 45 Expires: 11 23

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

50 Carrier No.: ☐ USDOT - ☐ MC/MX - ☒ None

51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 6123971042061 — 55 NJ Ins. Code: 884

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: BORUCH — Initial: M — Last Name: MENDLOVITZ — 59 Sex: M

57 Number & Street: 35 E 8TH ST

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: M25150957403952 — 63 DOB (mm dd yyyy): 03/15/1995 — 64 Expires (mm yy): 03 25

65 Owner's ☐ Same As Driver — First Name: JOHN — Initial: P — Last Name: KILLIAN

66 Number & Street: 565 PARK AVE

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: TOYT — 69 Model: SIE — 70 Color: 4 — 71 Year: 2006 — 72 Plate No.: X28PHK — 73 State: NJ

74 VIN: 5TDZA23C46S400557 — 75 Expires: 09 22

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ MC/MX - ☒ None

81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No: -

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	54	F	-	-	-	11	04	-	-	SYLVIA - SCHWARTZ - 3611 15TH AVE BROOKLYN NY 11218
B	02	01	01	05	27	M	-	-	-	11	04	-	-	BORUCH M MENDLOVITZ - 35 E 8TH ST LAKEWOOD NJ 08701
C														
D														

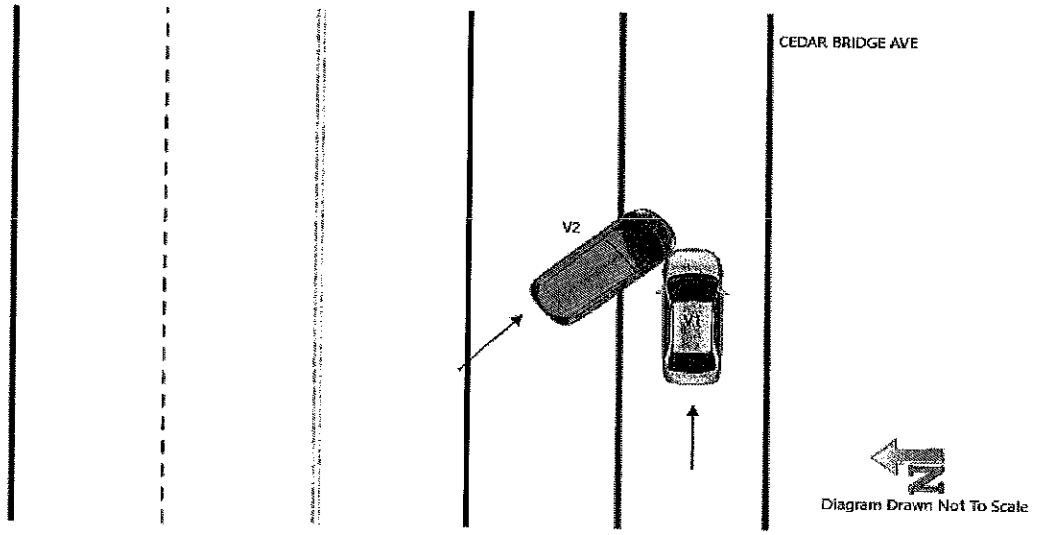
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-076369

(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, Sylvia Schwartz was operating a 2003 Honda Civic, NY HBX-1002. Ms. Schwartz stated she was traveling east on Cedar Bridge Avenue in the right turn lane approaching New Hampshire Avenue. As she neared the intersection vehicle 2 attempted to enter her lane from the left lane. she was unable to stop or avoid vehicle 2 and a collision occurred in the right turn lane.

Driver 2, Boruch Mendlovitz was operating a 2006 Toyota Sienna, NJ X28-PHK. Mr. Mendlovitz stated he was traveling east on Cedar Bridge Avenue approaching New Hampshire Avenue in the left lane when he realized he needed to change lanes into the right turn lane. Traffic in the right lane had stopped to let him change lanes so he began to do so. As he was entering the right turn lane he didn't observe vehicle 1 traveling east in the lane. The front of vehicle 1 then struck the front passenger side of his vehicle.

Driver 2 was determined to be at fault for improper lane change. end of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

95	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	01

1 Case Number: 22-076371

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct:

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 0937

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: PINE ST

☒ At Intersection With — Road Name: MARK DR — Dir:

☐ Feet ☐ N ☐ E of:

☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 40

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 25

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

20 Route/Name:

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.076900

22 Longitude: -74.209992

118a	25
118b	-
119a	16
119b	-
120a	01
120b	-
121a	01
121b	-
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	11
132	11
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 939656316

25 NJ Ins. Code: 054

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: YITZY — Initial: - — Last Name: KATZ — 29 Sex: M

27 Number & Street: 335 DEWEY AVE

28 City: LAKEWOOD — State: NJ — Zip: 08701

30 Eyes: 05 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: K08617900009975

33 DOB (mm dd yyyy): 09/03/1997

34 Expires (mm yy): 09 26

35 Owner's ☐ Same As Driver — First Name: SHOLOM — Initial: Y — Last Name: KATZ

36 Number & Street: 327 JACKSON PINES ROAD

37 City: JACKSON — State: NJ — Zip: 08527

38 Make: FORD — 39 Model: TAU - TA — 40 Color: BLK — 41 Year: 2015 — 42 Plate No.: J35MTY — 43 State: NJ

44 VIN: 1FAHP2MK1FG142384

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.: HPA00002774398

55 NJ Ins. Code: 017

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: IRIS — Initial: - — Last Name: COHEN — 59 Sex: F

57 Number & Street: 18 FERN ST

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: C61613660052732

63 DOB (mm dd yyyy): 02/28/1973

64 Expires (mm yy): 02 24

65 Owner's ☐ Same As Driver — First Name: ASAF — Initial: J — Last Name: COHEN

66 Number & Street: 8 GVURAS AVI DR

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: NISS — 69 Model: ROG — 70 Color: BLK — 71 Year: 2015 — 72 Plate No.: N27JZK — 73 State: NJ

74 VIN: 5N1AT2MV2FC849496

75 Expires: 05 23

76 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	25	M	-	-	-	11	04	-	-	YITZY - KATZ - 335 DEWEY AVE LAKEWOOD NJ 08701
B	2	01	01	-	49	F	-	-	-	11	04	-	-	IRIS - COHEN - 18 FERN ST LAKEWOOD NJ 08701
C														
D														

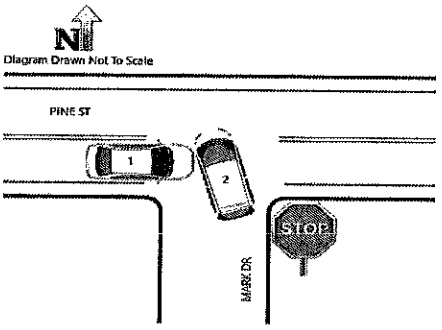
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-076371

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling East on Pine St at the intersection with Mark Dr. Vehicle #2 was traveling North on Mark Dr at the intersection with Pine St and began making a left turn to travel West on Pine St. The vehicles collided in the intersection. Vehicle #2 had a stop sign. Driver #1 stated that he was traveling straight and vehicle #2 made a left turn into his vehicle. Driver #2 stated that she stopped at the stop sign, she was "inching out" to make a left turn, and vehicle #1 struck her vehicle. Driver #2 failed to obey the stop sign and yield the right of way to vehicle #1 causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	04
97	01
98	01
99	06
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	04

1 Case Number: 22-076375

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 0947

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: BRADHURST AVE — Dir: - — 11 Speed Limit: 25

☐ At Intersection With Road Name

☒ Feet ☐ Miles — 14: 100 — 15: ☐ N ☒ E ☐ S ☐ W of: ARGYLE AVE

12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 25

19 Ramp ☐ To ☐ From: — 17 Cross Road Name: ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.063896 — 22 Longitude: -74.216666

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	01
132	01
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 5129J008405 — 25 NJ Ins. Code: 917

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: SIMON — Initial: - — Last Name: FARKAS — 29 Sex: M

27 Number & Street: 1349 52ND ST FL 3

28 City: BROOKLYN — State: NY — Zip: 11219

30 Eyes: 6 — DL Class: - — Restrictions: - — Endorsements: -

31 State: NY

32 Driver's License Number: 277075369 — 33 DOB (mm dd yyyy): 02/22/1989 — 34 Expires (mm yy): 02 25

35 Owner's ☐ Same As Driver — First Name: SOLOMON — Initial: - — Last Name: PASHKUS

36 Number & Street: 118 HADASSAH LANE

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: KIA — 39 Model: SOR — 40 Color: SIL — 41 Year: 2020 — 42 Plate No.: T87MYJ — 43 State: NJ

44 VIN: 5XYPGDA3XLG672785 — 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.: 608248496 206 1 — 55 NJ Ins. Code: 884

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: AKIVA — Initial: - — Last Name: GOLDSTEIN — 59 Sex: M

57 Number & Street: 29 BRADHURST AVE

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: G62320150012802 — 63 DOB (mm dd yyyy): 12/29/1980 — 64 Expires (mm yy): 12 23

65 Owner's ☐ Same As Driver — First Name: AKIVA — Initial: - — Last Name: GOLDSTEIN

66 Number & Street: 29 BRADHURST AVE

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: TOYT — 69 Model: SIE — 70 Color: 3 — 71 Year: 2015 — 72 Plate No.: V90LUJ — 73 State: NJ

74 VIN: 5TDZK3DCXFS598756 — 75 Expires: 09 23

76 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01		33	M	-	-	-	11	00	-	-	SIMON - FARKAS - 1349 52ND ST FL 3 BROOKLYN NY 11219
B	2	01	01		41	M	-	-	-	11	00	-	-	AKIVA - GOLDSTEIN - 29 BRADHURST AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

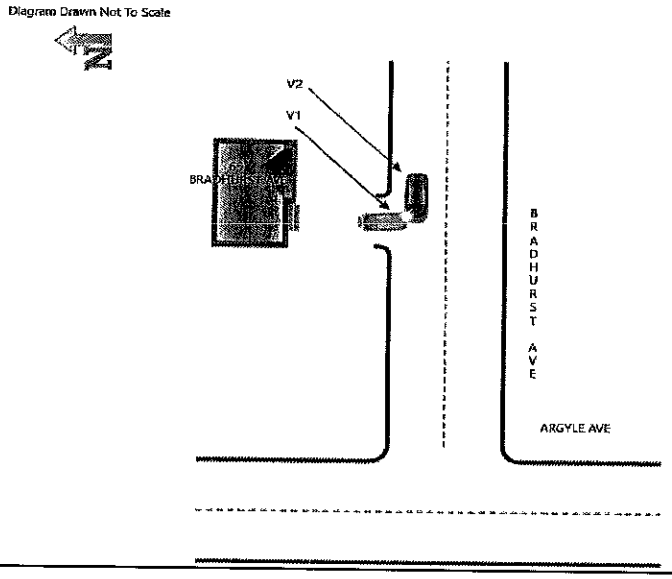
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-076375

(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 that he was inching out of he driveway (65 Bradhurst Ave) when his vehicle was struck by V2 (which was traveling West on Bradhurst Ave). He said that he looked before inching out and did not see V2.

