PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-076424
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	09/29/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1347
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	SUNSET RD
At Intersection With / Road Name / Dir	JAMES ST
☒ Feet ☐ Miles	350
☒ N ☐ E ☐ S ☐ W	
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	35
17 Cross Road Name	
19 Ramp ☐ To ☐ From	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude / 22 Longitude	

Vehicle 1

23 Veh #	1
24 Policy No.	281 283 544
25 NJ Ins. Code	139
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TAMAR / D / FRIEDMAN
29 Sex	F
27 Number & Street	13 EDGEMOUNT RD
28 City / State / Zip	EDISON / NJ / 08817
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	F74027326451726
33 DOB (mm dd yyyy)	01/22/1972
34 Expires (mm yy)	01 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / DAVID / M / RUDNITZKY
36 Number & Street	13 EDGEMOUNT ROAD
37 City / State / Zip	EDISON / NJ / 08817
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / HIG / GRY / 2021 / P70NDP / NJ
44 VIN	5TDGZRBH3MS067948
45 Expires	12 / 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ 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	KRZYSZTOF / - / CZARNECKI
59 Sex	M
57 Number & Street	4505 NORMA PL
58 City / State / Zip	TOMS RIVER / NJ / 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	C97144380006644
63 DOB (mm dd yyyy)	06/15/1964
64 Expires (mm yy)	06 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / - / - / US POST OFFICE
66 Number & Street	1820 SWARTHMORE AV
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / UTILI / WHI / 2000 / 0229535 / NJ
74 VIN	1FCMU69K0YZC47314
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	US POST OFFICE
Number & Street	1820 SWARTHMORE AVE
City / State / Zip	LAKEWOOD / NJ / 08701

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	50	F	-	-	-	11	04	-	-	TAMAR D FRIEDMAN - 13 EDGEMOUNT RD EDISON NJ 08817
B	02	03	01	05	58	M	-	-	-	04	04	-	-	KRZYSZTOF - CZARNECKI - 4505 NORMA PL TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

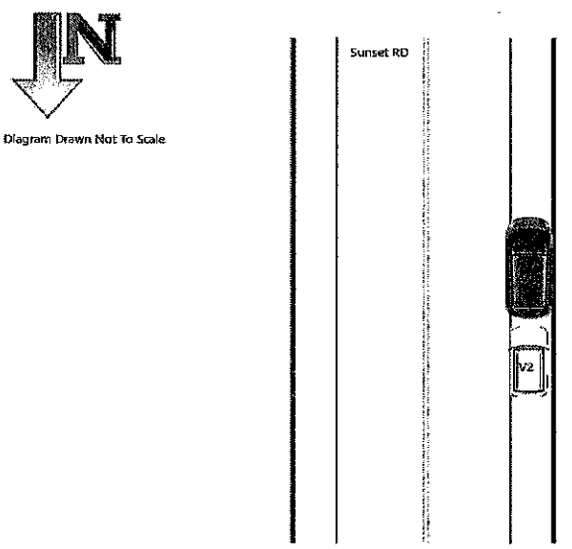
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-076424

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle 1 stated that she was parked on the side of Sunset Rd south bound when vehicle 2, a mail truck struck her vehicle from behind and kept driving. There were no injuries reported or observed to the occupant of vehicle 1. There appeared to be no recent damage to the rear of vehicle 1. Driver 1 pointed out minor chipping to the paint on the rear bumper that appeared to be old as id was covered in a layer of dirt.

The driver of vehicle 2 stated that he was delivering mail south bound on Sunset Rd and that no crash occurred. There were no injuries reported or observed to the occupant of vehicle 2. There appeared to be no damage to the front bumper of vehicle 2.

Based on driver statements, the lack of any damage to either vehicles, and the fact that the bumper of vehicle 2 is significantly lower than the bumper of vehicle 1, I believe that no crash took place.

V2 USPO# 10259098-A-0115

GVRW 5,400

Truck# 0229535

V2 INSURANCE:

Self Insured Through US Post Office

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOONEY JR M	330	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-081141
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0707
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CEDARBRIDGE AVE
At Intersection With Road Name	SWARTHMORE AVE
Dir	-
11 Speed Limit	50
12 Route No.	0528
Suffix	-
13 Milepost	-
14	20 ☒ Feet ☐ Miles
15	☐ N ☐ E ☐ S ☒ W
16	of:
17 Cross Road Name	
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.071119
22 Longitude	-74.172842

Vehicle 1

23 Veh #	1
24 Policy No.	4612123796
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	DEITRID
Initial	Y
Last Name	MOORE
29 Sex	F
27 Number & Street	606 VIOLET LN
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	2
DL Class	B
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M65091598862822
33 DOB (mm dd yyyy)	12/26/1982
34 Expires (mm yy)	12 22
35 Owner's	☒ Same As Driver
First Name	DEITRID
Initial	Y
Last Name	MOORE
36 Number & Street	606 VIOLET LN
37 City	JACKSON
State	NJ
Zip	08527
38 Make	LEXU
39 Model	ES3
40 Color	SIL
41 Year	2013
42 Plate No.	Z99LAM
43 State	NJ
44 VIN	JTHBW1GG8D2020697
45 Expires	03 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	6049179846
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	LISA
Initial	A
Last Name	ERRICKSON
59 Sex	F
57 Number & Street	48 HUTCH FARM RD
58 City	ENFIELD
State	ME
Zip	04493
60 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
61 State	ME
62 Driver's License Number	4847380
63 DOB (mm dd yyyy)	10/30/1960
64 Expires (mm yy)	10 26
65 Owner's	☐ Same As Driver
First Name	LISA
Initial	A
Last Name	ERRICKSON
66 Number & Street	48 HUTCH FARM RD
67 City	ENFIELD
State	ME
Zip	04493
68 Make	KIA
69 Model	SPT
70 Color	BLU
71 Year	2008
72 Plate No.	3696YS
73 State	ME
74 VIN	KNDJE723087505867
75 Expires	08 22
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:3-4	292539	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	39	F	-	-	-	11	04	-	-	DEITRID Y MOORE - 606 VIOLET LN JACKSON NJ 08527
B	02	01	01	05	61	F	-	-	-	11	04	-	-	LISA A ERRICKSON - 48 HUTCH FARM RD ENFIELD ME 04493
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-081141

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

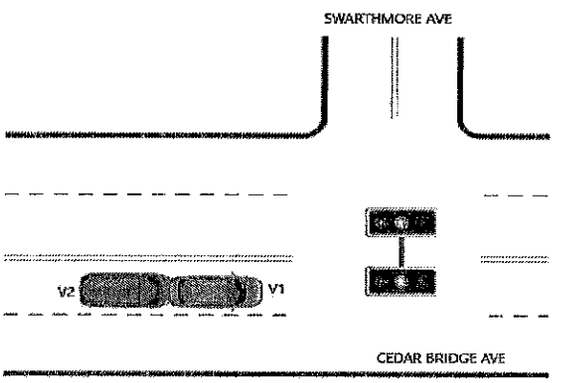


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver 1, Deitrid Moore was operating a 2013 Lexus ES3, NJ Z99-LAM. Ms. Moore stated she was stopped in traffic traveling east on Cedar Bridge Avenue in the left lane just west of Swarthmore Avenue when the rear of her vehicle was struck by the front of the vehicle behind her.

Driver 2, Lisa Errickson was operating a 2008 Kia Sportage, ME 369-6YS. Ms. Errickson stated she was stopped in traffic behind vehicle on Cedar Bridge Avenue. She thought vehicle 1 was going to move forward so she began to do the same. Vehicle 1 didn't move and the front of her vehicle struck the rear of vehicle 2.

Driver 2 was determined to be at fault for following too closely. End of report.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-081204
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1133
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	1900 SHORROCK ST
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	10
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	-
15 Miles	-
16 N ☐ E ☐ S ☐ W of:	-
17 Cross Road Name	
18 Speed Limit	-
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.054837
22 Longitude	-74.160888

Vehicle 1

23 Veh #	1
24 Policy No.	HPA00002780320
25 NJ Ins. Code	017
☒ 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 KELLY R ORTIZ -
36 Number & Street	1509 SILVERTON RD
37 City / State / Zip	TOMS RIVER NJ 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN SON - SO WHI 2019 V60RAD NJ
44 VIN / 45 Expires	5NPE34AF3KH783974 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.	SEE NARRATIVE
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	WILLIAM - LAUER JR -
59 Sex	M
57 Number & Street	26 ABBEY ROAD
58 City / State / Zip	BRICK NJ 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 B - - NJ
62 Driver's License Number	L08707850011474
63 DOB (mm dd yyyy)	11/11/1947
64 Expires (mm yy)	11 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BRIGGS - TRANSPORTATION -
66 Number & Street	1104 RICHMOND AVE
67 City / State / Zip	PT PLEASANT BH NJ 08742
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERC GRAND MA SIL 2009 OL4940K NJ
74 VIN / 75 Expires	2MEHM75V99X634070 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	02	01	01	05	74	M	-	-	-	11	04	-	-	WILLIAM - LAUER JR - 26 ABBEY ROAD BRICK NJ 08723
B														
C														
D														

New Jersey Police Crash Investigation Report

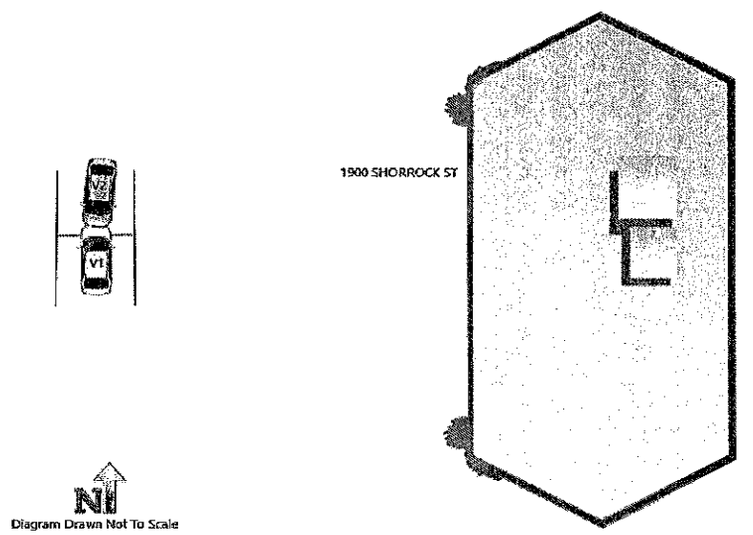
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-081204

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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, a 2019 Hyundai Sonata was parked in the parking lot of 1900 Shorrock Street. The front of vehicle 1 was over the painted parking space line and was partially into the marked parking space in front of it.

Driver 2, William Lauer Jr. was operating a 2009 Mercury Grand Marquis, NJ OL4-940K. Mr. Lauer Jr. stated he was parking in a marked parking space in the parking lot of 1900 Shorrock Street when the front of his vehicle struck the front of vehicle 1 which was parked partially into the space he was attempting to park in.

Vehicle 1 was determined to be at fault for improperly parked. Driver 2 was determined to be at fault for driver inattention.

Vehicle 2 insurance: National Interstate Insurance Company. Policy # YPH540352013. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	DTWORKOSKI	249	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

- 1 Case Number: 22-078950
- 2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01
- 3 Station/Precinct: --
- 4 Date of Crash (mm dd yy): 10/07/22
- 5 Day Of Week: FRIDAY
- 6 Time (use 2400 hrs): 1744
- 7 Municipality Code: 1514
- 8 Total Killed: --
- 9 Total Injured: --
- 10 Crash Occurred On: MADISON AVE — Road Name; Dir: -
- 11 Speed Limit: 40
- 12 Route No.: 0009 — Suffix
- 13 Milepost
- 18 Speed Limit: 25
- ☐ At Intersection With
- 14: 15 — ☒ Feet ☐ Miles (15)
- 16: ☒ N ☐ E ☐ S ☐ W of: 4TH STREET (17 Cross Road Name)
- 19 Ramp: ☐ To ☐ From:
- 20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB
- 21 Latitude: 40.091899
- 22 Longitude: -74.216662

Field	Vehicle 1	Vehicle 2
Veh # (23 / 53)	1	2
Policy No. (24 / 54)	909755520	4562542326
NJ Ins. Code (25 / 55)	054	100
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name (26 / 56)	CORINNE E GUADAGNINI -	ALEXANDRI S WALKER -
Sex (29 / 59)	F	F
Number & Street (27 / 57)	14-104 WALNUT STREET	619 OAKWOOD DR
City / State / Zip (28 / 58)	TOMS RIVER NJ 08753	FORKED RIVER NJ 08731
Eyes (30 / 60)	04	05
DL Class	D	D
Restrictions	-	-
Endorsements	-	-
State (31 / 61)	NJ	NJ
Driver's License Number (32 / 62)	G90021386562764	W02830198251935
DOB (33 / 63) mm dd yyyy	12/11/1976	01/28/1993
Expires (34 / 64) mm yy	12 25	01 23
Owner's First Name / Initial / Last Name (35 / 65)	☐ Same As Driver — CORINNE E GUADAGNINI -	☐ Same As Driver — ALEXANDRI S WALKER -
Number & Street (36 / 66)	14-104 WALNUT STREET	619 OAKWOOD DR
City / State / Zip (37 / 67)	TOMS RIVER NJ 08753	FORKED RIVER NJ 08731
Make (38 / 68)	MITS	HOND
Model (39 / 69)	OUT	CIV
Color (40 / 70)	WHI	GRY
Year (41 / 71)	2022	2008
Plate No. (42 / 72)	L24PLH	T71KHS
State (43 / 73)	NJ	NJ
VIN (44 / 74)	JA4J4TA87NZ039759	2HGFA16588H354258
Expires (45 / 75)	12 25	05 23
Vehicle Removed To (46 / 76)		
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority (47 / 77)	☒ Owner ☐ Driver ☐ Police	☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test (48 / 78)	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material (49 / 79)	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
Carrier No. (50 / 80)	☐ USDOT ☐ MC/MX ☒ None	☐ USDOT ☐ MC/MX ☒ None
GVWR/GCWR (51 / 81)	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52 / 82)		
Number & Street		
City / State / Zip		

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	45	F	-	-	-	11	04	-	-	CORINNE E GUADAGNINI - 14-104 WALNUT STREET TOMS RIVER NJ 08753
B	02	01	01	05	29	F	-	-	-	11	04	-	-	ALEXANDRI S WALKER - 619 OAKWOOD DR FORKED RIVER NJ 08731
C														
D														

Left margin codes:

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

Right margin codes:

Code	Value
118a	25
118b	-
119a	05
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
123	11
124	03
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	11
132	11
133	02
134	02

New Jersey Police Crash Investigation Report

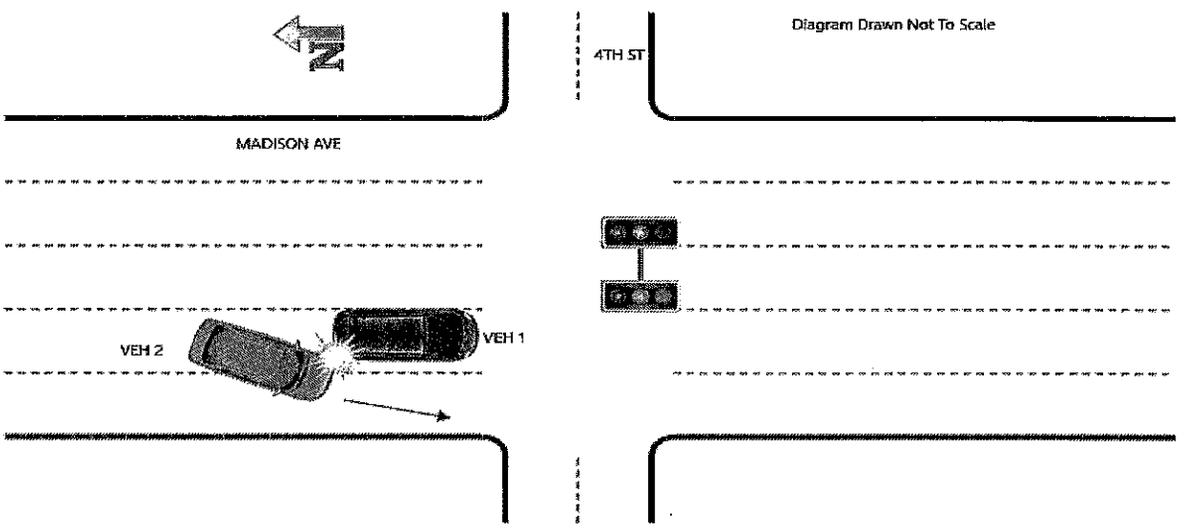
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-078950

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEH 1 STATED SHE WAS TRAVELING SOUTH ON MADISON AVENUE IN THE LEFT LANE OF TRAFFIC AND WAS STOPPED IN TRAFFIC FOR A RED LIGHT AT THE INTERSECTION OF 4TH ST. DRIVER 1 SAID WHILE STOPPED IN TRAFFIC SHE WAS HIT BY VEHICLE 2.

DRIVER OF VEH 2 STATED SHE WAS TRAVELING SOUTH ON MADISON AVE IN THE LEFT LANE OF TRAFFIC. DRIVER 2 SAID SHE WAS APPROACHING THE INTERSECTION OF 4TH STREET, WHEN THE VEHICLE IN FRONT OF HER SUDDENLY MOVED TO THE RIGHT LANE. DRIVER 2 STATED SHE CONTINUED STRAIGHT BUT THEN VEH 1 WAS STOPPED IN TRAFFIC IN FRONT OF HER. DRIVER 2 SAID SHE SWERVED THE RIGHT TO AVOID HITTING VEHICLE 1, HOWEVER WAS UNSUCESSFUL AND HIT THE REAR OF VEH 1.

UPON MY INVESTIGATION DRIVER 2 WAS AT FAULT FOR THE CRASH.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-078926
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	3 FAIRWAYS BLVD
11 Speed Limit	15
4 Date of Crash	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1546
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.057740
22 Longitude	-74.229961

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

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

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	93022925EY
25 NJ Ins. Code	141
26 Driver's First Name / Initial / Last Name	ABRAHAM J LEISER
29 Sex	M
27 Number & Street	6 JAMES ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	L23040057105692
33 DOB	05/25/1969
34 Expires	05 24
35 Owner's First Name / Initial / Last Name	ABRAHAM J LEISER
36 Number & Street	6 JAMES ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	NISS
39 Model	NV
40 Color	WHI
41 Year	2021
42 Plate No.	L86NNU
43 State	NJ
44 VIN	1N6BF0LY1MN804516
45 Expires	04 25
46 Vehicle Removed To	☒ Driven
47 Authority	☒ Driver
48 Alcohol/Drug Test	Given: ☒ No; Results: 0. - %
49 Hazardous Material	☒ None
50 Carrier No.	☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
52 Motor Carrier or Government Entity	

Vehicle 2

Field	Value
53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
56 Driver's Name	- - -
57 Number & Street	-
58 City	-
60 Eyes	-
61 State	-
62 Driver's License Number	-
65 Owner	- - -
66 Number & Street	-
67 City	-
68 Make	-
69 Model	-
72 Plate No.	-
74 VIN	-
76 Vehicle Removed To	-
78 Alcohol/Drug Test	Results: 0. - %
80 Carrier No.	-
82 Motor Carrier or Government Entity	-

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

ENTRANCE GATE POLE DAMAGED

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

	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	53	M	-	-	-	11	04	-	-	ABRAHAM J LEISER - 6 JAMES ST LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

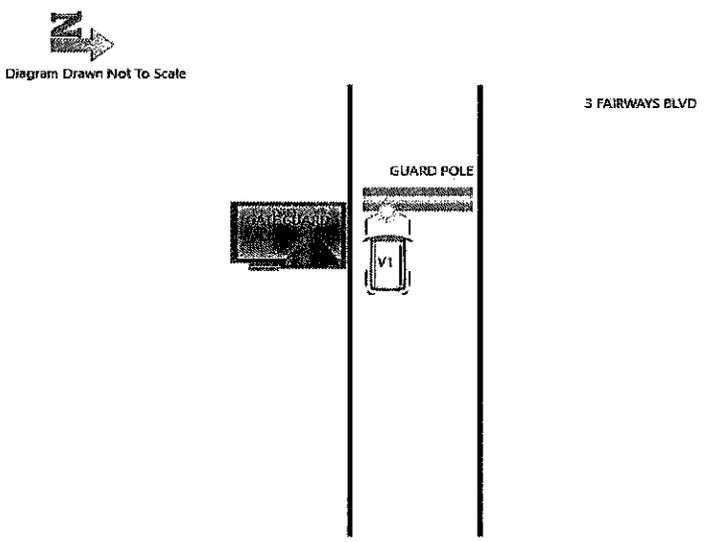
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-078926

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 at the gate guard entrance and saw the pole go up and proceeded forward. Driver 1 did not realize the pole that went up was from the other side and stated he could not see so well since his vehicle is high up. Driver 1 stated when he proceeded forward, he broke the guard pole.

Upon my arrival, I spoke with parties on scene. Driver 1 is at fault for driving forward when he was not cleared to do so. No injuries. Gate pole is damaged and was not able to be put back on.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-078905
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CAREY STREET
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	45
☒ Feet / ☐ Miles	500
☐N ☒E ☐S ☐W of:	MADISON AVENUE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1403
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.101940
22 Longitude	-74.218045

Vehicle 1

23 Veh #	1
24 Policy No.	4208-86-72-85
25 NJ Ins. Code	100
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	
29 Sex	
27 Number & Street	
28 City / State / Zip	
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	
35 Owner's First Name / Initial / Last Name	
☐ Same As Driver	CARLOS S TORRES-SEGUNDO -
36 Number & Street	503 CLIFTON AVE. APT.K
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / TOW / MAR / 2009 / C39JXF / NJ
44 VIN / 45 Expires	2A8HR54X49R566851 / 03 23
46 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	BA0000007142BX
55 NJ Ins. Code	153
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CRISTIAN J HUERTARAMIREZ -
59 Sex	M
57 Number & Street	4 GRIFFITH RD
58 City / State / Zip	FREEHOLD NJ 07728
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	H91191427105932 / 05/14/1993 / 05 26
65 Owner's First Name / Initial / Last Name	
☐ Same As Driver	- - ALPINE AIR HVAC I-
66 Number & Street	1985 SWARTHMORE AVE #6
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / TRN / WHI / 2020 / XKDK84 / NJ
74 VIN / 75 Expires	1FTBR1C84LKB57819 / 01 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	29	M	-	-	-	11	04	-	-	CRISTIAN J HUERTARAMIREZ - / 4 GRIFFITH RD FREEHOLD NJ 07728
B														
C														
D														

New Jersey Police Crash Investigation Report

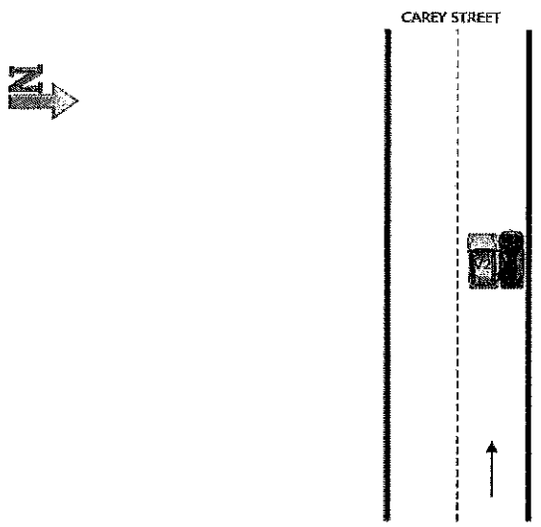
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-078905

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 PARKED LEGALLY ALONG THE NORTH BOUND CURB.

THE DRIVER OF VEHICLE 2 STATED HE TRAVELING WEST ON CAREY STREET WHEN HE SIDE SWIPED VEHICLE 1.

THIS INVESTIGATION DETERMINED DRIVER 2 AT FAULT.

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

1 Case Number	22-077500
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	AVENUE OF THE STATES
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐N ☐E ☐S ☐W of: STADIUM WAY
Dir	
11 Speed Limit	35
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	10/03/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0021
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.078302
22 Longitude	-74.190777

Vehicle 1

23 Veh #	1
24 Policy No.	4025-15-42-63
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHAYA - LAMM
29 Sex	F
27 Number & Street	28 E 13TH STREET
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	L03581220057012
33 DOB mm dd yyyy	07/21/2001
34 Expires mm yy	07 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YISROEL D LAMM -
36 Number & Street	28 E 13TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / TN / 2016 / L94LSZ / NJ
44 VIN	5TDKK3DC3GS714947
45 Expires	08 23
46 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	SELF INSURED
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ALEXANDER - GUZMAN PTL
59 Sex	M
57 Number & Street	231 3RD ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	G95210190009792
63 DOB mm dd yyyy	09/17/1979
64 Expires mm yy	09 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver POLICE - LAKEWOOD TOWN
66 Number & Street	231 3RD ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / EXP / GRY / 2019 / E10PZE / NJ
74 VIN	1FMJU1GT9KEA66109
75 Expires	06 26
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	21	F	-	-	-	11	11	02	-	CHAYA - LAMM - 28 E 13TH STREET LAKEWOOD NJ 08701
B	2	01	01	05	43	M	-	-	-	11	04	-	-	ALEXANDER - GUZMAN PTL 231 3RD ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

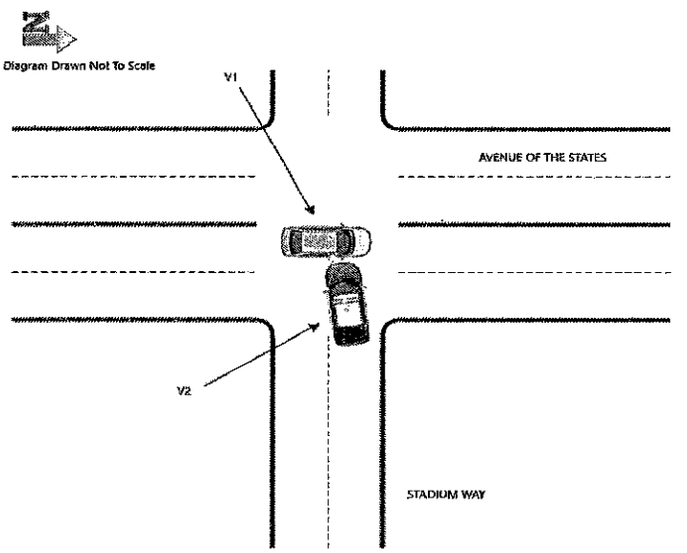
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-077500

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle #2 stated he was stopped at the stop sign located at the intersection of Stadium Way and Avenue of the States facing in a westerly direction. Driver #2 stated that he looked both ways and when he continued into the intersection struck vehicle #2 on the passengers side.

Driver of vehicle #1 was traveling north on Avenue of the States with no headlights on when she was struck by Vehicle #1 who entered the intersection from the stop sign located on Stadium Way.

Driver #1 stated that she had been looking for her car after an event and was cold and wet and wanted to get home, when she had forgotten to turn her headlights on.

This Officer finds vehicle #1 at fault for driving after sunset without her headlights on.

There were no injuries in the crash.

End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SGT. F. WORK	217	LT. MARSHALL	276	☐ Pending ☒ Complete

PAGE 1 OF 2 [ ] Fatal

New Jersey Police Crash Investigation Report

[X] 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: 00 | 106: - | 107: 00 | 108: - | 109: 00 | 110: 01 | 111: 00 | 112: - | 113: 00 | 114: - | 115: 00 | 116: 03 | 117: 00

1 Case Number: 22-079342
2 Police Dept of: LAKEWOOD TOWNSHIP F | Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 10/09/22
5 Day Of Week: SUNDAY
6 Time (use 2400 hrs): 0036
7 Municipality Code: 1514
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: SAMPSON AVE (Road Name) - (Dir)
11 Speed Limit: 25
12 Route No.: - Suffix: - 13 Milepost: -
[ ] At Intersection With
50 [X] Feet [ ] Miles (14, 15)
16: [X] N [ ] E [ ] S [ ] W of: BERGEN AVE
17 Cross Road Name
18 Speed Limit: 25
19 Ramp [ ] To [ ] From: -
20 Route/Name
[ ] NB [ ] EB [ ] SB [ ] WB
21 Latitude: 40.092560
22 Longitude: -74.202690

118a: - | 118b: - | 119a: 00 | 119b: - | 120a: - | 120b: | 121a: 00 | 121b: - | 122: 10 | 123: 00 | 124: 11 | 125: 11 | 126a: 26 | 126b: - | 126c: - | 126d: - | 126e: 26 | 127a: 28 | 127b: - | 127c: - | 127d: - | 127e: 28 | 128: 28 | 129: 11 | 130: 11 | 131: 00 | 132: 00 | 133: 02 | 134: 00

Field	Vehicle 1	Vehicle 2
Veh # (23/53)	1	2
Policy No. (24/54)	4623 14 8436	00
NJ Ins. Code (25/55)	100	-
Status	[X] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [ ] Hit & Run	[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [X] Hit & Run
Driver's First Name / Initial / Last Name (26/56)	- - -	00 - -
Sex (29/59)	-	-
Number & Street (27/57)	-	-
City / State / Zip (28/58)	- - -	- - -
Eyes / DL Class / Restrictions / Endorsements (30/60)	- - - -	- - - -
State (31/61)	-	-
Driver's License Number (32/62)	-	-
DOB (33/63)	-	-
Expires (34/64)	- -	- -
Owner's First Name / Initial / Last Name (35/65)	[ ] Same As Driver HUBBER J SIMPSON -	[ ] Same As Driver 00 - - -
Number & Street (36/66)	304 SAMPSON AVE	-
City / State / Zip (37/67)	LAKEWOOD NJ 08701	- - -
Make (38/68)	LINC	-
Model (39/69)	TOW - TO	-
Color (40/70)	BGE	-
Year (41/71)	1997	-
Plate No. (42/72)	L90FSR	-
State (43/73)	NJ	-
VIN (44/74)	1LNLM81W3VY713580	-
Expires (45/75)	08 23	- -
Vehicle Removed To (46/76)	-	-
Removal	[ ] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [X] Left At Scene [ ] Towed Impounded	[ ] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [ ] Left At Scene [ ] Towed Impounded
Authority (47/77)	[X] Owner [ ] Driver [ ] Police	[ ] Owner [ ] Driver [ ] Police
Alcohol/Drug Test (48/78)	Given: [X] No [ ] Yes [ ] Refused; Type: [ ] Breath [ ] Blood [ ] Urine; Results: 0. - %; [ ] Pending	Given: [ ] No [ ] Yes [ ] Refused; Type: [ ] Breath [ ] Blood [ ] Urine; Results: 0. - %; [ ] Pending
Hazardous Material (49/79)	[X] None [ ] On Board [ ] Spill; Hazard Class: -; Placard No.: -	[ ] None [ ] On Board [ ] Spill; Hazard Class: -; Placard No.: -
Carrier No. (50/80)	[ ] USDOT - [X] None; [ ] MC/MX -	[ ] USDOT - [ ] None; [ ] MC/MX -
GVWR/GCWR (51/81)	[ ] Weight <= 10,000 lbs [ ] Weight 10,001-26,000 lbs [ ] Weight >= 26,001 lbs	[ ] Weight <= 10,000 lbs [ ] Weight 10,001-26,000 lbs [ ] Weight >= 26,001 lbs
Motor Carrier or Government Entity (52/82)	-	00
Number & Street	-	-
City / State / Zip	- - -	- - -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V2	01	00	-		U	00	00		00	00	-		00
B														
C														
D														

New Jersey Police Crash Investigation Report

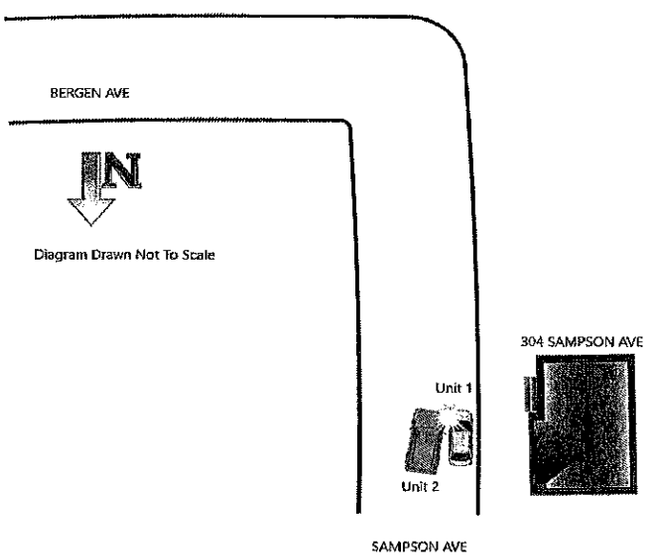
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079342

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 WAS LEGALLY PARKED FACING SOUTHBOUND ON SAMPSON AVENUE DIRECTLY IN FRONT OF 304 SAMPSON AVENUE.

V1 HAD MINOR DAMAGE TO THE DRIVER SIDE HEADLAMP AND FRONT BUMPER.

VI WAS NOT OCCUPIED.

AS PER OWNER, HE BELIEVES THE VEHICLE WAS STRUCK BY A RED SUV APPROXIMATELY 15 MINUTES PRIOR TO CALLING POLICE.

AREA WAS SEARCHED FOR VEHICLE, YIELDING NEGATIVE RESULTS.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BANUELOS M	398	LNJ	322	☒ Pending ☐ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-079507
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1715
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	MADISON AVENUE
Dir	-
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	150
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☐ W of:
17 Cross Road Name	MAIN STREET
18 Speed Limit	40
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Vehicles

Field	Vehicle 1	Vehicle 2
Veh # (23 / 53)	1	2
Policy No. (24 / 54)	5129J 014377	00
NJ Ins. Code (25 / 55)	917	-
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name (26 / 56)	SHIMON D KRASNE -	00 - 00 -
Sex (29 / 59)	M	U
Number & Street (27 / 57)	408 PARKVIEW AVE	00
City / State / Zip (28 / 58)	LAKEWOOD NJ 08701	00 - 00
Eyes (30 / 60)	02	00
DL Class	D	00
Restrictions	-	00
Endorsements	-	00
State (31 / 61)	NY	-
Driver's License Number (32 / 62)	563701787	00
DOB (33 / 63)	05/23/1998	00
Expires mm yy (34 / 64)	05 24	00 00
Owner's First Name / Initial / Last Name (35 / 65)	☐ Same As Driver SHIMON D KRASNE -	☐ Same As Driver 00 - 00 -
Number & Street (36 / 66)	408 PARKVIEW AVE	00
City / State / Zip (37 / 67)	LAKEWOOD NJ 08701	00 - 00
Make (38 / 68)	HOND	00
Model (39 / 69)	ACC	00
Color (40 / 70)	GRY	-
Year (41 / 71)	2012	00
Plate No. (42 / 72)	L37NEG	00
State (43 / 73)	NJ	-
VIN (44 / 74)	1HGCP2F33CA243811	00
Expires (45 / 75)	03 23	00 00
Vehicle Removed To (46 / 76)	-	00
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority (47 / 77)	☐ Owner ☒ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test (48 / 78)	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material (49 / 79)	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☐ None ☐ On Board ☐ Spill; Hazard Class 00; Placard No. 00
Carrier No. (50 / 80)	☐ USDOT ☐ MC/MX ☒ None	☐ USDOT 00 ☐ MC/MX 00 ☐ None
GVWR/GCWR (51 / 81)	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52 / 82)	-	00
Number & Street	-	00
City / State / Zip	- - -	00 - 00

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

-

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

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

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	24	M	-	-	-	11	04	-	-	SHIMON D KRASNE - / 408 PARKVIEW AVE LAKEWOOD NJ 08701 - -
B	01	02	01	05	23	F	-	-	-	11	04	-	-	LAYA KRASNE - / 408 PARKVIEW AVE LAKEWOOD NJ 08701 - -
C	01	04	01	05	10M	F	-	-	-	06	06	-	-	KALMY - KRASNE - / 408 PARKVIEW AVE LAKEWOOD NJ 08701 - -
D	02	01	00	-	00	U	00	00	00	00	00	-	-	00 - 00 - / 00 00 - 00 - -

Coded Fields

Code	Value
96	05
97	01
98	01
99	02
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	01
117	01
118a	25
118b	-
119a	00
119b	-
120a	01
120b	-
121a	00
121b	-
122	01
123	00
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	00
127c	00
127d	00
127e	00
128	26
129	09
130	09
131	00
132	00
133	02
134	00

New Jersey Police Crash Investigation Report

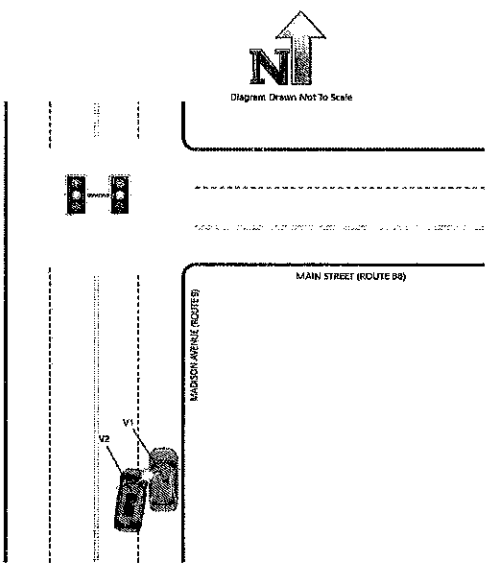
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079507

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated he was traveling north on Madison Avenue in the right most lane, when he was struck by V2, who was in the left northbound lane, also traveling north. Damage was minor to driver front door. No injuries were reported by the driver or passengers. The driver of V1 described V2 as a mid 2000's Lincoln sedan, black in color, unknown registration, driven by a middle aged black male. The driver lastly stated, V2 then entered the right lane and turned right onto Main Street going east, before losing sight of it.

I personally observed both black and white paint transfer to V1's driver front door. I canvassed the area for the suspect vehicle (V2), but was unable to locate it. No cameras were located in the immediate area that would have captured the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MEYER JR R	401	JP	283	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081210
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1151
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	MADISON AVE. -
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	- - -
☒ At Intersection With / Road Name / Dir	E. KENNEDY BLVD.
18 Speed Limit	35
☐ Feet ☐ N ☐ E of: / ☐ Miles ☐ S ☐ W	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.109250
22 Longitude	-74.217680

Vehicle 1

23 Veh #	1
24 Policy No.	939380454
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DAVID - STORCH -
29 Sex	M
27 Number & Street	151 COLES WAY
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	S83071560001854
33 DOB (mm dd yyyy)	01/30/1985
34 Expires (mm yy)	12 / 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - STORCH -
36 Number & Street	151 COLES WAY
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / BLK / 2014 / F91MCT / NJ
44 VIN / 45 Expires	5TDKK3DC2ES450147 / 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.	01231751-2
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DAVLATJON E ERGASHEV -
59 Sex	M
57 Number & Street	6510 108TH ST APT 5M
58 City / State / Zip	FOREST HILLS / NY / 11375
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / - / - / - / NY
62 Driver's License Number	700820018
63 DOB (mm dd yyyy)	04/16/2000
64 Expires (mm yy)	04 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVLATJON E ERGASHEV -
66 Number & Street	6510 108TH ST APT 5M
67 City / State / Zip	FOREST HILLS / NY / 11375
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / TK / WHI / 2019 / ZNW1594 / PA
74 VIN / 75 Expires	1FD0X4GT7KEE91915 / 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.

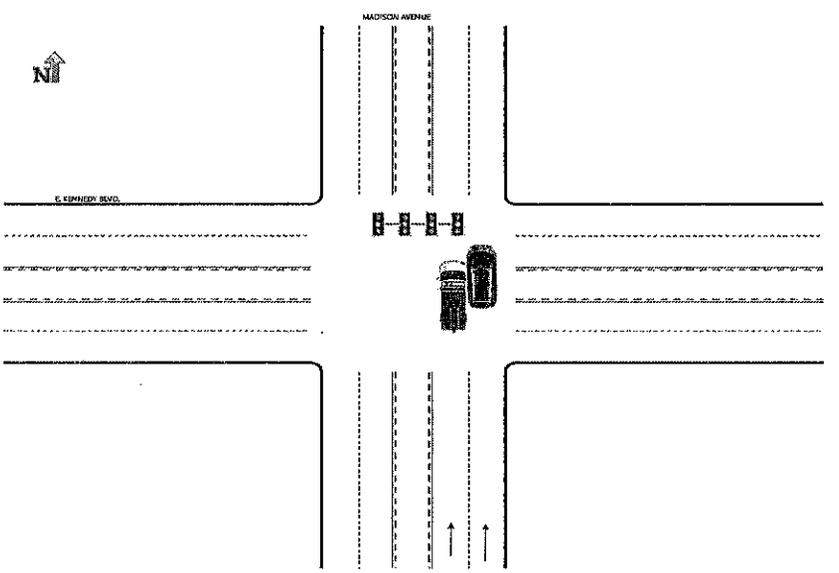
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	37	M	-	-	-	11	04	-	-	DAVID - STORCH - 151 COLES WAY LAKEWOOD NJ 08701
B	02	01	01	05	22	M	-	-	-	11	04	-	-	DAVLATJON E ERGASHEV - 6510 108TH ST APT 5M FOREST HILLS NY 11375
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: Case No: 22-081210

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 MADISON AVENUE TRAVELING NORTH BOUND IN THE RIGHT LANE WHEN VEHICLE 2 CHANGED FROM THE LEFT LANE TO THE RIGHT LANE AND STRUCK VEHICLE 1. HE ALSO STATED THAT HE DID NOT HAVE A BLINKER ON AND WAS NOT TURNING AT THE TIME OF THE CRASH.