Driver of V2 said he was traveling West on Bradhurst Ave, when V1 backed of of his driveway and into his vehicle.

Both drivers advised that the crash occurred around 8:15 AM, but they both agreed to call later because they both needed to be somewhere.

After speaking with both drivers it was determined that V1 was at fault for the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 05 | 97 01 | 98 01 | 99 07 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 2 | 105 02 | 106 - | 107 - | 108 01 | 109 01 | 110 01 | 111 01 | 112 - | 113 - | 114 - | 115 - | 116 03 | 117 03

1 Case Number: 22-076399

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1113

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: DORCHESTER DR — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 30 — 15: ☒ N ☐ E ☐ S ☐ W — 16: of: COVENTRY CT

11 Speed Limit: 25 — 12 Route No.: - — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — 20 Route/Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.040126 — 22 Longitude: -74.182898

118a 25 | 118b - | 119a 02 | 119b - | 120a 01 | 120b - | 121a 01 | 121b - | 122 99 | 123 01 | 124 11 | 125 11 | 126a 26 | 126b - | 126c - | 126d - | 126e 26 | 127a 26 | 127b 56 | 127c - | 127d - | 127e 26 | 128 26 | 129 08 | 130 08 | 131 02 | 132 02 | 133 04 | 134 04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: SNJ00058577451 — 25 NJ Ins. Code: 098

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: PATRICK — Initial: - — Last Name: MARTIN — 29 Sex: M

27 Number & Street: 302 MALVERN CT # C

28 City: LAKEWOOD — State: NJ — Zip: 08701

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: M06916170010602 — 33 DOB (mm dd yyyy): 10/01/1960 — 34 Expires (mm yy): 04 20

35 Owner's First Name: ☒ Same As Driver PATRICK — Initial: - — Last Name: MARTIN

36 Number & Street: 302 MALVERN CT # C

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: NISS — 39 Model: SEN - SE — 40 Color: GRY — 41 Year: 2012 — 42 Plate No.: B70KKX — 43 State: NJ

44 VIN: 3N1AB6AP1CL613767 — 45 Expires: 08 22

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☐ Driver ☒ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

50 Carrier No.: ☐ USDOT - ☒ 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.: 923500746 — 55 NJ Ins. Code: 134

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: JOHN — Initial: C — Last Name: FILISTOVICH — 59 Sex: M

57 Number & Street: 506 THORNBURY CT # B

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: F43364076307634 — 63 DOB (mm dd yyyy): 07/15/1963 — 64 Expires (mm yy): 07 26

65 Owner's First Name: ☐ Same As Driver BETTY — Initial: J — Last Name: PERRY

66 Number & Street: 506 THORNBURY CT # B

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: VOLK — 69 Model: JET - JE — 70 Color: WHI — 71 Year: 2012 — 72 Plate No.: YYS15W — 73 State: NJ

74 VIN: 3VW2K7AJ1CM344762 — 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

STOP SIGN AT COVENTRY CT KNOCKED DOWN

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-4	292538	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	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	-	-	PATRICK - MARTIN - 302 MALVERN CT # C LAKEWOOD NJ 08701
B	02	01	01	05	59	M	-	-	-	11	04	-	-	JOHN C FILISTOVICH - 506 THORNBURY CT # B LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

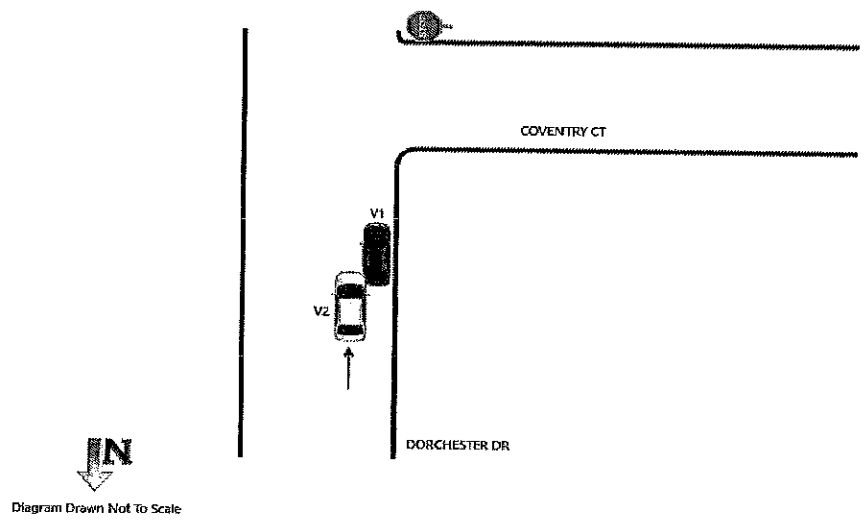
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-076399

(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, Patrick Martin was operating a 2012 Nissan Sentra, NJ B70-KKX. Mr. Martin stated he was pulled over to the west side of Dorchester Drive making a phone call when the rear driver side tire area of his vehicle was struck by a vehicle traveling south on Dorchester Drive.

Driver 2, John Filistovich was operating a 2012 Volkswagen Jetta, NJ YYS-15W. Mr. Filistovich stated he was traveling south on Dorchester Drive when the front passenger area of his vehicle struck the rear driver side of a vehicle that was stopped on the side of the road. His vehicle then struck a curb and stop sign before coming to rest on the grass at the corner of Coventry Court and Dorchester Drive. Mr. Filistovich stated he didn't see vehicle 1 pulled off to the side of the road.

Driver 2 was determined to be at fault for driver inattention. end of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	02

1 Case Number: 22-076404

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct:

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1158

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 4TH ST

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14 — 15 — 16

☐ N ☒ E ☐ S ☐ W of: FOREST DR

19 Ramp ☐ To ☐ From:

11 Speed Limit: 25

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 35

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude — 22 Longitude

118a	25
118b	-
119a	10
119b	01
120a	01
120b	01
121a	01
121b	01
122	10
123	05
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4535200978

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: GINA Initial: P Last Name: GERENANOGUERA -

☐ Same As Driver

36 Number & Street: 149 CREEK ROAD

37 City: BRICK State: NJ Zip: 08724

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
ACUR	ATL	SIL	2006	W53JPL	NJ

44 VIN: 19UUA66266A025693

45 Expires: 12 22

46 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☒ Left At Scene ☐ Towed Impounded

47 Authority

☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

49 Hazardous Material

☐ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

50 Carrier No.

☐ USDOT ☐ None

☐ MC/MX

51 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: 909 901 986

55 NJ Ins. Code: 054

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: BERNARD Initial: B Last Name: BERGER - 59 Sex: M

57 Number & Street: 1519 CINDY CT

58 City: LAKEWOOD State: NJ Zip: 08701

60 Eyes: 4 DL Class: D Restrictions: - Endorsements: -

61 State: NJ

62 Driver's License Number: B26840856205624

63 DOB (mm dd yyyy): 05/06/1962

64 Expires (mm yy): 06 20

65 Owner's First Name: BERNARD Initial: B Last Name: BERGER -

☐ Same As Driver

66 Number & Street: 1519 CINDY CT

67 City: LAKEWOOD State: NJ Zip: 08701

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
HOND	ACC	3	2008	R47KAF	NJ

74 VIN: 1HGCP26318A153869

75 Expires: 05 23

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ None

☐ MC/MX

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1					
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	02	01	01	-	60	M	-	-	-	11	04	-	-	BERNARD B BERGER - 1519 CINDY CT LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

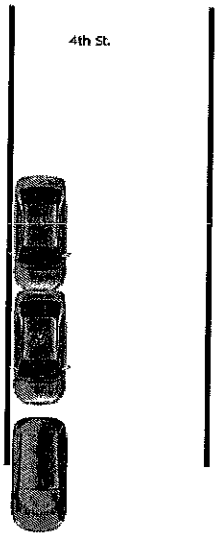
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-076404

(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)



N

Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of vehicle two stated that he was parked on fourth Street and was attempting to pull out into traffic. Driver two stated that he just touched vehicle one, as he tried to pull out onto the road.

Vehicle one was parked illegally on the side of the road, and upon my arrival, I saw vehicle two touching the front of a vehicle one.

Vehicle two is at fault for backing into vehicle one.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDRE A	269	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	02

1 Case Number: 22-076407
2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 09/29/22
5 Day Of Week: THURSDAY
6 Time (use 2400 hrs): 1158
7 Municipality Code: 1514
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: 1328 RIVER AVE — Road Name — Dir: - — 11 Speed Limit: - — 12 Route No.: - — Suffix: - — 13 Milepost: -
☐ At Intersection With
☐ Feet ☐ N ☐ E of: -
☐ Miles ☐ S ☐ W
14 15 16
19 Ramp ☐ To ☐ From: -
17 Cross Road Name: -
18 Speed Limit: -
☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name
21 Latitude: 40.051153
22 Longitude: -74.223101

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	03
132	03
133	02
134	02

Vehicle 1

23 Veh #: 1
24 Policy No.: 2007566068
25 NJ Ins. Code: 046
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: HADASSA — Initial: - — Last Name: BRAUN — 29 Sex: F
27 Number & Street: 2 MONARCH CT
28 City: JACKSON — State: NJ — Zip: 08527
30 Eyes: 05 — DL Class: D — Restrictions: - — Endorsements: -
31 State: NJ
32 Driver's License Number: B72293110062945
33 DOB (mm dd yyyy): 12/23/1994
34 Expires (mm yy): 12 25
35 Owner's ☐ Same As Driver — First Name: NATHAN — Initial: N — Last Name: BRAUN
36 Number & Street: 4711 12TH AVENUE
37 City: BROOKLYN — State: NY — Zip: 11219
38 Make: HOND — 39 Model: ODY — 40 Color: RD — 41 Year: 2020 — 42 Plate No.: J72MBZ — 43 State: NJ
44 VIN: 5FNRL6H53LB014403
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.: 4200079608
55 NJ Ins. Code: 148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: FRAIDY — Initial: - — Last Name: SOLOMON — 59 Sex: F
57 Number & Street: 4802 11TH AVE
58 City: BROOKLYN — State: NY — Zip: 11219
60 Eyes: 02 — DL Class: - — Restrictions: - — Endorsements: -
61 State: NY
62 Driver's License Number: 766064913
63 DOB (mm dd yyyy): 03/07/1981
64 Expires (mm yy): 03 23
65 Owner's ☐ Same As Driver — First Name: ABRAHAM — Initial: - — Last Name: SOLOMON
66 Number & Street: 1206 HICKORY CT
67 City: LAKEWOOD — State: NJ — Zip: 08701
68 Make: NISS — 69 Model: PAT — 70 Color: WHI — 71 Year: 2017 — 72 Plate No.: T89MCE — 73 State: NJ
74 VIN: 5N1DR2MM4HC628617
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	27	F	-	-	-	11	04	-	-	HADASSA - BRAUN - 2 MONARCH CT JACKSON NJ 08527 - -
B	02	01	01	05	41	F	-	-	-	11	04	-	-	FRAIDY - SOLOMON - 4802 11TH AVE BROOKLYN NY 11219 - -
C														
D														

New Jersey Police Crash Investigation Report

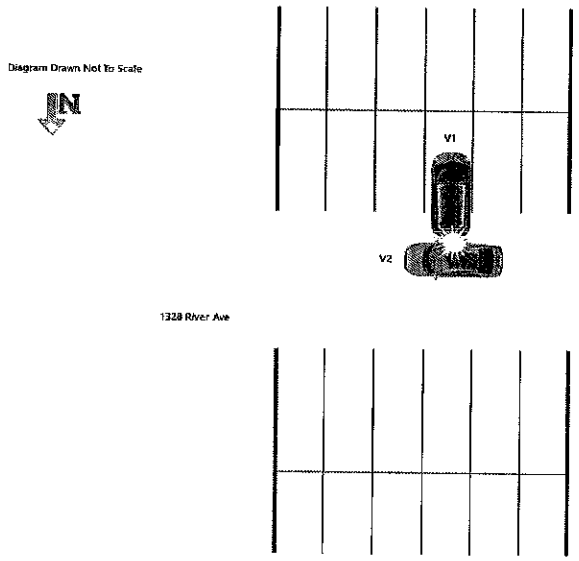
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-076407

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she began backing up and did not see anyone. While backing up Vehicle 2 came out of nowhere and she struck it.

Driver 2 stated she was driving straight in the parking lot at 1328 River Ave when she was backed into by Vehicle 1.

After my investigation I determined Driver 1 to be at fault for backing into Vehicle 2 and causing the collision.

There were no reported injuries on scene. Vehicle 1 sustained moderate damage to the rear bumper. Vehicle 2 sustained moderate damage to the passenger side front door.

End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	06
99	09
100a	01
100b	04
101	02
102	01
103	01
104	1
105	11
106	00
107	-
108	00
109	-
110	00
111	-
112	00
113	-
114	00
115	-
116	04
117	-

1 Case Number: 22-076296

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct:

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 0256

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CAMBRIDGE COURT — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 750 (14, 15)

☐ N ☐ E ☐ S ☒ W (16) of: BUCKINGHAM DRIVE

19 Ramp ☐ To ☐ From:

11 Speed Limit: 25

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 25

17 Cross Road Name:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.045221

22 Longitude: -74.182244

118a	00
118b	-
119a	-
119b	-
120a	00
120b	00
121a	-
121b	-
122	02
123	-
124	11
125	-
126a	56
126b	05
126c	54
126d	53
126e	53
127a	-
127b	-
127c	-
127d	-
127e	-
128	53
129	01
130	02
131	-
132	-
133	00
134	-

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 - ☐ MC/MX - ☒ None

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: -

54 Policy No.: -

55 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name — Initial — Last Name — 59 Sex

57 Number & Street: -

58 City — State — Zip

60 Eyes — DL Class — Restrictions — Endorsements — 61 State

62 Driver's License Number — 63 DOB (mm dd yyyy) — 64 Expires (mm yy)

65 Owner's First Name — Initial — Last Name

☐ Same As Driver

66 Number & Street: -

67 City — State — Zip

68 Make — 69 Model — 70 Color — 71 Year — 72 Plate No. — 73 State

74 VIN — 75 Expires

76 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ MC/MX - ☐ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

135 Damage To Other Property: ☒ Yes (If Yes, describe) ☐ No

LIGHT POLE AND ADDRESS SIGN

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	01	01	01	05			00	00	00	00	00	-	-	
B														
C														
D														

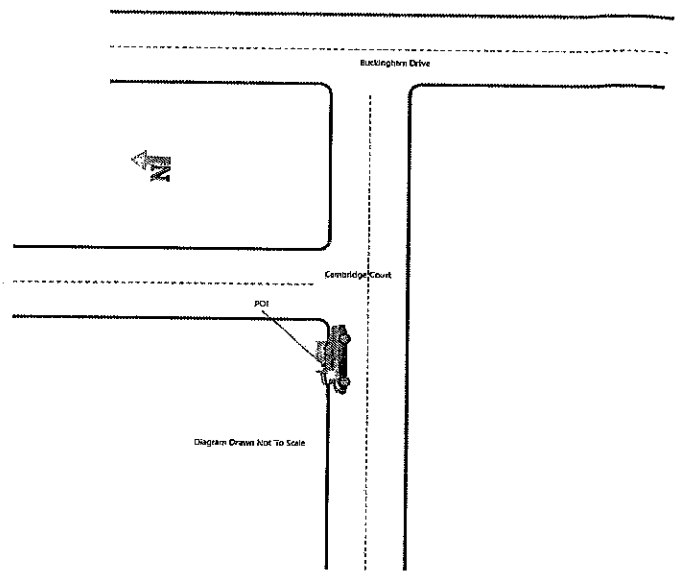
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: _____ Case No: 22-076296

(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 September 29, 2022 at 2:55am I was dispatched to the area of Buckingham Drive and Cambridge Court for a report of a light post and a street sign that was struck by a vehicle.

When I arrived on scene, I spoke with the witness who works for Leisure Village Compliance. I was advised by him that he completed an area check of Cambridge Court and observed a Light Post and Street sign laying on the ground, but did did not observe any vehicles in the area.

At this time, I observed the Street sign and the Lamp Post. The Lamp Post was on the ground and the light was broken. The Street sign was still standing and slightly tilted in the ground. I further observed fresh tire marks on the curb line, tire marks in the dirt.

A check of the area was completed and I was unable to locate any vehicles in the area with fresh damage. No further action was taken. End.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
EMMONS J	345	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	09
106	-
107	-
108	04
109	01
110	04
111	01
112	05
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-076434

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

10 Crash Occurred On: CENTRAL AVE

☒ At Intersection With — Road Name: VALLEY DR — Dir: -

☐ Feet ☐ Miles — 14: - — 15: ☐ N ☐ E ☐ S ☐ W — 16: of:

11 Speed Limit: 40 — 12 Route No.: 0031 — 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): 09/29/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1445 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

21 Latitude: 40.088912 — 22 Longitude: -74.227954

118a	99
118b	-
119a	99
119b	-
120a	01
120b	-
121a	01
121b	-
122	15
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	12
132	12
133	04
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: C2944734 — 25 NJ Ins. Code: 426

☐ Parked ☐ Ped ☐ Pedalcyclist ☒ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: MARK — Initial: G — Last Name: HANNA — 29 Sex: M

27 Number & Street: 24 BOSTON POST RD

28 City: E BRUNSWICK — State: NJ — Zip: 08816

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: H04475216708852 — 33 DOB (mm dd yyyy): 08/29/1985 — 34 Expires (mm yy): 08 26

35 Owner's ☐ Same As Driver — First Name: ROBERT WD JHNS — Initial: - — Last Name: UNIVRSTY HSP

36 Number & Street: ONE ROBERT WOOD JOHNSON PL

37 City: NEW BRUNSWICK — State: NJ — Zip: 08903

38 Make: FORD — 39 Model: EXP — 40 Color: WHI — 41 Year: 2013 — 42 Plate No.: NF39548 — 43 State: NJ

44 VIN: 1FM5K8AR2DGB90548 — 45 Expires: 10 23

46 Vehicle Removed To: PRIVATE TOW

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.:

50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: RWJ UNIVERSITY HOSPITAL

Number & Street: 1 RWJ PL

City: NEW BRUNSWICK — State: NJ — Zip: 08903

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 989008340 — 55 NJ Ins. Code: 054

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: DEVORA — Initial: - — Last Name: ROTH — 59 Sex: F

57 Number & Street: 719 LAKEVIEW DR

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 06 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: R67621650055036 — 63 DOB (mm dd yyyy): 05/16/2003 — 64 Expires (mm yy): 05 25

65 Owner's ☐ Same As Driver — First Name: LAYA — Initial: M — Last Name: ROTH

66 Number & Street: 719 LAKEVIEW DR

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: TOYT — 69 Model: SIE — 70 Color: GRN — 71 Year: 2011 — 72 Plate No.: D24GZR — 73 State: NJ

74 VIN: 5TDKK3DC0BS020242 — 75 Expires: 09 22

76 Vehicle Removed To: PRIVATE TOW

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.:

80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

Names & Addresses of Occupants - If Deceased, Date & Time of Death

	83	84	85	86	87	88	89	90	91	92	93	94	95	Name	Address	City	State	Zip	
A	01	01	01	05	37	M	-	-	-	11	11	02	-	MARK G HANNA	24 BOSTON POST RD	E BRUNSWICK	NJ	08816	-
B	01	03	01	03	34	M	08	08	02	11	11	02	-	MICHAEL G BARDEN	4598 NW 25TH WAY	BOCA RATON	FL	33434	-
C	02	01	01	05	19	F	-	-	-	11	04	-	-	DEVORA - ROTH	719 LAKEVIEW DR	LAKEWOOD	NJ	08701	-
D																			