DRIVER OF VEHICLE 2 STATED HE WAS IN THE LEFT LANE ON MADISON AVENUE WHEN VEHICLE 1 MOVED OVER FROM THE RIGHT LANE AND HIT VEHICLE 2.

BOX #55: UNITED FINANCIAL CASUALTY COMPANY 1-800-444-4487
PO BOX 94739 CLEVLAND, OH 44101

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

1 Case Number	22-081219
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On	LINDEN AVENUE
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
☒ At Intersection With	
Road Name	SOMERSET AVENUE
18 Speed Limit	35
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
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)	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1312
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	4252416054
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YEHUDAS A HARRAR -
29 Sex	M
27 Number & Street	346 RIDGE AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	H06617896112012
33 DOB (mm dd yyyy)	12/20/2001
34 Expires (mm yy)	12 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YECHEZKEL - LANDAU -
36 Number & Street	4 CHELSEA CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / AVA / 1 / 2017 / P75NMX / NJ
44 VIN	4T1BK1EB0HU245545
45 Expires	03 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939727806
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YOSEF E GORDON -
59 Sex	M
57 Number & Street	57 LINDEN AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
61 State	NJ
62 Driver's License Number	G65767906512952
63 DOB (mm dd yyyy)	12/06/1995
64 Expires (mm yy)	12 23
65 Owner's First Name / Initial / Last Name	☒ Same As Driver YOSEF E GORDON -
66 Number & Street	57 LINDEN AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / 1 / 2016 / V78KRV / NJ
74 VIN	4T4BF1FK2GR576134
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	20	M	-	-	-	11	04	-	-	YEHUDAS A HARRAR - / 346 RIDGE AVE LAKEWOOD NJ 08701
B	V1	03	01	05	19	M	-	-	-	11	04	-	-	YITZCHOK OLSHIN / 21 DENA CT LAKEWOOD NJ 08701
C	V2	01	01	05	26	M	-	-	-	11	04	-	-	YOSEF E GORDON - / 57 LINDEN AVE LAKEWOOD NJ 08701
D	V2	06	01	05	1	M	-	-	-	05	05	-	-	SHABSI GORDON / 57 LINDEN AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

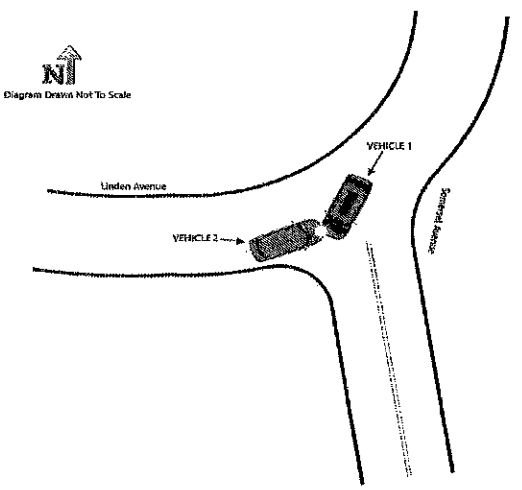
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-081219

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 TURN LEFT CONTINUING ON SOMERSET AVENUE, WHEN HE FELT HIS TIRES SKID. HE ALSO STATED HE DIDN'T SEE VEHICLE 2 THAT HAD THE RIGHT OF WAY.

THE DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING ON LINDEN AVENUE WHEN VEHICLE 1 TURNED RIGHT INTO HIS VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT FOR FAILING TO YIELD TO THE VEHICLE WITH THE RIGHT OF WAY.

NO INJURIES WERE REPORTED ON SCENE.

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

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081245
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	LEXINGTON AVENUE
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
Road Name	
Dir	-
☒ Feet / ☐ Miles	250
☐ N ☐ E ☒ S ☐ W of:	14TH STREET
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1512
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.104789
22 Longitude	-74.214234

Vehicle 1

23 Veh #	1
24 Policy No.	5129J 009450
25 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	GEDALIAH
Initial	A
Last Name	BARRISH
Suffix	-
29 Sex	M
27 Number & Street	7 CARRIAGE CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	B06702766107876
33 DOB mm dd yyyy	07/28/1987
34 Expires mm yy	07 23
35 Owner's First Name	MALKA
Initial	M
Last Name	KURTZ
Suffix	-
☐ Same As Driver	
36 Number & Street	15 8TH STREET
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	KIA
39 Model	SED
40 Color	BLK
41 Year	2018
42 Plate No.	V70PSC
43 State	NJ
44 VIN	KNDMB5C13J6383136
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.	5129J 006592
55 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	YEHUDA
Initial	A
Last Name	FINKEL
Suffix	-
59 Sex	M
57 Number & Street	24WHISPERING PINES LN
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	5
DL Class	A
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	F45037896105905
63 DOB mm dd yyyy	05/25/1990
64 Expires mm yy	05 26
65 Owner's First Name	BROCHA
Initial	B
Last Name	FINKEL
Suffix	-
☐ Same As Driver	
66 Number & Street	24 WHISPERING PINES LN.
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	SIE
70 Color	4
71 Year	2017
72 Plate No.	L22LNY
73 State	NJ
74 VIN	5TDKZ3DC5HS776718
75 Expires	07 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	35	M	-	-	-	11	04	-	-	GEDALIAH A BARRISH - 7 CARRIAGE CT LAKEWOOD NJ 08701
B	01	03	01	05	34	F	-	-	-	11	04	-	-	MALKA BARRISH 7 CARRIAGE CT LAKEWOOD NJ 08701
C	01	04	01	05	03	M	-	-	-	05	05	-	-	MOSHE BARRISH 7 CARRIAGE CT LAKEWOOD NJ 08701
D	01	05	01	05	07	F	-	-	-	04	04	-	-	TZIREL BARRISH 7 CARRIAGE CT LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Description

Police Dept: LAKEWOOD TOWNS Code: 01

Station: _____ Case No.: 22-081245

(Refer to vehicle by number)

ALL INVOLVED

Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
83	84	85	86	87	88	89	90	91	92	93	94	95	
01	06	01	05	10	M	-	-	-	04	04	-	-	YAAKOV BARRISH 7 CARRIAGE CT LAKEWOOD NJ 08701
01	07	01	05	11	M	-	-	-	04	04	-	-	SHIMON BARRISH 7 CARRIAGE CT LAKEWOOD NJ 08701
01	08	01	05	06	M	-	-	-	05	05	-	-	YESHOU BARRISH 7 CARRIAGE CT LAKEWOOD NJ 08701
02	01	01	05	32	M	-	-	-	11	04	-	-	YEHUDA A FINKEL 24WHISPERING PINES LN LAKEWOOD NJ 08701
02	03	01	05	31	F	-	-	-	11	04	-	-	BROCHA FINKEL 24WHISPERING PINES L LAKEOOWD NJ 08701
02	04	01	05	01	M	-	-	-	05	05	-	-	CHAIM FINKEL 24WHISPERING PINES L LAKEWOOD NJ 08701
02	05	01	05	03	F	-	-	-	05	05	-	-	AHUVA FINKEL 24 WHISPERING PINES L LAKEWOOD NJ 08701
02	06	01	05	07	M	-	-	-	11	04	-	-	MORDECHAI FINKEL 24WHISPERING PINES L LAKEWOOD NJ 08701
02	06	01	05	06	M	-	-	-	05	05	-	-	YOSEF FINKEL 24 WHISPERING PINES L LAKEWOOD NJ 08701

SEUNATH K — Officer's Signature

284 — Badge Number

New Jersey Police Crash Investigation Report

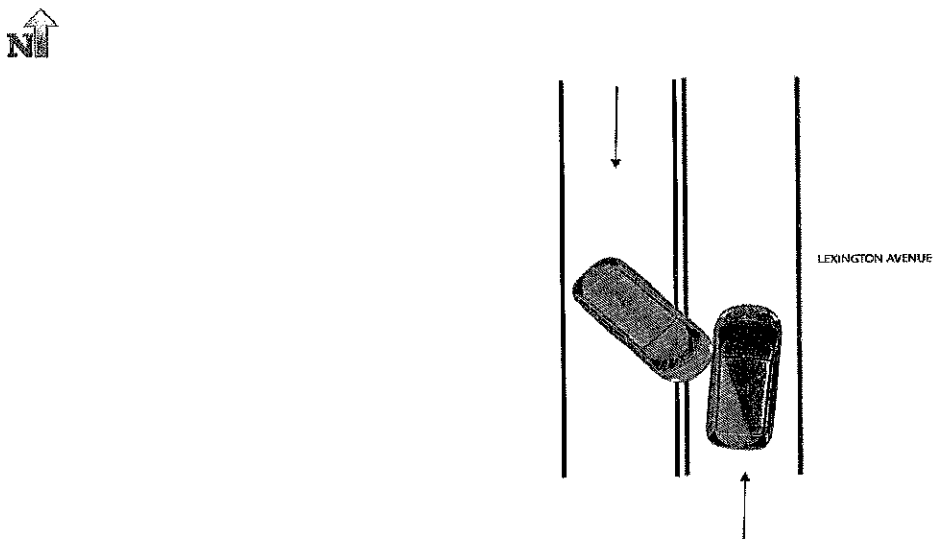
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081245

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 NORTH ON LEXINGTON AVENUE WHEN VEHICLE 2 WHICH WAS TRAVELING IN THE OPPOSITE DIRECTION PROCEEDED TO MAKE A LEFT TURN INTO A DRIVEWAY. DRIVER 2 STATED HE BEEPED THE HORN AND SWERVED TO THE RIGHT TO AVOID A COLLISON, BUT VEHICLE 2 NEVER STOPPED AND STRUCK VEHICLE 1.

DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING SOUTH ON LEXTINGTON AVENUE AND NEVER SAW VEHICLE 2. AS HE PROCEEDED TO MAKE A LEFT TURN INTO A DRIVEWAY, VEHICLE 1 CAME OUT OF NOWHERE AND STRUCK VEHICLE 2. DRIVER 2 ALSO STATED THAT VEHICLE 1 WAS SPEEDING.

THIS INVESTIGATION DETERMINED THAT DRIVER 1 WAS TRAVELING NORTH BOUND ON LEXTINGTON AVENUE AT A SAFE SPEED. DRIVER 2 FAILED TO SEE VEHICLE 1 AND MADE A UNSAFE LEFT TURN.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081278
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1713
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	E COUNTY LINE RD
At Intersection With / Road Name / Dir	CLIFTON AVE
200 ☒ Feet ☐ Miles	☐ N ☐ E ☐ S ☒ W of:
11 Speed Limit	30
12 Route No. / Suffix / 13 Milepost	0526
18 Speed Limit	25
19 Ramp ☐ To ☐ From	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	09
21 Latitude	40.106054
22 Longitude	-74.217240

Vehicle 1

23 Veh #	1
24 Policy No.	HPA00002638940
25 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHARON M BARRON -
29 Sex	F
27 Number & Street	755 BREWERS BRIDGE ROAD 31H
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	B06727037452812
33 DOB (mm dd yyyy)	02/26/1981
34 Expires (mm yy)	02 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SHARON M BARRON -
36 Number & Street	755 BREWERS BRIDGE ROAD 31H
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / MAX - MA / WHI / 2009 / C34NPD / NJ
44 VIN / 45 Expires	1N4AA51E69C800716 / 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.	4392-93-90-80
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YEHOESHUA P ADAMS -
59 Sex	M
57 Number & Street	39 LOUISIANA PKWY
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	A17917897702852
63 DOB (mm dd yyyy)	02/13/1985
64 Expires (mm yy)	02 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YEHOESHUA P ADAMS -
66 Number & Street	39 LOUISIANA PKWY
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / GRN / 2011 / H92LKT / NJ
74 VIN / 75 Expires	4T1BF3EK7BU629104 / 06 23
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.
2	39:4-97	A-295403

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	04	41	F	03	08	02	11	04	-	6505	SHARON M BARRON - 755 BREWERS BRIDGE RJACKSON NJ 08527
B	2	01	01	05	37	M	-	-	-	11	04	-	-	YEHOESHUA P ADAMS - 39 LOUISIANA PKWY JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

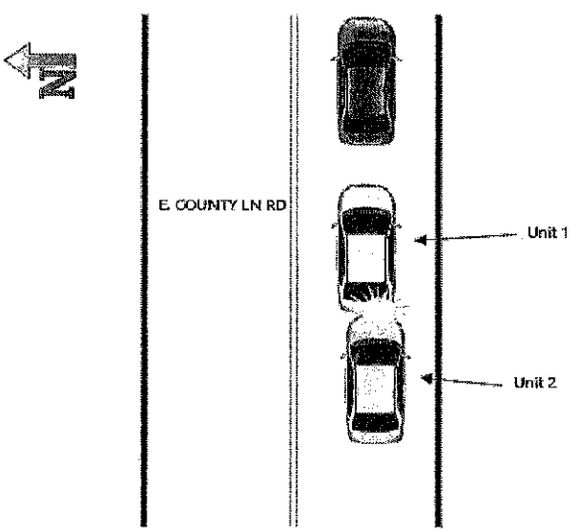
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-081278

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER #1 STATED THAT SHE WAS TRAVELING EAST ON E. COUNTY LINE ROAD AND BEGAN TO SLOW DOWN DUE TO TRAFFIC WHEN VEHICLE #2 TRAVELING EAST ON E. COUNTY LINE ROAD STRUCK VEHICLE #1 FROM BEHIND. DRIVER #2 STATED THAT VEHICLE #1 STOPPED AND HE DID NOT HAVE ENOUGH TIME TO STOP CAUSING VEHICLE #2 TO STRIKE VEHICLE #1 FROM BEHIND. DRIVER #2 ALSO STATED THAT HE ATTEMPTED TO STOP BUT SLID DUE TO THE WET SURFACE. DRIVER #1 WAS TRANSPORTED TO THE HOSPITAL FOR FURTHER TREATMENT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081286
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MAIN ST
At Intersection With / Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet / ☐ Miles	50
☐ N ☒ E / ☐ S ☐ W of:	CLIFTON AVE
19 Ramp ☐ To / ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB / ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1753
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090058
22 Longitude	-74.214224

Vehicle 1

23 Veh #	1
24 Policy No.	4366590943
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GARY - CARMONA
29 Sex	M
27 Number & Street	800 HARVEST WAY UNIT 11
28 City / State / Zip	TOMS RIVER / NJ / 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / - / - / - / NJ
32 Driver's License Number / 33 DOB / 34 Expires	C06322740009942 / 09/16/1994 / 09 24
35 Owner's: ☒ Same As Driver / First Name / Initial / Last Name	☒ / GARY - CARMONA
36 Number & Street	800 HARVEST WAY UNIT 11
37 City / State / Zip	TOMS RIVER / NJ / 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU / RC / BLK / 2015 / G34LAL / NJ
44 VIN / 45 Expires	JTHSE5BC9F5001592 / 03 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority: ☒ Owner ☐ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	
50 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939678919
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YOSEF - FALK
59 Sex	M
57 Number & Street	86 E 9TH ST
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	F02827900008994 / 08/02/1999 / 08 23
65 Owner's: ☐ Same As Driver / First Name / Initial / Last Name	☐ / AVRUM - KARP
66 Number & Street	157 ENCLAVE BLVD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / COR / GRY / 2015 / P36KFJ / NJ
74 VIN / 75 Expires	2T1BURHE5FC308927 / 07 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	
80 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	28	M	-	-	-	11	04	-	-	GARY - CARMONA - 800 HARVEST WAY UNIT TOMS RIVER NJ 08755 - -
B	2	01	01	05	23	M	-	-	-	11	04	-	-	YOSEF - FALK - 86 E 9TH ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

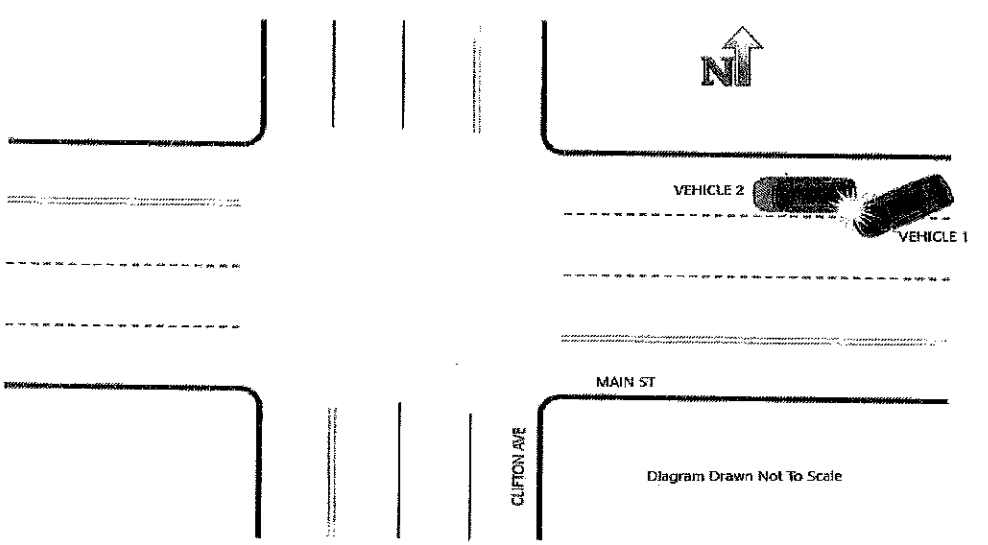
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-081286

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 stated he was travelling west on Main St behind Vehicle 2 when Vehicle 2 stopped, resulting in driver of Vehicle 1 striking Vehicle 2 from behind. Driver of Vehicle 2 stated he was travelling west on Main St when he began slowing down to conduct a right turn into the parking lot of 231 Main St, when he was struck from behind by Vehicle 1.

Vehicle 1 sustained damages consisting of scratching to the front passenger side bumper as well as denting to the panel above the front passenger wheel. Vehicle 2 sustained damages consisting of scratching and minor denting to the rear driver side bumper area.

From my investigation, I concluded that driver of Vehicle 1 was at fault for following too closely behind Vehicle 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081301
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PEARL ST
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	15
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	15
☒ Feet ☐ Miles	35
☒ N ☐ E ☐ S ☐ W of:	WOEHR AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1853
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.092774
22 Longitude	-74.204700

Vehicle 1

23 Veh #	1
24 Policy No.	4517 72 84 75
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	SIMA
Initial	-
Last Name	DORFMAN
29 Sex	F
27 Number & Street	3 SPARROW AVE
28 City	CHESTNUT RIDGE
State	NY
Zip	10977
30 Eyes	5
DL Class	D
Restrictions	-
Endorsements	-
31 State	NY
32 Driver's License Number	329696532
33 DOB mm dd yyyy	03/28/1981
34 Expires mm yy	03 26
35 Owner's First Name	YITZCHOK
Initial	-
Last Name	DORFMAN
☐ Same As Driver	
36 Number & Street	3 SPARROW AVE CHESTNUT
37 City	RIDGE
State	NY
Zip	10977
38 Make	FORD
39 Model	ECONOLIN
40 Color	SIL
41 Year	2010
42 Plate No.	GLJ2261
43 State	NY
44 VIN	1FBNE3BLXADA18066
45 Expires	12 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	5082 0173 03
55 NJ Ins. Code	068
☒ 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	LLC
Initial	-
Last Name	BUGGIES CAR REN -
☐ Same As Driver	
66 Number & Street	PO BOX 1168
67 City	JACKSON
State	NJ
Zip	08527
68 Make	KIA
69 Model	SED
70 Color	SIL
71 Year	2017
72 Plate No.	X52PUF
73 State	NJ
74 VIN	KNDMB5C10H6224875
75 Expires	03 23
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 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	41	F	-	-	-	11	04	-	-	SIMA - DORFMAN - 3 SPARROW AVE CHESTNUT RIDGE NY 10977
B														
C														
D														

New Jersey Police Crash Investigation Report

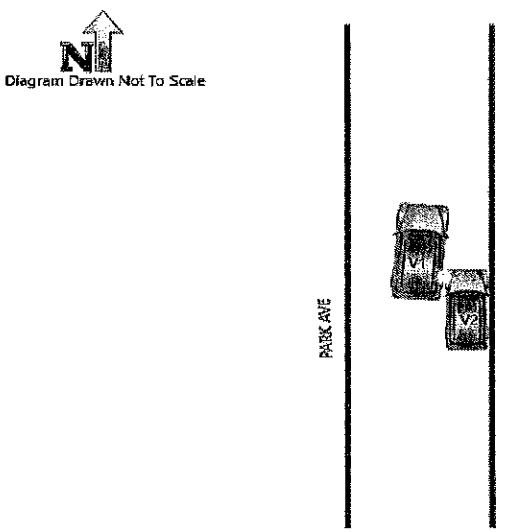
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081301

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 headed North on Park Ave and saw a pedestrian walking in the road. Driver 1 stated she moved more to the right of the road to go around the pedestrian that was walking and side swiped V2 which was parked on this street.

Upon my arrival, I spoke with both parties on scene. Driver 1 is at fault for moving to close to the right side of the road where vehicles are parked causing a side swipe. No injuries at this time.

Driver 1 insurance:
Geico General In Co.
One Geico Plaza
Washington DC 20076-0001

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIANOULIS J	410	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081306
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1913
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CEDARBRIDGE AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	25
☐N ☐E ☐S ☒W of:	MARTIN LUTHER KING DR
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	
☐NB ☐EB ☐SB ☐WB	
21 Latitude	40.086258
22 Longitude	-74.210359

Vehicle 1

23 Veh #	1
24 Policy No.	1351875D1530A
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JHONATAN - AREVALOCARDOZO -
29 Sex	M
27 Number & Street	778 NEW HAMPSHIRE AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB / 34 Expires	A73654010005912 / 05/31/1991 / 05 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JHONATAN - AREVALOCARDOZO -
36 Number & Street	778 NEW HAMPSHIRE AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	PONT / VIB / SIL / 2009 / T59PFL / NJ
44 VIN / 45 Expires	5Y2SP67009Z463942 / 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.	4222872337
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MORRIS D REISS -
59 Sex	M
57 Number & Street	125 14TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / - / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	R23115646405822 / 05/18/1982 / 05 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MORRIS D REISS -
66 Number & Street	125 14TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / K5 / BLK / 2021 / L59NKD / NJ
74 VIN / 75 Expires	5XXG14J2XMG041131 / 03 24
76 Vehicle Removed To	PRIVATE TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	31	M	-	-	-	11	04	-	-	JHONATAN - AREVALOCARDOZO - 778 NEW HAMPSHIRE A\ LAKEWOOD NJ 08701
B	02	01	01	05	40	M	-	-	-	11	04	02	-	MORRIS D REISS - 125 14TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

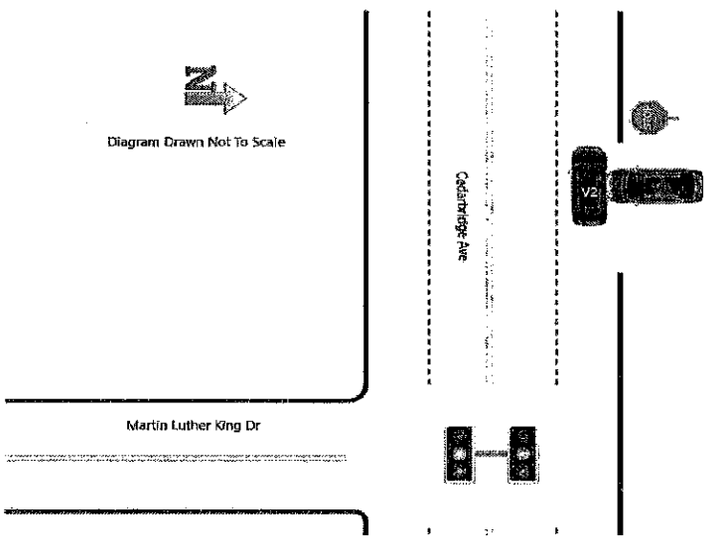
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-081306

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 stopped at the stop sign facing southbound in the parking lot at 105 Cedarbridge Ave. He reported that he wanted to turn left onto Cedarbridge Ave to travel eastbound. As he entered Cedarbridge Ave, he struck vehicle 2 who was travelling westbound on Cedarbridge Ave.

Driver of vehicle 2 was travelling westbound on Cedarbridge Ave near Martin Luther King Dr. He reported that as he passed 105 Cedarbridge Ave, vehicle 1 left the parking lot and struck vehicle 2.

After my investigation, I determined that driver of vehicle 1 is at fault for failure to yield to oncoming traffic. Vehicle 1 sustained disabling damage to the front of the vehicle resulting in the vehicle to be left on scene. Vehicle 2 sustained disabling damage to the front passenger side near the front tire resulting in airbag deployment. Vehicle 2 was towed by Moshy's Towing. No injuries reported at the time of the crash.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081318
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On:	OCEAN AVE
☒ At Intersection With	PARK AVE
☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W	
11 Speed Limit	35
12 Route No.	0088
Suffix	
13 Milepost	
18 Speed Limit	15
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2047
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090540
22 Longitude	-74.207812

Vehicle 1

23 Veh #	1
24 Policy No.	PAIL001027139
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MEJIA-DE JESUS - MEJIA
29 Sex	M
27 Number & Street	394 WOODLAKE MANOR DR
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / DZ / - / - / MX
32 Driver's License Number	04R832978
33 DOB (mm dd yyyy)	09/09/1973
34 Expires (mm yy)	02 / 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MEJIA-DE JESUS - MEJIA
36 Number & Street	394 WOODLAKE MANOR DR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / TNC / SIL / 2001 / DK29527 / IL
44 VIN	1C4GJ25331B181661
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.	2007739520
55 NJ Ins. Code	073
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHRISTIAN A ANDRADE -
59 Sex	M
57 Number & Street	132 LUCY RD
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	A58791246107002
63 DOB (mm dd yyyy)	07/30/2000
64 Expires (mm yy)	07 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - LAKEWOOD SHOMF-
66 Number & Street	72 PARK AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / EXP / BLK / 2014 / NF39268 / NJ
74 VIN	1FM5K8AR8EGB11532
75 Expires	02 / 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	49	M	-	-	-	11	04	-	-	MEJIA-DE JESUS - MEJIA - 394 WOODLAKE MANOR LAKEWOOD NJ 08701
B	1	03	01	05	48	F	-	-	-	11	04	-	-	LUISA - GARISTA-GARCIA - 394 WOODLAKE MANOR LAKEWOOD NJ 08701
C	2	01	01	05	22	M	-	-	-	11	04	-	-	CHRISTIAN A ANDRADE - 132 LUCY RD LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

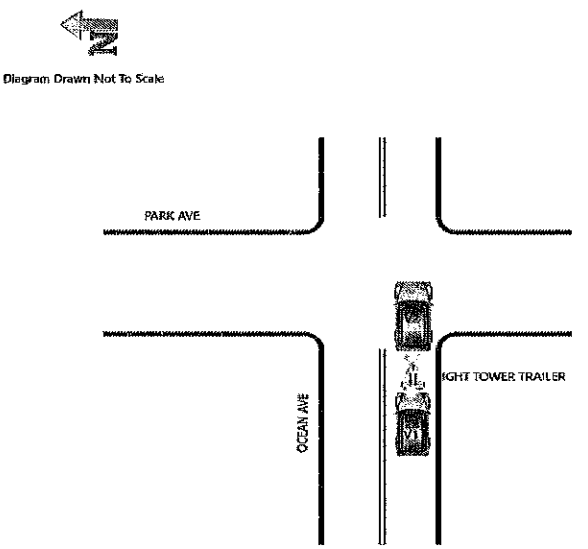
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081318

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 headed East on Ocean Ave and saw V1 stop short and he crashed into the back of the light tower that was attached to back of V2.

Driver 2 stated he was heading East on Ocean Ave and was behind a vehicle that was making a left onto Park Ave. Driver 2 stated as he stopped behind this vehicle he was suddenly hit from behind by V1. Driver 2 stated the light tower he was towing was hit and bent causing it to damage his vehicle as well.

Upon my arrival, I spoke with all parties on scene. Driver 1 is at fault for following to closely. No injuries reported at this time.

Driver 1 insurance:
Direct Auto In Co.
8700 W Bryn Mawr Ave, Chicago IL 60631

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIANOULIS J	410	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081324
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	W COUNTY LINE
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	TANGLEWOOD LN
☐ Miles ☐ S ☐ W	Dir
11 Speed Limit	40
12 Route No.	0526
Suffix	
13 Milepost	
14	15
16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2111
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.107063
22 Longitude	-74.231152

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	JOSEPH
Initial	I
Last Name	RUBINSTEIN
29 Sex	M
27 Number & Street	46 STAMFORD HILL RD
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R90274106907912
33 DOB mm dd yyyy	07/23/1991
34 Expires mm yy	07 23
35 Owner's First Name	-
Initial	-
Last Name	386 ROUTE 17M LL
☐ Same As Driver	
36 Number & Street	5314 16TH AVENUE #202
37 City	BROOKLYN
State	NY
Zip	11204
38 Make	KIA
39 Model	CAR
40 Color	GRY
41 Year	2022
42 Plate No.	F30PKV
43 State	NJ
44 VIN	KNDNB4H3XN6122617
45 Expires	02 23
46 Vehicle Removed To	YETZ AUTOBODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ 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.	TCA00001014155
55 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	SIMCHA
Initial	D
Last Name	STEIN
59 Sex	M
57 Number & Street	67 CITADEL CT
58 City	JACKSON
State	NJ
Zip	08527
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S81877156408912
63 DOB mm dd yyyy	08/27/1991
64 Expires mm yy	08 23
65 Owner's First Name	KAILA
Initial	-
Last Name	STEIN
☐ Same As Driver	
66 Number & Street	67 CITADEL DR
67 City	JACKSON
State	NJ
Zip	08527
68 Make	TOYT
69 Model	CAM
70 Color	4
71 Year	2016
72 Plate No.	G62KPL
73 State	NJ
74 VIN	4T4BF1FK3GR530246
75 Expires	09 23
76 Vehicle Removed To	YITZ AUTOBODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	294813			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	31	M	-	-	-	11	04	-	-	JOSEPH I RUBINSTEIN - 46 STAMFORD HILL RD LAKEWOOD NJ 08701
B	02	01	01	05	31	M	-	-	-	11	-	-	-	SIMCHA D STEIN - 67 CITADEL CT JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

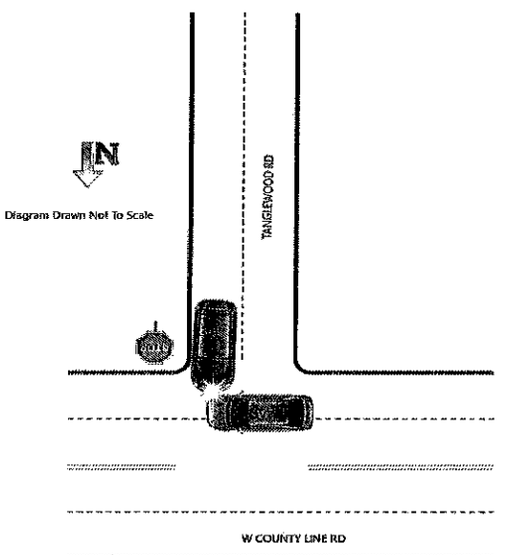
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081324

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 HE WAS DRIVING STRAIGHT AND ACTIVATED HIS RIGHT TURN SIGNAL AND STARTED TO SLOW DOWN. HE SLOWED DOWN A DOWN AT THE TANGLEWOOD ROAD INTERSECTION BUT REALIZED THAT WAS NOT THE STREET HE WAS LOOKING FOR AND HE CONTINUED GOING STRAIGHT. WHEN CROSSING THE TANGLEWOOD INTERSECTION, VEHICLE 1 STARTED TO TURN LEFT ONTO COUNTY LINE ROAD AND CRASHED INTO HIS PASSENGER FRONT SIDE FENDER. DRIVER 2 STATED THAT HE SLOWED DOWN BECAUSE HE WAS LOOKING FOR FERNWOOD ROAD WHICH WAS TWO STREETS FURTHER DOWN.

DRIVER 2 STATED HE WAS STOPED AT THE STOP SIGN AND SAW VEHICLE 2 SLOW DOWN AND ACTIVATE HIS RIGHT TURN SIGNAL AND SLOW DOWN. AT THIS POINT HE STARTED TO MAKE A LEFT TURN BUT, VEHICLE 2 NEVER MADE A RIGHT TURN AND KEPT DRIVING STRAIGHT. VEHICLE 1 CRASHED INTO THE FRONT PASSENGER SIDE OF VEHICLE 2.

***VEHICLE 2 IS A RENTAL AND SELF INSURED**

GEICO
148
4614098285

BASED ON STATEMENTS GIVEN BY BOTH DRIVERS, DRIVER 1 IS AT FAULT BECAUSE HE HAD A STOP SIGN AND VEHICLE 2 HAD THE RIGHT OF WAY ON THE MAIN ROAD.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DILONE L	382	LT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081330
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	LEXINGTON AVE
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	11TH ST
☐ Feet / ☐ Miles	-
☐ N ☐ E / ☐ S ☐ W	
14	-
15	
16	
17 Cross Road Name	
19 Ramp ☐ To / ☐ From:	-
20 Route/Name	
☐ NB ☐ EB / ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2126
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.101199
22 Longitude	-74.213874

Vehicle 1

23 Veh #	1
24 Policy No.	5082-0173-03
25 NJ Ins. Code	068
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MEIR
Initial	S
Last Name	GROZOVSKY
-	-
29 Sex	M
27 Number & Street	13 EVIAN CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
31 State	IS
32 Driver's License Number	316243948
33 DOB mm dd yyyy	06/08/1996
34 Expires mm yy	06 27
35 Owner's First Name	☐ Same As Driver
Initial	LLC
Last Name	-
	BUGGIES CAR REN
	-
36 Number & Street	PO BOX 1168
37 City	JACKSON
State	NJ
Zip	08527
38 Make	CHEV
39 Model	SPR - SP
40 Color	SIL
41 Year	2021
42 Plate No.	Z58PMG
43 State	NJ
44 VIN	KL8CB6SA2MC706951
45 Expires	12 23
46 Vehicle Removed To	YITZ AUTO BODY & 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.	606606055 206 1
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	ELIMELECH
Initial	S
Last Name	LIEBERMAN
-	-
59 Sex	M
57 Number & Street	289 DEWEY AVE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	L41432098210822
63 DOB mm dd yyyy	10/09/1982
64 Expires mm yy	10 24
65 Owner's First Name	☒ Same As Driver
Initial	ELIMELECH
Last Name	S
	LIEBERMAN
	-
66 Number & Street	289 DEWEY AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	COR
70 Color	SIL
71 Year	2010
72 Plate No.	M61GRH
73 State	NJ
74 VIN	2T1BU4EE8AC332882
75 Expires	05 23
76 Vehicle Removed To	YITZ AUTO BODY & TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None
	☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
D1	39:4-144	1514-A-295314			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	26	M	-	-	02	11	04	01	6505	MEIR S GROZOVSKY - 13 EVIAN CT LAKEWOOD NJ 08701
B	V1	03	01	03	26	F	08	07	02	11	04	01	6505	TOVA - GROZOVSKY - 13 EVIAN CT LAKEWOOD NJ 08701
C	V2	01	01	05	40	M	-	-	-	11	04	-	-	ELIMELECH S LIEBERMAN - 289 DEWEY AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

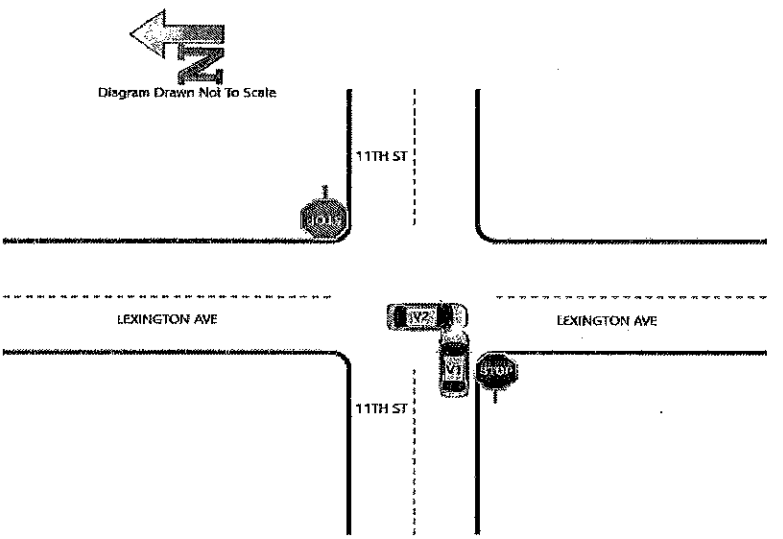
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081330

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED HE WAS TRAVELING EAST ON 11TH ST WHERE HE DROVE THROUGH THE INTERSECTION OF LEXINGTON AVE AND 11TH ST AND CRASHED INTO V2. DRIVER OF V2 STATED HE WAS TRAVELING SOUTH ON LEXINGTON AVE WHERE V1 CROSSED THROUGH THE INTERSECTION AND CRASHED INTO HIM.

FRONT PASSENGER OF V1 SUSTAINED A POSSIBLE BROKEN OR DISLOCATED FINGER IN HER LEFT LAND. BOTH THE DRIVER AND PASSENGER OF V1 WERE TRANSPORTED TO OCEAN MEDICAL CENTER IN BRICK, NJ FOR FURTHER MEDICAL TREATMENT. DRIVER OF V1 WAS ISSUED A SUMMONS FOR FAILURE TO STOP AT THE STOP SIGN IN VIOLATION OF 39: 4-144 (1514-A-295314).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MAHECHA J	390	LT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081334
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	200 RIVER AVENUE
☐ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	Dir
11 Speed Limit	5
12 Route No.	Suffix
13 Milepost	18 Speed Limit
14	15
16	17 Cross Road Name
19 Ramp ☐ To ☐ From:	20 Route/Name
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2217
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	
22 Longitude	

Vehicle 1

23 Veh #	1
24 Policy No.	961591664
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ALEXIS / T / DAVIS
29 Sex	F
27 Number & Street	132 NORTHRUP DRIVE
28 City / State / Zip	BRICK / NJ / 08724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	D09210198351982
33 DOB mm dd yyyy	01/31/1998
34 Expires mm yy	01 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / ALEXIS / T / DAVIS
36 Number & Street	132 NORTHRUP DRIVE
37 City / State / Zip	BRICK / NJ / 08724
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU / GX / 4 / 2004 / U55RKA / NJ
44 VIN	JTJBT20X440029707
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.	939993935
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	AVI / - / GLATSTEIN
59 Sex	M
57 Number & Street	341 CASE RD
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	G51180700011042
63 DOB mm dd yyyy	11/20/2004
64 Expires mm yy	11 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / ISAAC / Z / GLATSTEIN
66 Number & Street	341 CASE RD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	AUDI / Q7 / GRY / 2020 / L80MME / NJ
74 VIN	WA1AJAF75LD008601
75 Expires	05 / 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.-- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	24	F	-	-	-	04	04	-	-	ALEXIS T DAVIS - 132 NORTHRUP DRIVE BRICK NJ 08724
B	V1	03	01	05	22	F	-	-	-	04	04	-	-	TAJANEA DAVIS 11 PINEHURST DRIVE LAKEWOOD NJ 08701
C	V2	01	01	05	59	M	-	-	-	04	04	-	-	ISAAC Z GLATSTEIN - 341 CASE RD LAKEWOOD NJ 08701
D	V2	03	01	05	16	F	-	-	-	04	04	-	-	ROCHJEL GLATSTEIN 341 CASE RD LAKEWOOD NJ 08701

New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081334

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E	V2	04	01	04	14	M	-	-	-	04	04	-	-	TAMAR GLASTEIN 341 CASE RD LAKEWOOD NJ 08701
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)

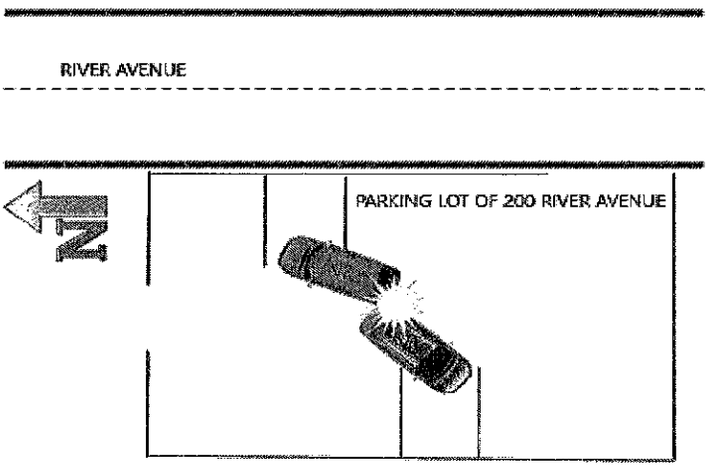


Diagram Drawn Not To Scale

145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED AS SHE WAS BACKING OUT OF THE PARKING SPOT HER VEHICLE WAS STRUCK BY VEHICLE 1 WHO WAS BACKING OUT OF HIS PARKING SPOT.