New Jersey Police Crash Investigation Report

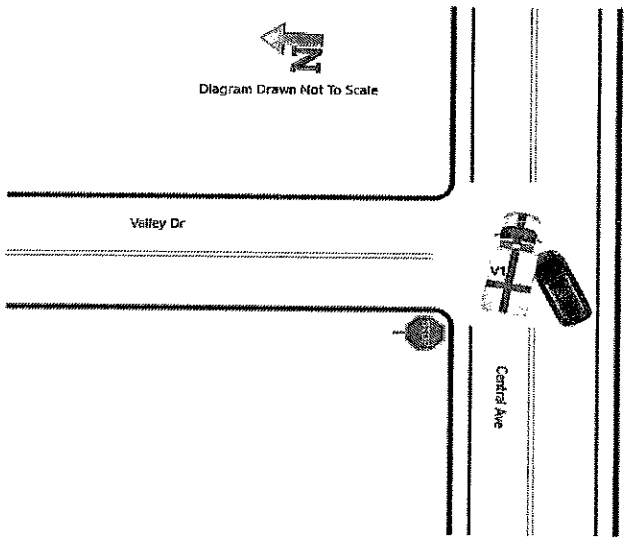
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-076434

(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 travelling eastbound on Central Ave with their lights and sirens activated as they were responding to a medical emergency call. He stated that all cars headed eastbound that were ahead of him pulled over to the shoulder so he can pass by as vehicles headed westbound on Central Ave also pulled over to their shoulder, as well. Driver of vehicle 1 reported that as he was approaching the intersection of Central Ave and Valley Dr, he observed a grey minivan (vehicle 2) eastbound on Central Ave with their left turn signal activated to turn left onto Valley Dr. He added that vehicle 2 was in motion of turning left and then came to a complete stop. He took this as the vehicle was stopping so the ambulance can pass by. As he approached the intersection, he stated that driver of vehicle 2 continued to make their left hand turn and crashed into the passenger side of their vehicle.

Driver of vehicle 2 was stopped eastbound in traffic on Central Ave and Valley Dr with her left turn signal activated to turn onto Valley Dr. She reported that she was waiting for traffic headed westbound on Central Ave to clear up so she can safely turn. Once it was clear, she started to turn left onto Valley Dr. At the last second, she stated that she observed emergency lights and heard the emergency sirens sounding. By the time she observed the ambulance, it was in the middle of her turn and the accident had occurred.

After my investigation, I determined that both driver or vehicle 1 and driver of vehicle 2 are at fault for the accident due to driver of vehicle 1 not passing vehicles safely and for driver of vehicle 2 not yielding to an emergency vehicle while responding to a medical emergency call. Vehicle 1 sustained disabling damage to the passenger side front and rear doors causing airbag deployment. Vehicle 2 sustained disabling damage to the front of the vehicle resulting in the bumper to be disconnected making it unsafe to drive. Both vehicle 1 and vehicle 2 were towed by Heshy's Towing. Passenger from vehicle 1 had complaint of pain on his right arm, where he refused medical attention. Driver of vehicle 1 and vehicle 2 did not have any injuries.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05 | 97: 01 | 98: 01 | 99: 05 | 100a: 01 | 100b: 04 | 101: 02 | 102: 01 | 103: 01 | 104: 2 | 105: 03 | 106: - | 107: - | 108: 04 | 109: 01 | 110 | 111: 01 | 112: - | 113: - | 114: - | 115: - | 116: 04 | 117: 03

1 Case Number: 22-076446

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1538

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MASSACHUSETTS AVE (Road Name) - (Dir)

☐ At Intersection With

☒ Feet ☐ Miles: 200 (14, 15)

☐ N ☐ E ☒ S ☐ W (16) of: PROSPECT STREET

11 Speed Limit: 45

12 Route No.: 0637 Suffix: - 13 Milepost: -

18 Speed Limit: 45

19 Ramp ☐ To ☐ From:

17 Cross Road Name: -

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.073333

22 Longitude: -74.227225

118b: - | 119a: 25 | 119b: - | 120a: 01 | 120b: - | 121a: 01 | 121b: - | 122: 03 | 123: 01 | 124: 08 | 125: 04 | 126a: 26 | 126b: - | 126c: - | 126d: - | 126e: 26 | 127a: 26 | 127b: - | 127c: - | 127d: - | 127e: 26 | 128: 26 | 129: 12 | 130: 12 | 131: 09 | 132: 09 | 133: 02 | 134: 03

11Ba: 04

Vehicle 1

23 Veh #: 1

24 Policy No.: 141 2129-C13-30

25 NJ Ins. Code: 896

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: NAOMI Initial: - Last Name: WOLF - 29 Sex: F

27 Number & Street: 8 SEQUOIA ST

28 City: LAKEWOOD State: NJ Zip: 08701

30 Eyes: 02 DL Class: D Restrictions: - Endorsements: - 31 State: NJ

32 Driver's License Number: W62445790053932

33 DOB (mm dd yyyy): 03/12/1993

34 Expires (mm yy): 03 23

35 Owner's First Name: YEHOSHUA Initial: - Last Name: WOLF -

☐ Same As Driver

36 Number & Street: 8 SEQUOIA ST

37 City: LAKEWOOD State: NJ Zip: 08701

38 Make: TOYT 39 Model: SIE 40 Color: WHI 41 Year: 2015 42 Plate No.: E82LKT 43 State: NJ

44 VIN: 5TDKK3DC0FS575438 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.: 604584809 1

55 NJ Ins. Code: 884

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: JESUS Initial: R Last Name: PONCE-SAAVEDRA - 59 Sex: M

57 Number & Street: 249 ALEXANDER AVE

58 City: HOWELL State: NJ Zip: 07731

60 Eyes: 02 DL Class: A Restrictions: - Endorsements: - 61 State: NJ

62 Driver's License Number: P63814017911752

63 DOB (mm dd yyyy): 11/06/1975

64 Expires (mm yy): 11 23

65 Owner's First Name: JESUS Initial: R Last Name: PONCE-SAAVEDRA -

☒ Same As Driver

66 Number & Street: 249 ALEXANDER AVE

67 City: HOWELL State: NJ Zip: 07731

68 Make: FORD 69 Model: EXP 70 Color: WHI 71 Year: 2003 72 Plate No.: A12JLW 73 State: NJ

74 VIN: 1FMFU18L53LC21594 75 Expires: 11 19

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ MC/MX - ☒ None

81 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	46	M	-	-	-	11	04	-	-	JESUS R PONCE-SAAVEDRA - 249 ALEXANDER AVE HOWELL NJ 07731
B	V1	05	01	05	2	F	-	-	-	05	05	-	-	ANAIZA PONCE 249 ALEXANDER AVE HOWELL NJ 07731
C	V2	01	01	05	29	F	-	-	-	11	04	-	-	NAOMI - WOLF - 8 SEQUOIA ST LAKEWOOD NJ 08701
D	V2	06	01	05	2	M	-	-	-	05	05	-	-	MENACHEM WOLF 8 SEQUOIA CT LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

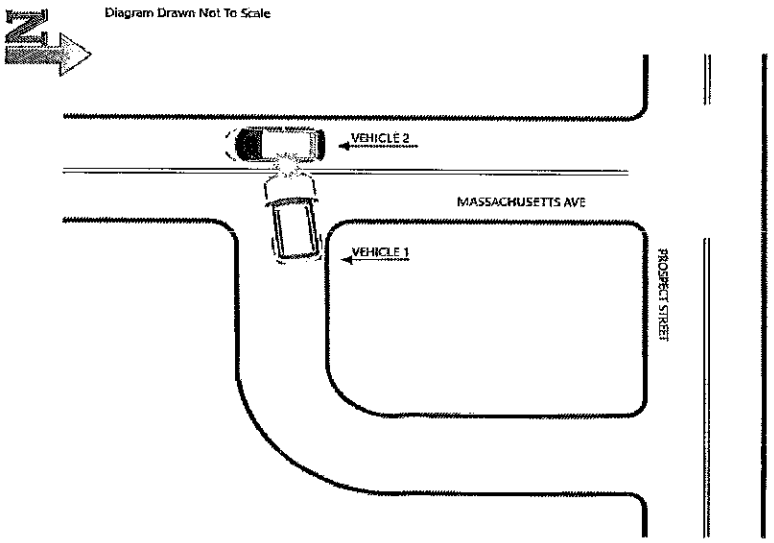
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-076446

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E	V2	09	01	05	4	M	-	-	-	07	07	-	-	ZEV WOLF 8 NSEQUOIA CT LAKEWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated he was attempting to make a left hand turn out of the High Point Apartment complex when he did not see Vehicle 2 traveling south on Massachusetts Avenue causing him to strike the drivers side front and rear doors of Vehicle 2. Vehicle 1 sustained minor damage to the front of the vehicle.

The driver of Vehicle 2 stated she was driving south on Massachusetts Avenue when Vehicle 1 came out of the High Point Apartment complex and struck the side of her vehicle. Vehicle 2 sustained moderate damage to the front and rear doors of the drivers side of the vehicle.

No injuries were reported.

Based on my observations and statements provided by both drivers, Vehicle 1 is at fault for the collision.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	LTJP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	118a	25
97	01	118b	-
98	01	119a	06
99	05	119b	-
100a	01	120a	01
100b	04	120b	-
101	02	121a	00
102	01	121b	-
103	01	122	01
104	1	123	01
105	02	124	04
106	-	125	04
107	-	126a	26
108	01	126b	-
109	05	126c	-
110	01	126d	-
111	01	126e	26
112	-	127a	26
113	00	127b	-
114	-	127c	-
115	-	127d	-
116	02	127e	26
117	02	128	26
		129	07
		130	07
		131	01
		132	01
		133	03
		134	00

1 Case Number: 22-076453

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1614

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CHESTNUT ST — Road Name — Dir: -

☐ At Intersection With ☒ Feet ☐ Miles — 14: 250 — 15: ☐ N ☒ E ☐ S ☐ W — 16: of: STAMFORD HILL ROAD

11 Speed Limit: 45

12 Route No.: 0626 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.051596 — 22 Longitude: -74.202251

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4458-02-96-69 — 25 NJ Ins. Code: 148

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: SARA — Initial: - — Last Name: ROSENBERG — 29 Sex: F

27 Number & Street: 1184 CECIL CT

28 City: LAKEWOOD — State: NJ — Zip: 08701

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: R66936910052882 — 33 DOB (mm dd yyyy): 02/25/1988 — 34 Expires (mm yy): 02 26

35 Owner's ☐ Same As Driver — First Name: LEVI — Initial: - — Last Name: ROSENBERG

36 Number & Street: 1178 IDALIA AVE

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: TOYT — 39 Model: SNA — 40 Color: SIL — 41 Year: 2006 — 42 Plate No.: P99HYF — 43 State: NJ

44 VIN: 5TDZA23C76S529327 — 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 #: - — 54 Policy No.: - — 55 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run

56 Driver's First Name: - — Initial: - — Last Name: - — 59 Sex: -

57 Number & Street: -

58 City: - — State: - — Zip: -

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 61 State: -

62 Driver's License Number: - — 63 DOB (mm dd yyyy): - — 64 Expires (mm yy): - -

65 Owner's ☐ Same As Driver — First Name: - — Initial: - — Last Name: -

66 Number & Street: -

67 City: - — State: - — Zip: -

68 Make: - — 69 Model: - — 70 Color: - — 71 Year: - — 72 Plate No.: - — 73 State: -

74 VIN: - — 75 Expires: - -

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ MC/MX - ☒ None

81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	34	F	-	-	-	11	04	-	-	SARA - ROSENBERG - 1184 CECIL CT LAKEWOOD NJ 08701
B														
C														
D														

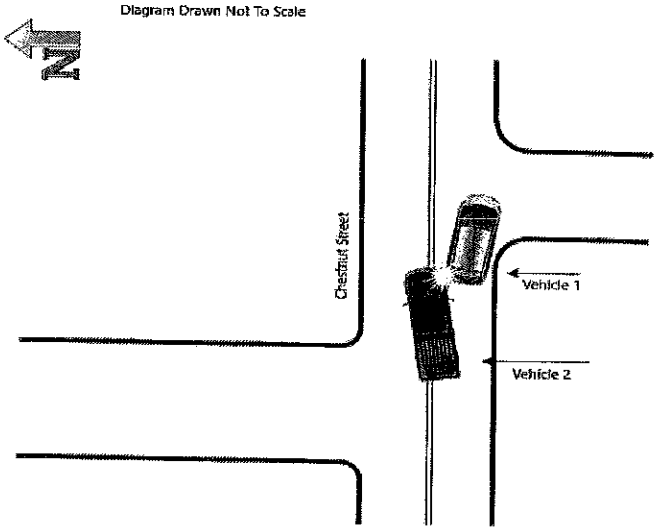
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-076453

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated she was driving east on Chestnut Street and began to slow down to attempt to make a right hand turn into 465 Chestnut Street when she felt the drivers side rear of her vehicle get struck by Vehicle 2. Driver 1 stated Vehicle 2, which was described as a black pickup truck, with no make, model, lettering or markings on it, pulled over after they struck Vehicle 1 and the driver exited the vehicle and looked at the damage. Driver 1 described Driver 2 as a middle aged white male and was heavy set. Driver 1 stated he entered his vehicle too quickly before she could gather any more information. Vehicle 1 then drove off east towards New Hampshire Avenue.

The area was canvassed for surveillance cameras yielding negative results.

No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-076455

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1620

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 123 E COUNTY LINE RD (Road Name) — Dir

☐ At Intersection With

☐ Feet ☐ N ☐ E of: ----------

☐ Miles ☐ S ☐ W

14 -- 15 16

11 Speed Limit: --

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: --

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.106358

22 Longitude: -74.216323

118a	25
118b	-
119a	10
119b	-
120a	-
120b	-
121a	01
121b	01
122	10
123	13
124	-
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	28
128	26
129	07
130	07
131	07
132	07
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 939 786 663

25 NJ Ins. Code: 054

☒ 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: NOEMI — Initial: - — Last Name: GARFUNKEL -

36 Number & Street: 208 GLEN AVE S

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: HOND — 39 Model: ODY — 40 Color: WHI — 41 Year: 2021 — 42 Plate No.: N66NEF — 43 State: NJ

44 VIN: 5FNRL6H7XMB040208 — 45 Expires: 01 24

46 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☒ Left At Scene ☐ Towed Impounded

47 Authority

☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

49 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

50 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: 6088-97-41-15

55 NJ Ins. Code: 148

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: CHAYA — Initial: M — Last Name: LOBEL - — 59 Sex: F

57 Number & Street: 46 KEW GARDENS DR

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: L60171227457992 — 63 DOB (mm dd yyyy): 07/30/1999 — 64 Expires (mm yy): 07 25

65 Owner's ☐ Same As Driver — First Name: MOSHE — Initial: A — Last Name: SOLOMON -

66 Number & Street: 15 YOMAH CT

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: TOYT — 69 Model: CAM — 70 Color: SIL — 71 Year: 2014 — 72 Plate No.: W93PFL — 73 State: NJ

74 VIN: 4T4BF1FK9ER378518 — 75 Expires: 10 23

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	-	-	-	-	-	-	-	-	-	-	-	-	----------
B	2	01	01	05	23	F	-	-	-	11	04	-	-	CHAYA M LOBEL - 46 KEW GARDENS DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

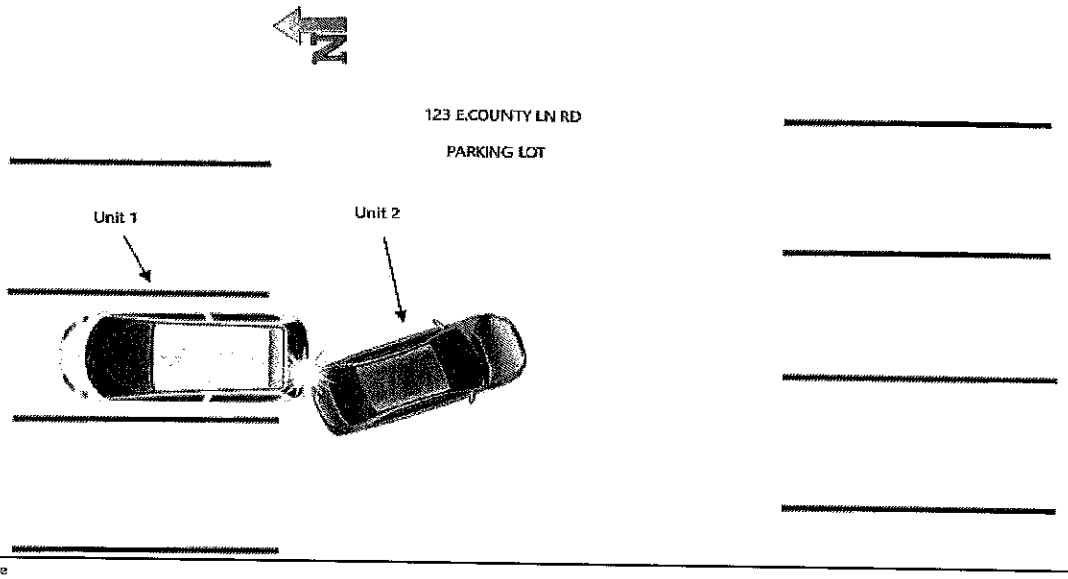
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-076455

(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 #2 STATED THAT SHE WAS GOING IN REVERSE PULLING OUT FROM A PARKING SPACE IN THE PARKING LOT OF 123 E. COUNTY LINE ROAD AND STRUCK VEHICLE #1 WHICH WAS PARKED IN A PARKING SPACE. VEHICLE #1 SUSTAINED DAMAGE ON THE REAR DRIVER SIDE. NO INJURIES REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	LTJP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 05 | 97 01 | 98 01 | 99 05 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 2 | 105 08 | 106 - | 107 - | 108 21 | 109 01 | 110 03 | 111 01 | 112 - | 113 - | 114 06 | 115 - | 116 03 | 117 01

1 Case Number: 22-076040

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 0927

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: NEW HAMPSHIRE AVE - 11 Speed Limit: 40 — 12 Route No.: 0623 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles (14, 15) — ☐ N ☐ E ☒ S ☐ W (16) of: PARIS CT — 18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name — 21 Latitude: 40.097471 — 22 Longitude: -74.175161

23 Veh #: 1 — 24 Policy No.: * — 25 NJ Ins. Code: - — ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: JOSEPH — Initial: J — Last Name: FERRARA — 29 Sex: M

27 Number & Street: 34 CORY DRIVE

28 City: TOMS RIVER — State: NJ — Zip: 08755

30 Eyes: 06 — DL Class: A — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: F27394107112616 — 33 DOB (mm dd yyyy): 12/22/1961 — 34 Expires (mm yy): 12 22

35 Owner's ☐ Same As Driver — First Name: OCEAN — Initial: - — Last Name: OCEAN COUNTY OF-

36 Number & Street: PO BOX 2191

37 City: TOMS RIVER — State: NJ — Zip: 08754

38 Make: FREI — 39 Model: SWEEPER — 40 Color: YEL — 41 Year: 2012 — 42 Plate No.: CG7BVB — 43 State: NJ

44 VIN: 1FVACXDT7CHBP0703 — 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: OCEAN COUNTY

Number & Street: PO BOX 2191

City: TOMS RIVER — State: NJ — Zip: 08754

53 Veh #: 2 — 54 Policy No.: 951721808 — 55 NJ Ins. Code: 134 — ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: ERIKA — Initial: - — Last Name: CORDERO-GONZALE - — 59 Sex: F

57 Number & Street: 1345 PARIS CT

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: C65732330052922 — 63 DOB (mm dd yyyy): 02/08/1992 — 64 Expires (mm yy): 02 25

65 Owner's ☒ Same As Driver — First Name: ERIKA — Initial: - — Last Name: CORDERO-GONZAL -

66 Number & Street: 1345 PARIS CT

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: HOND — 69 Model: ODY — 70 Color: GRN — 71 Year: 2006 — 72 Plate No.: X98RFW — 73 State: NJ

74 VIN: 5FNRL38436B024147 — 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

118a 10 | 118b - | 119a 05 | 119b - | 120a 01 | 120b - | 121a 01 | 121b - | 122 13 | 123 17 | 124 04 | 125 04 | 126a 26 | 126b - | 126c - | 126d - | 126e 26 | 127a 26 | 127b - | 127c - | 127d - | 127e 26 | 128 26 | 129 07 | 130 07 | 131 08 | 132 08 | 133 02 | 134 03

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	60	M	-	-	-	11	04	-	-	JOSEPH J FERRARA - 34 CORY DRIVE TOMS RIVER NJ 08755
B	2	01	01	-	30	F	-	-	-	11	04	-	-	ERIKA - CORDERO-GONZALEZ - 1345 PARIS CT LAKEWOOD NJ 08701
C														
D														

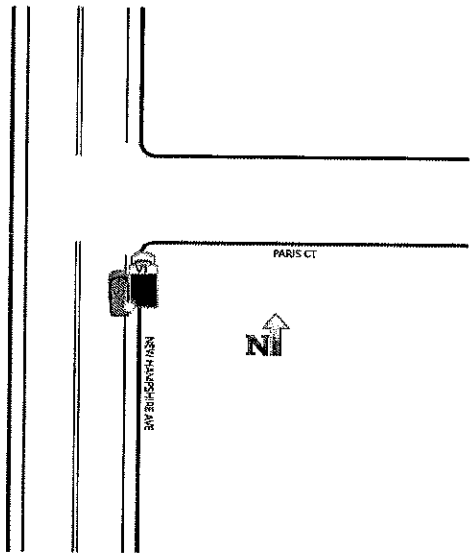
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-076040

(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 IS A STREET SWEEPER AND WAS IN THE SHOULDER OF THE ROAD CLEANING THE ROADWAY ON NEW HAMPSHIRE AVE, NORTHBOUND, NEAR PARIS CT. VEHICLE 2 WAS TRAVELING NORTHBOUND APPROACHING PARIS CT.