DRIVER OF VEHICLE 2 STATED AS HE WAS BACKING OUT OF HIS PARKING SPOT, HIS VEHICLE WAS STRUCK BY VEHICLE 1 WHO WAS BACKING OUT OF HER PARKING SPOT.

UPON MY INVESTIGATION I DETERMINED BOTH VEHICLES AT FAULT FOR BACKING UNSAFELY.

END OF REPORT
PTL. A. PRISCO #427

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRISCO, A	427	LT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081377
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	FOREST AVE
☒ At Intersection With	
Road Name	FOREST AVE
Dir	
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☐ Feet ☐ N ☐ E of:	2ND ST
☐ Miles ☐ S ☐ W	
14 15 16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2323
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.091675
22 Longitude	-74.218721

Vehicle 1

23 Veh #	1
24 Policy No.	2008063459
25 NJ Ins. Code	220
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DOV B WEISS -
29 Sex	M
27 Number & Street	1677 48TH ST
28 City / State / Zip	BROOKLYN NY 11204
30 Eyes / DL Class / Restrictions / Endorsements	BR - - -
31 State	NY
32 Driver's License Number	856926019
33 DOB mm dd yyyy	12/29/2003
34 Expires mm yy	12 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YITZCHAK M WEISS -
36 Number & Street	38 ALBERT DR
37 City / State / Zip	PCAMONSEY NY 10952
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT CAM GRY 2010 JLN3586 NY
44 VIN	4T4BF3EKXAR018178
45 Expires	01 24
46 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939403231
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ELI - TENENBAUM -
59 Sex	M
57 Number & Street	186 COLUMBUS AVENUE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	BR D - -
61 State	NJ
62 Driver's License Number	T25262050003762
63 DOB mm dd yyyy	03/05/1976
64 Expires mm yy	03 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ELI - TENENBAUM -
66 Number & Street	186 COLUMBUS AVENUE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT HIG 4 2016 C21PBB NJ
74 VIN	5TDJKRFH2GS262058
75 Expires	08 23
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	294814			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	18	M	-	-	-	11	11	02	-	DOV B WEISS - 1677 48TH ST BROOKLYN NY 11204
B	02	01	01	04	46	M	06	08	02	11	04	-	6502	ELI - TENENBAUM - 186 COLUMBUS AVENUE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

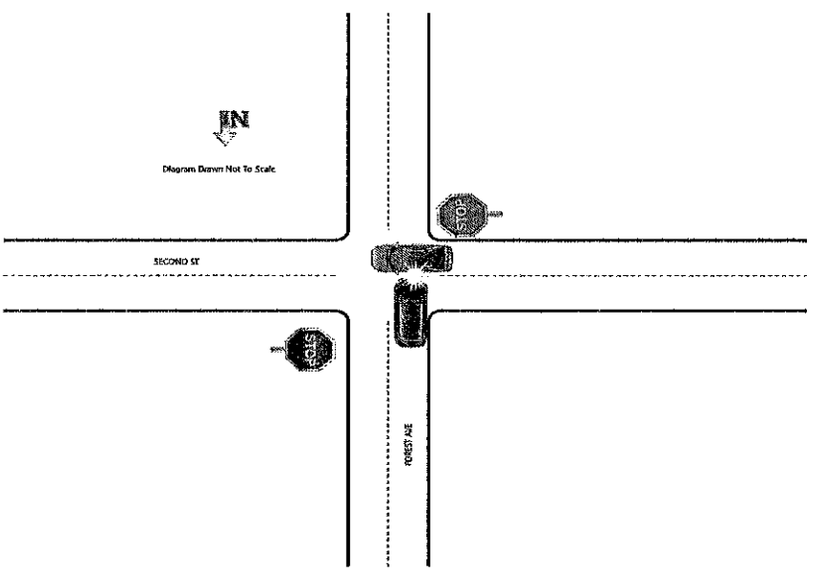
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081377

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 STOPED AT SECOND ST AND FOREST AVE AND VEHICLE 2 WAS TRAVELING SOUTH ON FOREST AVE. HE SAW VEHICLE 2 COMING BUT HE THOUGHT VEHICLE 2 WAS GOING TO STOP, VEHICLE 2 CONTINUED STRAIGHT ON COUNTY LINE RD. THE VEHICLES COLLIDED IN THE INTERSECTION CAUSING VEHICLE 1'S DRIVER SIDE AIR BAGS TO DEPLOY.

DRIVER 2 STATED HE WAS TRAVELING SOUTH ON FOREST AVE, WHEN HE WAS CROSSING SECOND STREET VEHICLE 1 CROSSED IN FRONT OF HIM NOT GIVING HIM ENOUGH TIME TO REACT. HE CRASHED INTO THE DRIVER SIDE OF VEHICLE 1. DRIVER 1 HAD COMPLAINT OF BACK PAIN AND WENT TO MONMOUTH MEDICAL SOUTHERN CAMPUS.

BASED ON THE STATEMENTS DRIVER 1 IS AT FAULT FOR FAILING TO GIVE DRIVER 2 THER RIGHT OF WAY.

END OF REPORT

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DILONE L	382	LT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081379
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	SPRUCE ST
☒ At Intersection With	VINE AVE
☐ Feet / ☐ Miles	-
☐ N ☐ E / ☐ S ☐ W of:	
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2326
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.071413
22 Longitude	-74.207886

Vehicle 1

23 Veh #	1
24 Policy No.	952916862
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DANILO - ROSARIO
29 Sex	M
27 Number & Street	230 CHESTNUT ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	R66861530011932
33 DOB mm dd yyyy	11/22/1993
34 Expires mm yy	11 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RADHAMES - ROSARIO-BATISTA -
36 Number & Street	230 CHESTNUT ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CRV / BLK / 2022 / Z14PFG / NJ
44 VIN	5J6RW2H55NA000105
45 Expires	10 / 25
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ 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.	4349-90-38-90
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	TZIVIA - WITTY
59 Sex	F
57 Number & Street	746 ALBERT AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	W47267530061916
63 DOB mm dd yyyy	11/23/1991
64 Expires mm yy	11 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver TZIVIA - WITTY
66 Number & Street	746 ALBERT AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2018 / B48JUC / NJ
74 VIN	5TDDZ3DC0JS190720
75 Expires	02 / 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	28	M	-	-	-	11	04	-	-	DANILO - ROSARIO - 230 CHESTNUT ST LAKEWOOD NJ 08701 - -
B	02	01	01	05	30	F	-	-	-	11	04	-	-	TZIVIA - WITTY - 746 ALBERT AVE LAKEWOOD NJ 08701 - -
C	02	03	01	05	34	M	-	-	-	11	04	-	-	JOSHUA - WITTY - 746 ALBERT AVE LAKEWOOD NJ 08701 - -
D	02	04	01	05	1	M	-	-	-	06	06	-	-	ISAAC - WITTY - 746 ALBERT AVE LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

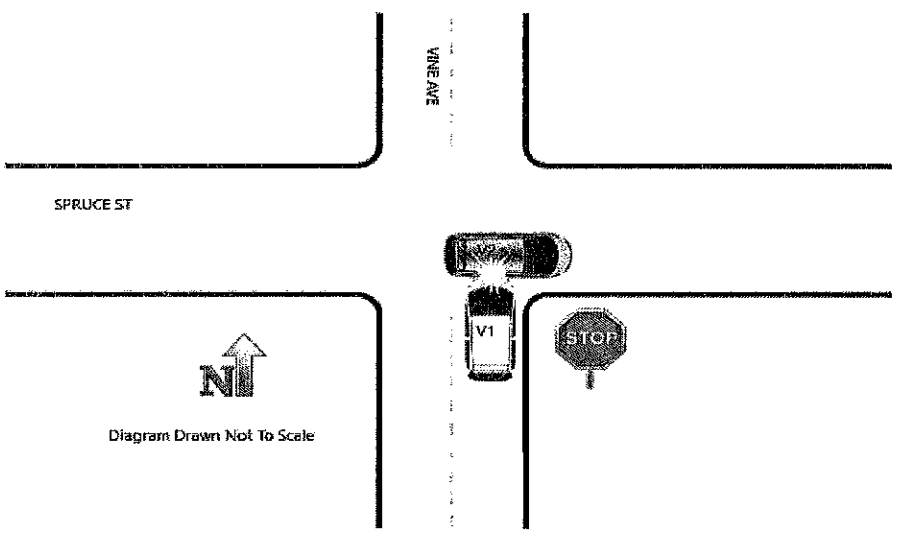
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-081379

(Refer to vehicle by number)

	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	06	01	05	19	F	-	-	-	11	04	-	-	TARA - WITTY - 257 PENNINGTON AVE PASSAIC NJ 07055 - -
F	02	07	01	05	6	F	-	-	-	07	07	-	-	SARAH - WITTY - 746 ALBERT AVE LAKEWOOD NJ 08701 - -
G	02	08	01	05	8	F	-	-	-	11	04	-	-	LEAH - WITTY - 746 ALBERT AVE LAKEWOOD NJ 08701 - -
H	02	09	01	05	4	M	-	-	-	05	05	-	-	JUDAH - WITTY - 746 ALBERT AVE LAKEWOOD NJ 08701 - -
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED THAT HE WAS TRAVELING NORTH ON VINE AVE IN THE AREA OF SPRUCE ST WHEN HE BEGAN SLOWING DOWN TO STOP AT THE STOP SIGN AT THE INTERSECTION. DRIVER 1 STATED DUE TO THE RAIN HE WAS UNABLE TO STOP IN TIME WHICH CAUSED HIM TO CRASH INTO THE SIDE VEHICLE 2 WHICH WAS TRAVELING EAST ON SPRUCE ST.

DRIVER OF VEHICLE 2 STATED THAT SHE WAS TRAVELING EAST ON SPRUCE ST IN THE AREA OF VINE AVE WHEN SHE WAS STRUCK BY VEHICLE 1. SHE BELIEVED THAT VEHICLE 1 WENT THROUGH THE STOP SIGN WITHOUT STOPPING.

NO INJURIES REPORTED ON SCENE.

VEHICLE 1 SUSTAINED MODERATE YET FUNCTIONAL DAMAGE TO THE PASSENGER'S SIDE PORTION OF THE VEHICLE WHICH CONSISTED OF DENTING TO THE BODY OF THE VEHICLE. VEHICLE 2 SUSTAINED MINOR DAMAGE TO THE FRONT END OF THE VEHICLE.

I DETERMINED THAT VEHICLE 1 WAS AT FAULT FOR THE CRASH AS DRIVER 1 HAD THE STOP SIGN AND FAILED TO STOP IN TIME CAUSING HIM TO STRIKE VEHICLE 2 WHO HAD THE RIGHT OF WAY.

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

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

1 Case Number: 22-080734	10 Crash Occurred On: JAMES STREET	11 Speed Limit: 40	118a: 59
2 Police Dept of: LAKEWOOD TOWNSHIP P / Code: 01	☐ At Intersection With / Road Name / Dir / 12 Route No. / Suffix / 13 Milepost	18 Speed Limit: 35	118b: -
3 Station/Precinct: -	☒ Feet ☐ Miles (14 / 15) — ☒ N ☐ E ☐ S ☐ W of: WILLIAMS STREET (16) — 19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — 20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB	119a: 08 / 119b: -
4 Date of Crash (mm dd yy): 10/12/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 0755 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: - — 22 Longitude: -			120a: 01

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 190921177 — 25 NJ Ins. Code: 003	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		100b: 04 / 120b: -
26 Driver's First Name: JACOB — Initial: J — Last Name: DEUTSCH - — 29 Sex: M			101: 02
27 Number & Street: 1 GOLDCREST DR			102: 01
28 City: LAKEWOOD — State: NJ — Zip: 08701			103: 01
30 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ			104: 2
32 Driver's License Number: D29073817101444 — 33 DOB (mm dd yyyy): 01/01/1944 — 34 Expires (mm yy): 08 19			105: 03
35 Owner's: ☒ Same As Driver — First Name: JACOB — Initial: J — Last Name: DEUTSCH -			106: 01
36 Number & Street: 1 GOLDCREST DR			107: -
37 City: LAKEWOOD — State: NJ — Zip: 08701			108: 01
38 Make: TOYT — 39 Model: CAM — 40 Color: GRN — 41 Year: 2014 — 42 Plate No.: F98DWC — 43 State: NJ			109: 29
44 VIN: 4T4BF1FK1ER343827 — 45 Expires: 01 23			110: 01
46 Vehicle Removed To: TILTON'S AUTO BODY	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		111: 02 / 112: -
47 Authority: ☐ Owner ☐ Driver ☒ Police			113: 01
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.- % ☐ Pending	49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -		114: - / 115: -
50 Carrier No.: ☐ USDOT - ☒ None — ☐ MC/MX -	51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		116: 02 / 117: 02
52 Motor Carrier or Government Entity: -			
Number & Street: -			
City: - — State: - — Zip: -			

Vehicle 2

53 Veh #: 2 — 54 Policy No.: SEE NARRATIVE — 55 NJ Ins. Code: -	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		120b: -
56 Driver's First Name: GRANT — Initial: W — Last Name: NELMES - — 59 Sex: M			121a: 01
57 Number & Street: 132 MECHANIC STREET			121b: -
58 City: HIGHTSTOWN — State: NJ — Zip: 08520			
60 Eyes: 4 — DL Class: A — Restrictions: - — Endorsements: - — 61 State: NJ			122: 01
62 Driver's License Number: N24103028609704 — 63 DOB (mm dd yyyy): 09/05/1970 — 64 Expires (mm yy): 09 24			123: 04
65 Owner's: ☐ Same As Driver — First Name: KANE - — Initial: — Last Name: COMMUNICATIONS -			124: 01
66 Number & Street: 572 WHITEHEAD ROAD			125: 01
67 City: TRENTON — State: NJ — Zip: 08619			126a: 26
68 Make: RAM — 69 Model: 550 — 70 Color: WHI — 71 Year: 2017 — 72 Plate No.: XFJE41 — 73 State: NJ			126b: -
74 VIN: 3C7WRNDL4HG625710 — 75 Expires: 10 23			126c: -
76 Vehicle Removed To: -	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		126d: - / 126e: 26
77 Authority: ☐ Owner ☒ Driver ☐ Police			127a: 26
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.- % ☐ Pending	79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -		127b: - / 127c: -
80 Carrier No.: ☒ USDOT 2458805 ☐ None — ☐ MC/MX	81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		127d: - / 127e: 26
82 Motor Carrier or Government Entity: -			128: 26
Number & Street: -			129: 12
City: - — State: - — Zip: -			130: 12

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No — 131: 04

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.	
-		-	-		-	132: 04
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.	
-		-	-		-	133: 04

134: 03

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	78	M	-	-	-	11	11	04	-	JACOB J DEUTSCH - / 1 GOLDCREST DR LAKEWOOD NJ 08701
B	V1	03	01	05	78	M	-	-	-	11	11	04	-	RONALD GRAY / 4 GOLDCREST DR LAKEWOOD NJ 08701
C	V2	01	01	05	52	M	-	-	-	11	04	-	-	GRANT W NELMES - / 132 MECHANIC STREET HIGHTSTOWN NJ 08520
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

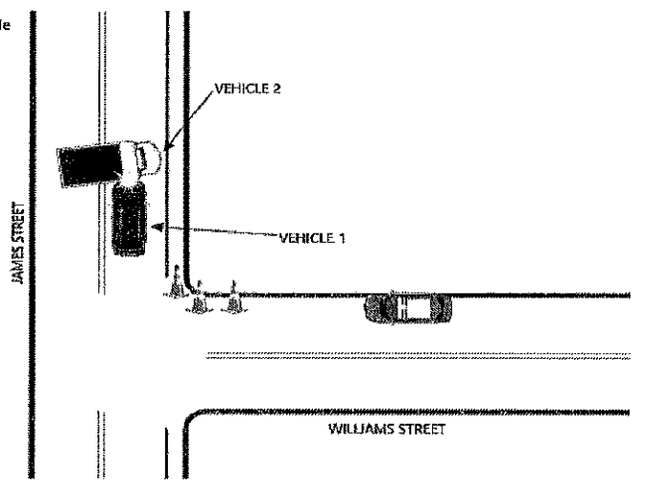
Station: - Case No: 22-080734

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED THAT HE WAS TRAVELING EAST ON JAMES STREET, WHEN HE WAS UNABLE TO SEE DUE TO THE SUNLIGHT. IT WAS AT THIS TIME HE MADE CONTACT WITH VEHICLE 2 WHO WAS IN THE PROCESS OF PULLING ONTO THE SHOULDER FOR ROADWORK.

THE DRIVER OF VEHICLE 2 STATED HE WAS IN FRONT OF VEHICLE 1 ATTEMPTING TO TURN ONTO THE CONSTRUCTION SITE AT THE CORNER OF JAMES STREET AND WILLIAMS STREET, WHEN VEHICLE 1 MADE CONTACT WITH HIS VEHICLE.

UPON MY INVESTIGATION, I AM UNABLE TO DETERMINE WHO IS AT FAULT FOR THE CRASH.

NO INJURIES WERE REPORTED ON SCENE.

VEHICLE 2 INFO*
POLICY #: 8100S937165
COMPANY #: 25682
TRAVELERS INDEMITY COMPANY OF CONNECTICUT
W. BRUCE BEATON CO. INC.
703 LAKESIDE DRIVE
SOUTHAMPTON, PA 18966

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	EV	311	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-080771
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	DRAKE RD
11 Speed Limit	35
At Intersection With	☐
14	.5
15 Feet / Miles	☒ Miles
16 Dir	☒ S
of	NEIMAN RD
17 Cross Road Name	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	-
19 Ramp To/From	
20 Route/Name	
4 Date of Crash (mm dd yy)	10/12/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0922
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.084738
22 Longitude	-74.248723

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	TCA10PA1502732
25 NJ Ins. Code	632
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☐ ☐ ☐ ☐ ☐
26 Driver's First Name	ELIYAHU
Initial	-
Last Name	GORLIN
29 Sex	M
27 Number & Street	6040 DREXEL RD
28 City	PHILADELPHIA
State	PA
Zip	19131
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	PA
32 Driver's License Number	33830767
33 DOB	06/26/2003
34 Expires (mm yy)	06 24
35 Owner's First Name	ALTER
Initial	T
Last Name	GORLIN
Same As Driver	☐
36 Number & Street	2 MAPLEWOOD TER
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	GRY
41 Year	2015
42 Plate No.	L26MDU
43 State	NJ
44 VIN	4T1BF1FK7FU990664
45 Expires	02 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
Removal	☒ Towed Disabled & Impounded
47 Authority	☒ Police
48 Alcohol/Drug Test Given	☒ No
Type	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending
49 Hazardous Material	☒ None
Hazard Class / Placard No.	
50 Carrier No.	☒ None
51 GVWR/GCWR	
52 Motor Carrier or Government Entity	

Vehicle 2

Field	Value
53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
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	-
64 Expires	- -
65 Owner's 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	-
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test Given	☒ No
Type	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending
79 Hazardous Material	☒ None
Hazard Class / Placard No.	- -
80 Carrier No.	USDOT - ; MC/MX - ; ☒ None
81 GVWR/GCWR	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

FIRE HYDRANT LOCATED ON DRAKE ROAD INFRONT OF 101 DRAKE ROAD

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-4	295911	-		-

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

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	19	M	-	-	-	11	11	04	-	ELIYAHU - GORLIN - 6040 DREXEL RD PHILADELPHIA PA 19131
B														
C														
D														

Left margin codes

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

Right margin codes

Code	Value
118a	57
118b	-
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	01
123	-
124	11
125	-
126a	05
126b	62
126c	25
126d	-
126e	62
127a	-
127b	-
127c	-
127d	-
127e	-
128	62
129	11
130	11
131	-
132	-
133	04
134	-

New Jersey Police Crash Investigation Report

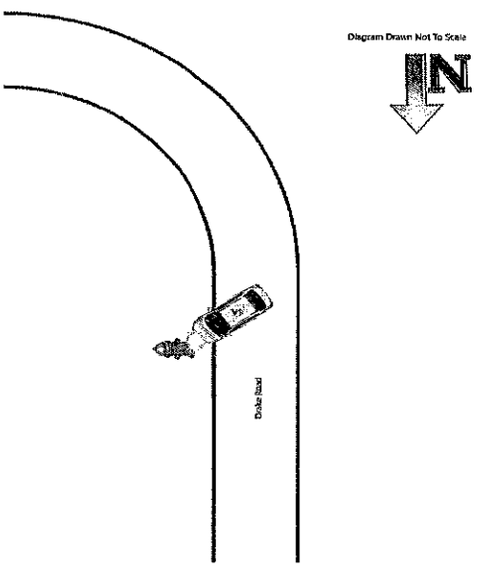
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-080771

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated that he was traveling north on Drake Road when a deer ran out from the woods which caused him to swerve to the right off the roadway prior to striking a fire hydrant.

Based on the statements from involved parties and my observations at the scene and damage to the vehicle, I determined that an animal in the roadway caused this crash.

Driver 1 was issued summons #295911 for driving an unregistered vehicle in violation of 39:3-4.

No injuries reported at the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHIMONOVICH L	831	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-080805
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/12/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1130
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	STATE HWY 70 E
☒ At Intersection With	SHORROCK ST
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	50
12 Route No. / Suffix / 13 Milepost	
14 / 15 / 16	
17 Cross Road Name	
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.055556
22 Longitude	-74.161005

Vehicle 1

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

Vehicle 2

53 Veh #	2
54 Policy No.	PAA10006827311
55 NJ Ins. Code	963
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PATRICIA H BROGAN -
59 Sex	F
57 Number & Street	35 GRAND AVE
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number	B75276176862526
63 DOB (mm dd yyyy)	12/04/1952
64 Expires (mm yy)	12 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PATRICIA H BROGAN -
66 Number & Street	35 GRAND AVE
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / EXP / GRY / 2013 / H11DTR / NJ
74 VIN / 75 Expires	1FM5K8D80DGB02910 11 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

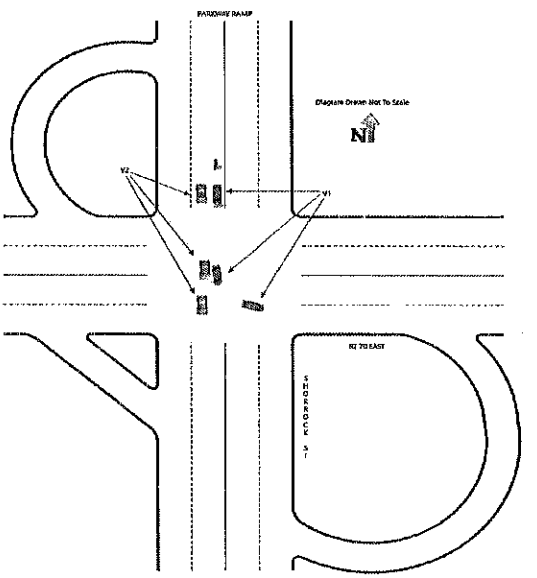
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B	2	01	01	-	69	F	-	-	-	11	00	-	-	PATRICIA H BROGAN - 35 GRAND AVE TOMS RIVER NJ 08753
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-080805

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V2 said she was exiting from the Parkway ramp to go south on Shorrock St. As she was crossing over Rt 70 Her vehicle was side swiped by V1 which was also exiting the Parkway ramp but making a left onto RT 70 (Eastbound). After the crash V1 continued on Rt 70 and did not stop.

Driver of V2 said it was a red four door car, possibly a Toyota.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	EV	311	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-080828
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On:	LEXINGTON AVE
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
☒ At Intersection With / Road Name / Dir	E COUNTY LINE RD
☐ Feet ☐ N ☐ E of: / ☐ Miles ☐ S ☐ W	
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/12/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1331
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.105869
22 Longitude	-74.214722

Vehicle 1

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

Vehicle 2

53 Veh #	2
54 Policy No.	NC10246908
55 NJ Ins. Code	946
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ROSA A APARICIOHERNANDI-
59 Sex	F
57 Number & Street	320 JOE PARKER RD APT B
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	01 / D / - / - / NJ
62 Driver's License Number	A70186696161691
63 DOB mm dd yyyy	11/10/1969
64 Expires mm yy	11 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LIDIA R PERALTA-APARICI(-
66 Number & Street	411 S WILLOW AVE
67 City / State / Zip	GALLOWAY NJ 08205
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CIV / RD / 2003 / K41PKU / NJ
74 VIN / 75 Expires	2HGES16583H506590 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.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	52	F	-	-	-	11	04	-	-	ROSA A APARICIOHERNANDEZ - 320 JOE PARKER RD APT LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

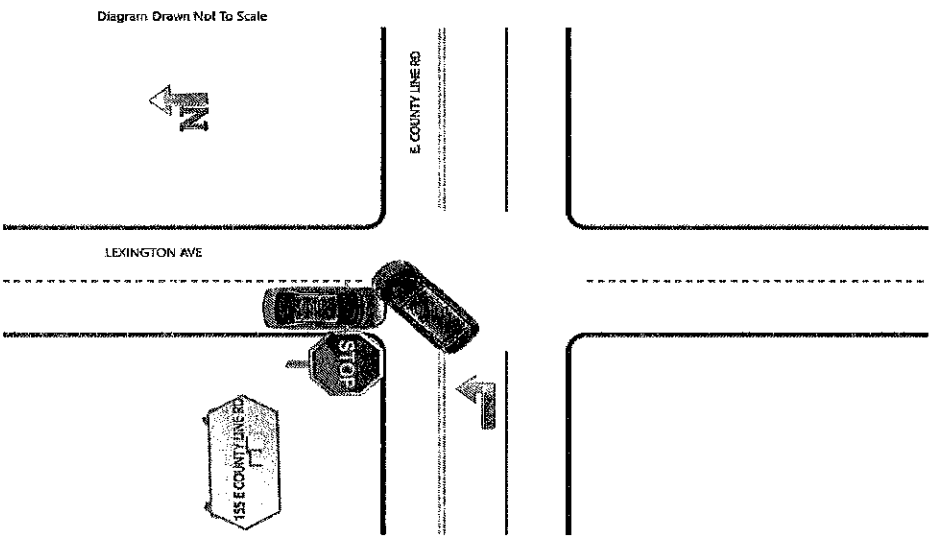
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-080828

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 2 STATED SHE WAS WAITING TO MAKE THE LEFT TURN TO E. COUNTY LINE RD FROM LEXINGTON AVE WHEN VEHICLE 1 WAS MAKING A LEFT TURN FROM E. COUNTY LINE RD TO LEXINGTON AVE AND STRUCK HER VEHICLE.

VEHICLE 1 THEN LEFT THE AREA WITHOUT STOPPING. VEHICLE 1 IS DESCRIBED AS A GRAY MINIVAN WITH A WHITE MALE DRIVER.

155 E. COUNTY LINE RD HAS VIDEO CAMERAS BUT WAS CLOSED AT TIME OF REPORT.

NO INJURIES REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GUZMAN J	832	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-080840
10 Crash Occurred On	1771 MADISON AVE; CHEMED
11 Speed Limit	15
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	10/12/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1445
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	--
17 Cross Road Name	
20 Route/Name	
21 Latitude	40.109250
22 Longitude	-74.217680

Vehicle 1

23 Veh #	1
24 Policy No.	010446106 7103
25 NJ Ins. Code	-
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- - - - -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- -
35 Owner's Same As Driver	☐
First Name / Initial / Last Name	JEFFREY S KAMINETZKY
36 Number & Street	8 MARISA DR SPRING
37 City / State / Zip	VALLEY NY 10977
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ACUR RDX BLK 2021 GAH7331 NY
44 VIN / 45 Expires	5J8TC2H5XML019287 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.	SELF INSURED
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SETH - ZELMANOVIC
59 Sex	M
57 Number & Street	240 RIDGE AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 D - - NJ
62 Driver's License Number	Z24107000001822
63 DOB (mm dd yyyy)	01/14/1982
64 Expires (mm yy)	01 25
65 Owner's Same As Driver	☐
First Name / Initial / Last Name	- - EAN HOLDINGS LL(
66 Number & Street	14002 EAST 21ST ST STE 1500
67 City / State / Zip	TULSA OK 74134
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD TRA BLK 2021 W12NLP NJ
74 VIN / 75 Expires	1FBAX2C86MKA13430 03 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	-	-	-	-	-	-	-	-	-	-	-	-	
B	2	01	01	05	40	M	-	-	-	11	04	-	-	SETH - ZELMANOVIC - 240 RIDGE AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

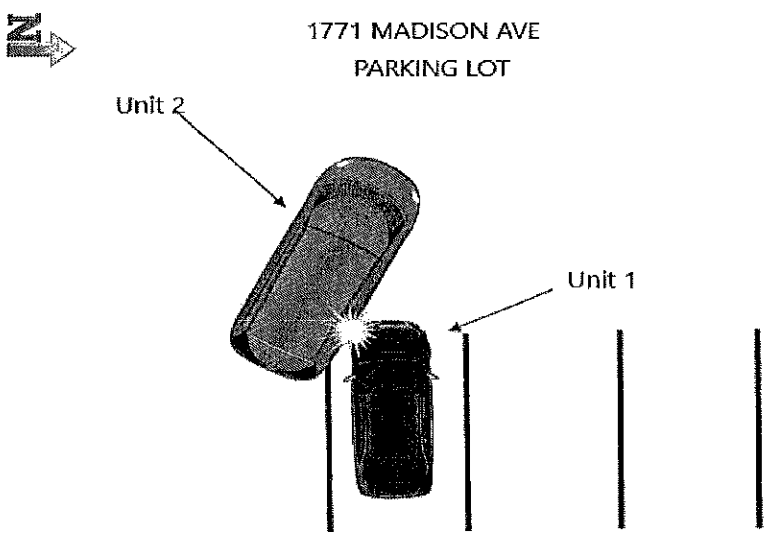
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-080840

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 CALLER STATED THAT HIS VEHICLE WAS STRUCK WHILE PARKED IN THE PARKING LOT OF 1771 MADISON AVENUE AND IT WAS CAUGHT ON SURVEILLANCE. I REVIEWED THE FOOTAGE AND OBSERVED VEHICLE #2 TRAVELING WEST IN THE PARKING LOT AND MADE A RIGHT TURN INTO A PARKING LOT AISLE, STRIKING VEHICLE #1 WHICH WAS PARKED IN A PARKING SPACE. DRIVER #2 SATED THAT HE WAS ATTEMPTING TO MAKE A RIGHT TURN INTO A PARKING LOT AISLE AND STRUCK VEHICLE #1. THE WITNESS MICHELE RIVERA, STATED THAT SHE SAW VEHICLE #2 STRIKE VEHICLE #1 AND HEARD THE IMPACT. FOOTAGE WAS ATTACHED TO THE FILE.

--VEHICLE #1 INSURANCE INFO: USAA CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD, SAN ANTONIO, TX 78288
#800-292-8454

--VEHICLE #2 INSURANCE INFO: ENTERPRISE RENT-A-CAR
LEASING COMPANY OF PHILADELPHIA AND EAN HOLDINGS, LLC

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-080910
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RIVER AVE
☒ At Intersection With	ROOSEVELT AVE
☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W	
11 Speed Limit	45
12 Route No.	0009
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	10/12/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1906
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.059282
22 Longitude	-74.219847

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	JUAN - CASTRO GONZALEZ -
29 Sex	M
27 Number & Street	1165 TIFFANY LN
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	02/06/1986
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver HUMBERTO R SANTOS GONZALEZ -
36 Number & Street	844 SENECA ST FOUNTAIN
37 City / State / Zip	HILL / PA / 18015
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / MAL / WHI / 2007 / LLF6126 / PA
44 VIN	2G1WB58K679231243
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.	939 904 417
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MATILDE - MENESPASTRANA -
59 Sex	F
57 Number & Street	808 CORAL AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	M25275290057922
63 DOB mm dd yyyy	07/30/1992
64 Expires mm yy	07 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MATILDE - MENESPASTRANA -
66 Number & Street	808 CORAL AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / FOC / BLU / 2011 / M57RGB / NJ
74 VIN	1FAHP3FN3BW120786
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.	Charge	Summons No.
01	39:3-10	A294620

Oper.	Charge	Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	36	M	-	-	-	11	04	-	-	JUAN - CASTRO GONZALEZ - 1165 TIFFANY LN LAKEWOOD NJ 08701
B	01	03	01	05	15	M	-	-	-	11	04	-	-	BRIAN - RAGALADO - 1165 TIFFANY LN LAKEWOOD NJ 08701
C	02	01	01	05	30	F	-	-	-	11	04	-	-	MATILDE - MENESPASTRANA - 808 CORAL AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

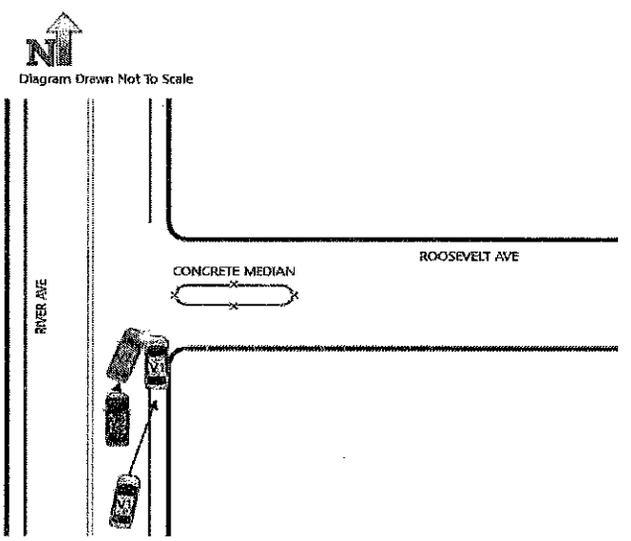
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: _____ Case No: 22-080910

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 Insurance Information:
Erie Insurance
100 Erie Pl
Erie, PA 16530
Policy# Q04 1716352
814-870-2000

Driver of V1 stated he was traveling North on River Ave. D1 stated V2 slowed and did not use a turn signal so he passed her on he right. D1 stated V2 turned into his vehicle.

Driver of V2 stated she was traveling North on River Ave. D2 stated she put her right turn signal on to turn onto Roosevelt Ave. D2 stated V1 approached her quickly an passed her on the right, colliding with her vehicle.

I determined V1 was at fault for the crash. Even if D2 did not use a turn signal like D1 stated, he should have waited and not used the small shoulder to drive around her. D2 had the right of way because she was in front of V1. D1 should have yielded to her slowing for a turn or an emergency where she needed to pull off the road. There was debris in the roadway almost on Roosevelt Ave, indication V2 had already began turning when the crash occurred. I made this determination based on statements from both drivers, the location of damage to both vehicles and my observations of the crash scene.

D1 did not have a valid license and was issued a summons. His vehicle was parked legally on the shoulder of River Ave, near Roosevelt Ave, until a licensed driver could remove the vehicle.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081019		
2 Police Dept of	LAKEWOOD TOWNSHIP P	Code	01
3 Station/Precinct			
4 Date of Crash (mm dd yy)	10/13/22		
5 Day Of Week	THURSDAY		
6 Time (use 2400 hrs)	0023		
7 Municipality Code	1514		
8 Total Killed	--		
9 Total Injured	--		
10 Crash Occurred On:	RIVER AVE		
	☒ At Intersection With	Road Name	HENRY ST
	☐ Feet ☐ N ☐ E of:		
	☐ Miles ☐ S ☐ W		
11 Speed Limit	35		
12 Route No.	0009	Suffix	-
13 Milepost	----------		
18 Speed Limit	25		
19 Ramp	☐ To ☐ From:		-
17 Cross Road Name	-		
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB		
21 Latitude	40.077401		
22 Longitude	-74.216780		

Vehicle 1

23 Veh #	1
24 Policy No.	9924382202062
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	SHAUL
Initial	A
Last Name	SCHEINER -
29 Sex	M
27 Number & Street	235 HENRY ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	4
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S13547046105024
33 DOB (mm dd yyyy)	05/28/2002
34 Expires (mm yy)	05 25
35 Owner's ☐ Same As Driver	DAVID - SCHEINER -
36 Number & Street	235 HENRY ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HOND
39 Model	ACC
40 Color	GRN
41 Year	2008
42 Plate No.	C20RGL
43 State	NJ
44 VIN	1HGCP26878A108706
45 Expires	08 23
46 Vehicle Removed To	YITZ TOWING
	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: _____ Placard No.
50 Carrier No.	☐ USDOT ☐ 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.	909717082
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	JACK
Initial	D
Last Name	BEYDA -
59 Sex	M
57 Number & Street	72 PONDEROSA DR
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	B29783806401022
63 DOB (mm dd yyyy)	01/29/2002
64 Expires (mm yy)	01 26
65 Owner's ☐ Same As Driver	DAVID J BEYDA -
66 Number & Street	72 PONDEROSA DR.
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	VOLV
69 Model	S60 - S6
70 Color	BGE
71 Year	2017
72 Plate No.	N12MRT
73 State	NJ
74 VIN	LYV402TK9HB155798
75 Expires	08 23
76 Vehicle Removed To	YITZ TOWING
	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: _____ Placard No.
80 Carrier No.	☐ USDOT ☐ 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

A "NO STOPPING OR STANDING" SIGN & A "NO OUTLET" SIGN.

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	A295397	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	M	-	-	-	11	04	-	-	SHAUL A SCHEINER - 235 HENRY ST LAKEWOOD NJ 08701
B	02	01	01	05	20	M	-	-	-	11	11	04	-	JACK D BEYDA - 72 PONDEROSA DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

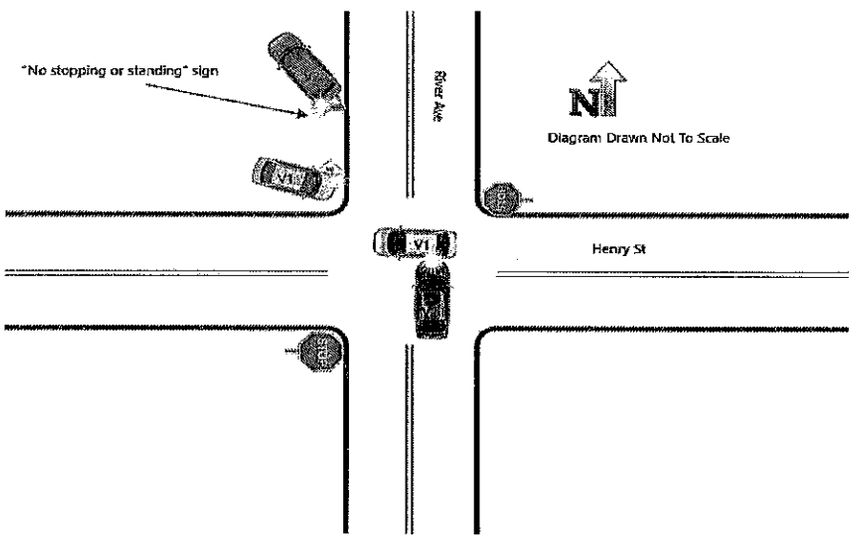
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081019

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was stopped at the stop sign at Henry St and River Ave facing West. Driver 1 stated he looked both ways before attempting to drive across the street when vehicle 2, which was traveling North bound on River Ave, struck the driver side passenger compartment of his vehicle.

Driver 2 stated he was traveling North bound on River Ave near the intersection of Henry St when vehicle 1 pulled out in front of him causing the crash. Driver 2 stated that he was traveling at a speed of approximately 40-45mph.

Vehicle 1 sustained significant damage to the rear driver side passenger compartment of the vehicle.

Vehicle 2 sustained significant damage to the front bumper and hood of the vehicle. All airbags in vehicle 2 were deployed.

Both vehicles were disabled and towed by Yitz Towing. No injuries were reported.