DRIVER 1 STATED THAT HE WAS BACKING UP AND DID NOT SEE VEHICLE 2 UNTIL HE BACKED INTO IT.

DRIVER 2 STATED THAT SHE PULLED BEHIND VEHICLE 1 ON THE SHOULDER BECAUSE SHE WANTED TRAFFIC TO PASS HER AS SHE WAITED FOR VEHICLE 1 TO MOVE OUT OF THE WAY.

IT APPEARS THAT DRIVER 1 WAS BACKING UNSAFELY AND DRIVER 2 WAS IMPROPERLY DRIVING ON THE SHOULDER OF THE ROAD. BOTH VEHICLES ARE AT FAULT FOR THE CRASH.

VEHICLE 1 IS SELF INSURED BY THE OCEAN COUNTY INSURANCE COMMISSION SELF INSURED ID JIF 30-09 COUNTY OF OCEAN 732-929-2109 PO BOX 2191 101 HOOPER AVE 2ND FLOOR ADMIN BLDG TOMS RIVER, NJ 08754.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	04

1 Case Number: 22-076089

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1236

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: OCEAN AVE — Road Name — Dir: -

☒ At Intersection With ☐ Feet ☐ Miles (14) (15) ☐ N ☐ E ☐ S ☐ W (16) of: CLOVER ST

11 Speed Limit: 40

12 Route No.: 0088 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.090749

22 Longitude: -74.200305

118a	25
118b	-
119a	03
119b	04
120a	01
120b	-
121a	01
121b	-
122	01
123	03
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	01
132	01
133	04
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: AOJ-238-231241-7524

25 NJ Ins. Code: 370

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: ESTHER — Initial: M — Last Name: MARYLES — 29 Sex: F

27 Number & Street: 221 DOE ROAD

28 City: TOMS RIVER — State: NJ — Zip: 08753

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: M07192397454882

33 DOB (mm dd yyyy): 04/16/1988

34 Expires (mm yy): 04 24

35 Owner's ☐ Same As Driver — First Name: DAVID — Initial: - — Last Name: MARYLES

36 Number & Street: 221 DOE RD.

37 City: TOMS RIVER — State: NJ — Zip: 08753

38 Make: HOND — 39 Model: ODY — 40 Color: WHI — 41 Year: 2021 — 42 Plate No.: W52NDL — 43 State: NJ

44 VIN: 5FNRL6H55MB036971

45 Expires: 12 23

46 Vehicle Removed To: MOISHY'S TOWING

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: HPA00002774708

55 NJ Ins. Code: 411

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: SAMUEL — Initial: - — Last Name: KATZ — 59 Sex: M

57 Number & Street: 19 JULIUS WAY

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NY

62 Driver's License Number: 653938355

63 DOB (mm dd yyyy): 10/31/1985

64 Expires (mm yy): 10 29

65 Owner's ☒ Same As Driver — First Name: SAMUEL — Initial: - — Last Name: KATZ

66 Number & Street: 19 JULIUS WAY

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: HOND — 69 Model: CRV — 70 Color: GRY — 71 Year: 2019 — 72 Plate No.: A57PWS — 73 State: NJ

74 VIN: 2HKRW2H83KH656663

75 Expires: 04 23

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	34	F	-	-	-	11	04	-	-	ESTHER M MARYLES - 221 DOE ROAD TOMS RIVER NJ 08753
B	1	03	01	-	10	M	-	-	-	11	04	-	-	MOSHE - MARYLES - 221 DOE RD TOMS RIVER NJ 08753
C	1	04	01	-	8	M	-	-	-	04	04	-	-	YOSEF - MARYLES - 221 DOE RD TOMS RIVER NJ 08753
D	1	06	01	-	3	M	-	-	-	05	05	-	-	ISAAC - MARYLES - 221 DOE RD TOMS RIVER NJ 08753

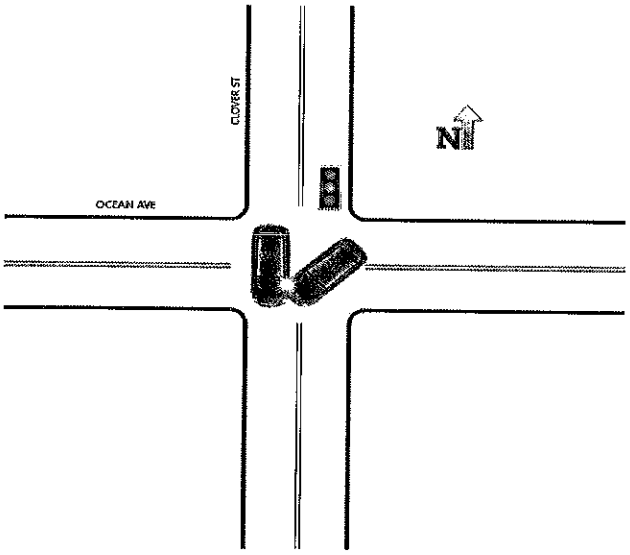
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-076089

(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	1	07	01	04	10	M	01	05	01	04	04	-	-	AVRAHAM - MOSKOWITZ - 221 DOE RD TOMS RIVER NJ 08753
F	2	01	01	-	36	M	-	-	-	11	04	-	-	SAMUEL - KATZ - 19 JULIUS WAY LAKEWOOD NJ 08701
G	2	03	01	-	35	F	-	-	-	11	04	-	-	GELI - KATZ - 19 JULIUS WAY LAKEWOOD NJ 08701
H	2	04	01	-	7	M	-	-	-	05	05	-	-	MOSHE - KATZ - 19 JULIUS WAY LAKEWOOD NJ 08701
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 WAS TRAVELING SOUTH ON CLOVER ST APPROACHING OCEAN AVE. VEHICLE 2 WAS TRAVELING WEST ON OCEAN AVE APPROACHING CLOVER ST.

DRIVER 1 STATED THAT SHE HAD A GREEN LIGHT AND AS SHE ENTERED THE INTERSECTION, VEHICLE 2 MADE A LEFT TURN INTO HER VEHICLE.

DRIVER 2 STATED THAT HE WAS WAITING TO MAKE A LEFT TURN AND THE LIGHT TURN RED. HE STATED THAT SINCE HE WAS STUCK IN THE INTERSECTION, HE MADE THE TURN AFTER THE LIGHT TURNED RED AND VEHICLE 1 STRUCK HIS VEHICLE WHILE IT WAS IN THE MIDDLE OF THE ROAD.

A WITNESS, HADASSAH POLLAK, STATED THAT VEHICLE 2 COULD HAVE BACKED UP AFTER THE LIGHT TURNED RED BUT INSTEAD MADE THE LEFT TURN INTO VEHICLE 1 AS IT HAD THE RIGHT OF WAY.

AFTER SPEAKING WITH ALL PARTIES INVOLVED AND VIEWING SURVEILLANCE FOOTAGE OF THE CRASH, I DETERMINED THAT DRIVER 2 FAILED TO OBEY THE TRAFFIC SIGNAL AND CAUSED THE CRASH. DRIVER 2 IS AT FAULT.

THE VIDEO FOOTAGE IS ATTACHED TO THIS CASE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 05 | 97 01 | 98 01 | 99 07 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 3 | 105 03 | 106 - | 107 - | 108 04 | 109 01 | 110 01 | 111 01 | 112 - | 113 - | 114 - | 115 - | 116 01 | 117 02

1 Case Number: 22-076100

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1340

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 2

10 Crash Occurred On: CROSS STREET — Road Name — Dir: - — 11 Speed Limit: 40 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☒ At Intersection With — ☐ Feet — ☐ Miles (14) — ☐ N ☐ E ☐ S ☐ W (15) of: NEIMAN ROAD — 16 Road Name — 18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — 20 Route/Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: - — 22 Longitude: -

23 Veh #: 1 — 24 Policy No.: 939061551 — 25 NJ Ins. Code: 054

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: CHANA — Initial: L — Last Name: MERLING — 29 Sex: F

27 Number & Street: 103 FLINTLOCK DR

28 City: LAKEWOOD — State: NJ — Zip: 08701

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: M27081207361594 — 33 DOB (mm dd yyyy): 11/10/1959 — 34 Expires (mm yy): 11 26

35 Owner's First Name: HOWARD — Initial: J — Last Name: LEVIN — ☐ Same As Driver

36 Number & Street: 185 FLINTLOCK DR

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: KIA — 39 Model: SPT — 40 Color: 3 — 41 Year: 2016 — 42 Plate No.: 1DC385 — 43 State: NJ

44 VIN: KNDPBCAC0G7829560 — 45 Expires: 03 23

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☐ Driver ☒ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

50 Carrier No.: ☐ USDOT - ☐ MC/MX - ☒ None

51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

53 Veh #: 2 — 54 Policy No.: TCA00001007410 — 55 NJ Ins. Code: 632

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: YISROEL — Initial: M — Last Name: BERNSTEIN — 59 Sex: M

57 Number & Street: 16 CHARDONNAY CT

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 6 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: B27287907408866 — 63 DOB (mm dd yyyy): 08/18/1986 — 64 Expires (mm yy): 08 26

65 Owner's First Name: GITTY — Initial: - — Last Name: BERNSTEIN — ☐ Same As Driver

66 Number & Street: 16 CHARDONNAY CT

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: TOYT — 69 Model: SIE — 70 Color: GLD — 71 Year: 2011 — 72 Plate No.: M10HZH — 73 State: NJ

74 VIN: 5TDKK3DC6BS114979 — 75 Expires: 06 23

76 Vehicle Removed To: MOISHEYS

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ MC/MX - ☒ None

81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

118a 04 | 118b - | 119a 25 | 119b - | 120a 01 | 120b - | 121a 01 | 121b - | 122 01 | 123 01 | 124 11 | 125 11 | 126a 26 | 126b 07 | 126c - | 126d - | 126e 26 | 127a 26 | 127b 05 | 127c - | 127d - | 127e 26 | 128 26 | 129 01 | 130 12 | 131 12 | 132 12 | 133 - | 134 04

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:4-90	1514-A-294947	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	03	62	F	99	08	02	11	11	04	6502	CHANA L MERLING - 103 FLINTLOCK DR LAKEWOOD NJ 08701
B	V2	01	01	03	36	M	99	08	02	11	11	04	6502	YISROEL M BERNSTEIN - 16 CHARDONNAY CT LAKEWOOD NJ 08701
C					49	F								NOEMI - GARFUNKEL - 208 GLEN AVE S LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

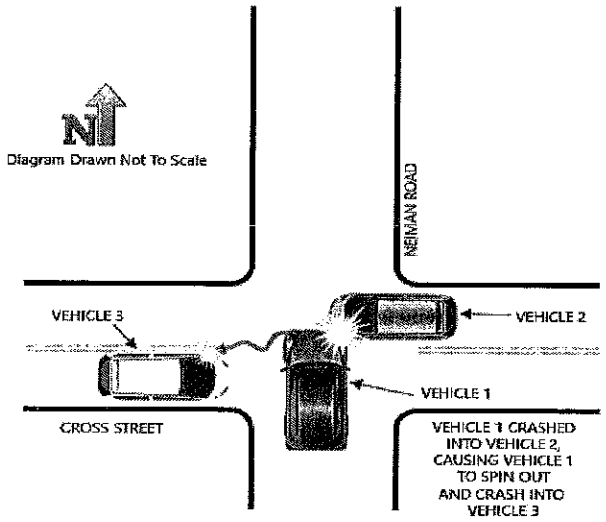
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-076100

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS EXITING 1000 CROSS STREET ATTEMPTING TO CROSS ONTO NEIMAN ROAD, WHEN SHE MADE CONTACT WITH VEHICLE 2.

THE DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING WEST ON CROSS STREET WHEN VEHICLE 1 PULLED OUT AND MADE CONTACT WITH HIS VEHICLE.

THE DRIVER OF VEHICLE 3 STATED SHE WAS STOPPED IN TRAFFIC WHEN SHE ALLOWED VEHICLE 1 TO EXIT 1000 CROSS STREET. WHEN THE CRASH OCCURRED VEHICLE 1 SPUN AROUND AND MADE CONTACT WITH HER VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT DUE TO THE FACT SHE FAILED TO YIELD TO THE ONCOMING VEHICLE WITH THE RIGHT OF WAY.

SUSPECTED MINOR INJURIES WERE REPORTED ON SCENE, AND WERE TRANSPORTED TO MONMOUTH MEDICAL CENTER. THE DRIVER OF VEHICLE 1 WAS ISSUED A SUMMONS FOR FAILING TO YIELD (39:4-90).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	DT	249	☐ Pending ☒ Complete

PAGE 3 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	3
105	03
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	03
117	-

1 Case Number: 22-076100

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1340

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 2

10 Crash Occurred On: CROSS STREET — Road Name — Dir: -

☒ At Intersection With — ☐ Feet — ☐ Miles (14 15) — ☐ N ☐ E ☐ S ☐ W (16) — of: NEIMAN ROAD

11 Speed Limit: 40

12 Route No.: - — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp: ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: - — 22 Longitude: -

118a	25
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	08
123	-
124	11
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	-
128	26
129	11
130	11
131	-
132	-
133	03
134	-

Vehicle 1

23 Veh #: 3 — 24 Policy No.: 939786663 — 25 NJ Ins. Code: 054

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: NOEMI — Initial: - — Last Name: GARFUNKEL — 29 Sex: F

27 Number & Street: 208 GLEN AVE S

28 City: LAKEWOOD — State: NJ — Zip: 08701

30 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: G05795960057734

33 DOB (mm dd yyyy): 07/18/1973

34 Expires (mm yy): 07 25

35 Owner's First Name: NOEMI — Initial: - — Last Name: GARFUNKEL

☒ Same As Driver

36 Number & Street: 208 GLEN AVE S

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: HOND — 39 Model: ODY — 40 Color: WHI — 41 Year: 2021 — 42 Plate No.: N66NEF — 43 State: NJ

44 VIN: 5FNRL6H7XMB040208

45 Expires: 01 24

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.- % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

50 Carrier No.: ☐ USDOT - ☐ MC/MX - ☒ None

51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: - — 54 Policy No.: - — 55 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: - — Initial: - — Last Name: - — 59 Sex: -

57 Number & Street: -

58 City: - — State: - — Zip: -

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: -

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

65 Owner's First Name: - — Initial: - — Last Name: -

☐ Same As Driver

66 Number & Street: -

67 City: - — State: - — Zip: -

68 Make: - — 69 Model: - — 70 Color: - — 71 Year: - — 72 Plate No.: - — 73 State: -

74 VIN: -

75 Expires: - -

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.- % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ MC/MX - ☐ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V3	01	01	05	49	F	-	-	-	11	04	-	-	NOEMI - GARFUNKEL - 208 GLEN AVE S LAKEWOOD NJ 08701
B														
C														
D														

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	07
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	04
109	01
110	02
111	01
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-076173

2 Police Dept of: LAKEWOOD POLICE — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/28/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 2047

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: CENTRAL AVE — Road Name — Dir: -

☐ At Intersection With ☒ Feet ☐ Miles: 50 (14) ☐ N ☐ E ☐ S ☒ W (15) of: RIVER AVE (16)

11 Speed Limit: 30

12 Route No.: 0528 — Suffix: - — 13 Milepost: -

18 Speed Limit: 40

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.086423

22 Longitude: -74.215339

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	08
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	04
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: ISA H10763162

25 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: SHREY — Initial: H — Last Name: PATEL — 29 Sex: M

27 Number & Street: 1231 ANDERLEA DR

28 City: ROMANSVILLE — State: PA — Zip: 19320

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: PA

32 Driver's License Number: 26825404 — 33 DOB (mm dd yyyy): 04/25/1984 — 34 Expires (mm yy): 04 24

35 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: MASTEC NORTH AM -

36 Number & Street: 53 TAFT VINELAND RD

37 City: ORLANDO — State: FL — Zip: 32824

38 Make: GMC — 39 Model: TER — 40 Color: WHI — 41 Year: 2019 — 42 Plate No.: 63BNBN — 43 State: FL

44 VIN: 3GKALTEV2KL396332 — 45 Expires: 06 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.: 939 903 887

55 NJ Ins. Code: 054

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: JOSHUA — Initial: - — Last Name: ROSENSTOCK — 59 Sex: M

57 Number & Street: 90 PRESSBURG LN

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 02 — DL Class: A — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: R66964110001932 — 63 DOB (mm dd yyyy): 01/22/1993 — 64 Expires (mm yy): 01 23

65 Owner's First Name: ☒ Same As Driver JOSHUA — Initial: - — Last Name: ROSENSTOCK

66 Number & Street: 90 PRESSBURG LN

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: HYUN — 69 Model: SON — 70 Color: BLK — 71 Year: 2007 — 72 Plate No.: Y51KGR — 73 State: NJ

74 VIN: 5NPET46C57H244519 — 75 Expires: 07 23

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

80 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	1514-A-295602	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	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	38	M	-	-	-	11	04	-	-	SHREY H PATEL - 1231 ANDERLEA DR ROMANSVILLE PA 19320 - -
B	2	01	01	03	29	M	04	08	02	11	04	-	6502	JOSHUA - ROSENSTOCK - 90 PRESSBURG LN LAKEWOOD NJ 08701 - -
C														
D														

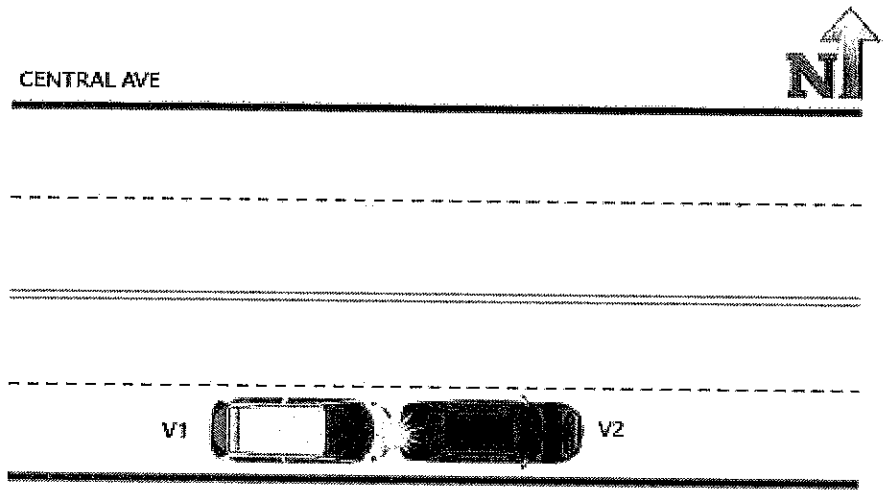
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD POLICE Code: 01
Station: - Case No: 22-076173

(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: State: Florida, Company: ACE American Insurance Company, claims phone # 866-789-3747

V1 struck V2 from behind on Central Avenue (CR-528), approximately 50 feet west of River Avenue (US-9).

Driver 2 said he was stopped and the signal up ahead was red (he was not the first vehicle at the intersection). V2 was struck hard from behind, and Driver 2 complained of head and neck pain. He was transported to a local hospital by Hatzolah EMS.