After speaking to both drivers I determined that vehicle 1 was at fault for the crash due to him failing to yield to oncoming traffic and causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081134
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	
3 Station/Precinct	
10 Crash Occurred On:	SOMERSET AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	RIDGE AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/13/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0652
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.095721
22 Longitude	-74.194704

Vehicle 1

23 Veh #	1
24 Policy No.	BA2997BD
25 NJ Ins. Code	149
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	

Vehicle 2

53 Veh #	2
54 Policy No.	1310129-F17
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	

Driver 1

26 Driver's First Name	JOSE
Initial	A
Last Name	DIAZ
29 Sex	M
27 Number & Street	30 SAINT ANDREWS CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	1
DL Class	B
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	D40284106101581
33 DOB mm dd yyyy	01/08/1958
34 Expires mm yy	01 26
35 Owner's First Name	-
Initial	-
Last Name	JAYS BUS SERVICE -
☐ Same As Driver	
36 Number & Street	672 CROSS ST
37 City	LAKEWOOD
State	NJ
Zip	08701

Driver 2

56 Driver's First Name	ALFREDO
Initial	-
Last Name	GUALDARRAMA -
59 Sex	M
57 Number & Street	601 JAMES ST
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	G90040210007642
63 DOB mm dd yyyy	07/25/1964
64 Expires mm yy	07 22
65 Owner's First Name	ALFREDO
Initial	-
Last Name	GUALDARRAMA -
☐ Same As Driver	
66 Number & Street	601 JAMES ST
67 City	LAKEWOOD
State	NJ
Zip	08701

Vehicle 1

38 Make	INTR
39 Model	SCH BUS
40 Color	YEL
41 Year	2015
42 Plate No.	E304S1
43 State	NJ
44 VIN	4DRBUC8P3FB640549
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

68 Make	HOND
69 Model	ODY
70 Color	3
71 Year	2009
72 Plate No.	26CMLE
73 State	NJ
74 VIN	5FNRL38259B026520
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.	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	-	64	M	-	-	-	11	11	-	-	JOSE A DIAZ - 30 SAINT ANDREWS CT LAKEWOOD NJ 08701
B	2	01	01	-	58	M	-	-	-	11	11	-	-	ALFREDO - GUALDARRAMA - 601 JAMES ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

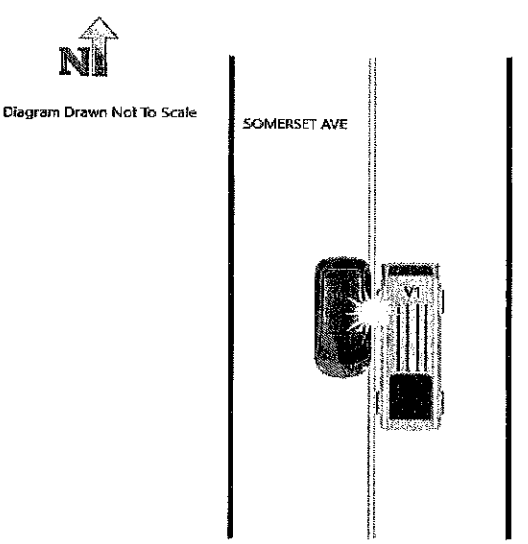
Police Dept: LAKEWOOD TOWNSHIP Code: _____

Station: _____ Case No: 22-081134

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED HE WAS TRAVELLING NORTH ON SOMERSET AVENUE, WHEN HE WAS PASSING V2, HE HAD TO BRAKE TO MAKE SURE THERE WAS ENOUGH ROOM FOR THEM BOTH TO PASS EACH OTHER, AND THE BATTERY DOOR OPENED AND STRUCK V2.

DRIVER OF V2 STATED HE WAS TRAVELLING SOUTH ON SOMERSET AVENUE, WHEN PART OF V1 COLLIDED WITH V2.

.BASED ON THE STATEMENTS AND DAMAGE TO THE VEHILCES, I DETERMINED THAT DRIVER 1 WAS AT FAULT.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079374
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OCEAN AVE (Road Name) - (Dir)
11 Speed Limit	45
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	45
☐ At Intersection With	
☒ Feet / ☐ Miles	1000
☐ N ☒ E ☐ S ☐ W of:	NEW HAMPSHIRE AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	-
20 Route/Name	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0243
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.085584
22 Longitude	-74.176917

Vehicle 1

23 Veh #	1
24 Policy No.	905 939 733
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MIGUEL
Initial	-
Last Name	MENDOZA-RAMOS
29 Sex	M
27 Number & Street	399 ROSE CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M25165470007032
33 DOB (mm dd yyyy)	07/29/2003
34 Expires (mm yy)	07 24
35 Owner's First Name	SAMUEL
Initial	-
Last Name	MENDOZAMORALES
☐ Same As Driver	
36 Number & Street	271 MAIN ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	CHEV
39 Model	SIL
40 Color	SIL
41 Year	2009
42 Plate No.	D22MYS
43 State	NJ
44 VIN	2GCEK13C491112555
45 Expires	10 23
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class - Placard No. -
50 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	-
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

POLE # BT98LD AND POLE # BT97LD

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	294643	01	39:4-96	294644
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
01	39:4-97.3	294645	01	39:4-88A	294646

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	04	19	M	01	05	01	11	04	-	-	MIGUEL - MENDOZA-RAMOS - 399 ROSE CT LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police
Crash Investigation Report

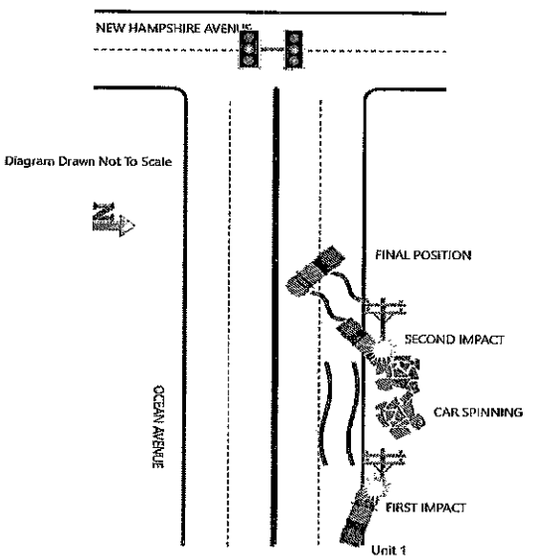
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079374

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 WAS LOCATED IN THE MIDDLE OF BOTH TRAVELING LANES ON OCEAN AVENUE. V1 WAS FACING SOUTHEAST ON THE WESTBOUND LANE. V1 WAS FOUND COMPLETELY DISABLED WITH DEBRIS ALL OVER THE ROAD WAY.

DRIVER OF V1 STATED HE WAS TRAVELING WESTBOUND ON OCEAN AVENUE. SHE STATED HE USED HIS CELLPHONE CAUSING HIM TO VEER OFF INTO THE SHOULDER, HIT THE CURB, COLLIDE INTO THE POLE TO THE RIGHT OF THE WESTBOUND LANE.

DRIVER OF V1 STATED HE DOESNT REMEMBER EXACTLY WHAT HAPPENED AFTER THAT OTHER THAN THE CAR SPUN AND COLLIDED INTO THE NEXT POLE, WEST OF THE FIRST POLE STRUCK.

DRIVER OF V1 SEEMED DISORIENTED DUE TO HITTING HIS HEAD DURING THE IMPACT, HOWEVER ADMITTED TO USING HIS CELLPHONE MULTIPLE TIMES. DRIVER OF V1 REFUSED MEDICAL AIDE.

THE VEHICLE WAS TOWED DUE TO BEING DISABLED BY TILTON.

DRIVER OF V1 WAS FOUND AT FAULT AND WAS ISSUED MULTIPLE SUMMONES.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BANUELOS M	398	LNJ	322	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☒ Change Report

96

Field	Value
1 Case Number	22-079374
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0243
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	OCEAN AVE
Road Name / Dir	
11 Speed Limit	45
12 Route No.	0088
Suffix	
13 Milepost	
☐ At Intersection With	
14	1000
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☐ W of:
17 Cross Road Name	NEW HAMPSHIRE AVENUE
18 Speed Limit	45
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Margin codes (left): 97, 98, 99, 100a, 100b, 101, 102, 103, 104: 5, 105: 11, 106, 107: -, 108, 109: 01, 110, 111: 02, 112, 113: -, 114, 115: -, 116: -, 117: 01

Margin codes (right): 118a, 118b, 119a: 25, 119b: -, 120a, 120b, 121a: -, 121b: -, 122, 123: 10, 124, 125: 11, 126a, 126b, 126c, 126d, 126e, 127a: 30, 127b: -, 127c: -, 127d: -, 127e: 30, 128, 129, 130, 131: 06, 132: 06, 133, 134: 03

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	
25 NJ Ins. Code	
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	MIGUEL - MENDOZA-RAMOS -
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	
Removal	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

Field	Value
53 Veh #	2
54 Policy No.	RSF5819143-10
55 NJ Ins. Code	111
Status	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name / Initial / Last Name	- - - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- - - -
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - PB IMPORTS INC -
66 Number & Street	1104 OCEAN AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make	MAZD
69 Model	CX3
70 Color	BLK
71 Year	2022
72 Plate No.	A12RGS
73 State	NJ
74 VIN	3MVDMBDL0NM429308
75 Expires	08 26
76 Vehicle Removed To	-
Removal	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ 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														

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☒ Change Report

Field	Value
1 Case Number	22-079374
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0243
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	OCEAN AVE
11 Speed Limit	45
12 Route No.	0088
13 Milepost	
☐ At Intersection With	
14	1000
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☐ W of:
17 Cross Road Name	NEW HAMPSHIRE AVENUE
18 Speed Limit	45
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Margin	Value
96	
97	
98	
99	
100a	
100b	
101	
102	
103	
104	5
105	11
106	-
107	-
108	01
109	01
110	02
111	02
112	-
113	-
114	-
115	-
116	01
117	01
118a	25
118b	-
119a	25
119b	-
120a	-
120b	-
121a	-
121b	-
122	10
123	10
124	11
125	11
126a	30
126b	-
126c	-
126d	-
126e	30
127a	30
127b	-
127c	-
127d	-
127e	30
128	
129	06
130	06
131	06
132	06
133	03
134	03

Field	Vehicle 3	Field	Vehicle 4
23 Veh #	3	53 Veh #	4
24 Policy No.		54 Policy No.	
25 NJ Ins. Code		55 NJ Ins. Code	
Type	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Type	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	- - - -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	-	59 Sex	-
27 Number & Street	-	57 Number & Street	-
28 City / State / Zip	- / - / -	58 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -	60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	-	61 State	-
32 Driver's License Number	-	62 Driver's License Number	-
33 DOB (mm dd yyyy)	-	63 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- -	64 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - PB IMPORTS INC -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - PB IMPORTS INC -
36 Number & Street	1104 OCEAN AVE	66 Number & Street	1104 OCEAN AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701	67 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make	MAZD	68 Make	MAZD
39 Model	CX3	69 Model	C30
40 Color	BLK	70 Color	RD
41 Year	2022	71 Year	2022
42 Plate No.	A14RGS	72 Plate No.	P11PHM
43 State	NJ	73 State	NJ
44 VIN	3MVDMBDL3NM427780	74 VIN	3MVDMBDY2NM437776
45 Expires	08 26	75 Expires	10 23
46 Vehicle Removed To	-	76 Vehicle Removed To	-
Removal	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	Removal	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -	80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- / - / -	City / State / Zip	- / - / -

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

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

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

	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 3 OF 4 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-079374
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OCEAN AVE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	0088
Suffix	
13 Milepost	
18 Speed Limit	45
☒ Feet ☐ Miles	1000
☐ N ☐ E ☐ S ☐ W of:	NEW HAMPSHIRE AVENUE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0243
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1		Vehicle 2	
23 Veh #	5	53 Veh #	-
24 Policy No.		54 Policy No.	-
25 NJ Ins. Code		55 NJ Ins. Code	-
	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	- - -	56 Driver's First Name / Initial / Last Name	- - -
29 Sex	-	59 Sex	-
27 Number & Street	-	57 Number & Street	-
28 City / State / Zip	- - -	58 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- - - - -	60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- - - - -
32 Driver's License Number	-	62 Driver's License Number	-
33 DOB mm dd yyyy	-	63 DOB mm dd yyyy	-
34 Expires mm yy	- -	64 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	- - PB IMPORTS INC	65 Owner's First Name / Initial / Last Name	- - -
☐ Same As Driver	-	☐ Same As Driver	-
36 Number & Street	1104 OCEAN AVE	66 Number & Street	-
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	- - -
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV EQX WHI 2022 - -	68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	- - - - - -
44 VIN / 45 Expires	3GNAXKEVXNL288403 - -	74 VIN / 75 Expires	- - -
46 Vehicle Removed To	-	76 Vehicle Removed To	-
	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded		☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending	78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -	80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

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

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

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

96 97 98 99 100a 100b 101 102 103 104 5 105 11 106 - 107 - 108 - 109 - 110 01 111 - 112 02 113 - 114 - 115 - 116 01 117 - 118a 25 118b - 119a - 119b - 120a - 120b - 121a - 121b - 122 10 123 - 124 11 125 - 126a 30 126b - 126c - 126d - 126e 30 127a - 127b - 127c - 127d - 127e 30 128 129 02 130 02 131 - 132 - 133 03 134 -

New Jersey Police Crash Investigation Report

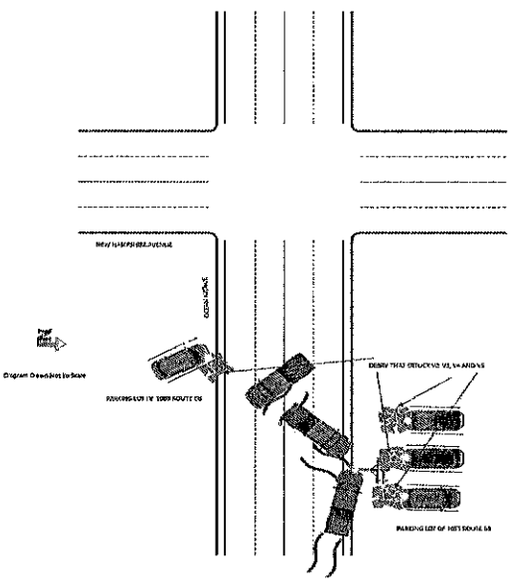
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: - Case No: 22-079374

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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

A CHANGE OF REPORT IS BEING GENERATED, DUE TO FURTHER INFORMATION PROVIDED BY A WORKER AT THE PINE BELT SERVICE CENTER ON ROUTE 88. THE WORKER (MARK) ADVISED ME THAT HE REALIZED THAT AN ACCIDENT OCCURRED THE NIGHT BEFORE IN FRONT OF HIS BUSINESS. UPON LOOKING AT HIS VEHICLE'S THAT WERE LOCATED IN THE FRONT OF HIS PARKING LOT BY THE ROADWAY, HE NOTICED THAT MULITPLE VEHICLE'S WERE DAMAGED FROM DEBRIS THAT WAS LOCATED BY THE VEHICLE'S. WHILE I WAS TALKING TO MARK, HE WAS ALSO ADVISED BY A WORKER AT THE PINE BELT DEALERSHIP ACROSS THE STREET THAT ONE OF THEIR VEHICLES WERE DAMAGED FROM A TIRE FROM A UNKNOWN VEHICLE, WHICH WAS LAYING IN FRONT OF THE VEHICLE. I WAS ABLE TO OBSERVE VIDEO FOOTAGE OF THE ACCIDENT THAT OCCURRED. DURING THE ACCIDENT V1 WAS TRAVELING EAST BOUND ON OCEAN AVENUE, WHEN V1 STRUCK A TELEPHONE POLE CAUSING DEBRIS TO FLY THROUGH THE AIR. WHEN THE DEBRIS WAS FLYING THROUGH THE AIR V2,V3 AND V4 WERE STRUCK. ALSO, AFTER THE VEHICLE STRUCK THE POLE I NOTICED THAT THE REAR PASSENGER TIRE FLEW OFF THE VEHICLE, CAUSING IT ROLL INTO THE PARKING LOT OF 1088 ROUTE 88 STRIKING V5 IN THE FRONT PASSENGER SIDE OF THE VEHICLE. VIDEO FOOTAGE WILL BE ATTACHED TO THE CALL ONCE IT'S SENT TO MY DEPARTMENT EMAIL.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 22-077688	10 Crash Occurred On: E 5TH ST	11 Speed Limit: 25	
2 Police Dept of: LAKEWOOD TOWNSHIP P / Code: 01	☐ At Intersection With / Road Name / Dir / 12 Route No. / Suffix / 13 Milepost / 18 Speed Limit: 25		
3 Station/Precinct: -	☐ Feet ☐ N ☐ E of: NEGBA ST	17 Cross Road Name	☐ NB ☐ EB
	☐ Miles ☐ S ☐ W	19 Ramp ☐ To ☐ From:	☐ SB ☐ WB
	14 15 16	20 Route/Name	
4 Date of Crash (mm dd yy): 10/03/22	5 Day Of Week: MONDAY	6 Time (use 2400 hrs): 1920	7 Municipality Code: 1514
8 Total Killed: --	9 Total Injured: 1	21 Latitude: 40.095541	22 Longitude: -74.203067

Vehicle 1

23 Veh #: 1	24 Policy No.: 939 845 197	25 NJ Ins. Code: 054	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
26 Driver's First Name: JOSEPH	Initial: S	Last Name: WEISS -	29 Sex: M		
27 Number & Street: 7 YEREK DR					
28 City: LAKEWOOD	State: NJ	Zip: 08701			
30 Eyes: 6	DL Class: D	Restrictions: -	Endorsements: -	31 State: NJ	
32 Driver's License Number: W23114108210946	33 DOB (mm dd yyyy): 10/10/1994	34 Expires (mm yy): 10 25			
35 Owner's: ☐ Same As Driver	First Name: RACHEL	Initial: -	Last Name: WEISS -		
36 Number & Street: 56 CLEARSTREAM RD					
37 City: LAKEWOOD	State: NJ	Zip: 08701			
38 Make: KIA	39 Model: K5	40 Color: BLK	41 Year: 2021	42 Plate No.: W86NDN	43 State: NJ
44 VIN: 5XXG14J25MG040761	45 Expires: 12 23				
46 Vehicle Removed To: -					
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded					
47 Authority: ☐ Owner ☒ Driver ☐ Police					
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending					
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.					
50 Carrier No.: ☐ USDOT ☐ 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 P1

53 Veh #: P1	54 Policy No.: -	55 NJ Ins. Code: -	☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
56 Driver's First Name: ELIYAHU	Initial: -	Last Name: GORELICK -	59 Sex: M		
57 Number & Street: 44 NEGBA 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): 08/07/2014	64 Expires (mm yy): - -			
65 Owner's: ☐ Same As Driver	First Name: -	Initial: -	Last Name: -		
66 Number & Street: -					
67 City: -	State: -	Zip: -			
68 Make: -	69 Model: -	70 Color: -	71 Year: -	72 Plate No.: -	73 State: -
74 VIN: -	75 Expires: - -				
76 Vehicle Removed To: -					
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded					
77 Authority: ☐ Owner ☐ Driver ☐ Police					
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending					
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.					
80 Carrier No.: ☐ USDOT ☐ None ☐ MC/MX					
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs					
82 Motor Carrier or Government Entity					
Number & Street					
City	State	Zip			

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

Oper.	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	27	M	-	-	-	11	04	-	-	JOSEPH S WEISS - 7 YEREK DR LAKEWOOD NJ 08701
B	2	00	01	03	8	M	01	04	02	01	01	-	6303	ELIYAHU - GORELICK - 44 NEGBA ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

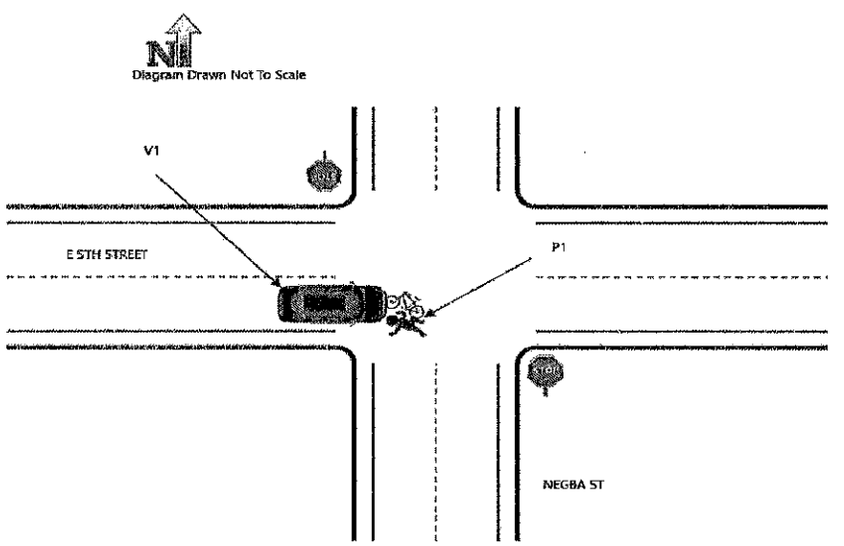
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-077688

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	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 HE WAS TRAVELING EAST ON E 5TH STREET. D1 STATED HE WAS DRIVING NORMALLY WHEN P1 RODE HIS BICYCLE RIGHT IN FRONT OF HIM. D1 STATED HE DID NOT HAVE TIME TO REACT, AS P1 CAME OUT OF NO WHERE AND HE STRUCK HIM IN THE MIDDLE OF THE INTERSECTION.

P1 WAS TRAVELING NORTH ON NEBRA ST. P1 STATED HE DOES NOT RECALL WHAT TRANSPIRED THIS EVENING.

P1 SUFFERED A LACERATION TO HIS HEAD AND A DISLOCATED THUMB.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MERCADO D	370	SGT. FRANK WORK	217	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-077956
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	E COUNTY LINE RD
☐ At Intersection With	
Road Name	
Dir	
☒ Feet	50
☐ Miles	
☐N ☒E ☐S ☐W of:	NOAM LANE
11 Speed Limit	40
12 Route No.	0526
Suffix	
13 Milepost	
18 Speed Limit	-
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/04/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1247
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.105354
22 Longitude	-74.194239

Vehicle 1

23 Veh #	1
24 Policy No.	4306-40-11-10
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MELANIE / B / ENTLICH
29 Sex	F
27 Number & Street	82 NEWBURY RD
28 City / State / Zip	HOWELL / NJ / 07731
30 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
31 State	NJ
32 Driver's License Number	E59835376257726
33 DOB mm dd yyyy	07/13/1972
34 Expires mm yy	07 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / MELANIE / B / ENTLICH
36 Number & Street	82 NEWBURY RD
37 City / State / Zip	HOWELL / NJ / 07731
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MERC / MAR - MA / BLK / 2010 / C90DJE / NJ
44 VIN	4M2CN8B7XAKJ27149
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.	4607-35-48-85
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RAPHAEL / - / SCHWARZ
59 Sex	M
57 Number & Street	45 BAILA BLVD
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
61 State	NJ
62 Driver's License Number	S15706410004936
63 DOB mm dd yyyy	04/27/1993
64 Expires mm yy	04 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / RAPHAEL / - / SCHWARZ
66 Number & Street	45 BAILA BLVD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / SIL / 2016 / E11LZU / NJ
74 VIN	5TDKK3DC5GS728171
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.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136 Charge	137 Summons. No. -	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	50	F	-	-	-	11	04	-	-	MELANIE B ENTLICH - 82 NEWBURY RD HOWELL NJ 07731
B	02	01	01	05	29	M	-	-	-	11	04	-	-	RAPHAEL - SCHWARZ - 45 BAILA BLVD LAKEWOOD NJ 08701
C	02	03	01	05	4	M	-	-	-	05	05	-	-	SAMUEL - SCWARZ - 45 BAILA BLVD LAKEWOOD NJ 08701
D	02	04	01	05	3	M	-	-	-	05	05	-	-	DAVID - SCHWARZ - 45 BAILA BLVD LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

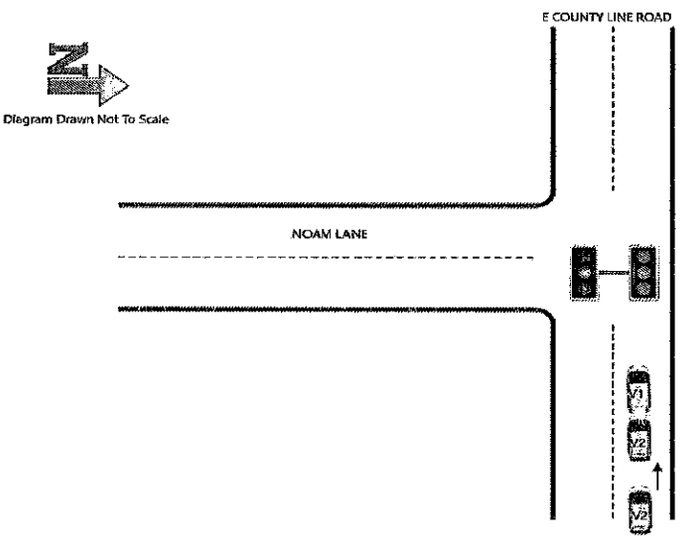
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-077956

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated she was stopped in traffic for a red light on East County Line Road at Noam Lane. Driver #1 stated vehicle #2 never stopped behind her and the center front of vehicle #2 collided with the center rear of her vehicle. Vehicle #1 sustained moderate damage and was able to be driven from the scene.

Driver #2 stated he was traveling West on East County Line Road and was approaching Noam Lane. Driver #2 said he saw vehicle #1 was stopped and applied his brakes, but his vehicle slid due to the wet roadway and the center front of vehicle #2 collided with the center rear of vehicle #1. Vehicle #2 sustained moderate damage but was able to be driven from the scene.

No injuries reported on scene. No summonses issued.

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

1 Case Number	22-079219
10 Crash Occurred On	90 CORBIN CT; NEW HAMPSH
11 Speed Limit	25
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
At Intersection With / Road Name / Dir / 12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	- / - / - / - / - / - / -
Feet / Miles / N E S W of	- / - / -
17 Cross Road Name	-
19 Ramp To / From	-
NB EB SB WB	-
20 Route/Name	-
4 Date of Crash (mm dd yy)	10/08/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1447
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.047825
22 Longitude	-74.199322

Vehicle 1

23 Veh #	1
24 Policy No.	950519701
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MAYRA / - / MARIN-GALINDO
29 Sex	F
27 Number & Street	393 CORBIN CT
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	M05975360058842
33 DOB (mm dd yyyy)	08/27/1984
34 Expires (mm yy)	08 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / JACOB / - / MARIN-GALINDO
36 Number & Street	22 BROOKSIDE COURT
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / REN / WHI / 2015 / E39RHF / NJ
44 VIN	ZACCJBDT8FPB33554
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.	K3841386
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CORI / L / SCOTTI
59 Sex	F
57 Number & Street	352 CORBIN CT
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / C / - / - / PA
62 Driver's License Number	23646345
63 DOB (mm dd yyyy)	01/20/1975
64 Expires (mm yy)	01 / 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / CORI / L / SCOTTI
66 Number & Street	352 CORBIN CT
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BMW / - / WHI / 2013 / KDF9538 / PA
74 VIN	WBA3B3C51DJ698244
75 Expires	06 / 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	38	F	-	-	-	11	04	-	-	MAYRA - MARIN-GALINDO - 393 CORBIN CT LAKEWOOD NJ 08701 - -
B	1	03	01	05	17	F	-	-	-	11	04	-	-	KAREN - ORTEGA - 393 CORBIN CT LAKEWOOD NJ 08701 - -
C	2	01	01	05	47	F	-	-	-	11	04	-	-	CORI L SCOTTI - 352 CORBIN CT LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

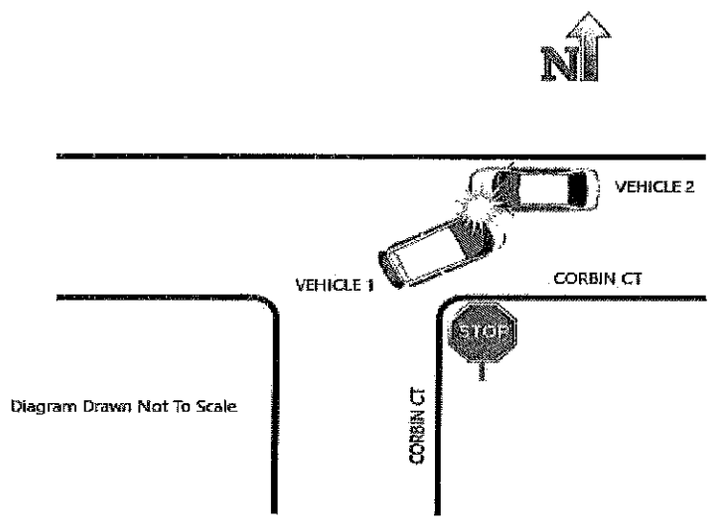
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079219

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 after stopping at the stop sign, she was conducting a right turn in New Hampshire Commons (Corbin Ct) when she struck Vehicle 2, which was travelling straight ahead. Driver of Vehicle 2 stated she was travelling straight in New Hampshire Commons when Vehicle 1 failed to stop at the stop sign and conducted a right turn, striking her vehicle. Vehicle 1 has a stop sign prior to conducting a turn.

Vehicle 1 sustained damages consisting of denting and scratching to the front driver side bumper area. Vehicle 2 sustained damages consisting of denting and scratching to the front driver side bumper area and scratching to the driver side headlight.

Driver and passenger of Vehicle 1 reported no injuries. Driver of Vehicle 2 stated she struck the steering wheel with her body however did not report any injuries. No medical attention was requested.

From my investigation, I concluded that driver of Vehicle 1 was at fault for improper turning and failure to yield to Vehicle 2.

*** Box 55 - Vehicle 2 is insured out of state by NAIC 19704 American States Insurance Company.**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
K. SEEHAUSEN	416	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079266
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/08/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1817
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	NEW HAMPSHIRE AVE
At Intersection With	☐
Road Name	NEW HAMPSHIRE AVE
Dir	-
11 Speed Limit	45
12 Route No.	0623
Suffix	-
13 Milepost	-
☒ Feet / ☐ Miles	50
☐N ☐E ☒S ☐W of:	PINE ST
14	50
15	
16	
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp ☐ To / ☐ From:	-
20 Route/Name	-
21 Latitude	40.068539
22 Longitude	-74.189435
☐ NB ☐ EB ☐ SB ☐ WB	

Vehicle 1

23 Veh #	1
24 Policy No.	745145-00
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	DOMINGO
Initial	A
Last Name	CARTAGENA-ERAZO -
29 Sex	M
27 Number & Street	1150 LAKEHURST AVE
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	BR
DL Class	-
Restrictions	-
Endorsements	-
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	01/23/1979
34 Expires (mm yy)	- -
35 Owner's First Name	DOMINGO
Initial	A
Last Name	CARTAGENA-ERAZ(-
☐ Same As Driver	
36 Number & Street	1150 LAKEHURST AVE
37 City	JACKSON
State	NJ
Zip	08527
38 Make	SATU
39 Model	VUE
40 Color	SIL
41 Year	2006
42 Plate No.	DK40395
43 State	IL
44 VIN	5GZCZ53476S846362
45 Expires	04 23
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☐ No ☒ Yes ☐ Refused
Type: ☒ Breath ☐ Blood ☐ Urine	
Results: 0. 13 % ☐ 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.	4589-87-90-32
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	PATRICK
Initial	R
Last Name	ORTIZ -
59 Sex	M
57 Number & Street	728 AMY CT
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	A
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	O76336177912912
63 DOB (mm dd yyyy)	12/24/1991
64 Expires (mm yy)	12 22
65 Owner's First Name	PATRICK
Initial	R
Last Name	ORTIZ -
☐ Same As Driver	
66 Number & Street	728 AMY CT
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	SUBA
69 Model	FOR - FO
70 Color	SIL
71 Year	2020
72 Plate No.	S68MML
73 State	NJ
74 VIN	JF2SKALC5LH501858
75 Expires	06 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

Oper.	Charge	Summons No.
1	39:4-50	1514-A-294823
1	39:4-96	1514-A-294824
1	39:3-10	1514-A-294825
1	39:4-89	1514-A-294825

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	43	M	-	-	-	11	04	-	-	DOMINGO A CARTAGENA-ERAZO - / 1150 LAKEHURST AVE JACKSON NJ 08527 - -
B	1	03	01	05	28	M	-	-	-	11	04	-	-	NELSON E MURCIA-FLORES - / 427 WOODLAKE MANOR LAKEWOOD NJ 08701 - -
C	2	01	01	05	30	M	-	-	-	11	04	-	-	PATRICK R ORTIZ - / 728 AMY CT LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

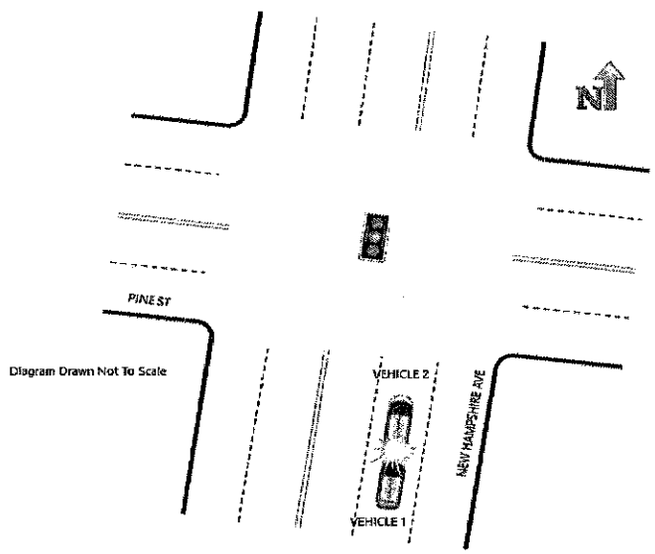
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079266

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 would not state how the crash occurred. Driver of Vehicle 2 stated he was stopped at the red light while north bound on New Hampshire Ave at the intersection of Pine St when he was struck from behind by Vehicle 1.

Vehicle 1 sustained damages consisting of denting and scratching to the rear bumper area. As per driver of Vehicle 1, there were no damages made to Vehicle 1.

From my investigation, I concluded that driver of Vehicle 1 was at fault for following too closely and inattentive (being under the influence of alcohol).

Driver of Vehicle 1 was subsequently placed under arrest for driving under the influence of alcohol and the vehicle was impounded by Tilton's Auto Body. See the Incident Report for further information.

Driver of Vehicle 1 was issued a motor vehicle citation for 39:4-50 (Driving Under the Influence), 39:4-96 (Reckless Driving), 39:3-10b (Unlicensed Driver), 39:4-89 (Following Too Closely).

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-079088
2 Police Dept of	LAKEWOOD TOWNSHIP F
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/08/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0344
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On (Road Name)	STATE HWY 70
Dir	W
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
☒ At Intersection With / ☐ Feet / ☐ Miles	-
17 Cross Road Name	NEW HAMPSHIRE
18 Speed Limit	50
19 Ramp ☐ To ☐ From	-
20 Route/Name	
21 Latitude	-
22 Longitude	-

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	-	HPA00002792040
NJ Ins. Code	-	411
Flags	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	- - -	JAHAZIEL - RODRIGUEZMARTIN -
Sex	-	M
Number & Street	-	1246 DEL MAR RD
City / State / Zip	- - -	LAKEWOOD NJ 08701
Eyes	-	02
DL Class	-	D
Restrictions	-	-
Endorsements	-	-
State	-	NJ
Driver's License Number	-	R60943830001992
DOB	-	01/09/1999
Expires	- -	01 26
Owner's First Name / Initial / Last Name	☒ Same As Driver - - - -	☐ Same As Driver SATURNINO A RODRIGUEZSILVA -
Number & Street	-	1246 DEL MAR RD
City / State / Zip	- - -	LAKEWOOD NJ 08701
Make		HOND
Model		ACC
Color		SIL
Year		2012
Plate No.		Y51RHJ
State		NJ
VIN		1HGCP2F33CA230508
Expires		09 23
Vehicle Removed To	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	☐ Owner ☒ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
Carrier No.	☐ USDOT ☐ MC/MX ☒ None	☐ USDOT ☐ MC/MX ☒ None
GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	04	00	U	00	00	00	00	00	-	-	- - - - - / - - - - - -
B	02	01	04	05	23	M	-	-	-	11	04	-	-	JAHAZIEL - RODRIGUEZMARTINEZ - / 1246 DEL MAR RD LAKEWOOD NJ 08701 - -
C	02	03	01	05	26	M	-	-	-	11	04	-	-	BENITO - RODRIGUEZ-MARTINEZ - / 1246 DEL MAR RD LAKEWOOD NJ 08701 - -
D	02	04	01	05	29	M	-	-	-	11	04	-	-	ABEL - PALACIOSFLORES - / 1367 LAURA CT LAKEWOOD NJ 08701 - -

Left margin codes:

Code	Value
96	05
97	01
98	07
99	02
100a	01
100b	04
101	02
102	02
103	02
104	2
105	03
106	-
107	-
108	03
109	01
110	00
111	01
112	00
113	-
114	-
115	-
116	01
117	04

Right margin codes:

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

New Jersey Police Crash Investigation Report

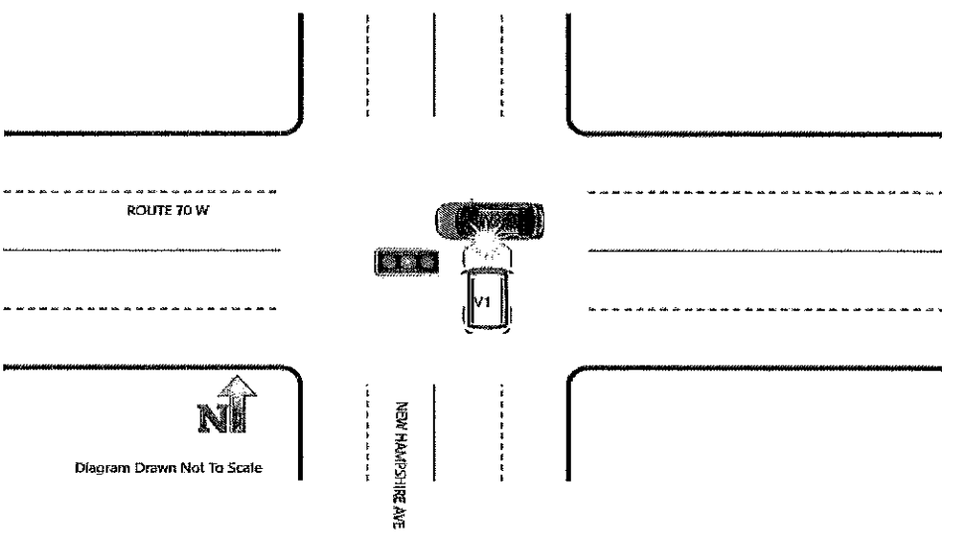
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079088

(Refer to vehicle by number)

		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	03	06	01	05	21	M	-	-	-	11	04	-	-	AXEL - CONDE - 411 ROSE CT LAKEWOOD NJ 08701 - -
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 LEFT THE SCENE PRIOR TO POLICE ARRIVAL SO I WAS UNABLE TO OBTAIN THEIR STATEMENT REGARDING THE CRASH.

DRIVER OF VEHICLE 2 WAS TRAVELING WEST ON ROUTE 70 IN THE AREA OF NEW HAMPSHIRE AVE. WHILE PASSING THROUGH THE INTERESCTION, HE WAS STRUCK BY A WHITE CARGO VAN WHICH FLED THE SCENE AFTER THE CRASH. DRIVER 2 STATED THAT HE HAD THE GREEN LIGHT AND THAT VEHICLE 1 WENT THROUGH A RED LIGHT WHEN THE CRASH TOOK PLACE.

NO INJURIES REPORTED ON SCENE.

VEHICLE 1 SHOULD HAVE SUSTAINED DAMAGE TO THE FRONT PORTION OF THE VEHICLE. VEHICLE 2 SUSTAINED MODERATE YET FUNCTIONAL DAMAGE TO THE DRIVER'S SIDE PORTION OF THE VEHICLE WHICH CONSISTED OF SEVERE DENTING.

DRIVER 2 SHOWED OFFICERS ON SCENE A PICTURE OF THE PLATE OF THE VEHICLE THAT STRUCK HIM. THE SUSPECT VEHICLE WAS BEARING A NEW JERSEY REGISTRATION OF F61RER. THE VEHICLE CAME BACK TO A 2006 INFINITI WHICH DID NOT MATCH THE DESCRIPTION THAT DRIVER 2 GAVE. THE REGISTERED OWNER'S RESIDENCE WAS CHECKED AND A 2006 INFINITI BEARING THE SAME NEW JERSEY REGISTRATION WAS LOCATED. HOWEVER, THE VEHICLE DID NOT HAVE A FRONT PLATE ON IT. CONTACT WITH THE REGISTERED OWNER OF THE INFINITI WAS ATTEMPTED BUT UNSUCCESFUL.

DRIVER 2 STATED THAT HE FOLLOWED THE VEHICLE BACK TO BROADWAY AVE IN LAKEWOOD, NEW JERSEY BUT LOST IT WHEN THE VEHICLE TURNED ONTO THAT STREET. DRIVER WAS UNSURE OF THE MAKE OF THE VEHICLE AND WAS UNABLE TO PROVIDE A DESCRIPTION OF THE DRIVER.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JACOBS, K	414	SGT. M. MARZOCCA	314	☒ Pending ☐ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-079088
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	
11 Speed Limit	-
At Intersection With / Road Name / Dir	
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	
Feet / Miles / N E S W of:	
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
NB EB SB WB	
20 Route/Name	
21 Latitude	
22 Longitude	
4 Date of Crash (mm dd yy)	10/08/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0344
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	UNINSURED
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	OMAR - RUIZ-REYES -
29 Sex	M
27 Number & Street	154 ERICA RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	BR / - / - / - / -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	02/15/1995
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SATURNINO - RUIZREYES -
36 Number & Street	1397 CENTRAL AVE
37 City / State / Zip	PCA LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	INFI / M35 / 1 / 2006 / F61RER / NJ
44 VIN	JNKAY01F26M258701
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 #	
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JAHAZIEL - RODRIGUEZMARTIN -
59 Sex	
57 Number & Street	
58 City / State / Zip	
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	
62 Driver's License Number	
63 DOB (mm dd yyyy)	
64 Expires (mm yy)	
65 Owner's First Name / Initial / Last Name	☐ Same As Driver
66 Number & Street	
67 City / State / Zip	
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	
74 VIN	
75 Expires	
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
01	39:4-97	295421	01	39:6B-2	295422
01	39:3-10	295423	01	39:4-129	295424

	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	-	-	OMAR - RUIZ-REYES - 154 ERICA RD LAKEWOOD NJ 08701
B														
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

Field	Value
1 Case Number	22-079088
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/08/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0344
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	
11 Speed Limit	
12 Route No.	
13 Milepost	
17 Cross Road Name	
18 Speed Limit	
20 Route/Name	
21 Latitude	
22 Longitude	

☐ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: Road Name, Dir, Suffix

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

Field	Vehicle (left)	Vehicle (right)
Veh # (23 / 53)	2	3
Policy No. (24 / 54)		
NJ Ins. Code (25 / 55)		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
Driver's First Name, Initial, Last Name (26 / 56)		
Sex (29 / 59)		
Number & Street (27 / 57)		
City, State, Zip (28 / 58)		
Eyes, DL Class, Restrictions, Endorsements (30 / 60)		
State (31 / 61)		
Driver's License Number (32 / 62)		
DOB mm dd yyyy (33 / 63)		
Expires mm yy (34 / 64)		
Owner's First Name, Initial, Last Name (35 / 65) ☐ Same As Driver		
Number & Street (36 / 66)		
City, State, Zip (37 / 67)		
Make (38 / 68)		
Model (39 / 69)		
Color (40 / 70)		
Year (41 / 71)		
Plate No. (42 / 72)		
State (43 / 73)		
VIN (44 / 74)		
Expires (45 / 75)		
Vehicle Removed To (46 / 76) ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
Authority (47 / 77) ☐ Owner ☐ Driver ☐ Police		
Alcohol/Drug Test (48 / 78) Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. % ☐ Pending		
Hazardous Material (49 / 79) ☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.		
Carrier No. (50 / 80) ☐ USDOT ☐ MC/MX ☐ None		
GVWR/GCWR (51 / 81) ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
Motor Carrier or Government Entity (52 / 82)		
Number & Street		
City, State, Zip		

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-130	295425			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	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: 22-079088

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 TURNED HIMSELF IN AT LAKEWOOD POLICE HEADQUARTERS, AS WELL AS THE OWNER OF VEHICLE 1. OWNER OF VEHICLE DID NOT HAVE ANY VEHICLE INSURANCE FOR THE VEHICLE. DRIVER OF VEHICLE 1 STATED THAT HE WAS GOING SOUTH ON NEW HAMPSHIRE AND HAD THE GREEN LIGHT. HE STATED THE REASON FOR WHY HE DIDNT STOP WAS BECAUSE IT WAS HIS FIRST ACCIDENT AND WAS NOT SURE ON WHAT TO DO.

I ADVISED HIM TO STAY AT THE ACCIDENT SCENE NEXT TIME UNTIL A LAW ENFORCEMENT OFFICER ARRIVES. DRIVER OF VEHICLE 1 WAS ISSUED 5 SUMMONSES MENTIONED ABOVE WITH FUTURE COURT DATES. AT THE TIME THE VEHICLE WAS PARKED ON PRIVATE PROPERTY LOCATED AT 154 ERICA ROAD LAKEWOOD, NEW JERSEY.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL M. GIBSON #409	409	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078941
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1706
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	2ND ST
At Intersection With	
Road Name	
Dir	
☒ Feet ☐ Miles	10
☐N ☐E ☐S ☒W of:	CLIFTON AVE
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.092129
22 Longitude	-74.214609

Vehicle 1

23 Veh #	1
24 Policy No.	NJSS210539526
25 NJ Ins. Code	217
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LEOVARDO - AVILALOPEZ
29 Sex	M
27 Number & Street	517 E 5TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	01 / D / - / -
31 State	NJ
32 Driver's License Number	A95464610003741
33 DOB (mm dd yyyy)	03/13/1974
34 Expires (mm yy)	03 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LEOVARDO - AVILALOPEZ
36 Number & Street	517 E 5TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F150 / GRN / 2008 / X653494 / NJ
44 VIN	1FTPX14508FA70936
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.	A0DT319090724027
55 NJ Ins. Code	183
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GUADALUPE - MORALESROMERO
59 Sex	F
57 Number & Street	115 WOEHR AVE APT 1B
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	02 / I / - / -
61 State	NJ
62 Driver's License Number	M65543070062892
63 DOB (mm dd yyyy)	12/12/1989
64 Expires (mm yy)	12 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver GUADALUPE - MORALESROMERO
66 Number & Street	115 WOEHR AVE APT 1B
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / FUS / SIL / 2016 / F49PWX / NJ
74 VIN	3FA6P0H76GR344908
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.
02	39:3-10	1514 A 295373	-		-
-		-	-		-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	48	M	-	-	-	11	04	-	-	LEOVARDO - AVILALOPEZ - 517 E 5TH ST LAKEWOOD NJ 08701 - -
B	02	01	01	05	32	F	-	-	-	11	04	-	-	GUADALUPE - MORALESROMERO - 115 WOEHR AVE APT 1B LAKEWOOD NJ 08701 - -
C	02	03	01	05	13	F	-	-	-	11	04	-	-	MARIA - MARTINEZ - 115 WOEHR AVE APT 1B LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

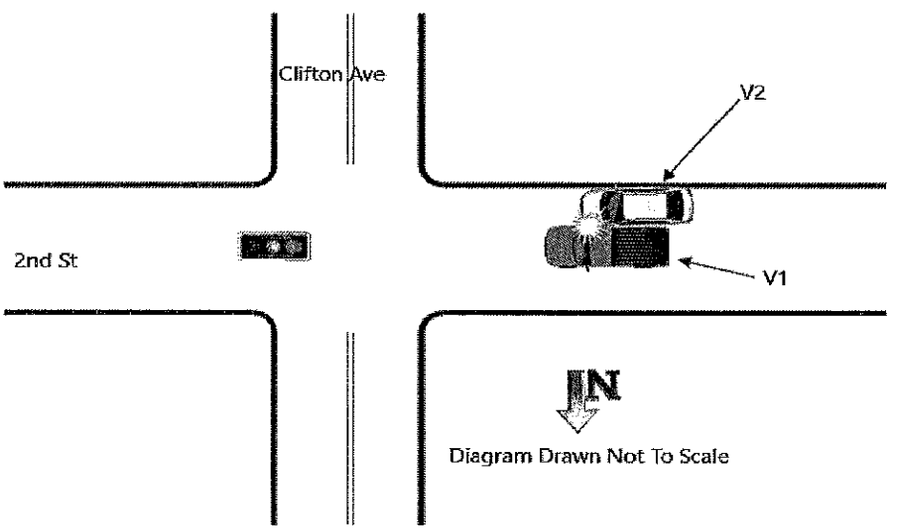
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078941

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated, he was traveling east on 2nd St toward Clifton Ave. He stated, vehicle 2 was parallel parked along the south side of 2nd St and and pulled out, ultimately colliding into the side of his vehicle. The damage was to the passenger side. No injuries reported.

Driver 2 stated, she was parallel parked along the south side of 2nd St dropping somebody off. She stated, she looked to make sure nobody was coming as she pulled out of her parking spot but ultimately collided with vehicle 1 that was traveling down 2nd St quickly. The damage was to the front driver side. No injuries reported.

As a result of my investigation, I, Patrolman Connor Woods #418 determined driver 2 at fault due to failing to yield the right of way to driver 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WOODS, C	418	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078942
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
10 Crash Occurred On:	MADISON AVE
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
☒ At Intersection With	1ST ST
☐ Feet / ☐ Miles	--
☐ N ☐ E / ☐ S ☐ W	
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1709
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090921
22 Longitude	-74.216473

Vehicle 1

23 Veh #	1
24 Policy No.	130 4804 F24 30C
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ALEX / J / MATEOROJAS -
29 Sex	M
27 Number & Street	228 GOVERNORS RD
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	01 / D / - / - / NJ
32 Driver's License Number	M07970197107041
33 DOB mm dd yyyy	07/15/2004
34 Expires mm yy	07 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / PABLO - TERREROSLAZARO -
36 Number & Street	228 GOVERNORS RD
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / ALT - AL / WHI / 2015 / G17NUV / NJ
44 VIN	1N4AL3AP4FN306726
45 Expires	05 23
46 Vehicle Removed To	ANDRIGO 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.	4623521350
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MENACHEM / M / MINTZ -
59 Sex	M
57 Number & Street	311 LAWRENCE AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	M45295397410552
63 DOB mm dd yyyy	10/16/1955
64 Expires mm yy	10 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / DENA - MINTZ -
66 Number & Street	311 LAWRENCE AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / BLK / 2004 / S82JKF / NJ
74 VIN	4T1BE32K14U287496
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	01	01	01	05	18	M	-	-	-	11	04	-	-	ALEX J MATEOROJAS - 228 GOVERNORS RD LAKEWOOD NJ 08701
B	02	01	01	05	66	M	-	-	-	11	04	-	-	MENACHEM M MINTZ - 311 LAWRENCE AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

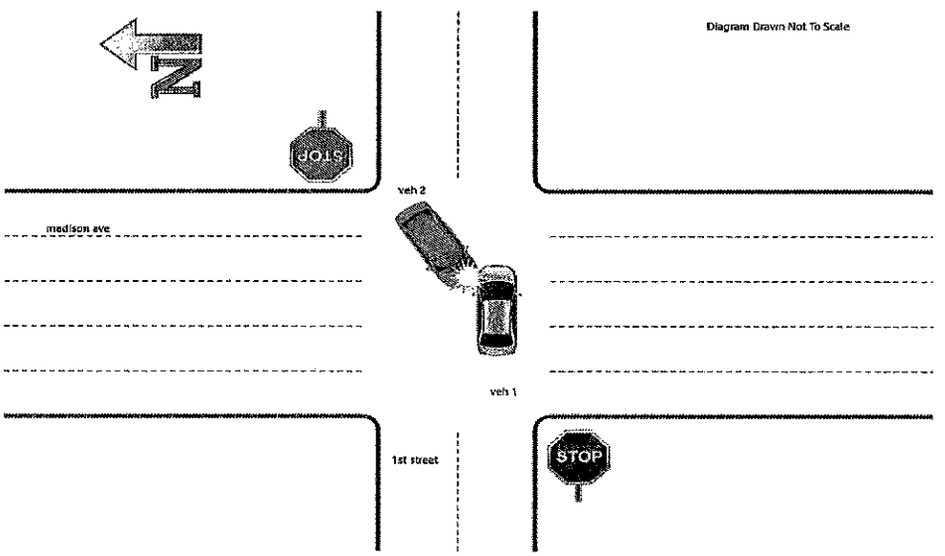
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-078942

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 EAST ON 1ST STREET AND WAS STOPPED AT THE STOP SIGN AT THE INTERSECTION OF MADISON AVE. DRIVER 1 SAID WHEN HE PROCEEDED STRAIGHT TO CROSS OVER MADISON AVENUE HE WAS STRUCK BY VEH 2 THAT WAS TRAVELING OPPOSITE HIM THAT WAS MAKING A LEFT TURN ONTO MADISON AVE.

DRIVER OF VEH 2 STATED HE WAS TRAVELING WEST ON 1ST ST AND WAS STOPPED A THE STOP SIGN AT THE INTERSECTION OF MADISON AVE. DRIVER 2 STATED HE PROCEEDED TO MAKE A LEFT TURN TO HEAD SOUTH BOUND ON MADISON AVENUE AND WAS STRUCK BY VEHICLE 2 THAT WAS TRAVELING OPPOSITE HIM THAT CAME STRAIGHT ACROSS THE ROADWAY.

UPON MY INVESTIGATION I DETERMINED BOTH DRIVERS AT FAULT FOR THE CRASH. AT BOTH STOP SIGNS THERE IS AN ADDITONAL SIGN THAT STATES ONLY RIGHT TURNS ON WEEKDAYS BETWEEN THE HOURS OF 7AM -7PM, WHICH IS DURING THE TIME THE CRASH OCCURRED. BOTH PARTIES VIOLATED THIS SIGN.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078949
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	STATE HIGHWAY 70
At Intersection With	☐
Road Name	
Dir	W
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
18 Speed Limit	-
☒ Feet ☐ Miles	50
☐N ☐E ☐S ☒W of:	-
19 Ramp ☐ To ☒ From:	GARDEN STATE PARKWAY
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☒ SB ☐ WB	
4 Date of Crash mm dd yy	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1743
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	952674033
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	OSCAR O HERNANDEZ -
29 Sex	M
27 Number & Street	133 CREEK RD
28 City / State / Zip	BRICK NJ 08724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	H27186097608052 / 08/23/2005 / 08 26
35 Owner's Name (☐ Same As Driver)	JOSE O HERNANDEZ -
36 Number & Street	1411 EISENHOWER ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / TAH - TA / BLK / 2013 / T74MMS / NJ
44 VIN / 45 Expires	1GNSK2E09DR308896 / 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.	048489438
55 NJ Ins. Code	200
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOSELUIS F GONZALEZMEDINA -
59 Sex	M
57 Number & Street	332 AUDREY AVE
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	G64594106610042 / 10/19/2004 / 10 25
65 Owner's Name (☐ Same As Driver)	BRIAN - MONTES-ROJAS -
66 Number & Street	115 CLIFTON AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / PAT / SIL / 2005 / Z92MTX / NJ
74 VIN / 75 Expires	5N1AR18W25C774275 / 08 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	17	M	-	-	-	11	04	-	-	OSCAR O HERNANDEZ - 133 CREEK RD BRICK NJ 08724 - -
B	1	03	01	05	16	F	-	-	-	11	04	-	-	EMILY - VALAGUEZ - 137 MARTIN LUTHER KII LAKEWOOD NJ 08701 - -
C	2	01	01	05	17	M	-	-	-	11	04	-	-	JOSELUIS F GONZALEZMEDINA - 332 AUDREY AVE TOMS RIVER NJ 08755 - -
D	2	03	01	05	20	F	-	-	-	11	04	-	-	YOSELYN - MONTES-ROJAS - 115 CLIFTON AVE LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078949

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

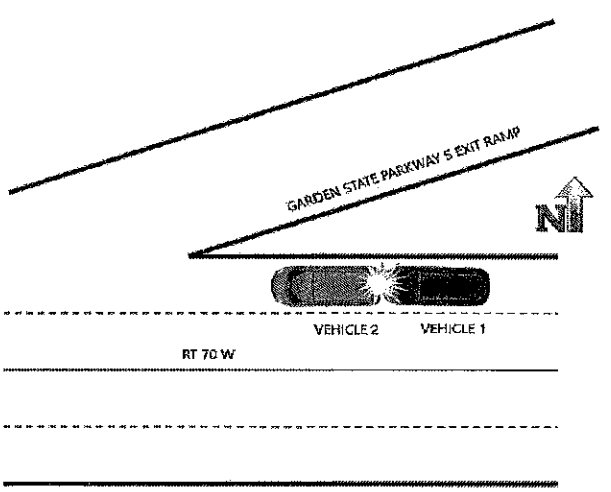


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of Vehicle 1 stated he was travelling west on Rt 70 behind Vehicle 2 when Vehicle 2 stopped. Driver of Vehicle 1 attempted to stop behind Vehicle 2 however was unable to, resulting in Vehicle 1 striking Vehicle 2 from behind. Driver of Vehicle 2 stated he was stopped in traffic on Rt 70 W when he was struck from behind by Vehicle 1.

Vehicle 1 sustained no damages. Scratches were observed to the passenger side bumper, however driver of Vehicle 1 stated they were pre-existing damages. Vehicle 2 sustained damages consisting of scratching and partial removal of the rear bumper.

From my investigation, I concluded that driver of Vehicle 1 was at fault for following too closely behind Vehicle 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078907		
2 Police Dept of	LAKEWOOD TOWNSHIP P	Code	01
3 Station/Precinct	--		
10 Crash Occurred On:	MADISON AVE	-	
At Intersection With / Road Name		Dir	
☒ Feet ☐ Miles	15	☐ N ☐ E ☒ S ☐ W	
of:	KENNEDY BLVD		
11 Speed Limit	45		
12 Route No.	0009	Suffix	13 Milepost
18 Speed Limit	35		
19 Ramp ☐ To ☐ From:			
17 Cross Road Name			
☐ NB ☐ EB ☐ SB ☐ WB			
20 Route/Name			
4 Date of Crash (mm dd yy)	10/07/22		
5 Day Of Week	FRIDAY		
6 Time (use 2400 hrs)	1448		
7 Municipality Code	1514		
8 Total Killed	--		
9 Total Injured	--		
21 Latitude	40.106197		
22 Longitude	-74.219377		

Vehicle 1

23 Veh #	1		
24 Policy No.	5129J 002312		
25 NJ Ins. Code	917		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
26 Driver's First Name / Initial / Last Name	MAYER	-	WILLMAN
29 Sex	M		
27 Number & Street	2132 84TH ST		
28 City / State / Zip	BROOKLYN	NY	11214
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NY		
32 Driver's License Number	728088507		
33 DOB (mm dd yyyy)	08/19/1986		
34 Expires (mm yy)	08 27		
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MAYER - WILLMAN		
36 Number & Street	2132 84TH ST		
37 City / State / Zip	BROOKLYN	NY	11214
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TES / 3 / WHI / 2022 / L79PXV / NJ		
44 VIN	5YJ3E1EB5NF244850		
45 Expires	05 26		
46 Vehicle Removed To	MOSHES TOWING		
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
47 Authority	☒ Owner ☐ Driver ☐ Police		
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending		
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.		
50 Carrier No.	☐ USDOT ☐ 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	36	M	-	-	-	11	04	-	-	MAYER - WILLMAN - 2132 84TH ST BROOKLYN NY 11214
B														
C														
D														

New Jersey Police Crash Investigation Report

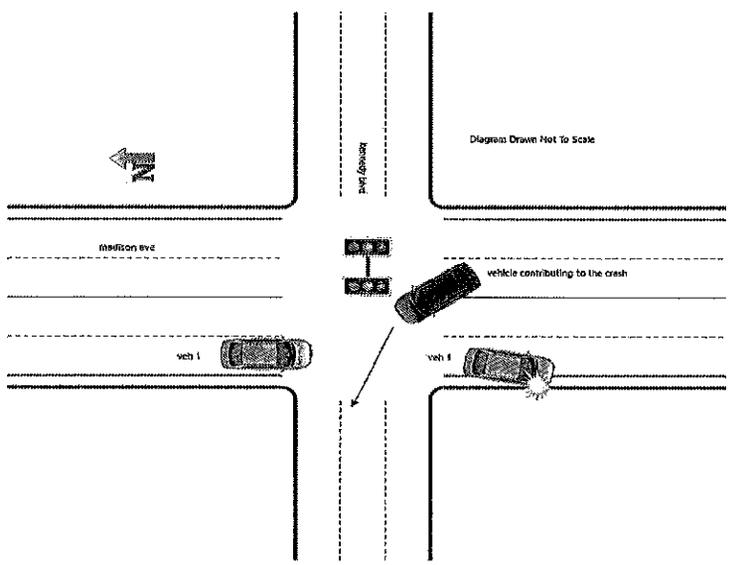
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-078907

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 SOUTH ON MADISON AVE IN THE RIGHT LANE OF TRAFFIC APPROACHING THE INTERSECTION OF W KENNEDY BLVD. DRIVER 1 SAID WHEN HE WENT TO DRIVE THROUGH THE INTERSECTION, ANOTHER VEHICLE THAT WAS TRAVELING NOTH BOUND ON MADISON AVE, MADE AN ILLEGAL LEFT TURN IN FRONT OF HIM. DRIVER 1 SAID THIS CAUSED HIM TO SWERVE RIGHT TO AVOID HITTING THAT VEHICLE AND IN RETURN HE STRUCK THE CURB WITH THE PASSENGER SIDE OF HIS VEHICLE.

VEHICLE 1 IS A TELSA WHICH IS EQUIPPED WITH CAMERAS AND CAUGHT THE CRASH. I VIEWED THE FOOTAGE AND OBSERVED A VEHICLE TRAVELING NORTH BOUND ON MADISON AVE IN THE FAR LEFT LANE OF TRAFFIC, MAKING AN ILLEGAL LEFT TURN ONTO W KENNEDY BLVD. DRIVER 1 SWERVE RIGHT TO AVOID CRASHING INTO THIS CAR AND CRASH INTO THE CURB. THE VEHICLES PLATE WAS NOT CLEAR IN THE FOOTAGE, BUT IT APPEARED TO BE A DARKER COLOR TOYOTA, POSSIBLY A COROLLA, BEARING AN UNREADABLE NJ LICENSE PLATE. THIS VEHICLE NEVER MADE CONTACT WITH VEHICLE 1.

DRIVER 1 STATED HE WILL BE REACHING OUT TO TESLA TO SEE IF THEY CAN HELP HIM WITH GETTING A CLEAR VISUAL OF THE LICENSE PLATE. HE WAS ADVISED IF HE RECIEVES THIS INFORMATION TO EMAIL ME.

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

New Jersey Police Crash Investigation Report

PAGE 1 OF 2 ☐ Fatal — ☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-078908
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1449
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On	NEW HAMPSHIRE AVE
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	
☐ At Intersection With / Road Name	
14	200 ☒ Feet ☐ Miles
15	
16	☒ N ☐ E ☐ S ☐ W of: SALEM ST
17 Cross Road Name	
18 Speed Limit	35
19 Ramp	☐ To ☐ From: -
	☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name	
21 Latitude	40.055420
22 Longitude	-74.195863

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	1328112B1030C	54 Policy No.	6050409413
25 NJ Ins. Code	962	55 NJ Ins. Code	100
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	FANY - MANCIA CASTRO -	56 Driver's First Name / Initial / Last Name	DOV - ALTMAN -
29 Sex	F	59 Sex	M
27 Number & Street	7823 BALTIMORE ST	57 Number & Street	141 BLAUVELT RD 101
28 City / State / Zip	BALTIMORE MD 21224	58 City / State / Zip	MONSEY NY 10952
30 Eyes	-	60 Eyes	02
DL Class	-	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	MD	61 State	NY
32 Driver's License Number	M-522-244-961-450	62 Driver's License Number	586760541
33 DOB (mm dd yyyy)	06/16/1986	63 DOB (mm dd yyyy)	04/30/1992
34 Expires (mm yy)	06 28	64 Expires (mm yy)	04 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver — WALTER - HERNANDEZDELEO -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver — DOV - ALTMAN -
36 Number & Street	326 LAUREL AVE	66 Number & Street	141 BLAUVELT RD 101
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	MONSEY NY 10952
38 Make	TOYT	68 Make	LINC
39 Model	TUN	69 Model	NAV - NA
40 Color	RD	70 Color	WHI
41 Year	2001	71 Year	2008
42 Plate No.	U69PRD	72 Plate No.	W85RDG
43 State	NJ	73 State	NJ
44 VIN	5TBBT48131S217022	74 VIN	5LMFU275X8LJ18121
45 Expires	02 23	75 Expires	07 23
46 Vehicle Removed To		76 Vehicle Removed To	MOISHEYS TOWING
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- / / -	City / State / Zip	- / / -

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

MINOR SCRATCHES TO SIDE OF RESIDENCE OF 782 NEW HAMPSHIRE AVE

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	2	39:3-40	A294804

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	2	39:4-97	A294805

	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	06	08	01	11	04	-	-	FANY - MANCIA CASTRO - 7823 BALTIMORE ST BALTIMORE MD 21224
B	2	01	01	03	30	M	01	05	01	11	11	01	-	DOV - ALTMAN - 141 BLAUVELT RD 101 MONSEY NY 10952
C														
D														

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

Code	Value
118a	25
118b	-
119a	09
119b	59
120a	01
120b	01
121a	01
121b	01
122	01
123	01
124	04
125	04
126a	26
126b	05
126c	69
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	03
134	04

New Jersey Police Crash Investigation Report

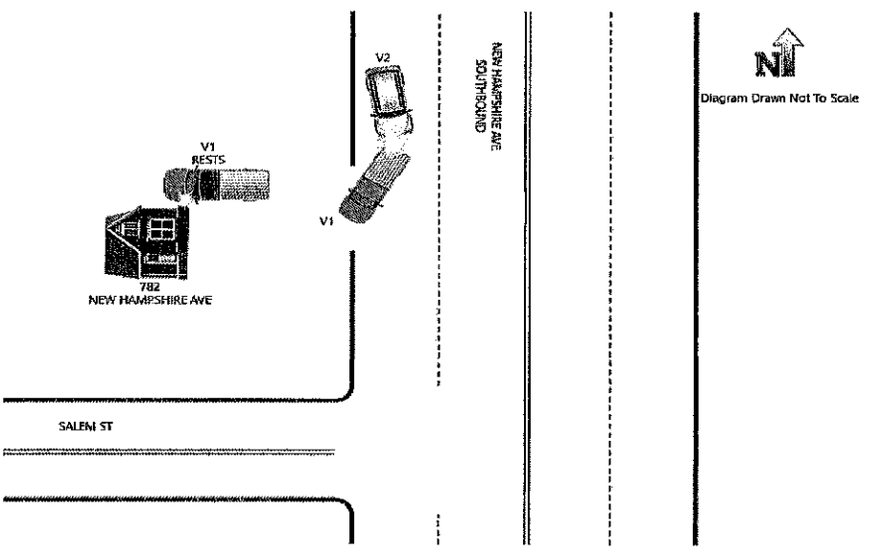
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078908

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling Southbound in the Right Lane on New Hampshire Ave. She stated while traveling she utilized her Right Blinker to indicate she would be negotiating a Right Turn into the driveway of 782 New Hampshire Ave. She stated while turning into the driveway Vehicle 2 collided into the rear of her Vehicle. The collision forced her Vehicle up the driveway where the driver side of Vehicle 1 collided into the side of 782 New Hampshire Ave.

The residence sustained Minor damage (Scratches to side of Residence) and no structure damage. Residence was checked by Lakewood Fire and no further action was taken.

Driver 2 stated he was traveling Southbound on New Hampshire Ave in the Right Lane behind Vehicle 1. He stated while traveling it was difficult to see brake lights due to the sun glare. He stated he attempted to swerve left to avoid collision but was unable to. He stated he collided into the rear of Vehicle 1.

Driver 1 had complaint of pain to Back and refused transport to Hospital.
Driver 2 suffered minor cut to his head and refused transport to Hospital.

Driver 2 was issued a Summons for Driving with Suspended Driver's License (A294804) and Careless Driving (A294805). Vehicle 2 was towed by Moishey's Towing.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078909
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	LAUREL AVE
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	370
☐ N ☒ E ☐ S ☐ W of:	PEARL ST S
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1457
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.089830
22 Longitude	-74.204398

Vehicle 1

23 Veh #	1
24 Policy No.	92122923MD
25 NJ Ins. Code	019
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	REUVEN - GOLDMAN
29 Sex	M
27 Number & Street	230 LINCOLN ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	06 / D / - / -
31 State	NJ
32 Driver's License Number	G62286510007726
33 DOB mm dd yyyy	07/15/1972
34 Expires mm yy	07 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver REUVEN - GOLDMAN
36 Number & Street	230 LINCOLN ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / EXP - EX / WHI / 2012 / ZWD53F / NJ
44 VIN	1GCZGTCG3C1125456
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.	4262-06-66-67
55 NJ Ins. Code	148
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver FRAIDEL G KLITNICK
66 Number & Street	329 LAUREL AVE; A
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SON / BLK / 2016 / S87KFJ / NJ
74 VIN	5NPE24AF2GH285193
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.	Charge	Summons No.	Oper.	Charge	Summons No.
-	-	-	-	-	-
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	50	M	-	-	-	11	04	-	-	REUVEN - GOLDMAN - 230 LINCOLN ST LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

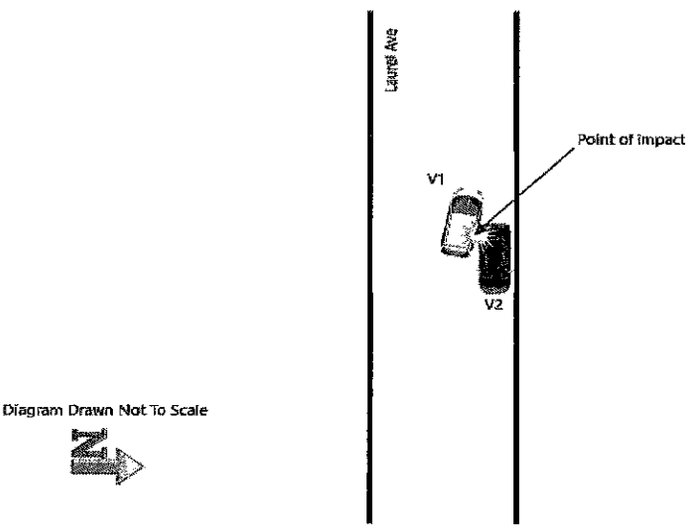
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078909

(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 west bound on Laurel Ave when it struck V2 while passing.

Driver 1 related he was traveling west bound on Laurel Ave. He stated he heard a loud sound and noticed he struck V2 on the rear passenger side bumper of the vehicle.

Based on statements made by the involved party, my observations, and damages to the vehicles I determine driver of V1 is at fault due to driver inattention.

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

1 Case Number	22-078611
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	300 HURLEY AVE
At Intersection With / Road Name / Dir	
Feet / Miles	N E S W of:
11 Speed Limit	10
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
14 / 15 / 16	
17 Cross Road Name	
19 Ramp To / From	
20 Route/Name	
NB EB SB WB	
4 Date of Crash mm dd yy	10/06/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1249
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.087289
22 Longitude	-74.213551

Vehicle 1

23 Veh #	1
24 Policy No.	909557044
25 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	PEARL M HARGROVE -
29 Sex	F
27 Number & Street	141 MARTIN LUTHER KING DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	1 / D / - / - / NJ
32 Driver's License Number	H05886207462551
33 DOB mm dd yyyy	12/28/1955
34 Expires mm yy	12 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver PEARL M HARGROVE -
36 Number & Street	141 MARTIN LUTHER KING DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU / ES3 / WHI / 2019 / R19PLN / NJ
44 VIN	58ABZ1B11KU015651
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.	6112052995
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GEOVONNI - LARGO -
59 Sex	M
57 Number & Street	308 CEDARBRIDGE AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	07/18/2005
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PABLO - VARGAS-SABAS -
66 Number & Street	1048 CENTRAL AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BMW / 3 / WHI / 2006 / D30RHK / NJ
74 VIN	WBAVB335X6KR81490
75 Expires	09 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
02	39:3-10	294691			

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	66	F	-	-	-	11	04	-	-	PEARL M HARGROVE - 141 MARTIN LUTHER KII LAKEWOOD NJ 08701
B	01	03	01	05	81	M	-	-	-	11	04	-	-	JESSE L LAMPKIN - 141 MARTIN LUTHER KII LAKEWOOD NJ 08701
C	02	01	01	05	17	M	-	-	-	11	04	-	-	GEOVONNI - LARGO - 308 CEDARBRIDGE AVE LAKEWOOD NJ 08701
D	02	03	01	05	16	F	-	-	-	11	04	-	-	JENNIFER - VARGAS - 1048 CENTRAL AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

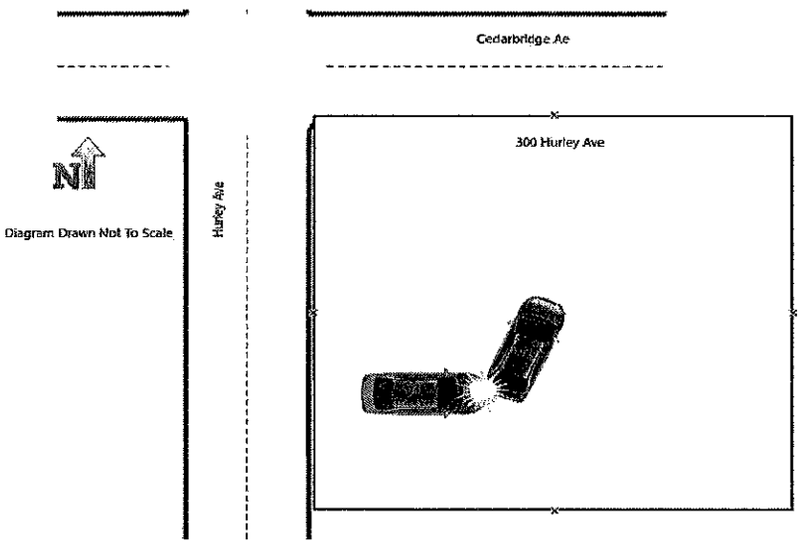
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-078611

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was in the parking lot of 300 Hurley Avenue. Driver of vehicle 1 stated vehicle 2 was reversing in the parking and struck the front of vehicle 1. Driver of vehicle 1 stated she was using the horn and driver of vehicle 2 did not listen. Vehicle 1 had minor front end damage and had no complaint of pain.

Driver of vehicle 2 stated he was backing in the parking lot of 300 Hurley Avenue. Driver of vehicle 2 stated he did not see vehicle 1 striking the front of vehicle 1. Vehicle 2 had minor rear driver side damage. Driver of vehicle 2 stated he was listening to music and did not hear the horn of vehicle 1. Driver of vehicle 2 had no complaint of pain. Driver of vehicle 2 was issued a summons for being unlicensed 39:3-10

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078619
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CROSS STREET
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	20
☐ N ☒ E ☐ S ☐ W of:	WHITE ROAD
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/06/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1328
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.080365
22 Longitude	-74.255426

Vehicle 1

23 Veh #	1
24 Policy No.	939447341
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GILA - GOLDSTEIN
29 Sex	F
27 Number & Street	64 VALLEY ROAD
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements	06 / - / - / -
31 State	NJ
32 Driver's License Number	G62322840056886
33 DOB mm dd yyyy	06/01/1988
34 Expires mm yy	06 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GILA - GOLDSTEIN
36 Number & Street	64 VALLEY ROAD
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / BLK / 2015 / C82KJA / NJ
44 VIN	5TDYK3DC6FS628881
45 Expires	08 23
46 Vehicle Removed To	MOISHE'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4250-11-86-94
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PENINA - WEINGARTEN
59 Sex	F
57 Number & Street	136 COLONIAL DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	05 / D / - / -
61 State	NJ
62 Driver's License Number	W22846230062835
63 DOB mm dd yyyy	12/16/1983
64 Expires mm yy	12 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PENINA - WEINGARTEN
66 Number & Street	136 COLONIAL DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / BLK / 2021 / C16NBY / NJ
74 VIN	5FNRL6H77MB012382
75 Expires	12 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	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	F	-	-	-	11	04	04	-	GILA - GOLDSTEIN - 64 VALLEY ROAD JACKSON NJ 08527 - -
B	01	06	01	05	01M	F	-	-	-	11	04	04	-	GOLDA - GOLDSTEIN - 64 VALLEY ROAD JACKSON NJ 08527 - -
C	02	01	01	05	38	F	-	-	-	11	04	-	-	PENINA - WEINGARTEN - 136 COLONIAL DR LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

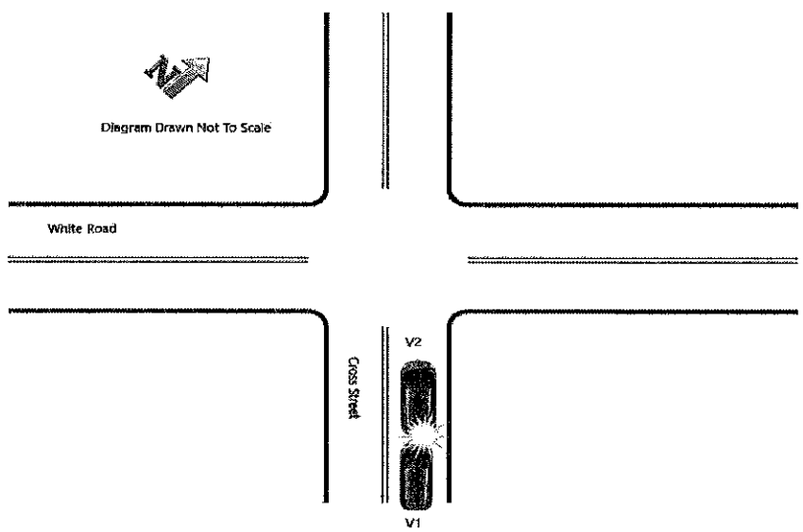
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078619

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling straight on Cross Street at a reasonable speed. Vehicle 2 stopped in front of her and she attempted to brake but struck the rear of Vehicle 2.

Driver 2 stated she was traveling straight on Cross Street when she was struck in the rear by Vehicle 1.

After my investigation I determined Driver 1 to be at fault for following too closely and striking Vehicle 2 in the rear.

There were no reported injuries on scene. Vehicle 1 sustained disabling damage to the front end of the vehicle. All of the air bags inside were deployed. It was towed by Moishe's Towing. Vehicle 2 sustained moderate damage to the rear bumper and lift gate.

End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	WB	306	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078654
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	945 RIVER AVE
At Intersection With / Road Name / Dir	
Feet / Miles / N E S W of:	-
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	- - - -
14 / 15 / 16	- -
17 Cross Road Name	-
19 Ramp To / From	-
20 Route/Name	-
NB EB SB WB	
4 Date of Crash mm dd yy	10/06/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1644
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.063288
22 Longitude	-74.219122

Vehicle 1

23 Veh #	1
24 Policy No.	SELF INSURED
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ALMONOR - DIEUFOR
29 Sex	M
27 Number & Street	67 SAINT PAULS PL A6
28 City / State / Zip	BROOKLYN NY 11226
30 Eyes / DL Class / Restrictions / Endorsements	1 - - -
31 State	NY
32 Driver's License Number	323431605
33 DOB mm dd yyyy	07/24/1971
34 Expires mm yy	07 27
35 Owner's First Name / Initial / Last Name	☐ Same As Driver EAN - HOLDINGS LLC -
36 Number & Street	14002 EAST 21ST ST STE 1500 C
37 City / State / Zip	TULSA OK 71434
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	INTR 400 WHI 2018 XJTH22 NJ
44 VIN	1HTMMMMLXJH096646
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 1707780 ☐ 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	EAN HOLDINGS LLC
Number & Street	14002 EAST 21ST ST
City / State / Zip	TULSA OK 74134

Vehicle 2

53 Veh #	2
54 Policy No.	989011361
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SAM - GOLDING
59 Sex	M
57 Number & Street	27 MAJESTIC WAY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 D - -
61 State	NJ
62 Driver's License Number	G62276870005972
63 DOB mm dd yyyy	05/25/1997
64 Expires mm yy	05 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JP MORGAN - CHASE BANK -
66 Number & Street	PO BOX 901098
67 City / State / Zip	FORT WORTH TX 76101
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	SUBA CRO WHI 2022 V28PYR NJ
74 VIN	JF2GTAPC2N8266643
75 Expires	06 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.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136	-	-	138	-
-	140	-	-	142	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	51	M	-	-	-	11	04	-	-	ALMONOR - DIEUFOR - 67 SAINT PAULS PL A6 BROOKLYN NY 11226
B	2	01	01	05	25	M	-	-	-	11	04	-	-	SAM - GOLDING - 27 MAJESTIC WAY LAKEWOOD NJ 08701
C	2	03	01	05	21	F	-	-	-	11	04	-	-	IDY BRAUN 27 MAJESTIC WAY LAKEWOOD NJ 08701
D	2	04	01	05	4M	F	-	-	-	06	06	-	-	ESTHER GOLDING 27 MAJESTIC WAY LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

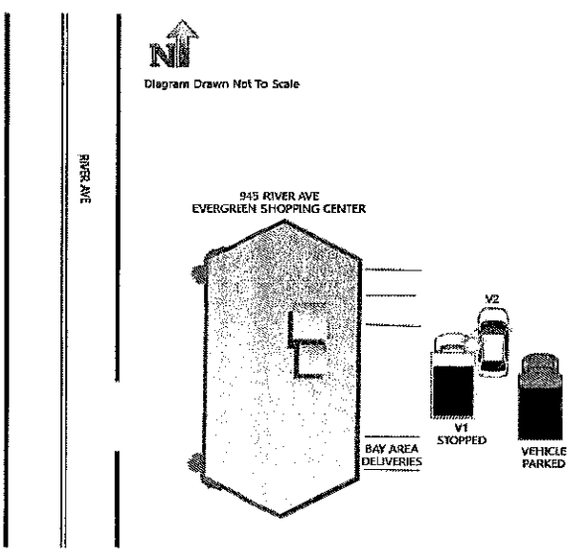
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078654

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was stopped facing Northbound in the back parking lot of 945 River Ave (Evergreen Supermarket). He stated he was awaiting to back his Vehicle into the bay area to drop off a delivery. He stated while stopped Vehicle 2 was traveling Northbound through the rear parking lot of 945 River Ave and collided into the passenger side of his Vehicle.