Driver 1 said he was approaching traffic stopped ahead, but he was distracted by his work in his vehicle. V2 is owned and Driver 2 is employed by Mastec North America. A mobile computer is installed in this vehicle's center console area.

Driver 1 is responsible due to his inattention to the road. He was cited for careless driving.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-076352
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	07	4 Date of Crash (mm dd yy)	09/29/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	0742
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
		10 Crash Occurred On:	E 7TH ST
		☐ At Intersection With	Road Name
		☒ Feet / ☐ Miles	300
		☐ N ☒ E / ☐ S ☐ W	of:
		Road Name	NEW YORK AVE
		Dir	
		11 Speed Limit	35
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		20 Route/Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		21 Latitude	40.097954
		22 Longitude	-74.198042
118a	04		
118b	-		
119a	25		
119b	-		

100b	04	23 Veh #	1
		24 Policy No.	5129J002806
		25 NJ Ins. Code	917
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	MARTIN
		Initial	-
		Last Name	BODEK -
		29 Sex	M
102	01	27 Number & Street	596 E 7TH ST
103	01	28 City	LAKEWOOD
		State	NJ
		Zip	08701
104	1	30 Eyes	6
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	07	32 Driver's License Number	B60755250006656
		33 DOB (mm dd yyyy)	06/26/1965
		34 Expires (mm yy)	06 26
106	-	35 Owner's ☐ Same As Driver	JOEL - BODEK -
107	-	36 Number & Street	596 E 7TH ST
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	13	38 Make	KIA
		39 Model	SOR
		40 Color	SIL
		41 Year	2019
		42 Plate No.	K80LFE
		43 State	NJ
110	01	44 VIN	5XYPKDA55KG540144
		45 Expires	04 23
111	01	46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
112	-		
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	01		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
117	02	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
		51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	
		Number & Street	
		City / State / Zip	

53 Veh #	P		
54 Policy No.			
55 NJ Ins. Code			
☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	DANIEL		
Initial	-		
Last Name	MARTINEZ -		
59 Sex	M		
57 Number & Street	25 MERLIN DR		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	BR		
DL Class	-		
Restrictions	-		
Endorsements	-		
61 State	-		
62 Driver's License Number	-		
63 DOB (mm dd yyyy)	08/15/1990		
64 Expires (mm yy)	- -		
65 Owner's ☐ Same As Driver	First Name / Initial / Last Name		
66 Number & Street			
67 City			
State			
Zip			
68 Make			
69 Model			
70 Color			
71 Year			
72 Plate No.			
73 State			
74 VIN			
75 Expires			
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
77 Authority	☐ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. % ☐ Pending		
79 Hazardous Material	☐ None ☐ On Board ☐ Spill		
	Hazard Class / Placard No.		
80 Carrier No.	☐ USDOT ☐ MC/MX ☐ None		
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity			
Number & Street			
City / State / Zip			

121a	01		
121b	01		
122	03		
123	11		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	09		
130	09		
131	-		
132	-		
133	03		
134	02		

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	57	M	-	-	-	11	04	-	-	MARTIN - BODEK - 596 E 7TH ST LAKEWOOD NJ 08701
B	P	01	01	03	32	M	06	08	01	01	01	-	-	DANIEL - MARTINEZ - 25 MERLIN DR LAKEWOOD NJ 08701
C														
D														

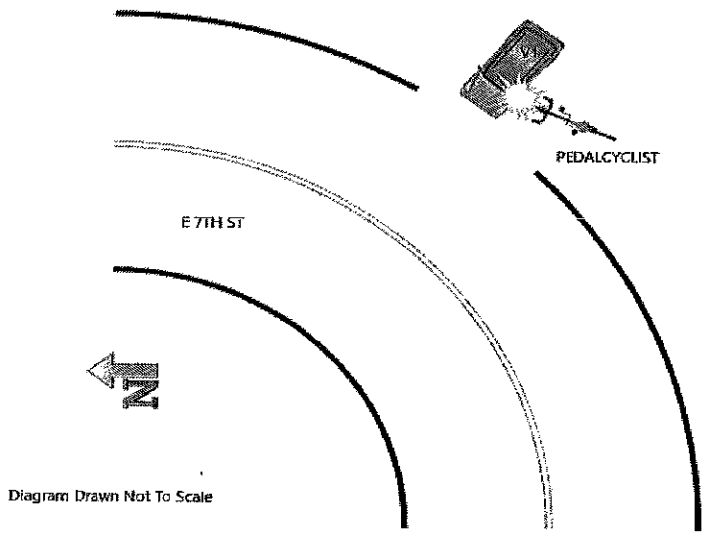
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-076352

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED HE WAS PULLING OUT OF HIS DRIVEWAY AND MAKING A LEFT TURN ONTO E 7TH ST, WHEN V1 COLLIDED WITH A PEDALCYCLIST.

THE PEDALCYCLIST STATED HE WAS TRAVELLING EAST ON E. 7TH STREET ON THE SIDEWALK WHEN V1 PULLED OUT IN FRONT OF HIM AND THEY COLLIDED.

BASED ON THE STATEMENTS BY THE DRIVER AND PEDALCYCLIST, I DETERMINED THAT DRIVER 1 WAS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCKEE M	320	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	1
105	14
106	-
107	-
108	01
109	99
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	01

1 Case Number: 22-076356

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 09/29/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 0808

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: ASHLEY AVE — Dir: - — 11 Speed Limit: 25 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☒ At Intersection With — Road Name: LINCOLN ST — 18 Speed Limit: 25

☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W

14: - 15 16

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.080599 — 22 Longitude: -74.209990

118a	25
118b	-
119a	16
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	02
124	11
125	08
126a	21
126b	-
126c	-
126d	-
126e	21
127a	26
127b	-
127c	-
127d	-
127e	26
128	21
129	03
130	03
131	99
132	99
133	02
134	04

Vehicle A

23 Veh #: 1 — 24 Policy No.: K3907437 — 25 NJ Ins. Code: 909

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: EDITA — Initial: - — Last Name: JANKAUSKIENE — 29 Sex: F

27 Number & Street: 1801 6TH AVE

28 City: TOMS RIVER — State: NJ — Zip: 08757

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: J04351890059684 — 33 DOB (mm dd yyyy): 09/05/1968 — 34 Expires (mm yy): 09 25

35 Owner's First Name: EIMUTIS — Initial: - — Last Name: JANKAUSKAS — ☐ Same As Driver

36 Number & Street: 1801 SIXTH AVE

37 City: TOMS RIVER — State: NJ — Zip: 08757

38 Make: TOYT — 39 Model: CAM — 40 Color: RD — 41 Year: 2016 — 42 Plate No.: C42LMR — 43 State: NJ

44 VIN: 4T1BF1FK4GU605658 — 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 B

53 Veh #: B — 54 Policy No.: - — 55 NJ Ins. Code: -

☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: NETANEL — Initial: - — Last Name: AMRAN — 59 Sex: M

57 Number & Street: 417 ASHLEY AVE

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 02 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: -

62 Driver's License Number: - — 63 DOB (mm dd yyyy): 10/22/2007 — 64 Expires (mm yy): - -

65 Owner's First Name: — Initial: — Last Name: — ☐ Same As Driver

66 Number & Street:

67 City: — State: — Zip:

68 Make: — 69 Model: — 70 Color: — 71 Year: — 72 Plate No.: — 73 State:

74 VIN: — 75 Expires:

76 Vehicle Removed To: ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity — Number & Street — City — State — Zip

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	54	F	-	-	-	11	04	-	-	EDITA - JANKAUSKIENE - 1801 6TH AVE TOMS RIVER NJ 08757
B	B	-	01	03	14	M	11	08	01	01	01	-	-	NETANEL - AMRAN - 417 ASHLEY AVE LAKEWOOD NJ 08701
C														
D														

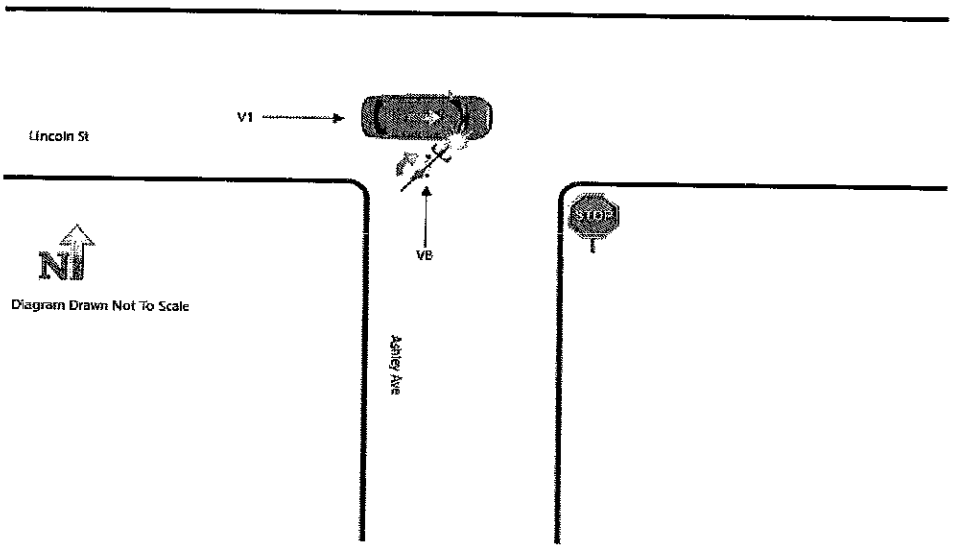
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-076356

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was traveling east on Lincoln St, when vehicle B crashed into the passenger side of her vehicle.

Vehicle B is an electric scooter. The rider of vehicle B stated he was traveling north on Ashley Ave. Rider of vehicle B stated he was approaching the intersection of Lincoln St, and he did not see a vehicle approaching, so he did not stop. Rider of vehicle B stated vehicle 1 came from his left, and he attempted to turn out of the way, but he was unable to do so, which resulted in the crash.

As a result of my investigation, I, Ptl. Livingston #373 determined the rider of vehicle B is at fault for this crash. The rider of vehicle B failed to stop at the stop sign, which resulted in this crash.

The rider of vehicle B had a small cut on his right palm, along with the complaint of pain in his right knee.

The rider of vehicle B stated the frame of the scooter was bent as a result of this crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	EM	288	☐ Pending ☒ Complete