Driver 2 stated he was traveling Northbound in the rear parking lot of 945 River Ave. He stated Vehicle 2 was stopped facing Northbound in the rear parking lot to the left of his Vehicle. He stated another truck was parked facing Northbound in the rear of 945 River Ave to the right of his Vehicle. Driver 2 stated there was room for him to proceed Northbound in the parking lot. Driver 2 stated as he proceeded through the lot Vehicle 1 also began to proceed and collided into the driver side of his Vehicle.

At time of Crash the rear parking lot of 945 River Ave was heavily congested with Vehicle traffic making it difficult for Vehicles to navigate through the Parking Lot. I observed Surveillance Cameras located in the back parking lot however unknown if it captured Crash.

Heavy Vehicle traffic in the rear parking lot of 945 River Ave may have contributed to the Crash.

Vehicle 1 Insurance Information
Self Insured
Department of Banking and Insurance
Certificate NO: 79
Expiration: June 2023

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	JP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078674
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CROSS ST
☒ At Intersection With	FARADAY AVE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	45
12 Route No.	0626
Suffix	
13 Milepost	
18 Speed Limit	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/06/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1847
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.072556
22 Longitude	-74.246762

Vehicle 1

23 Veh #	1
24 Policy No.	ILAA-0758-09-00
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RODOLFO - LOPEZSILVA -
29 Sex	M
27 Number & Street	304 OCEAN AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / MM
32 Driver's License Number	44R0011071
33 DOB mm dd yyyy	03/09/1999
34 Expires mm yy	12 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RODOLFO - LOPEZSILVA -
36 Number & Street	304 OCEAN AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LINC / AVA / SIL / 2005 / DQ84239 / IL
44 VIN	5LMEU88H35ZJ34404
45 Expires	09 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939497708
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MOSHE - MEYER -
59 Sex	M
57 Number & Street	345 LAUREL AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	M29795670008984
63 DOB mm dd yyyy	08/09/1998
64 Expires mm yy	08 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ISAAC D HIRSCHBERG -
66 Number & Street	12 TEABERRY CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / EC3 / TN / 2012 / A88HFK / NJ
74 VIN	1FBSS3BL2CDA25964
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.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	23	M	-	-	-	11	04	-	-	RODOLFO - LOPEZSILVA - 304 OCEAN AVE LAKEWOOD NJ 08701
B	01	03	01	05	41	M	-	-	-	11	04	-	-	JORGE LOPEZ 304 OCEAN AVE LAKEWOOD NJ 08701
C	01	06	01	05	19	M	-	-	-	04	04	-	-	MIGEL PEREZ 304 OCEAN AVE LAKEWOOD NJ 08701
D	02	01	01	05	24	M	-	-	-	11	04	-	-	MOSHE - MEYER - 345 LAUREL AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

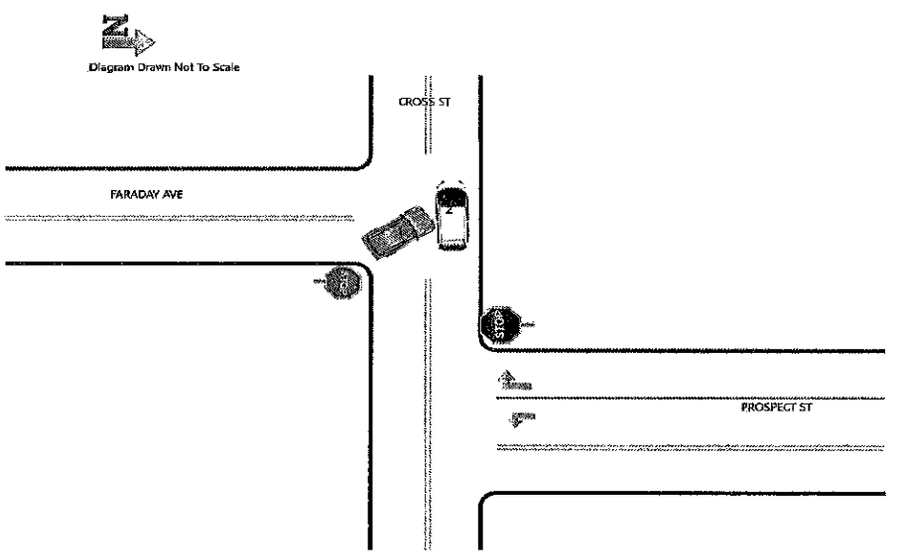
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-078674

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
E	02	03	01	05	18	M	-	-	-	11	04	-	-	AHRON D EPSTEIN - 15 KELM WOODS AVE LAKEWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle # is insured by American Alliance Casualty Company NAIC#13752

The driver of vehicle #2 reported that he had made a right turn onto Cross St. from Prospect St. As he was approaching the intersection of Cross St. and Faraday Ave. vehicle #1 struck his vehicle.

The driver of vehicle #1 related that he was making a left turn onto Cross St. from Faraday Ave. and vehicle #2 was driving aggressively.

There were no injuries reported at the scene of the crash. Vehicle #1 sustained damage to the passenger side headlight, fender, hood, and bumper. Vehicle #2 sustained damage to the driver side of the quarter panel from approximately mid vehicle to the rear bumper. Both were driven from the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	JP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078697
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	15
☒ Feet	300
☐ Miles	
☒ N ☐ E ☐ S ☐ W of:	6TH ST
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/06/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2053
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.095791
22 Longitude	-74.217408

Vehicle 1

23 Veh #	1
24 Policy No.	F1375773
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ADAM L SILVERSMITH -
29 Sex	M
27 Number & Street	430 BREWERS BRIDGE ROAD
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	S44060087310762
33 DOB mm dd yyyy	10/16/1976
34 Expires mm yy	10 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ADAM L SILVERSMITH -
36 Number & Street	430 BREWERS BRIDGE ROAD
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / SIL / RD / 2015 / LEZH60 / NJ
44 VIN	3GCUKREC1FG193735
45 Expires	01 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4184620815
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ELIYOHU N DOWEK -
59 Sex	M
57 Number & Street	401 3RD ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	D68782127502822
63 DOB mm dd yyyy	02/05/1982
64 Expires mm yy	02 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ELIYOHU N DOWEK -
66 Number & Street	401 3RD ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / SUB - SU / GLD / 2009 / P22KPL / NJ
74 VIN	1GNFK16359R190065
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.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	45	M	-	-	-	11	04	-	-	ADAM L SILVERSMITH - 430 BREWERS BRIDGE R JACKSON NJ 08527
B	02	01	01	05	40	M	-	-	-	11	04	-	-	ELIYOHU N DOWEK - 401 3RD ST LAKEWOOD NJ 08701
C	02	04	01	05	12	M	-	-	-	11	04	-	-	PESACH - DOWEK - 401 3RD ST LAKEWOOD NJ 08701
D	02	06	01	05	10	M	-	-	-	11	04	-	-	CHAIM - DOWEK - 401 3RD ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

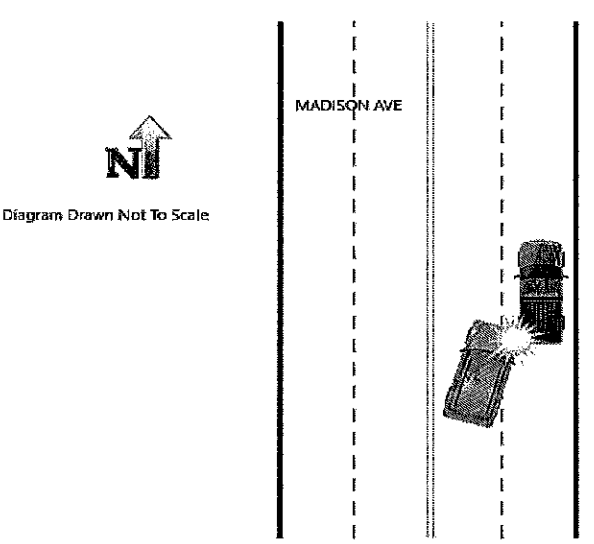
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-078697

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	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 Northbound on Madison Ave and was in the right most lane. He stated as he was going forward, vehicle 2 who was in the left lane attempted to get into his lane of travel but crashed into the side of his vehicle.

Driver of vehicle 2 stated he was Northbound on Madison Ave and was in the left most lane. He stated as he was going forward, he attempted to get into the right lane but crashed into the side of vehicle 1.

In my investigation I find vehicle 2 at fault for this crash for driver inattention and improper passing as vehicle 2 needs to make sure it is clear before changing lanes.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078699
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CLIFTON AVE
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	20
☒ At Intersection With	1ST ST
☐ Feet / ☐ Miles	-
☐ N ☐ E / ☐ S ☐ W of:	-
19 Ramp ☐ To / ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB / ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/06/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2113
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.091152
22 Longitude	-74.214425

Vehicle 1

23 Veh #	1
24 Policy No.	PAA C1 09 55
25 NJ Ins. Code	168
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHANA / P / APPELBAUM -
29 Sex	F
27 Number & Street	404 8TH ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / A / - / -
31 State	NJ
32 Driver's License Number	A70881207759962
33 DOB mm dd yyyy	09/14/1996
34 Expires mm yy	09 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / YEHUDA - APPELBAUM -
36 Number & Street	404 8TH ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / GRN / 2011 / S84HKK / NJ
44 VIN	5TDZK3DC8BS003039
45 Expires	01 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4334-78-21-43
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ZEV - LAMM -
59 Sex	M
57 Number & Street	11 CONGRESS ST
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	03 / A / - / -
61 State	NJ
62 Driver's License Number	L03587960002803
63 DOB mm dd yyyy	02/29/1980
64 Expires mm yy	02 23
65 Owner's First Name / Initial / Last Name	☒ Same As Driver / ZEV - LAMM -
66 Number & Street	11 CONGRESS ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / WHI / 2016 / E50RGK / NJ
74 VIN	2T1BURHE1GC493477
75 Expires	08 23
76 Vehicle Removed To	MOSHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	26	F	-	-	-	11	04	-	-	CHANA P APPELBAUM - / 404 8TH ST LAKEWOOD NJ 08701 - -
B	1	03	01	05	58	F	-	-	-	11	04	-	-	ELIZABETH - ALVARADO - / - - - - - -
C	2	01	01	05	26	F	-	-	-	11	11	02	-	CHANA P APPELBAUM - / 404 8TH ST LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

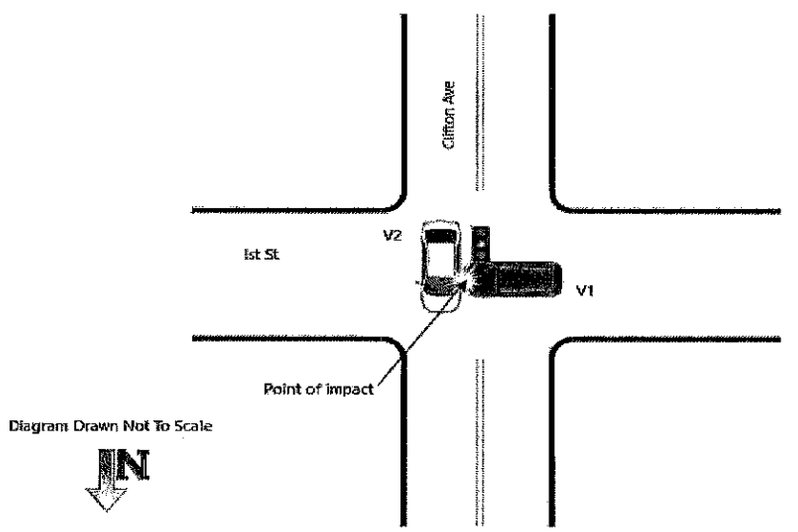
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078699

(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 1st St through the intersection of 1st St & Clifton Ave when it struck V2 on the driver side of vehicle.

Driver 1 related she was traveling east bound on 1st St through the intersection of 1st St & Clifton Ave. She stated while driving through the intersection she did not see V2 and struck V2 on the driver side of the vehicle.

Driver 2 related he was traveling north bound on Clifton Ave through the intersection of Clifton Ave & 1st St. He stated while driving through the intersection his vehicle was struck by V1 on the driver side of his vehicle.

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

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

1 Case Number	22-078730
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CEDARBRIDGE AVENUE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	0528
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	50
☐N ☒E ☐S ☐W of:	CLOVER STREET
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/06/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2256
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	
22 Longitude	

Vehicle 1

23 Veh #	1
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JORJE - GONZALEZ
29 Sex	M
27 Number & Street	113 WOEHR AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
31 State	NJ
32 Driver's License Number	G64594100011932
33 DOB mm dd yyyy	11/02/1993
34 Expires mm yy	11 24
35 Owner's First Name / Initial / Last Name	Same As Driver
36 Number & Street	-
37 City / State / Zip	- - -
38 Make	VOLK
39 Model	CC
40 Color	BLK
41 Year	2010
42 Plate No.	UWE78R
43 State	NJ
44 VIN	WVWML7AN9AE507804
45 Expires	06 23
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	SELF INSURED
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BARUCH D BROG
59 Sex	M
57 Number & Street	123 RIDGE AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	B75270776411992
63 DOB mm dd yyyy	11/30/1999
64 Expires mm yy	11 23
65 Owner's First Name / Initial / Last Name	Same As Driver - - 123 ENTERPRISES -
66 Number & Street	255 BRUCE STREET
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make	CHEV
69 Model	SUB - SU
70 Color	3
71 Year	2021
72 Plate No.	M71PZU
73 State	NJ
74 VIN	1GNSKCKD1MR481566
75 Expires	05 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.
V1	39:3-33	1514-A-294979
V1	39:3-29	1514-A-294980

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	28	M	-	-	-	11	04	-	-	JORJE - GONZALEZ - 113 WOEHR AVE LAKEWOOD NJ 08701
B	V2	01	01	05	22	M	-	-	-	11	04	-	-	BARUCH D BROG - 123 RIDGE AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

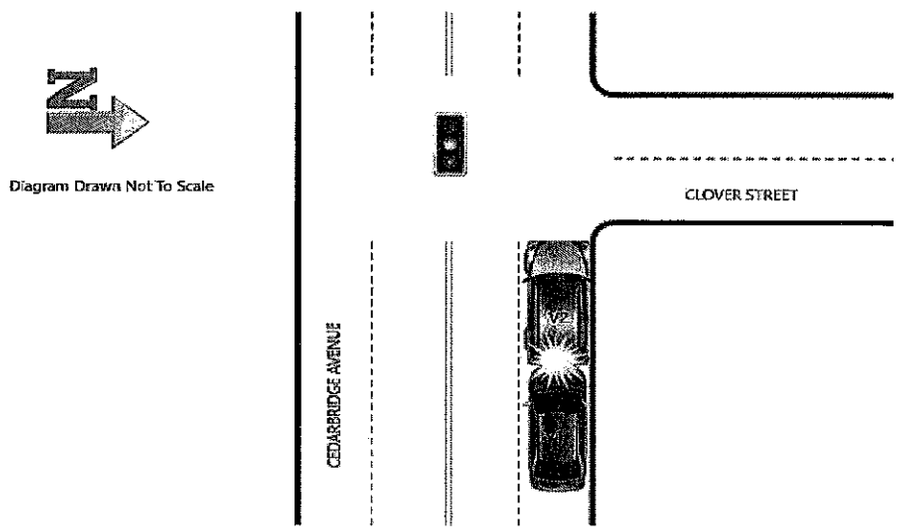
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-078730

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 WAS TRAVELING WEST ON CEDARBRIDGE AVENUE BEHIND VEHICLE 2. VEHICLE 2 WAS SLOWING DOWN AT THE INTERSECTION OF CLOVER STREET FOR THE TRAFFIC SIGNAL WHICH DISPLAYED A RED LIGHT. WHILE SLOWING DOWN THE DRIVER OF VEHICLE 1 STATED HE DID NOT HAVE ENOUGH TIME TO UTILIZE HIS BRAKES RESULTING IN A CRASH.

DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING WEST ON CEDARBRIDGE AVENUE APPROACHING THE INTERSECTION OF CLOVER STREET. WHILE SLOWING FOR THE TRAFFIC SIGNAL, VEHICLE 2 WAS STRUCK BY VEHICLE 1.

UPON MY INVESTIGATION, I DETERMINED VEHICLE 1 AT FAULT FOR FOLLOWING TOO CLOSELY TO VEHICLE 2.

THE DRIVER OF VEHICLE 1 WAS ISSUED FOR FICTIOUS PLATES 39:3-33 AND FAILING TO PROVIDE INSURANCE DOCUMENTATION 39:3-29.

END OF REPORT
PTL. A. PRISCO #427

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRISCO, A	427	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078983
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	2122
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	E COUNTY LINE RD
☐ At Intersection With	
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0526
Suffix	-
13 Milepost	-
18 Speed Limit	15
☒ Feet / ☐ Miles	50
☐N ☐E ☐S ☒W of:	TUSCANY TER
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.102619
22 Longitude	-74.173251

Vehicle 1

23 Veh #	1
24 Policy No.	F253347-9
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	DENISS
Initial	A
Last Name	SOSSA
29 Sex	M
27 Number & Street	6 BARBERRY DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S67271626103762
33 DOB (mm dd yyyy)	03/20/1976
34 Expires (mm yy)	03 25
35 Owner's First Name	JELENA
Initial	-
Last Name	SOSSA
☐ Same As Driver	
36 Number & Street	6 BARBERRY DR
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	MAZD
39 Model	M6G
40 Color	RD
41 Year	2015
42 Plate No.	E96FVB
43 State	NJ
44 VIN	JM1GJ1V57F1189013
45 Expires	10 23
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	46	M	-	-	-	11	04	-	-	DENISS A SOSSA - 6 BARBERRY DR LAKEWOOD NJ 08701
B	1	03	01	05	41	F	-	-	-	11	04	-	-	JELENA - SOSSA - 6 BARBERRY DR LAKEWOOD NJ 08701
C	1	04	01	05	10	M	-	-	-	11	04	-	-	EDHAN - SOSSA 6 BARBERRY DR LAKEWOOD NJ 08701
D	1	06	01	05	4	M	-	-	-	11	04	-	-	SANTINO - SOSSA 6 BARBERRY DR LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

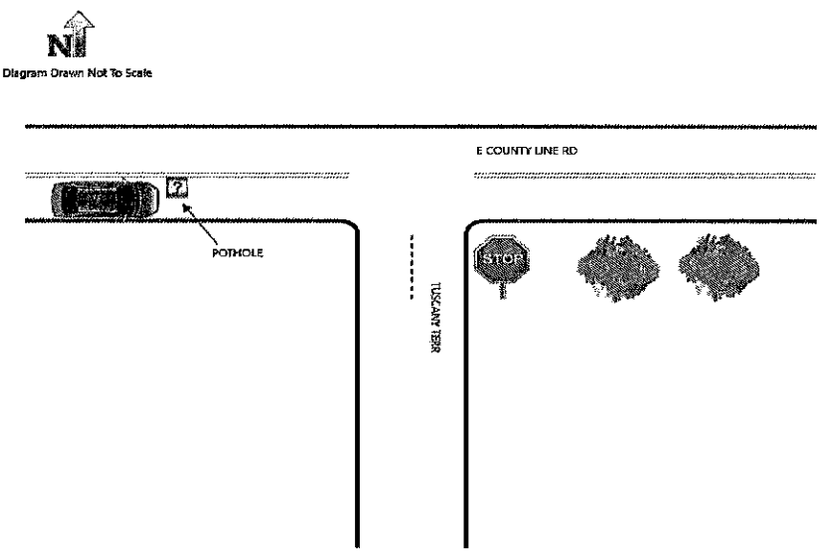
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078983

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was traveling east on E County Line Rd, when he hit a large pothole. which caused his front driver side tire to blowout. Driver 1 stated he called a private tow company to change the tire.

An observation memo was completed.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LAIRD R	433	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079877
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SHORROCK ST
At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	0066
Suffix	
13 Milepost	
18 Speed Limit	50
☒ Feet / ☐ Miles	250
☐ N ☐ E ☒ S ☐ W of:	HWY 70 E
19 Ramp ☐ To ☐ From:	70
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/10/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1655
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.054837
22 Longitude	-74.160888

Vehicle 1

23 Veh #	1
24 Policy No.	109473205
25 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	THERESA / A / KRIES
29 Sex	F
27 Number & Street	28 SILVERWOODS DR
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / NJ
32 Driver's License Number	K74097396153625
33 DOB mm dd yyyy	03/28/1962
34 Expires mm yy	03 / 25
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	BRAD / W / KRIES
36 Number & Street	28 SILVERWOODS DR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / VEN / GRN / 2020 / B14EKV / NJ
44 VIN	KMHRC8A36LU036600
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.	939 989 970
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOHNA / - / GOLDSACK
59 Sex	F
57 Number & Street	105 B BUCKINGHAM DR
58 City / State / Zip	MANCHESTER / NJ / 08759
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	G62304070061672
63 DOB mm dd yyyy	11/29/1967
64 Expires mm yy	11 / 24
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	JOHNA / - / GOLDSACK
66 Number & Street	105 B BUCKINGHAM DR
67 City / State / Zip	MANCHESTER / NJ / 08759
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MAZD / CX5 / GRY / 2016 / D39JPE / NJ
74 VIN	JM3KE4DYXG0904103
75 Expires	01 / 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	60	F	-	-	-	11	04	-	-	THERESA A KRIES - 28 SILVERWOODS DR LAKEWOOD NJ 08701
B	01	03	01	05	54	F	-	-	-	11	04	-	-	JOHNA - GOLDSACK - 105 B BUCKINGHAM DR MANCHESTER NJ 08759
C	02	01	01	05	54	F	-	-	-	11	04	-	-	ANTOINETT - ELSEADY - 55 BLAINE AVE APT 1 SEASIDEHEIGHTS NJ 08751
D														

New Jersey Police Crash Investigation Report

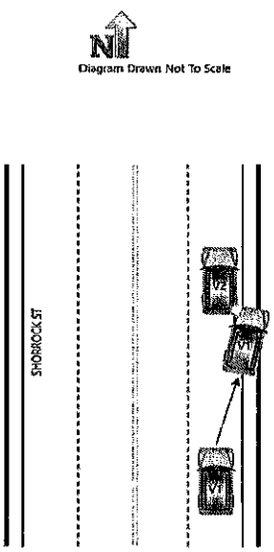
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-079877

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated she was traveling North on Shorrock St. D1 stated she was approaching V2 in slow moving traffic at a red light for the Home Depot/Costco plaza entrances when she looked back at a truck approaching her vehicle from behind. D1 stated she attempted to avoid striking V2 by veering to the right, but collided with the rear passenger fender of her vehicle.

Driver of V2 stated she was stopped at a red light for the Home Depot/Costco plaza entrances. D2 stated V2 pulled up and tried to get around her on the right, striking her vehicle in the rear.

I determined V1 was at fault for the crash. While D2 advised the statement that D1 gave me was inconsistent with her initial statements prior to my arrival, D1 caused the crash. D1 was not paying attention, either for the truck approaching her from behind or another reason, did not see how she was approaching V2, and tried to avoid her just before crashing. V1 and V2 were still where they came to rest when I arrived. V1 was slightly off the road on the right and V2 was within the marked lanes. I made this determination based on statements from both drivers, the location of damage to both vehicles and my observations of the crash scene.

D2 advised she was not injured but was concerned because she had surgery one day prior. D2 showed me the surgery sight on her lower abdomen area, on her own accord, and the wounds appeared to be very recent, still covered with surgical tape and bandages from surgery.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079899
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	1500 AVENUE OF THE STATES -
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	-
☐ At Intersection With / Road Name / Dir	
☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of:	-
14 / 15 / 16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	10/10/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1900
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	6067555034
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ERICA - GONZALES
29 Sex	F
27 Number & Street	1011 TRENTON AVE
28 City / State / Zip	POINT PL BORO NJ 08742
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- - - - -
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	- 02/02/1999 - -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSE A MARTINEZTRIGUEI-
36 Number & Street	123 WOEHR AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT CAM GRY 2002 H36PHG NJ
44 VIN / 45 Expires	4T1BE30K42U606955 11 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

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

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

DAMAGE TO THE STRUCTURE OF 1500 AVE OF THE STATES

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:3-10	293949	-		-
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	23	F	-	-	-	11	04	-	-	ERICA - GONZALES - 1011 TRENTON AVE POINT PL BORO NJ 08742
B	01	03	01	05	42	M	-	-	-	11	04	-	-	FERNANDO - AYALA - E 4TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

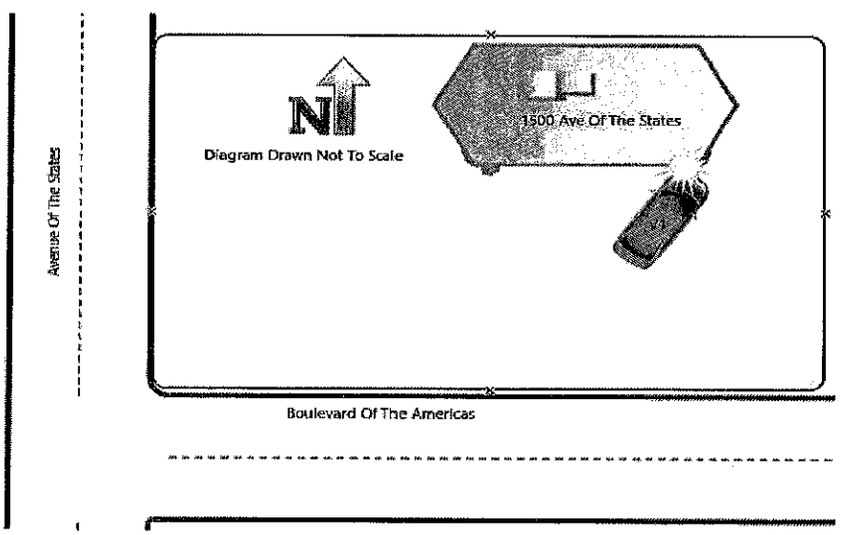
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079899

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 practicing her driving skills in the parking lot of 1500 Ave Of The States and was attempting to park in a parking spot. She accidently hit the gas pedal instead of the brake pedal causing her to crash into the side of the building.

The Fire Department and the Lakewood Township inspections department responded and deemed one room in the building to be unsafe until repairs can be made.

A contact for the building was unable to be located at the time of the crash.

The vehicle was driven by a licensed driver who responded to the scene.

No injuries were reported.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079347
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0056
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CLOVER ST
At Intersection With	☐
Road Name	CLOVER ST
Dir	-
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	45
☒ Feet ☐ Miles	25
☐ N ☐ E ☒ S ☐ W of:	OCEAN AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.090749
22 Longitude	-74.200305

Vehicle 1

23 Veh #	1
24 Policy No.	4632-73-55-61
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ELAINE
Initial	-
Last Name	LOROESH
29 Sex	F
27 Number & Street	43 GLADIOLA CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	06
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	L66362000054666
33 DOB (mm dd yyyy)	04/01/1966
34 Expires (mm yy)	04 26
35 Owner's First Name	RICHARD
Initial	S
Last Name	LOROESH
☐ Same As Driver	
36 Number & Street	43 GLADIOLA DR
37 City	HOWELL
State	NJ
Zip	07731
38 Make	HYUN
39 Model	SON
40 Color	SIL
41 Year	2015
42 Plate No.	RR57LE
43 State	NJ
44 VIN	5NPE34AF4FH094810
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.	4575-78-77-44
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MENDEL
Initial	-
Last Name	PINTER
59 Sex	M
57 Number & Street	113 ROSEBANK ST
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	P45255390011992
63 DOB (mm dd yyyy)	11/26/1999
64 Expires (mm yy)	11 22
65 Owner's First Name	HESHY
Initial	-
Last Name	PINTER
☐ Same As Driver	
66 Number & Street	113 ROSEBANK ST
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	NISS
69 Model	ALT - AL
70 Color	GRY
71 Year	2013
72 Plate No.	T80KNF
73 State	NJ
74 VIN	1N4AL3AP4DC252482
75 Expires	09 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	56	F	-	-	-	11	04	-	-	ELAINE - LOROESH - 43 GLADIOLA CT LAKEWOOD NJ 08701
B	V2	01	01	05	22	M	-	-	-	11	04	-	-	MENDEL - PINTER - 113 ROSEBANK ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

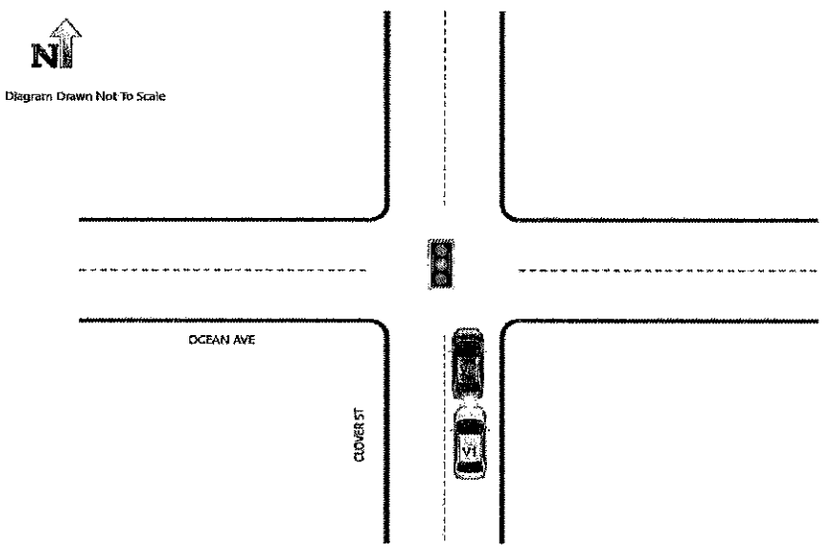
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079347

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF V1 STATED SHE WAS TRAVELING NORTHBOUND ON CLOVER ST. AS SHE TRAVELED NORTHBOUND, SHE THOUGHT V2 BEGAN TO MOVE HIS VEHICLE FORWARD WHILE WAITING AT THE TRAFFIC LIGHT LOCATED AT THE INTERSECTION OF OCEAN AVE AND CLOVER ST, SO SHE DID AS WELL. THE DRIVER OF V1 CRASHED INTO V2 WHO WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN.

THE DRIVER OF V2 STATED HE WAS TRAVELING NORTHBOUND ON CLOVER ST. THE DRIVER OF V2 EVENTUALLY ARRIVED AT THE TRAFFIC LIGHT LOCATED AT THE INTERSECTION OF OCEAN AVE AND CLOVER ST. THE DRIVER OF V2 WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, HE WAS STRUCK BY V1 FROM BEHIND.

NO INJURIES WERE REPORTED ON SCENE.

AFTER OBSERVING THE SCENE AND SPEAKING WITH BOTH PARTIES, I FIND V1 AT FAULT FOR FOLLOWING TOO CLOSELY TO V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079400
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0603
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On	MARTIN LUTHER KING DR
At Intersection With / Road Name	PINE ST
Feet / Miles	25 Feet; ☒ N ☐ E ☐ S ☐ W of:
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	- / - / -
16 Speed Limit	35
17 Cross Road Name	-
19 Ramp To / From	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.077610
22 Longitude	-74.211776

Vehicle 1

23 Veh #	1
24 Policy No.	4566-92-35-71
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MARIA / D / MATIASJIMENEZ -
29 Sex	F
27 Number & Street	1401 LARCHMONT ST
28 City / State / Zip	TOMS RIVER / NJ / 08757
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	M08185196452872
33 DOB (mm dd yyyy)	02/11/1987
34 Expires (mm yy)	02 / 25
35 Owner's Same As Driver / First Name / Initial / Last Name	☐ / APOLINAR / - / CORONAFLORES -
36 Number & Street	1401 LARCHMONT ST
37 City / State / Zip	TOMS RIVER / NJ / 08757
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GMC / YUK / BLK / 2017 / W76NPR / NJ
44 VIN / 45 Expires	1GKS2BKC4HR389744 / 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.	NC10230172
55 NJ Ins. Code	946
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANTONIO / R / HOWARD -
59 Sex	M
57 Number & Street	100 WOEHR AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	H68720547911702
63 DOB (mm dd yyyy)	11/15/1970
64 Expires (mm yy)	11 / 24
65 Owner's Same As Driver / First Name / Initial / Last Name	☐ / ANTONIO / R / HOWARD -
66 Number & Street	100 WOEHR AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERZ / 280 - 28 / SIL / 2000 / C62NPD / NJ
74 VIN / 75 Expires	WDBHA29G8YA841824 / 05 23
76 Vehicle Removed To	FREEDOM TOWING & RECOVERY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	1514-A-294780			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	03	35	F	05	08	01	11	04	-	-	MARIA D MATIASJIMENEZ - 1401 LARCHMONT ST TOMS RIVER NJ 08757 - -
B	02	01	01	03	51	M	04	08	02	11	04	-	6502	ANTONIO R HOWARD - 100 WOEHR AVE LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police
Crash Investigation Report

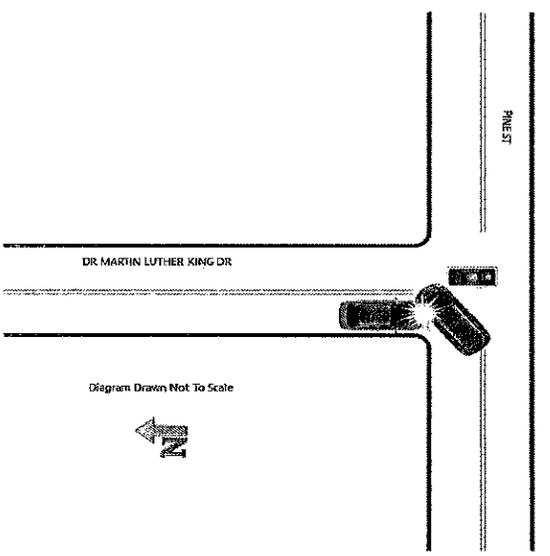
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079400

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED THAT SHE WAS TRAVELING EAST ON PINE ST IN THE AREA OF DR MARTIN LUTHER KING DR WHEN SHE ATTEMPTED TO MAKE A LEFT HAND TURN ONTO DR MARTIN LUTHER KING DR. SHE STATED THAT SHE WAS CONFUSED WITH THE BLINKING YELLOW LIGHT AND MADE TOO SHARP OF A TURN CAUSING HER TO STRIKE VEHICLE 2.

DRIVER OF VEHICLE 2 STATED THAT HE WAS STOPPED IN TRAFFIC ON MARTIN LUTHER KING DR FACING SOUTH TOWARDS PINE ST. DRIVER 2 STATED HE WAS WAS AT A STOP DUE TO THE BLINKING RED LIGHT WHILE HE WAS WAITING TO MAKE A RIGHT HAND TURN. AT THIS TIME HE WAS STRUCK BY VEHICLE 1 IN THE FRONT DRIVER'S SIDE PORTION OF THE VEHICLE.

DRIVER 1 HAD A COMPLAINT OF PAIN IN HER CHEST. DRIVER 2 HAD A COMPLAINT OF PAIN IN HIS NECK. DRIVER 2 WAS TRANSPORTED TO MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS BY LAKEWOOD FIRST AID.

I DETERMINED THAT DRIVER 1 WAS AT FAULT DUE TO DRIVER 1 DRIVING HER VEHICLE INTO VEHICLE 2'S LANE OF TRAVEL.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JACOBS, K	414	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079418
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0831
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	STATE HWY 70
At Intersection With Road Name	
☒ Feet ☐ Miles	20
☐N ☐E ☐S ☐W of:	AIRPORT RD
Dir	W
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.053102
22 Longitude	-74.178880

Vehicle 1

23 Veh #	1
24 Policy No.	F10382206-0
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	OLUFEMI / S / OYEWALE -
29 Sex	M
27 Number & Street	65 ROCKINGHAM WAY BLDG-2
28 City / State / Zip	MANCHESTER / NJ / 08759
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	096456048203652
33 DOB (mm dd yyyy)	03/08/1965
34 Expires (mm yy)	03 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / OLUFEMI / S / OYEWALE -
36 Number & Street	65 ROCKINGHAM WAY BLDG-2
37 City / State / Zip	MANCHESTER / NJ / 08759
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MAZD / CX5 / BLK / 2016 / YZU80V / NJ
44 VIN	JM3KE4BY3G0678392
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.	945599658
55 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MORDECHAI / M / EBSTEIN -
59 Sex	M
57 Number & Street	108 GROVE ST
58 City / State / Zip	MONSEY / NY / 10952
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NY
62 Driver's License Number	587592269
63 DOB (mm dd yyyy)	04/14/1995
64 Expires (mm yy)	04 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / YEHUDA / L / FISCHER -
66 Number & Street	30 PINE BLVD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / F15 / WHI / 2019 / S47PRD / NJ
74 VIN	1FTEX1EP2KKD37287
75 Expires	02 / 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	-	-	57	M	-	-	-	11	04	-	-	OLUFEMI S OYEWALE - 65 ROCKINGHAM WAY B MANCHESTER NJ 08759 - -
B	02	01	-	-	27	M	-	-	-	11	04	-	-	MORDECHAI M EBSTEIN - 108 GROVE ST MONSEY NY 10952 - -
C														
D														

New Jersey Police Crash Investigation Report

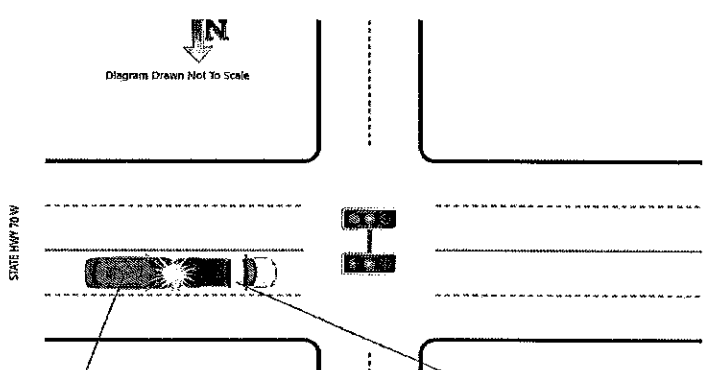
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079418

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 that he was traveling west on State Highway 70. While traveling, he noticed V2 stopping due to a red light. The driver of V1 explained that as he was applying his brakes, he missed and judged the distance between his vehicle and V2. Due to his missed judgment, he collided with V2. The driver of V1 was not hurt or injured, and left the scene safely.

The driver of V2 stated that he was stopped (State Highway 70) in traffic due to a red light. While he was at the red light, out of nowhere, his vehicle was struck in the rear by V1. The driver of V2 was not hurt or injured. V2 left the scene safely.

Based on my investigation, V1 was at fault for following too closely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
TOWNSEND T	403	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079444
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On:	IVORY CT
At Intersection With / Road Name / Dir	
☒ Feet 100 ☐ Miles	☒ N ☐ E ☐ S ☐ W of: 14TH ST
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To ☐ From: / 17 Cross Road Name	☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name	
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1023
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.105997
22 Longitude	-74.241531

Vehicle 1

23 Veh #	1
24 Policy No.	605728112 206 1
25 NJ Ins. Code	884
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	MARK - BIRNBAUM - M
27 Number & Street	1475 14TH STREET
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 D - - NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	B46135210011774 11/26/1977 12 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MARK - BIRNBAUM -
36 Number & Street	1475 14TH STREET
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT AVA BLK 2019 F30KVS NJ
44 VIN / 45 Expires	4T1BZ1FB6KU005112 01 23
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	989 020 381
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	LEON - FELDMAN - M
57 Number & Street	109 IVORY CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 D - - NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	F23644590009834 09/20/1983 09 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MIRIAM E FELDMAN -
66 Number & Street	109 IVORY COURT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT CAM SIL 2015 L32KNG NJ
74 VIN / 75 Expires	4T4BF1FK6FR512998 09 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	44	M	-	-	-	11	01	-	-	MARK - BIRNBAUM - 1475 14TH STREET LAKEWOOD NJ 08701
B	2	01	01	05	39	M	-	-	-	11	04	-	-	LEON - FELDMAN - 109 IVORY CT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

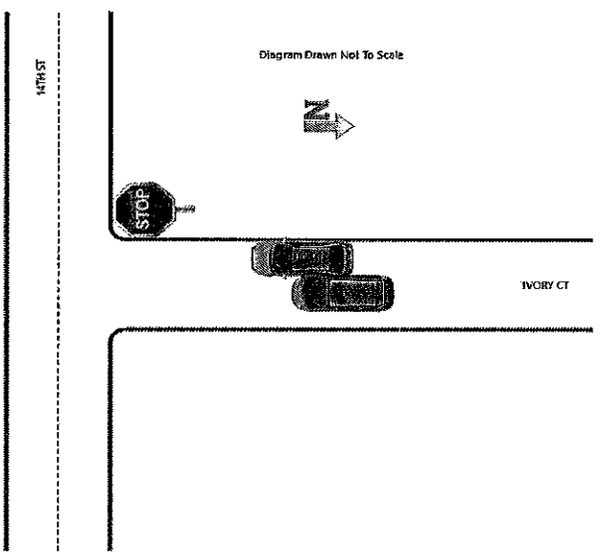
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-079444

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 INSIDE HIS VEHICLE WHILE PARKED, OPENED THE FRONT DRIVER SIDE DOOR AND WAS STRUCK BY VEHICLE 2.

DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING TOWARDS 14TH ST FROM IVORY CT WHEN VEHICLE 1 OPENED THE DOOR AND STRUCK HIS VEHICLE.

NO INJURIES REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079469
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1304
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	STADIUM WAY W
At Intersection With Road Name	AVENUE OF THE STATES
Dir	E
☒ Feet ☐ Miles	250
of:	
11 Speed Limit	10
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	40.078302
22 Longitude	-74.190777

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-231-838968-4022
25 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOSHUA - SCHWARTZ
29 Sex	M
27 Number & Street	1225 MEDINA RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	05 / D / - / - / NJ
32 Driver's License Number	S15704110009825
33 DOB (mm dd yyyy)	09/29/1982
34 Expires (mm yy)	09 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSHUA - SCHWARTZ -
36 Number & Street	1225 MEDINA RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / GRN / 2011 / A56HFK / NJ
44 VIN	4T4BF3EK1BR139201
45 Expires	10 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 #	2
54 Policy No.	939512519
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MORDECHAI - GOLDNER
59 Sex	M
57 Number & Street	6 GRANDVIEW DRIVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / I / - / - / NJ
62 Driver's License Number	G62295630003825
63 DOB (mm dd yyyy)	03/09/1982
64 Expires (mm yy)	03 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDECHAI - GOLDNER -
66 Number & Street	6 GRANDVIEW DRIVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GEN / V80 / GRY / 2022 / R71PWT / NJ
74 VIN	KMUHBDSB5NU091542
75 Expires	04 26
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	V1	01	01	05	40	M	-	-	-	11	04	-	-	JOSHUA - SCHWARTZ - 1225 MEDINA RD LAKEWOOD NJ 08701 - -
B	V2	01	01	05	40	M	-	-	-	11	04	-	-	MORDECHAI - GOLDNER - 6 GRANDVIEW DRIVE LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

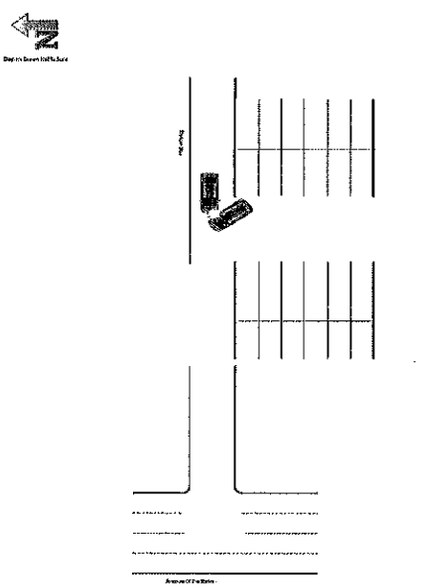
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079469

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The Driver of Vehicle #1 stated that prior to the accident he was driving west bound on Stadium Way. The Driver of Vehicle #1 stated that as he was driving Vehicle #2 turned out in front of him. The Driver of Vehicle #1 stated that Vehicle #2 struck his vehicle on the front driver side. The Driver of Vehicle #1 did not report any injury as a result of the crash.

The Driver of Vehicle #2 stated that prior to the crash he was exiting the parking spaces, headed toward Stadium Way. The Driver of Vehicle #2 stated that he was making a left turn onto Stadium Way. The Driver of Vehicle #2 stated that Vehicle #1 was speeding towards him and struck the front passenger side door. The Driver of Vehicle #2 did not report any injury as a result of the crash.

After speaking to both parties and and a inability to find video of the accident, I find the Driver of Vehicle #2 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	WB	306	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079471
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PINE ST.
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	35
☐ At Intersection With	
Road Name	
Dir	
☒ Feet	10
☐ Miles	
☐ N ☐ E ☐ S ☒ W of:	MARTIN LUTHER KING DRIVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1309
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.077610
22 Longitude	-74.211776

Vehicle 1

23 Veh #	1
24 Policy No.	6109674812061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHARLES - SEMAH
29 Sex	M
27 Number & Street	525 2ND ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / I / - / -
31 State	NJ
32 Driver's License Number	S24441200004042
33 DOB mm dd yyyy	04/02/2004
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver EZRA - SEMAH -
36 Number & Street	525 2ND ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / BLK / 2020 / Z86LZR / NJ
44 VIN	5TDYZ3DC1LS046288
45 Expires	12 23
46 Vehicle Removed To	MOISHYS
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ 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 RONALD W ANDERSON JR JR
66 Number & Street	213 LOIS LN APT.B
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SON / BLK / 2013 / X65PZD / NJ
74 VIN	5NPEC4AB1DH575222
75 Expires	05 23
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
01	39:3-10	295435			
01	39:3-13	295436			

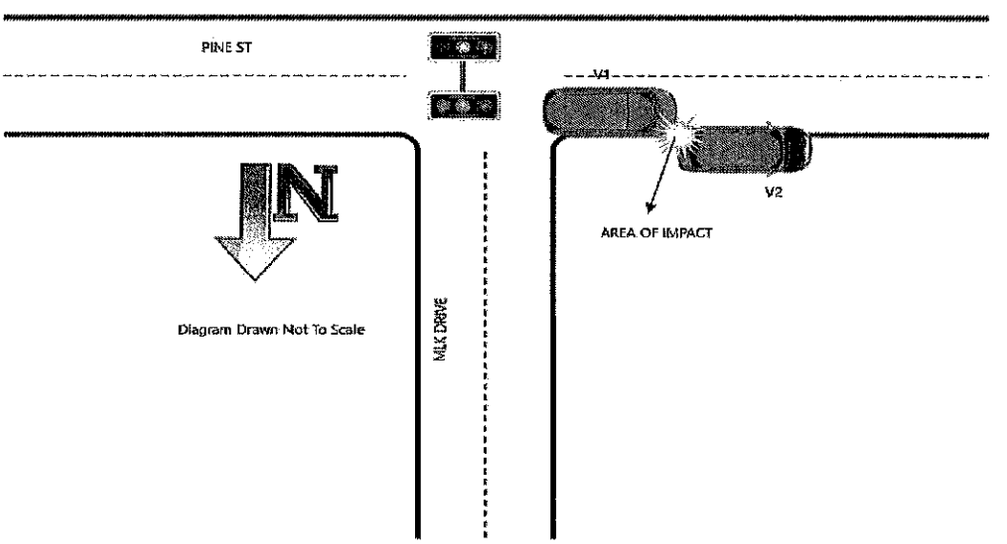
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	18	M	-	-	-	11	04	-	-	CHARLES - SEMAH - 525 2ND ST LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-079471

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

WHEN I ARRIVED BOTH VEHICLES WERE PARKED FACING WEST ON PINE ST. THERE WERE NO REPORTED INJURIES. VEHICLE 1 AND 2 HAD DISABLING DAMAGE TO BOTH VEHICLES. VEHICLE 2 WAS PARKED LEGALLY ON THE SIDE OF PINE STREET FACING WEST.

DRIVER OF VEHICLE 1 STATED HE WAS DRIVING STRAIGHT AHEAD WHEN HE ACCIDENTLY STRUCK THE REAR SIDE OF PARKED VEHICLE 2. HE STATED HE WAS UNAWARE OF THE VEHICLE BEING IN THAT LOCATION AND ACCIDENTLY STRUCK THE VEHICLE.

REGISTERED OWNER OF VEHICLE 2 WAS NOT ON SCENE AT THE TIME. I WAS ABLE TO MAKE CONTACT WITH HIM THROUGH TELEPHONE TO WHICH HE SAID HE WAS OUT OF TOWN. HE STATED THAT ALL THE INSURANCE INFORMATION WAS INSIDE HIS VEHICLE AND THAT WHEN HE IS BACK IN TOWN HE WOULD PROVIDE THAT TO ME.

DRIVER OF VEHICLE WAS ISSUED 1 SUMMONS IN THE MAIL FOR BEING UNLICENSED AND 1 SUMMONS FOR VIOLATING SPECIAL LEARNERS PERMIT.

BASED ON MY INVESTIGATION, DRIVER OF VEHICLE 1 WAS AT FAULT DUE TO DRIVER INATTENTION.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	WB	306	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079472
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1315
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVE
At Intersection With	☐
Road Name	RIVER AVE
Dir	-
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
14 Feet	100
15 Miles	☐
16 N ☐ E ☐ S ☒ W	S
of:	PINE BLVD
17 Cross Road Name	
18 Speed Limit	25
19 Ramp To / From	☐ / ☐
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	☐ ☐ ☐ ☐
21 Latitude	40.062638
22 Longitude	-74.219273

Vehicle 1

23 Veh #	1
24 Policy No.	TCA10PA1500295
25 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELI - EICHORN -
29 Sex	M
27 Number & Street	32 COLUMBUS AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	E40892050009042
33 DOB (mm dd yyyy)	09/24/2004
34 Expires (mm yy)	09 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GERSHON - EICHORN -
36 Number & Street	32 COLUMBUS AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / HIG / BLK / 2022 / D86PVZ / NJ
44 VIN	5TDHZRBH0NS194016
45 Expires	04 25
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	6041368421
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JESSICA - VILLAMENA -
59 Sex	F
57 Number & Street	1905 LILLY LANE
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	5 / D / - / - / NJ
62 Driver's License Number	V43524000054855
63 DOB (mm dd yyyy)	04/13/1985
64 Expires (mm yy)	04 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOANN - MARTIN -
66 Number & Street	1217 WEST FARMS RD
67 City / State / Zip	HOWELL NJ 07731
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GMC / TER / BRO / 2020 / M99MRM / NJ
74 VIN	3GKALTEVXLL304403
75 Expires	09 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-		-	-		-
-		-	-		-

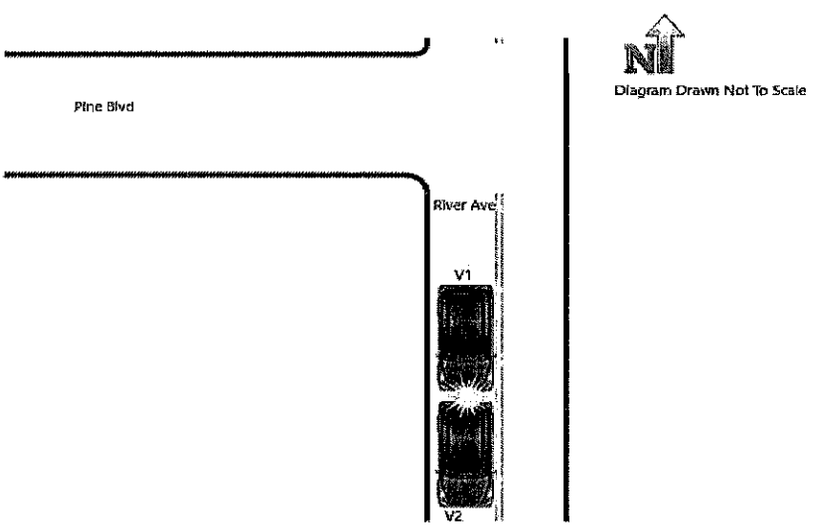
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	18	M	-	-	-	11	04	-	-	ELI - EICHORN - 32 COLUMBUS AVE LAKEWOOD NJ 08701
B	01	03	01	05	15	M	-	-	-	11	04	-	-	SHAYA - EICHORN - 32 COLUMBUS AVENUE LAKEWOOD NJ 08701
C	02	01	01	05	37	F	-	-	-	11	04	-	-	JESSICA - VILLAMENA - 1905 LILLY LANE JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIF Code: 01 Station: - Case No: 22-079472

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Southbound on River Ave and crashed into the rear of vehicle 2.

Driver 1 stated he was traveling Southbound on River Ave in heavy traffic. He said he was either looking out the window or his foot slipped of the brake and this caused him to crash into the rear of vehicle 2.

Driver 2 stated she was stopped in traffic on River Ave when vehicle 1 crashed into the rear of her vehicle.

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

Based on my observations and speaking with both parties, I determined that driver 1 was at fault for the crash.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079473
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MARTIN LUTHER KING DR
☒ At Intersection With	WYNATT ST
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
14 / 15 / 16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1332
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.078903
22 Longitude	-74.211556

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	ARYEH - PENSTEIN
29 Sex	M
27 Number & Street	186 ENCLAVE BLVD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / NJ
32 Driver's License Number	P25820620004995
33 DOB mm dd yyyy	04/12/1999
34 Expires mm yy	04 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver HERTZ VEHICLES - LLC
36 Number & Street	1459 INTERSTATE BLVD STE D
37 City / State / Zip	COOKSVILLE TN 38501
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SNA / 3 / 2022 / BKL1409 / TN
44 VIN	5TDYRKEC7NS126299
45 Expires	08 23
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939681274
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	AARON - CHOPP
59 Sex	M
57 Number & Street	411 ASHLEY AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	5 / D / - / - / NJ
62 Driver's License Number	C36100000006045
63 DOB mm dd yyyy	06/30/2004
64 Expires mm yy	06 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ABRAHAM - CHOPP
66 Number & Street	411 ASHLEY AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / BLK / 2019 / F80KZE / NJ
74 VIN	5FNRL6H75KB075655
75 Expires	02 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

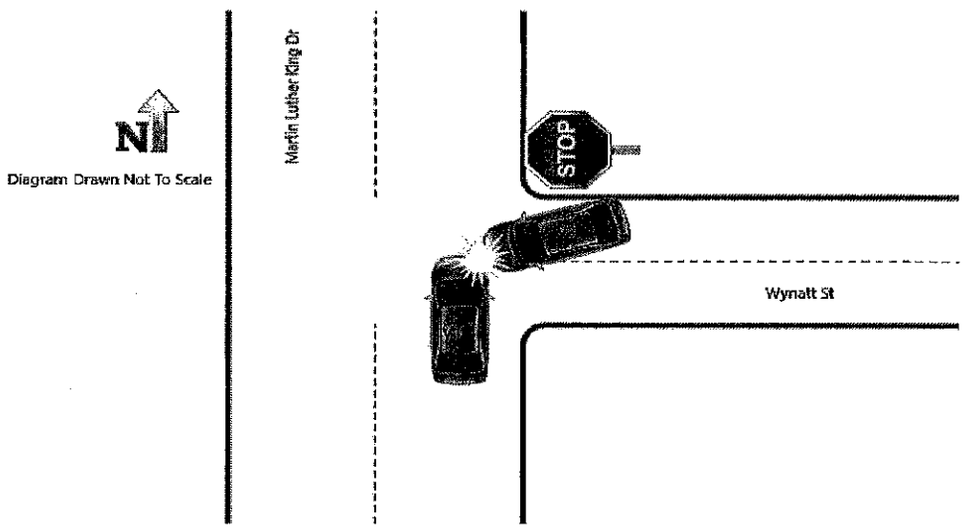
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	23	M	-	-	-	11	04	-	-	ARYEH - PENSTEIN - 186 ENCLAVE BLVD LAKEWOOD NJ 08701
B	02	01	01	05	18	M	-	-	-	11	04	-	-	AARON - CHOPP - 411 ASHLEY AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: Case No: 22-079473

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 North on Martin Luther King Drive when vehicle 2 failed to stop at the stop sign. Vehicle 2 struck vehicle 1 on the front passenger side disabling it. Driver of vehicle 1 had no complaint of pain. Vehicle 1 was towed by Tilton's Auto Body.

Driver of vehicle 2 stated he was driving west on Wynatt Street. Driver of vehicle 2 stated he came to a complete stop at the intersection of Martin Luther King Drive and Wynatt Street. Driver of vehicle 2 attempted to make a right turn onto Martin Luther King Drive and did not see vehicle 1 striking the front passenger side causing minor front end damage to vehicle 2. Driver of vehicle 2 had no complaint of pain.

Vehicle 1 Insurance Information
Tennessee Self Insured
XXVI
The Hertz Corporations
8501 Williams Road Estero Florida 33928

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079487
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1510
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVENUE
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
☒ Feet ☐ Miles	10
☐ N ☐ E ☒ S ☐ W of:	BUTTELL AVENUE
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.076720
22 Longitude	-74.216899

Vehicle 1

23 Veh #	1
24 Policy No.	ILAA-0690518-00
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	REYES
Initial	-
Last Name	BUENO CABRERA
29 Sex	M
27 Number & Street	1857 LAKEWOOD RD
28 City	TOMS RIVER
State	NJ
Zip	08755
30 Eyes	02
DL Class	I
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	B91126520010922
33 DOB (mm dd yyyy)	10/04/1992
34 Expires (mm yy)	- -
35 Owner's	☐ Same As Driver
First Name	REYES
Initial	-
Last Name	BUENO CABRERA
36 Number & Street	1857 LAKEWOOD RD
37 City	TOMS RIVER
State	NJ
Zip	08755
38 Make	HOND
39 Model	CIV
40 Color	LBL
41 Year	2008
42 Plate No.	CY14560
43 State	IL
44 VIN	2HGFA16588H531147
45 Expires	10 22
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	956708265
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	CHRISTIAN
Initial	X
Last Name	JUANILLO
59 Sex	M
57 Number & Street	144 PRIMROSE LN
58 City	BRICK
State	NJ
Zip	08724
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	J90061248711922
63 DOB (mm dd yyyy)	11/21/1992
64 Expires (mm yy)	11 23
65 Owner's	☐ Same As Driver
First Name	NICOLEANG
Initial	E
Last Name	NER
66 Number & Street	419 CEDARBRIDGE AVE; 116
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	KIA
69 Model	FOR
70 Color	BLK
71 Year	2022
72 Plate No.	N66PSM
73 State	NJ
74 VIN	3KPF24AD7NE455049
75 Expires	03 25
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.
80 Carrier No.	☐ USDOT - ☒ 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.
01	39:3-10	295189
-	140 Charge	141 Summons. No.
-	-	-

Oper.	138 Charge	139 Summons. No.
1	39:4-88A	295190
-	142 Charge	143 Summons. No.
-	-	-

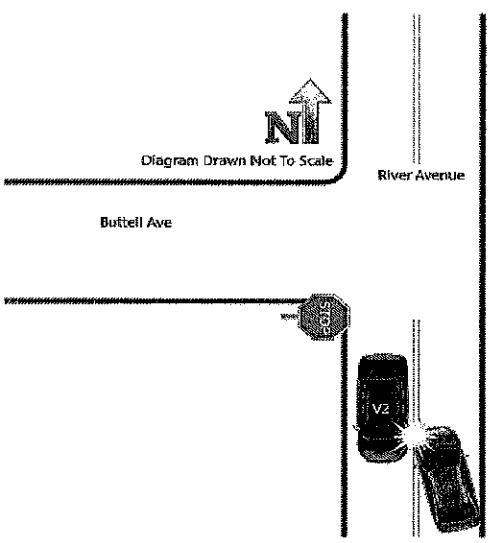
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	29	M	-	-	-	11	04	-	-	CHRISTIAN X JUANILLO - 144 PRIMROSE LN BRICK NJ 08724
B	01	01	01	05	30	M	-	-	-	11	04	-	-	REYES - BUENO CABRERA - 1857 LAKEWOOD RD TOMS RIVER NJ 08755
C	02	04	01	05	9	M	-	-	-	11	04	-	-	CHRISTOPHER - BUENOS-VASQUEZ - 1857 LAKEWOOD RD TOMS RIVER NJ 08755
D	02	06	01	05	4	M	-	-	-	11	04	-	-	BRANDON - BUENOS-VASQUEZ - 1857 LAKEWOOD RD TOMS RIVER NJ 08755

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-079487

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E	02	05	01	05	1	F	-	-	-	11	04	-	-	ALISON - BUENOS-VASQUEZ - 1857 LAKEWOOD RD TOMS RIVER NJ 08755
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was driving north on River Ave approaching Buttell Ave when vehicle 2 crossed into his lane and crashed into him. Vehicle 1 sustained disabling damage to the drivers side front end.

Driver 2 stated he was driving south on River Ave just past Buttell Ave when vehicle 1 crossed into his lane and crashed into him. Vehicle 2 sustained damage along the driver side of the vehicle.

Witness on scene stated he was driving south behind vehicle 2 and watched as vehicle 1 crossed over the lane markings and crashed into vehicle 2.

A third party caller had contacted police moments prior to the crash and stated that a blue Honda matching vehicle 1's description was driving erratically on River Ave southbound and then watched as it crashed into another vehicle. (22-079498)

Vehicle 1's insurance info is:
American alliance Casualty Company
NAIG#13752

Based on my investigation vehicle 1 is at fault for this crash for failing to maintain its lane.

No injuries were reported.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079506
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On	MASSACHUSETTS AVE
At Intersection With / Road Name / Dir	
11 Speed Limit	40
12 Route No. / Suffix	CR 637 / -
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	ARCADIA AVE
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1714
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.064713
22 Longitude	-74.228645

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-238-220116-7011
25 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ANDREW / L / COLVIN
29 Sex	M
27 Number & Street	2257 MASSACHUSETTS AVE
28 City / State / Zip	TOMS RIVER / NJ / 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	BR / - / - / - / IL
32 Driver's License Number	C41501266362
33 DOB (mm dd yyyy)	12/21/1966
34 Expires (mm yy)	01 / 92
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / DEBRA / - / GILES
36 Number & Street	2257 MASSACHUETTES AVE ;3-9
37 City / State / Zip	TOMS RIVER / NJ / 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	VOLK / JET - JE / BLK / 2009 / H41LBD / NJ
44 VIN	3VWTZ81K49M304473
45 Expires	01 / 23
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	-
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	- / - / -

Damage / Charges

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

NO STOPPING OR STANDING POLE.

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:3-10	1514-A-295150	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	55	M	-	-	-	11	04	-	-	ANDREW L COLVIN - 2257 MASSACHUSETTS A TOMS RIVER NJ 08755
B														
C														
D														

New Jersey Police Crash Investigation Report

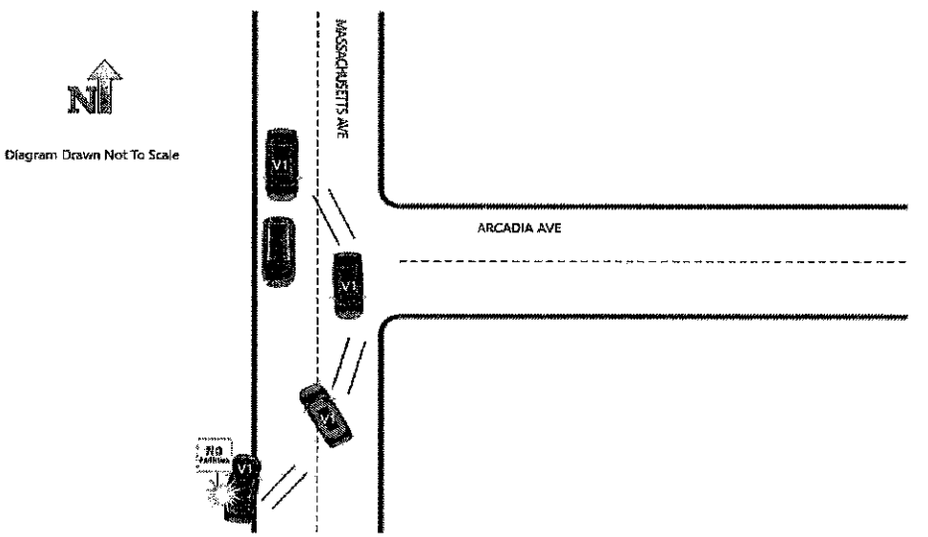
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-079506

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated he avoided a crash by swerving out of the way to due to a vehicle in front of him stopping abruptly in front of him. This resulted in V1 losing control of his vehicle and strike a "No stopping or standing pole".

The result of the investigation revealed the driver of V1 was at fault due to not maintaining control of his vehicle. Driver of V1 reported no injuries.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIHACEK, A	421	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079550
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CEDARBRIDGE AVE
At Intersection With	☐
Road Name	CEDARBRIDGE AVE
Dir	-
11 Speed Limit	50
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	15
Feet	☒
Miles	☐
40	
N ☐ E ☒ S ☐ W	
of:	FLANNERY AVE
19 Ramp	☐ To ☐ From:
17 Cross Road Name	-
NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/09/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2058
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.074603
22 Longitude	-74.181448

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	VICTOR M RIVERA
29 Sex	M
27 Number & Street	178 HILLSIDE BLVD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	02
DL Class	-
Restrictions	-
Endorsements	-
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	04/18/1987
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RENE A GUERREROCORTEZ-
36 Number & Street	309 MORRIS AVE APT 4
37 City / State / Zip	LONG BRANCH NJ 07740
38 Make	HYUN
39 Model	SFE
40 Color	BLU
41 Year	2013
42 Plate No.	M42JRB
43 State	NJ
44 VIN	5XYZUDLB8DG112884
45 Expires	02 23
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☐ No ☒ Yes ☐ Refused Type: ☐ Breath ☒ Blood ☐ Urine Results: 0.- % ☒ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	-
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

SIGN WAS DAMAGE

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-50	293016	01	39:4-97	293018
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
01	39:3-10	293017	01	39:4-96	293019

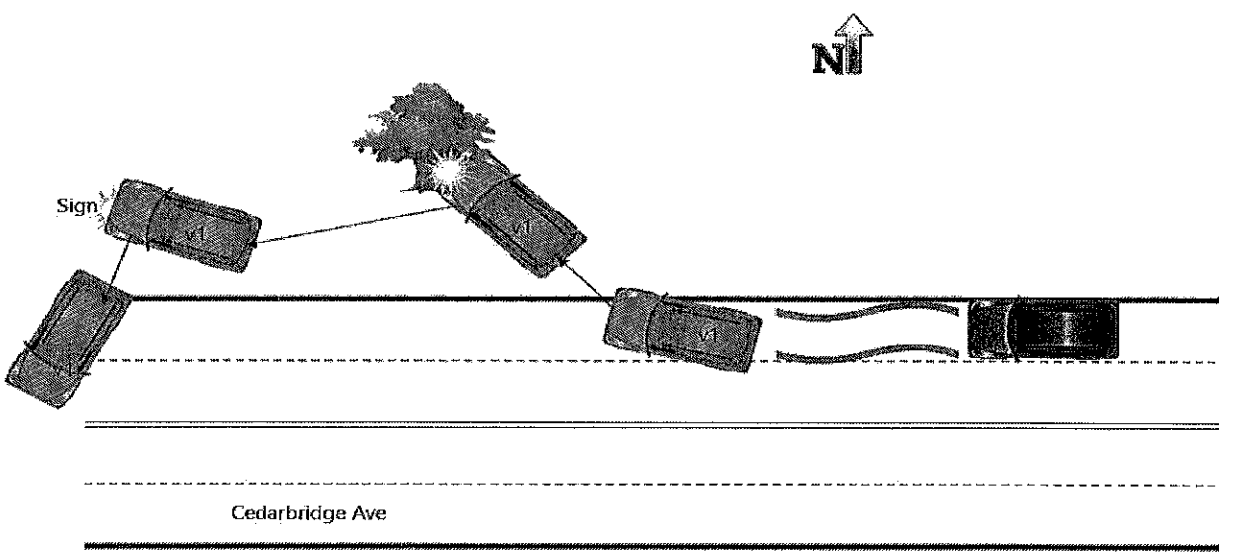
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	03	35	M	02	05	02	11	04	04	6502	VICTOR M RIVERA - 178 HILLSIDE BLVD LAKEWOOD NJ 08701
B	01	04	01	03	4	M	02	05	02	05	05	04	6502	GAEL - HERRADORA GUTI - 178 HILLSIDE BLVD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-079550

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 unable to explain the accident at the time of the crash. He only explained that he was worried about his son that was in the car at the time of the crash.

I spoke with a witness that explained that the driver flew by her at a high rate of speed. His vehicle started to swerve and lose control. The vehicle hopped the curb and crashed into a tree and a sign.

Vehicle is disabled and towed for driving under the influence.

Both parties inside the vehicle were transported to Monmouth Medical Southern Campus for minor injuries.

Insurance information of the vehicle was unable to be located inside the vehicle at the time of the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SMITH D	411	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079280
2 Police Dept of	LAKEWOOD TOWNSHIP
Code	01
3 Station/Precinct	
10 Crash Occurred On:	BRICK BLVD
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	100
☒ N ☐ E ☐ S ☐ W of:	BEAVERSON DR
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/08/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1956
7 Municipality Code	1506
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	930021154
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KORY J SICKLER -
29 Sex	M
27 Number & Street	1258 PARKER ST
28 City / State / Zip	FORKED RIVER NJ 08731
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	S41054377101884
33 DOB mm dd yyyy	01/02/1988
34 Expires mm yy	01 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SAMANTHA L SICKLER -
36 Number & Street	1258 PARKER ST
37 City / State / Zip	FORKED RIVER NJ 08731
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / HIG / GRY / 2020 / G85MYB / NJ
44 VIN	5TDBZRBH1LS520537
45 Expires	10 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	X10 1570-E05-30 Q
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RICHARD A WILLIAMS -
59 Sex	M
57 Number & Street	268 EDGEMOOR RD
58 City / State / Zip	BELFORD NJ 07718
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number	W43656556102466
63 DOB mm dd yyyy	02/25/1946
64 Expires mm yy	02 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver RICHARD A WILLIAMS -
66 Number & Street	268 EDGEMOOR RD
67 City / State / Zip	BELFORD NJ 07718
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / KON / BLK / 2022 / Y99PKD / NJ
74 VIN	KM8K5CA39NU838303
75 Expires	12 24
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	34	M	-	-	-	11	04	-	-	KORY J SICKLER - 1258 PARKER ST FORKED RIVER NJ 08731
B	1	03	01	05	34	F	-	-	-	11	04	-	-	SAMANTHA L SICKLER - 1258 PARKER ST FORKED RIVER NJ 08731
C	2	01	01	05	76	M	-	-	-	11	04	-	-	RICHARD A WILLIAMS - 268 EDGEMOOR RD BELFORD NJ 07718
D	2	03	01	05	75	F	-	-	-	11	04	-	-	CATHERINE - WILLIAMS - 268 EDGEMOOR RD BELFORD NJ 07718

New Jersey Police Crash Investigation Report

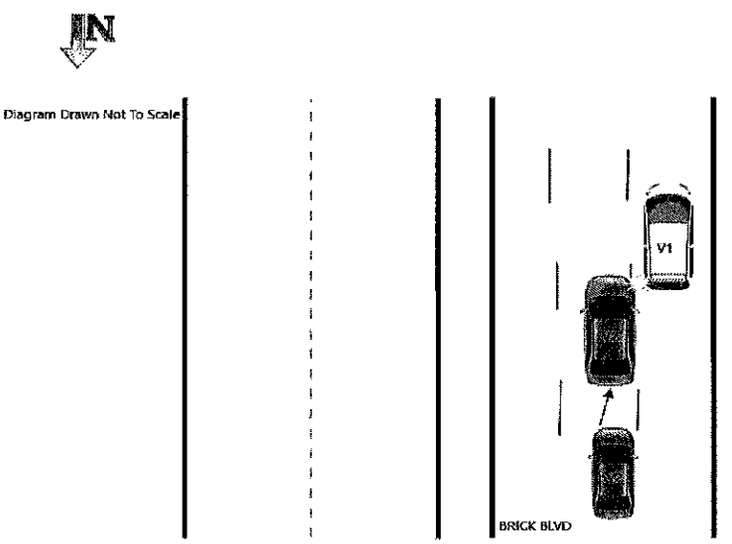
Police Dept: LAKEWOOD TOWNSHI Code: 01

Station: _____ Case No: 22-079280

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 South on Brick Blvd. in the right lane going straight ahead. Vehicle #2 was in the middle lane and attempted to switch lanes crashing into Vehicle #1. Vehicle #1 sustained scratches to the rear driver side fender. Vehicle #2 sustained scratches to the front passenger side fender. There were no reports of injuries.

Driver 1 stated he was in the right lane on Brick Blvd going straight ahead. As he was approaching Beaverson Drive, Vehicle #2 moved into his lane of travel and crashed into his vehicle.

Driver 2 stated he was in the second from the right lane travelling straight ahead at which time Vehicle #1 crashed into him.

Judging by the damage of both vehicles, my investigation finds Vehicle #2 to be at fault for unsafe lane change.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079290
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/08/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2035
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	SHORROCK ST - CROWN CIRCLE
At Intersection With / Road Name / Dir	
☒ Feet 1000 ☐ Miles	☒ N ☐ E ☐ S ☐ W of:
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	40.044330
22 Longitude	-74.159958

Vehicle 1

23 Veh #	1
24 Policy No.	4614-63-15-80
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name /	RICHARD K HUNT JR JR
29 Sex	M
27 Number & Street	884 BALMORAL CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / A / - / - / NJ
32 Driver's License Number	H93006557202534
33 DOB (mm dd yyyy)	02/14/1953
34 Expires (mm yy)	02 26
35 Owner's First Name / Initial / Last Name /	☐ Same As Driver RICHARD K HUNT JR JR
36 Number & Street	884 BALMORAL CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / FOR / BLU / 2018 / U10RKA / NJ
44 VIN	3KPFK4A79JE256654
45 Expires	09 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	--
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	F006435-2
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name /	ANNA - VALENTE-MEE -
59 Sex	F
57 Number & Street	106 SAINT LAWRENCE BLVD.
58 City / State / Zip	BRICK NJ 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	V02690470058672
63 DOB (mm dd yyyy)	08/17/1967
64 Expires (mm yy)	08 26
65 Owner's First Name / Initial / Last Name /	☐ Same As Driver JAMES - MEE -
66 Number & Street	106 SAINT LAWRENCE BLVD.
67 City / State / Zip	BRICK NJ 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	SUBA / FOR - FO / DBL / 2018 / K76GBZ / NJ
74 VIN	JF2SJAWC4JH533731
75 Expires	01 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	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	V1	01	01	05	69	M	-	-	-	11	04	-	-	RICHARD K HUNT JR JR 884 BALMORAL CT LAKEWOOD NJ 08701
B	V2	01	01	05	55	F	-	-	-	11	04	-	-	ANNA - VALENTE-MEE - 106 SAINT LAWRENCE B BRICK NJ 08723
C	V2	03	01	05	23	M	-	-	-	11	04	-	-	MATTHEW MEE 106 SAINT LAWRENCE BRICK NJ 08723
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

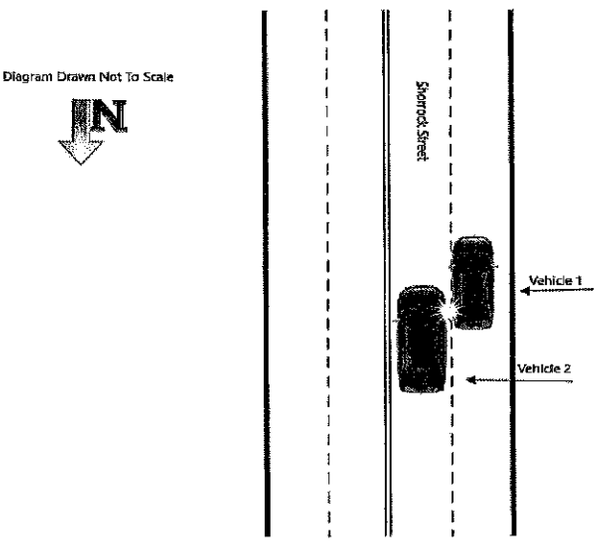
Station: - Case No: 22-079290

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

The driver of Vehicle 1 stated he was driving south on Shorrock Street when he did not realize he was in the right hand turn only lane, so he attempted to switch lanes to the left and crashed into Vehicle 2 which was driving in the same direction as him in the next lane over. Vehicle 1 sustained moderate damage to the drivers side rear wheel well area. No injuries were reported.

The driver of Vehicle 2 stated she was driving south on Shorrock Street when suddenly she felt her vehicle get bumped into by Vehicle 1. Vehicle 1 sustained minor damage to the passengers side front wheel area. No injuries were reported.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079296
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CENTRAL AVE
At Intersection With	☐
Road Name	CENTRAL AVE
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	250
☐ N ☐ E ☒ S ☐ W of:	VALLEY DR
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	10/08/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2133
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.088912
22 Longitude	-74.227954

Vehicle 1

23 Veh #	1
24 Policy No.	SEE NARRATIVE
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JUAN A INTERIANO-RAMOS -
29 Sex	M
27 Number & Street	420 BERGEN AVENUE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / I / - / - / NJ
32 Driver's License Number	I59794156109832
33 DOB mm dd yyyy	09/08/1983
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☒ Same As Driver JUAN A INTERIANO-RAMOS -
36 Number & Street	420 BERGEN AVENUE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F-150 / GRY / 2006 / 3034478B / IL
44 VIN	1FTPW14556KC76552
45 Expires	11 21
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ 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.	989003342
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MENACHEM N APFEL -
59 Sex	M
57 Number & Street	144 E NINTH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	A70595397508994
63 DOB mm dd yyyy	08/06/1999
64 Expires mm yy	08 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MENACHEM N APFEL -
66 Number & Street	144 E NINTH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / PIL / 3 / 2012 / E19PNM / NJ
74 VIN	5FNYF4H50CB076123
75 Expires	01 23
76 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:3-40	294937	V1	39:4-97	294938
V1	39:3-4	294939			

	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	-	-	JUAN A INTERIANO-RAMOS - 420 BERGEN AVENUE LAKEWOOD NJ 08701
B	V1	03	01	05	32	M	-	-	-	11	04	-	-	DELVER O CARBEZ-PORTILLO - 1980 NEW CENTRAL AVE LAKEWOOD NJ 08701
C	V1	04	01	05	36	M	-	-	-	11	04	-	-	ERIC - MARCOS-MARCOS - 113 WOEHR AVE APT 2D LAKEWOOD NJ 08701
D	V1	05	01	05		M	-	-	-	11	04	-	-	BRAYAN - SACRAMENTO-AGUILAR - 1307 JEFFREY ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

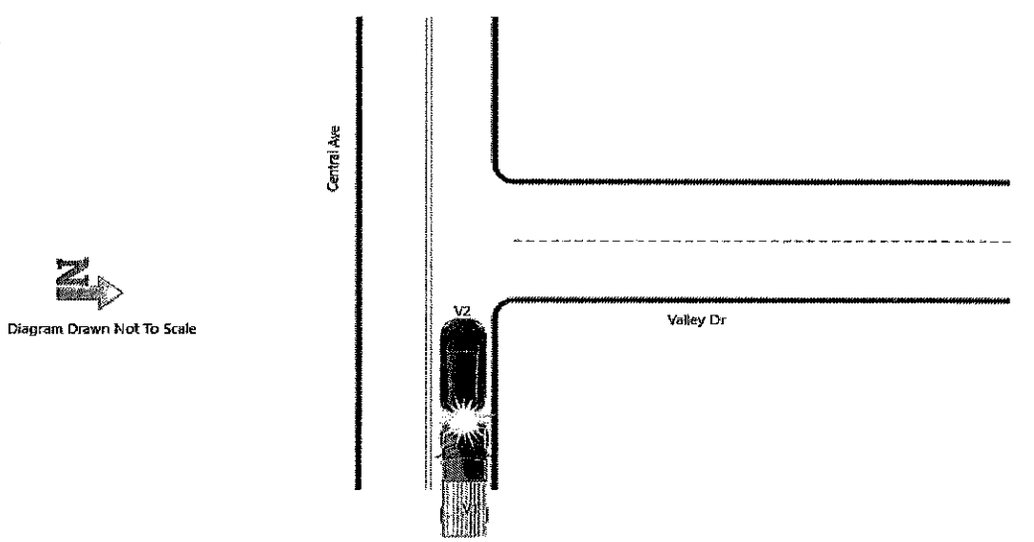
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079296

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E	V2	01	01	05	23	M	-	-	-	11	04	-	-	MENACHEM N APFEL - 144 E NINTH ST LAKEWOOD NJ 08701
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The Driver of V1 was traveling Westbound on Central Ave. As driver of V1 was approaching Valley Dr, he states V2 did not have a turning signal and stops as they approached Valley Dr. Driver of V1 then crashes into the back rear of V2.

The Driver of V2 stated he was traveling Westbound on Central Ave. Driver of V2 stated he was slowing down, when he was approaching Valley Dr, when suddenly V1 collides into the back rear of v2.

Based upon both parties statements and my observation, I find V1 at fault for the crash.

No injuries were reported at the time of the scene.

Insurance for V1
Millenium Insurance
4388 S Archer Ave
Chicago Il 60632
Policy Number 12-2359059-00
EXP 12-16-2022

145 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RODRIGUEZ, B	424	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-079307
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	STATE HWY 70 W
☐ At Intersection With	
Road Name	
Dir	-
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
☒ Feet ☐ Miles	50
☐ N ☒ E ☐ S ☐ W of:	VERMONT AVENUE
16 Speed Limit	35
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/08/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2204
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.048675
22 Longitude	-74.209389

Vehicle 1

23 Veh #	1
24 Policy No.	961102490
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TIMOTHY J SMITH
29 Sex	M
27 Number & Street	217 MANAPAQUA AVE
28 City / State / Zip	LAKEHURST NJ 08733
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	S57787427101907
33 DOB mm dd yyyy	01/15/1990
34 Expires mm yy	01 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver TIMOTHY J SMITH
36 Number & Street	217 MANAPAQUA AVE
37 City / State / Zip	LAKEHURST NJ 08733
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / OPT / GRY / 2014 / J16RHP / NJ
44 VIN	5XXGM4A76EG273004
45 Expires	09 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939282841
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JANE M DEEVY
59 Sex	F
57 Number & Street	2402 GULFSTREAM WAY
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	D22013847459674
63 DOB mm dd yyyy	09/24/1967
64 Expires mm yy	09 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JANE M DEEVY
66 Number & Street	2402 GULFSTREAM WAY
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	SUBA / OUT / BLK / 2019 / Z33PUF / NJ
74 VIN	4S4BSAHC3K3366409
75 Expires	03 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	32	M	-	-	-	11	04	-	-	TIMOTHY J SMITH - 217 MANAPAQUA AVE LAKEHURST NJ 08733
B	V2	01	01	05	55	F	-	-	-	11	04	-	-	JANE M DEEVY - 2402 GULFSTREAM WAY TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

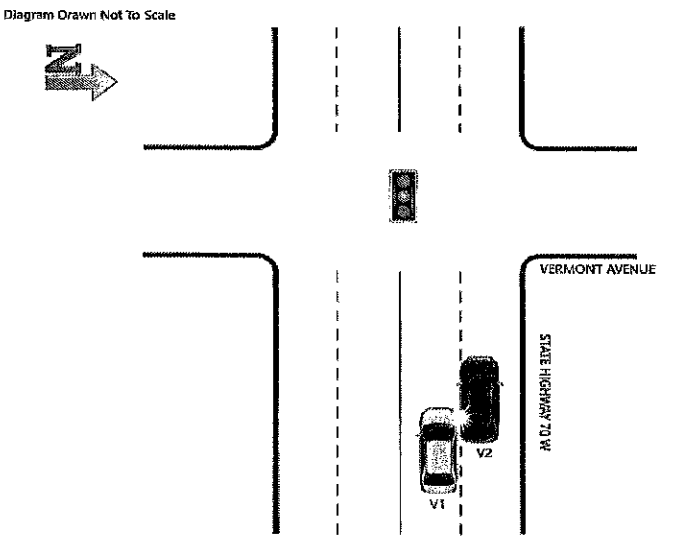
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-079307

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated he was driving west on State Highway 70 W when he thought he saw debris in the roadway so he swerved to the right and collided with Vehicle 2 which is driving in the same direction in the lane to his right. Vehicle 1 sustained moderate damage to the passengers side headlight area.

The driver of Vehicle 2 stated she was driving west on State Highway 70 W when she felt her vehicle get collided with. Vehicle 2 sustained damage to the drivers side front and rear doors as well as rear bumper.

No injuries were reported.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-077359
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/02/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1340
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	AVENUE OF THE STATES
☒ At Intersection With	STADIUM WAY
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	- / - / -
14 / 15 / 16	- / - / -
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.076943
22 Longitude	-74.191436

Vehicle 1

23 Veh #	1
24 Policy No.	LAP00000402022
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	FREDERICK / D / RUSSELL / JR / M
27 Number & Street	450 MADISON AVE; 207
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	R94552686412822 / 12/03/1982 / 12 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - / - / LA MEXICANA TRN
36 Number & Street	166 MAIN ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / EXP / WHI / 2015 / OT4628 / NJ
44 VIN / 45 Expires	1FM5K8ARXFGB83365 / 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.	021063209181468
55 NJ Ins. Code	653
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	MICHAEL / - / ROTTENBERG / - / M
57 Number & Street	1455 HEATHWOOD AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	R67795440001574 / 01/10/1957 / 01 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - / - / CONG BAIS MORDE
66 Number & Street	1455 HEATHWOOD AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	LEXU / NX3 / GRY / 2021 / N79NRS / NJ
74 VIN / 75 Expires	JTJDARDZXM2250106 / 04 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	39	M	-	-	-	11	04	-	-	FREDERICK D RUSSELL JR 450 MADISON AVE; 207 LAKEWOOD NJ 08701 - -
B	V2	01	01	05	65	M	-	-	-	11	04	-	-	MICHAEL - ROTTENBERG - 1455 HEATHWOOD AVE LAKEWOOD NJ 08701 - -
C	V2	03	-	-	17	M	-	-	-	11	04	-	-	SOLOMON - ROTHENBURG - 1455 HEATHWOOD AVE LAKEWOOD NJ 08701 - -
D	V2	06	01	05	16	M	-	-	-	11	04	-	-	LEISER - YECHESKEL - 45 8TH ST LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

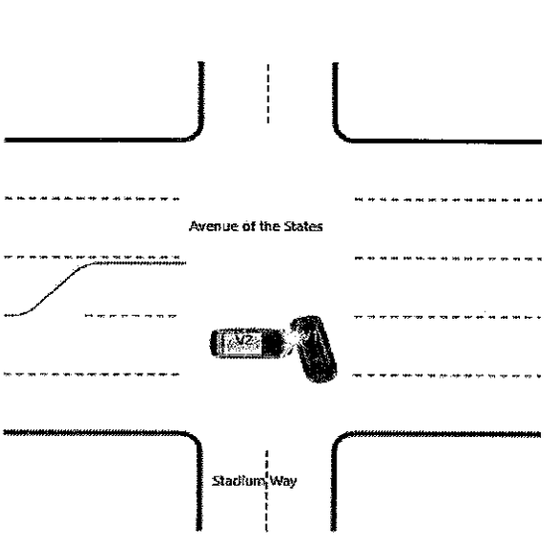
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-077359

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Southbound on Avenue of the States. Driver 1 explained that he was in the left-turning lane. He saw that it was clear to turn. He started to turn left when he saw an unknown car in the center lane (not a turning lane) make a left turn. Driver 1 said that V2 must not see his car because he was behind that unknown car and did not have a chance to stop colliding with his vehicle.

Vehicle 2 was traveling Northbound on Avenue of the States. Driver 2 mentioned traveling Northbound when he saw V1 make a left turn from the center lane (not a turning lane), going around an unknown vehicle. Driver 2 said that V1 actions caused his car to collide with V1.

Investigation revealed that Vehicle 1 was traveling Southbound and Vehicle 2 was traveling Northbound on Avenue of the States. I determined that V1 failed to yield the right of way to V2 as the vehicle was traveling Northbound. I wasn't able to add the insurance code above for Driver 1 (see blow for the information.) No injuries were reported at this time.

***V1 insurance company information : LAP Commercial Insurance; Company # 319. The insurance information is for La Mexicana Transportation Service LLC.**

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-077362
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	E COUNTY LINE RD
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0526
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	25
☐N ☐E ☒S ☐W of:	SOMERSET AVENUE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/02/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1409
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.105279
22 Longitude	-74.194978

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-231-687853-4028
25 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	SHLOMO
Initial	S
Last Name	DYM -
29 Sex	M
27 Number & Street	2 NOAM LN
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	D96587098203766
33 DOB mm dd yyyy	03/16/1976
34 Expires mm yy	03 22
35 Owner's First Name Initial Last Name	☐ Same As Driver SHLOMO S DYM -
36 Number & Street	2 NOAM LN
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HOND
39 Model	HRV
40 Color	GRY
41 Year	2021
42 Plate No.	W90NPC
43 State	NJ
44 VIN	3CZRU6H37MM721510
45 Expires	04 24
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☐ 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.	953702959
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	CATALINO
Initial	-
Last Name	RUIZ-CHANEZ -
59 Sex	M
57 Number & Street	311 OAK HOLLOW RD
58 City	BRICK
State	NJ
Zip	08724
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	R91771150011882
63 DOB mm dd yyyy	11/28/1988
64 Expires mm yy	11 25
65 Owner's First Name Initial Last Name	☐ Same As Driver - - PB IMPORTS INC -
66 Number & Street	1104 OCEAN AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	MAZD
69 Model	CX3
70 Color	BLK
71 Year	2022
72 Plate No.	A14RGS
73 State	NJ
74 VIN	3MVDMBDL3NM427780
75 Expires	08 26
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☐ 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	PB IMPORTS INC
Number & Street	1104 OCEAN AVENUE
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.
V1	39:4-129	1514-A-294795	V1	39:4-97	1514-A-294796
-	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	V1	01	01	05	46	M	-	-	-	11	04	-	-	SHLOMO S DYM - 2 NOAM LN LAKEWOOD NJ 08701 - -
B	V2	01	01	05	33	M	-	-	-	11	04	-	-	CATALINO - RUIZ-CHANEZ - 311 OAK HOLLOW RD BRICK NJ 08724 - -
C	V2	03	01	03	39	F	04	08	01	11	04	-	-	MARIA G GARCIAMORALES - 311 OAK HOLLOW ROAD BRICK TOWNSHI NJ 08724 - -
D	V2	01	01	03	15	M	06	08	01	11	04	-	-	EVELYN - RUIZ-CHANEZ - 311 OAK HOLLOW RD BRICK NJ 08724 - -

New Jersey Police Crash Investigation Report

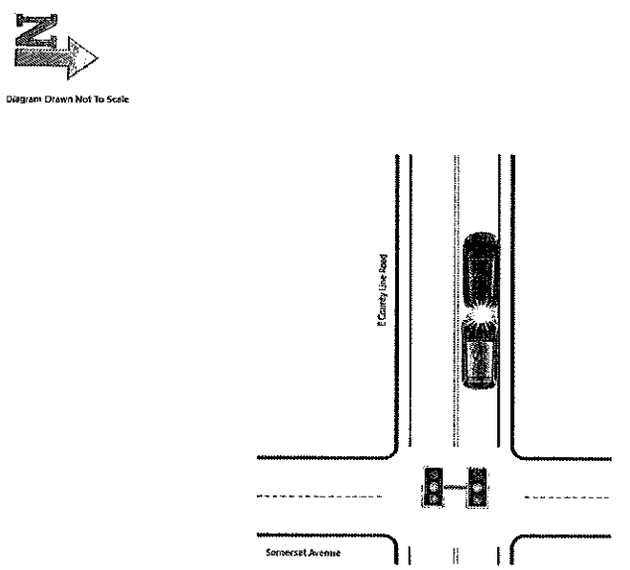
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-077362

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The Driver of Vehicle #1 stated that prior to the crash he was traveling west bound on E County Line Road. The Driver of Vehicle #1 stated that he saw Vehicle #2 stop but he could not stop in time. The Driver of Vehicle #1 stated that he didn't believe he hit Vehicle #2 "that hard." The Driver of Vehicle #1 accessed the damage and fled the scene prior to Police arrival. When Police spoke to the Driver of Vehicle #1 he did not report any injuries as a result of the crash.

The Driver of Vehicle #2 stated that prior to the crash he was traveling west bound on E County Line Road. The Driver of Vehicle #2 stated that there was traffic in front of him and he was stopped in traffic. The Driver of Vehicle #2 stated that while stopped Vehicle #1 collided with the rear of his vehicle. the Driver of Vehicle #2 was able to provide Police with information to identify the Driver of Vehicle #1. Two passengers in Vehicle #2 reported injuries but declined first aid. The Driver of Vehicle #2 stated that he would drive them to the hospital on his own.

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

END OF REPORT

Submitted By: Ptl. R. Ingram #408

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-077366
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/02/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1429
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVNUE
☒ At Intersection With	OAK STREET
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
16 Speed Limit	35
17 Cross Road Name	-
19 Ramp ☐ To ☐ From	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.066950
22 Longitude	-74.218552

Vehicle 1

23 Veh #	1
24 Policy No.	5129J000568
25 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MOSHE - GINSBERG
29 Sex	M
27 Number & Street	1416 LAURELWOOD AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	06 / A / - / -
31 State	NJ
32 Driver's License Number	G45185670002946
33 DOB (mm dd yyyy)	02/21/1994
34 Expires (mm yy)	02 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SHOLOM E GINSBERG
36 Number & Street	1416 LAURELWOOD AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / BLK / 2020 / V81MHX / NJ
44 VIN	1HGCV1F1XLA008093
45 Expires	01 24
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939754730
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BAILA - MANIES
59 Sex	F
57 Number & Street	615 CARANETTA DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
61 State	NJ
62 Driver's License Number	M04320710053024
63 DOB (mm dd yyyy)	03/18/2002
64 Expires (mm yy)	03 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDECHAI - MANIES
66 Number & Street	615 CARANETTA DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / 3 / 2015 / F30JRW / NJ
74 VIN	4T4BF1FK3FR453246
75 Expires	01 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	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	28	M	-	-	-	11	04	-	-	MOSHE - GINSBERG - 1416 LAURELWOOD AVE LAKEWOOD NJ 08701 - -
B	V2	01	01	05	20	F	-	-	-	11	04	-	-	BAILA - MANIES - 615 CARANETTA DR LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

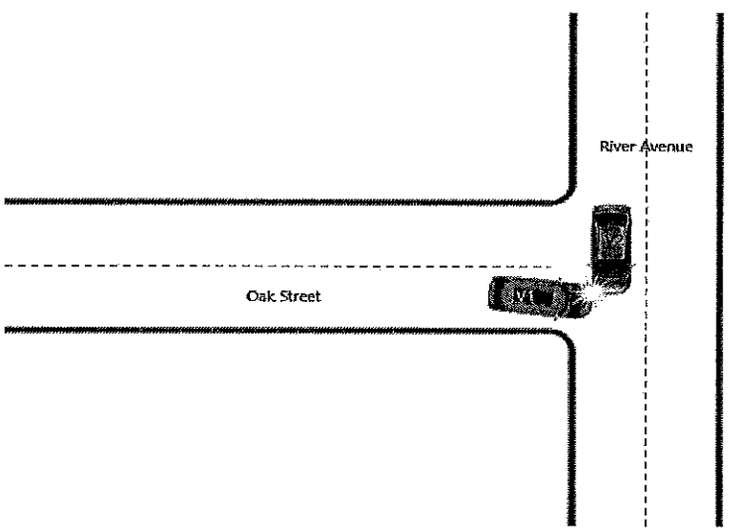
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-077366

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	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 Oak Street. Driver 1 said he was trying to make a left turn onto River Avenue when he saw an unknown car turning left onto Oak Street. Driver 1 thought he had enough time to turn and collided with V2.

Vehicle 2 was traveling Northbound on River Avenue. Driver 2 mentioned going straight on River Avenue when she saw V1 turning from Oak Street and colliding with her car.

Investigation revealed Vehicle 1 was traveling Westbound on Oak Street, and Vehicle 2 was traveling Northbound on River Avenue. I determined that V1 failed to yield the right of way to V2, causing the collision. No injuries were reported at this time.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-077443
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	KIRYAS SANZ AVE
☐ At Intersection With Road Name	
☒ Feet ☐ Miles	10
☒ N ☐ E ☐ S ☐ W of:	HAVENS AVE
11 Speed Limit	25
Dir / 12 Route No. / Suffix / 13 Milepost	- - - -
16 Speed Limit	25
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/02/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2101
7 Municipality Code	1514
8 Total Killed	-
9 Total Injured	1
21 Latitude	40.063067
22 Longitude	-74.217404

Vehicle 1

23 Veh #	1
24 Policy No.	4565-59-67-74
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	URIEL D FEIN
29 Sex	M
27 Number & Street	39 LEWIN AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / A / - / - / NJ
32 Driver's License Number	F22797606402842
33 DOB mm dd yyyy	02/03/1984
34 Expires mm yy	02 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ALLAN - SCHNEIDERMAN
36 Number & Street	3450 NORTH 54TH STREET
37 City / State / Zip	MILWAUKEE WI 53216
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SNA / 3 / 2013 / 224PYT / WI
44 VIN	5TDKK3DC2DS356560
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 P1

53 Veh #	P1
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☒ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	EUGENE - KOHN
59 Sex	M
57 Number & Street	5 WINDERMERE ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / - / - / - / NY
62 Driver's License Number	863776057
63 DOB mm dd yyyy	03/08/1954
64 Expires mm yy	03 27
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	V1	01	01	05	38	M	-	-	-	11	04	-	-	URIEL D FEIN - 39 LEWIN AVE LAKEWOOD NJ 08701
B	P1	01	01	03	68	M	11	08	02	-	-	-	6502	EUGENE - KOHN - 5 WINDERMERE ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

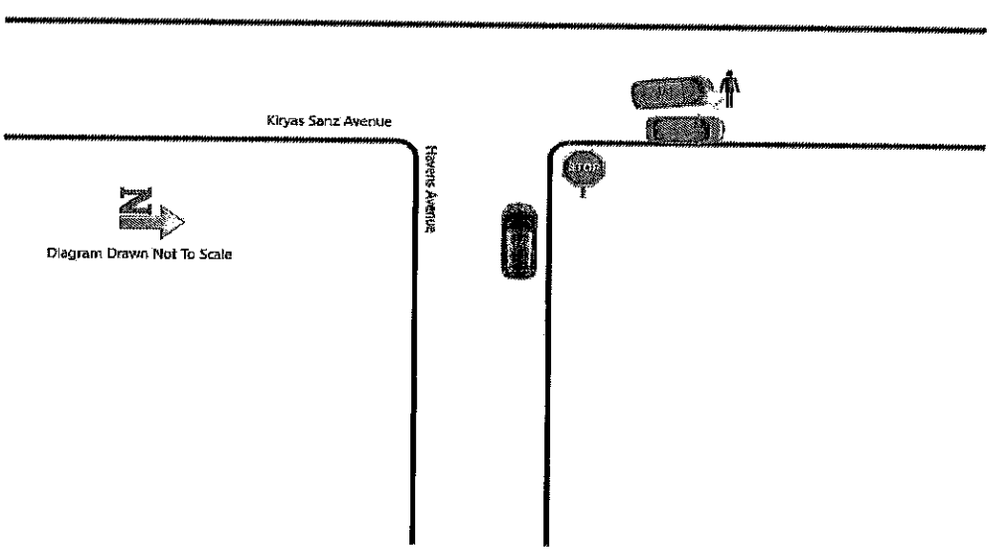
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-077443

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The pedestrian stated he was leaving his church and walked West Bound on Havens Avenue attempting to cross over Kiryas Sanz Avenue to his vehicle parked on the lot across the street. As the pedestrian entered the roadway of Kiryas Sanz Avenue, he observed vehicle 1 leaving the roadway of Havens Avenue and entering Kiryas Sanz Avenue. Vehicle 1 struck the pedestrian causing him to fall. First Aid responded and took the pedestrian to Monmouth Medical Southern Campus Hospital to aid his complaint of pain to his left leg.

The driver of vehicle 1 stated he was traveling West Bound on Havens Avenue, approaching Kiryas Sanz Avenue. He then stopped at the stop sign, ensuring there were no pedestrians on the roadway prior to making a right hand turn to travel North Bound on Kiryas Sanz Avenue. As he began to accelerate, a pedestrian walked out into the roadway, where there was no cross-walk present, causing him to crash into the pedestrian. Vehicle 1 was not towed as per the driver and deined any medical attention at this time.

Should be known that the pedestrian decided to place himself in front of a parked car and decided to walk out onto the roadway, disregarding the possibility of any moving vehicles on the roadway prior to stepping onto the roadway.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DESANGLES, D	412	LNJ	322	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-077643
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CEDARBRIDGE AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	50
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	20
☐ N ☐ E ☐ S ☒ W of:	STONEWALL CT
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	
22 Longitude	
4 Date of Crash mm dd yy	10/03/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1501
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	6047-47-66-00
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOSE G MAGANA-RUIZ -
29 Sex	M
27 Number & Street	110 E HARVARD ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
31 State	NJ
32 Driver's License Number	M01324106710702
33 DOB mm dd yyyy	10/07/1970
34 Expires mm yy	10 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSE G MAGANA-RUIZ -
36 Number & Street	110 E HARVARD ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / EXP / WHI / 2002 / E20HTK / NJ
44 VIN	1FMDU74E02UB86652
45 Expires	04 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	SELF INSURED
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHAEL A CONRAD -
59 Sex	M
57 Number & Street	231 3RD ST; HQ
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	4 / D / - / -
61 State	NJ
62 Driver's License Number	C64295446109884
63 DOB mm dd yyyy	09/19/1988
64 Expires mm yy	09 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver POLICE - LAKEWOOD TOWN!-
66 Number & Street	231 3RD ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / EXP / WHI / 2020 / 37699MG / NJ
74 VIN	1FM5K8AB6LGB84592
75 Expires	08 24
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:4-97	A294845			
	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	51	M	-	-	-	11	04	-	-	JOSE G MAGANA-RUIZ - 110 E HARVARD ST LAKEWOOD NJ 08701
B	2	01	01	05	34	M	-	-	-	11	04	-	-	MICHAEL A CONRAD - 231 3RD ST; HQ LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

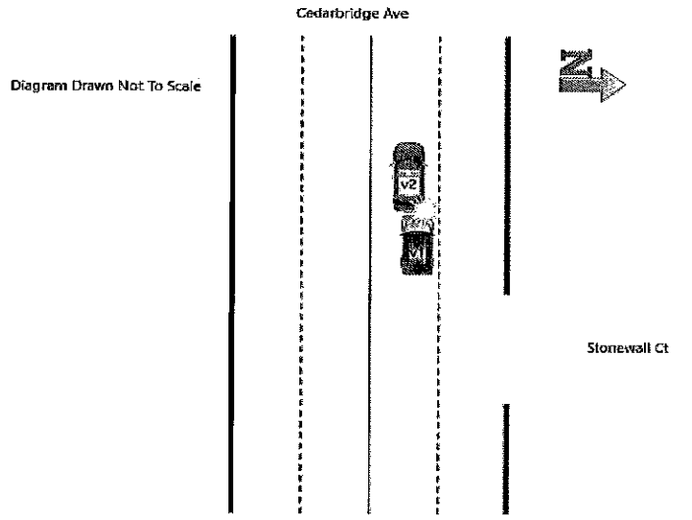
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-077643

(Refer to 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

Insurance Vehicle 2: Self Insured Perma Inc. Twp of Lakewood Self Insured: 05-87

Driver 1 told Responding Officer Hourigan #429 that he was distracted momentarily while trying to change lanes and rear ended Police Vehicle (veh# 3357) 2 while traveling West on Cedarbridge Ave. Driver 1 later changed his story and told me that he was traveling West on Cedarbridge Ave and that he coughed and while coughing, he closed his eyes and did not see vehicle 2 slowing down.

Driver 2 stated that while traveling West on Cedarbridge Avenue, he slowed down in traffic and was rear-ended by vehicle 1. Vehicle 2 (veh# 3357) is a K9 Police vehicle that currently had K9 Mello as a rear passenger of vehicle 2. No injuries reported but K9 Mello was later transported to the VET as a precaution.

Driver 1 caused collision due to driver inattention and for following too closely not giving him enough time to stop to avoid collision. Pictures of crash attached to this report. Video from The Lakewood Scoop News Network of crash also attached to this report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E	311	SA	263	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078410
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	10/05/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2125
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVE (Road Name)
At Intersection With	
☒ Feet 500 ☐ Miles	☒ N ☐ E ☐ S ☐ W of: PROSPECT ST
11 Speed Limit	50
12 Route No.	0009
Suffix / 13 Milepost	
18 Speed Limit	35
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.074440
22 Longitude	-74.218040

Vehicle 1

23 Veh #	1
24 Policy No.	4434678464
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GOLDIE - NEUBERGER -
29 Sex	F
27 Number & Street	414 10TH ST APT C5
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	N28942970057944 / 07/05/1994 / 07 24
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	MOSHE - NEUBERGER -
36 Number & Street	414 10TH ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / SIL / 2007 / W88GTV / NJ
44 VIN / 45 Expires	4T1BE46K47U670241 / 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.	4513633703
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	STEVEN - MIRANDA-VARGAS -
59 Sex	M
57 Number & Street	35 PINE ST
58 City / State / Zip	LAKEHURST BORO / NJ / 08733
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / I / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	M45897230010902 / 10/20/1990 / - -
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	JUAN E CARPINTEYRO-CAS-
66 Number & Street	38 GLENN DR
67 City / State / Zip	BRICK / NJ / 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / SIL / BLK / 2018 / J98LCC / NJ
74 VIN / 75 Expires	1GCVKRECXJZ337943 / 02 23
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
2	39:3-40	294445			

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	28	F	-	-	-	11	04	-	-	GOLDIE - NEUBERGER - 414 10TH ST APT C5 LAKEWOOD NJ 08701
B	02	01	01	05	31	M	-	-	-	11	04	-	-	STEVEN - MIRANDA-VARGAS - 35 PINE ST LAKEHURST BOR NJ 08733
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

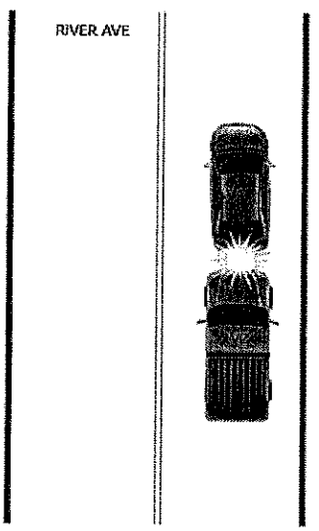
Station: _____ Case No: 22-078410

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver of vehicle 1 stated she was Southbound on River Ave and was stopped in traffic for a red light. She stated while she was stopped, vehicle 2 crashed into the rear of her vehicle.

Driver of vehicle 2 stated he was Southbound on River Ave and was stopped in traffic behind vehicle 1 for a red light. He stated the light turned green and he went forward but crashed into the rear of vehicle 1. He stated he thought vehicle 1 was moving forward.

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

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078756
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0040
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CLIFTON AVE S
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
☒ Feet ☐ Miles	250
☐ N ☐ E ☒ S ☐ W of:	MAIN ST
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.090058
22 Longitude	-74.214224

Vehicle 1

23 Veh #	1
24 Policy No.	6096-79-85-14
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JOSUE
Initial	-
Last Name	GARCIAORTIZ
29 Sex	M
27 Number & Street	38 WALLKILL AVE 2
28 City	MIDDLETOWN
State	NY
Zip	10940
30 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
31 State	NY
32 Driver's License Number	620003375
33 DOB (mm dd yyyy)	09/19/1984
34 Expires (mm yy)	09 26
35 Owner's First Name	JOSUE
Initial	-
Last Name	GARCIAORTIZ
☐ Same As Driver	
36 Number & Street	38 WALLKILL AVE 2
37 City	MIDDLETOWN
State	NY
Zip	10940
38 Make	HOND
39 Model	ODYSSEY
40 Color	SIL
41 Year	2001
42 Plate No.	KVX2181
43 State	NY
44 VIN	2HKRL18601H574549
45 Expires	04 24
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ 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	AVRAHOM
Initial	C
Last Name	KUGLER
59 Sex	M
57 Number & Street	164 GLEN AVE S
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	K91390716308044
63 DOB (mm dd yyyy)	08/12/2004
64 Expires (mm yy)	08 25
65 Owner's First Name	YAEL
Initial	-
Last Name	KUGLER
☐ Same As Driver	
66 Number & Street	164 GLEN AVE S
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HYUN
69 Model	SON
70 Color	BLK
71 Year	2020
72 Plate No.	P93MWA
73 State	NJ
74 VIN	5NPEL4JA7LH061414
75 Expires	10 21
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ 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.	02
136 Charge	39:3-4
137 Summons. No.	1514-A-294778
Oper.	
138 Charge	
139 Summons. No.	
Oper.	
140 Charge	
141 Summons. No.	
Oper.	
142 Charge	
143 Summons. No.	

	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	-	-	JOSUE - GARCIAORTIZ - 38 WALLKILL AVE 2 MIDDLETOWN NY 10940 - -
B	01	01	01	05	18	M	-	-	-	11	04	-	-	AVRAHOM C KUGLER - 164 GLEN AVE S LAKEWOOD NJ 08701 - -
C														
D														

96	05
97	01
98	07
99	07
100a	01
100b	06
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
118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	03
134	03

New Jersey Police Crash Investigation Report

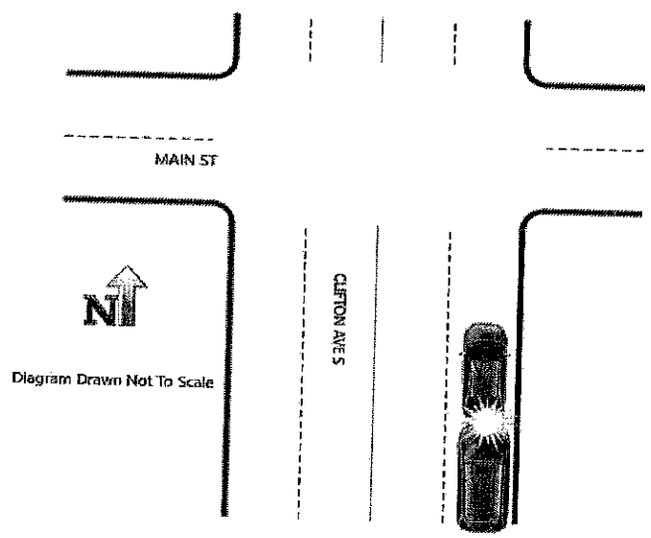
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078756

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED HE WAS DRIVING NORTH ON CLIFTON AVE S IN THE AREA OF MAIN ST WHEN HE ATTEMPTED TO STOP FOR A VEHICLE THAT WAS TURNING RIGHT INTO A BUSINESS. HE STATED HIS VEHICLE DID NOT STOP QUICK ENOUGH WHICH CAUSED HIM TO STRIKE THE REAR OF VEHICLE 2.

DRIVER OF VEHICLE 2 STATED HE WAS DRIVING NORTH ON CLIFTON AVE S IN THE AREA OF MAIN ST WHEN HE WAS SLOWING DOWN TO MAKE A RIGHT HAND TURN INTO 37 CLIFTON AVE S. DRIVER 2 STATED HE HAD HIS TURN SIGNAL ON WHILE SLOWING DOWN. AT THIS POINT, HE WAS STRUCK IN THE REAR BY VEHICLE 1.

NO INJURIES REPORTED ON SCENE.

VEHICLE 1 SUSTAINED MODERATE BUT FUNCTIONAL DAMAGE TO THE FRONT END OF THE VEHICLE. VEHICLE 2 SUSTAINED MODERATE BUT FUNCTIONAL DAMAGE TO THE REAR END OF THE VEHICLE WHICH CONSISTED OF DAMAGE TO THE REAR BUMPER AND MUFFLER.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JACOBS, K	414	KD	303	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 22-078837

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: 10/07/22

100a: 01

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 0823

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: JAMES STREET

☐ At Intersection With Road Name

☒ Feet ☐ Miles (14 15)

500

☐ N ☐ E ☒ S ☐ W (16) of: RIVER AVENUE

Dir

11 Speed Limit: 45

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: -

22 Longitude: -

118a: 04
118b: -
119a: 25
119b: -
120a: 01
120b: -
121a: 01
121b: -

100b: 06

101: 02

Vehicle 1

23 Veh #: 1

24 Policy No.: 951620847

25 NJ Ins. Code: 134

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

26 Driver's First Name: MORDECHAI | Initial: D | Last Name: PESSIN | 29 Sex: M

102: 01

27 Number & Street: 10 JAMES ST

103: 01

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

104: 2

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

105: 03

32 Driver's License Number: P28205636402966

33 DOB mm dd yyyy: 02/24/1996

34 Expires mm yy: 02 24

106: -

35 Owner's ☒ Same As Driver | First Name: MORDECHAI | Initial: D | Last Name: PESSIN

107: -

36 Number & Street: 10 JAMES ST

108: 01

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

109: 01

38 Make: TOYT | 39 Model: CAM | 40 Color: SIL | 41 Year: 2017 | 42 Plate No.: Y10PRD | 43 State: NJ

110: 01

44 VIN: 4T1BF1FK2HU428402

45 Expires: 02 23

111: 01

46 Vehicle Removed To: -

112: -

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

113: -

47 Authority ☐ Owner ☒ Driver ☐ Police

114: -

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

115: -

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

116: 01

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

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.: F9238098

55 NJ Ins. Code: 426

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

56 Driver's First Name: SEAN | Initial: A | Last Name: WORTHY | 59 Sex: M

57 Number & Street: 900 BARNEGAT BLVD N UN 2109

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

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

122: 12

62 Driver's License Number: W66736956102682

63 DOB mm dd yyyy: 02/03/1968

64 Expires mm yy: 02 24

123: 01

65 Owner's ☒ Same As Driver | First Name: SEAN | Initial: A | Last Name: WORTHY

66 Number & Street: 900 BARNEGAT BLVD N UN 2109

67 City: BARNEGAT | State: NJ | Zip: 08005

68 Make: NISS | 69 Model: ALT - AL | 70 Color: GRY | 71 Year: 2008 | 72 Plate No.: W44PPV | 73 State: NJ

74 VIN: 1N4AL21E78N481161

75 Expires: 01 23

76 Vehicle Removed To: TILTON'S AUTO BODY

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

77 Authority ☐ Owner ☐ Driver ☒ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

124: 11
125: 11
126a: 26
126b: -
126c: -
126d: -
126e: 26
127a: 26
127b: -
127c: -
127d: -
127e: 26
128: 26
129: 12
130: 12
131: 02
132: 02
133: 03
134: 04

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	26	M	-	-	-	11	04	-	-	MORDECHAI D PESSIN 10 JAMES ST LAKEWOOD NJ 08701
B	V2	01	01	05	54	M	-	-	-	11	04	-	-	SEAN A WORTHY 900 BARNEGAT BLVD N L BARNEGAT NJ 08005
C														
D														

New Jersey Police Crash Investigation Report

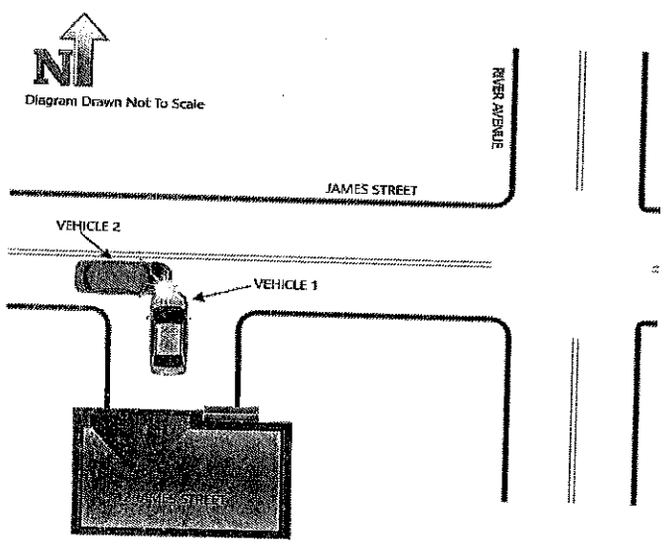
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078837

(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 ATTEMPTED TO PULL OUT OF THE DRIVEWAY OF 12 JAMES STREET, WHEN HE ENTERED THE ROADWAY AND MADE CONTACT WITH VEHICLE 2.

THE DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING ON JAMES STREET WHEN VEHICLE 1 PULLED OUT AND MADE CONTACT INTO HIS VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT FOR FAILING TO YIELD TO THE VEHICLES WITH THE RIGHT OF WAY.

NO INJURIES WERE REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078841
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	10/07/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0814
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	MADISON AVE
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
☒ Feet ☐ Miles	25
☒ N ☐ E ☐ S ☐ W of:	9TH ST
14	15
16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.094820
22 Longitude	-74.217221

Vehicle 1

23 Veh #	1
24 Policy No.	939687606
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KATHLEEN - HALL
29 Sex	F
27 Number & Street	108 MORNINGSIDE DR
28 City / State / Zip	TRENTON NJ 08618
30 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
31 State	NJ
32 Driver's License Number	H02884270061506
33 DOB mm dd yyyy	11/14/1950
34 Expires mm yy	11 24
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	KATHLEEN - HALL
36 Number & Street	108 MORNINGSIDE DR
37 City / State / Zip	TRENTON NJ 08618
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / PRI / BLU / 2013 / Z83RDZ / NJ
44 VIN	JTDKDTB39D1051552
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.	TOWCA00015301
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SYKEAR M WESTBROOK
59 Sex	M
57 Number & Street	2715 W BANGS AVE
58 City / State / Zip	NEPTUNE NJ 07753
60 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
61 State	NJ
62 Driver's License Number	W28287307408992
63 DOB mm dd yyyy	08/28/1999
64 Expires mm yy	08 25
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	- - INTEK AUTO LEASI -
66 Number & Street	152 EAGLE ROCK AVE
67 City / State / Zip	ROSELAND NJ 07068
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	PETE / 567 / WHI / 2022 / AX468D / NJ
74 VIN	1NPCX4EX3ND789842
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	1	01	01	-	71	F	-	-	-	11	04	-	-	KATHLEEN - HALL 108 MORNINGSIDE DR TRENTON NJ 08618
B	2	01	01	-	23	M	-	-	-	11	04	-	-	SYKEAR M WESTBROOK 2715 W BANGS AVE NEPTUNE NJ 07753
C														
D														

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	20
110	01
111	02
112	-
113	16
114	-
115	05
116	03
117	03
118a	05
118b	04
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	11
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	03
134	02

New Jersey Police Crash Investigation Report

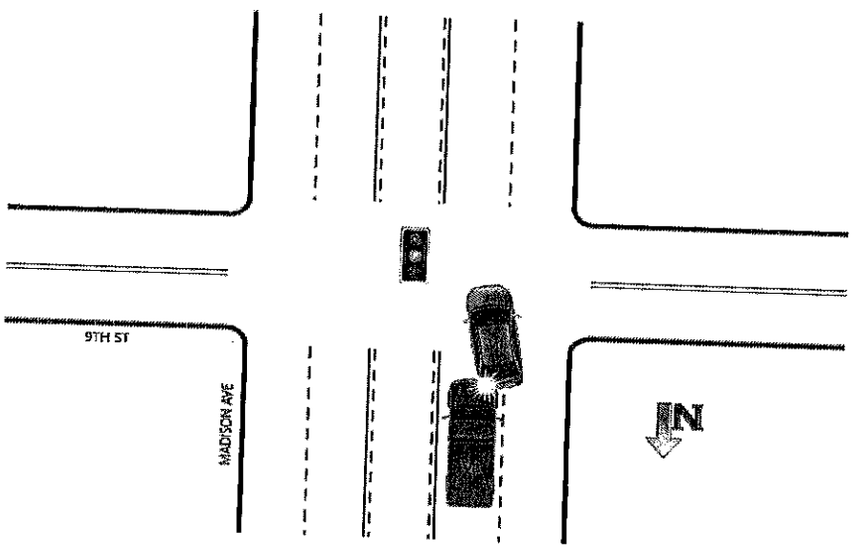
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-078841

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 WAS TRAVELING SOUTH ON MADISON AVE APPROACHING 9TH ST IN THE OUTSIDE LANE. VEHICLE 2 WAS TRAVELING SOUTH ON MADISON AVE APPROACHING 9TH ST IN THE INSIDE LANE.

DRIVER 1 STATED THAT SHE WAS IN THE INSIDE LANE WHEN VEHICLE 2 STRUCK HER VEHICLE FROM BEHIND AND THEN DROVE OFF.

DRIVER 2 STATED THAT HE WAS IN THE INSIDE LANE AND A VEHICLE IN FRONT OF VEHICLE 1 WAS MAKING A RIGHT TURN. VEHICLE 1 THEN CHANGED LANES INTO HIS LANE IN FRONT OF HIS VEHICLE AND HE COULD NOT STOP IN TIME.

VEHICLE 2 HAD A DASH CAMERA SO I WAS ABLE TO VIEW VIDEO OF THE CRASH. DRIVER 2'S ACCOUNT OF THE CRASH IS CORRECT. A VEHICLE WAS MAKING A RIGHT TURN ONTO 9TH ST. IT APPEARS THAT DRIVER 1 CHANGED LANES TO AVOID IT AND FAILED TO YIELD TO VEHICLE 2 BEFORE DOING SO, CAUSING THE CRASH. DRIVER 1 IS AT FAULT. THE VIDEO OF THE CRASH IS ATTACHED TO THIS CASE.

VEHICLE 2 IS INSURED BY CLEAR SPRING PROPERTY AND CASUALTY CO CHEST POINT PROGRAMS LLC 1 WALNUT AVE 2ND FLOOR CRANFORD, NJ 07016 COMPANY NUMBER 295.

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