PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-083736
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CLIFTON AVENUE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
☒ Feet / ☐ Miles	15
☐N ☐E ☒S ☐W of:	2ND STREET
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐NB ☐EB ☐SB ☐WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	10/19/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1552
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.097038
22 Longitude	-74.215540

Vehicle 1

23 Veh #	1
24 Policy No.	6067453732061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHIFRA - ZAK -
29 Sex	F
27 Number & Street	315 BERGEN AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	Z02107080057914
33 DOB (mm dd yyyy)	07/09/1991
34 Expires (mm yy)	07 25
35 Owner's Name (☐ Same As Driver)	JOSHUA N ZELL -
36 Number & Street	351 BERGEN AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SNA / SIL / 2017 / E65KNG / NJ
44 VIN	5TDKZ3DC1HS773539
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.	SEE NARRATIVE
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BEVERLY - GOLDMAN -
59 Sex	F
57 Number & Street	125 FOSTER AVE
58 City / State / Zip	BROOKLYN NY 11230
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / - / - / - / NY
62 Driver's License Number	371099355
63 DOB (mm dd yyyy)	07/08/1975
64 Expires (mm yy)	07 23
65 Owner's Name (☐ Same As Driver)	JOSEPH B GOLDMAN -
66 Number & Street	125 FOSTER AVE
67 City / State / Zip	BROOKLYN NY 11230
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / PLT / BLK / 2021 / HSJ2315 / NY
74 VIN	5FNYF6H92MB044998
75 Expires	07 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

Oper.	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	47	F	-	-	-	11	04	-	-	BEVERLY - GOLDMAN - 125 FOSTER AVE BROOKLYN NY 11230
B	1	04	01	05	2	M	-	-	-	05	05	-	-	DOVID - ZELLE - 315 BERGEN AVE LAKEWOOD NJ 08701
C	1	05	01	05	6	F	-	-	-	11	04	-	-	MINDEL - ZELLE - 315 BERGEN AVE LAKEWOOD NJ 08701
D	1	06	01	05	4	M	-	-	-	05	05	-	-	AVROHOM - ZELLE - 315 BERGEN AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

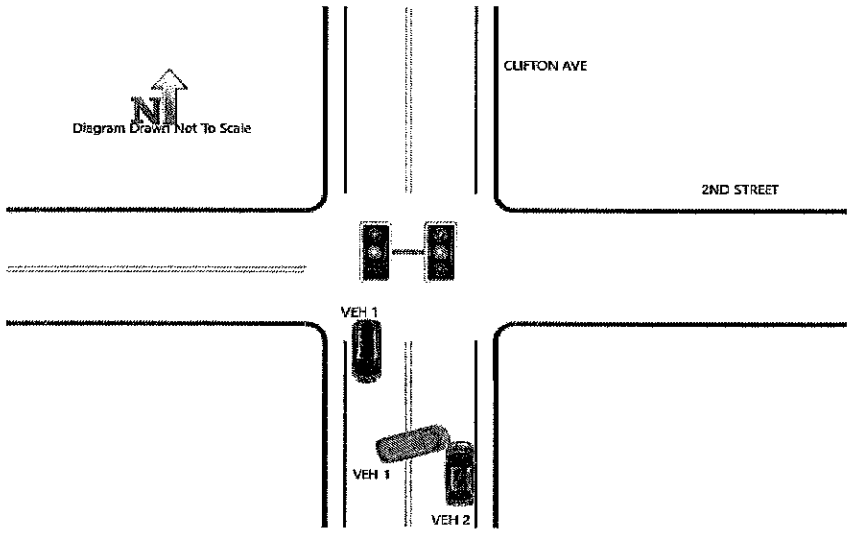
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-083736

(Refer to vehicle by number)

	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	1	09	01	05	8	M	-	-	-	11	04	-	-	MOSHE - ZELLE - 315 BERGEN AVE LAKEWOOD NJ 08701
F	2	01	01	05	47	F	-	-	-	11	04	-	-	BEVERLY - GOLDMAN - 125 FOSTER AVE BROOKLYN NY 11230
G	2	03	01	05	16	F	-	-	-	11	04	-	-	CHAYA - GOLDMAN - 125 FOSTER AVE BROOKYLN NY 11230
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE TWO INSURANCE INFORMATION: NEW YORK STATE INSURANCE. ALL STATE FIRE AND CASUALY INSURANCE COMPANY, POLICY NUMBER: 000000978036088. PHONE NUMBER 1-800-255-7828.

VEHICLE ONE WAS TRAVELING SOUTH ON CLIFTON AVENUE. VEHICLE TWO WAS TRAVELING NORTH ON CLIFTON AVENUE PRIOR TO 2ND STREET. DRIVER ONE STATED SHE ATTEMPTED TO MAKE A U TURN JUST SOUTH ON 2ND STREET WHEN SHE STRUCK VEHICLE TWO. DRIVER TWO STATED SHE WAS STOPPED ATTEMPTING TO PARALLEL PARK WHEN VEHICLE ONE ATTEMPTED TO MAKE A U TURN AND STRUCK HER VEHICLE.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR MAKING AN IMPROPER U TURN. BOTH VEHICLES SUFFERED MINOR DAMAGE. NO INJURIES WERE REPORTED AT THE SCENE. NO SUMMONS WERE ISSUED.

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

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

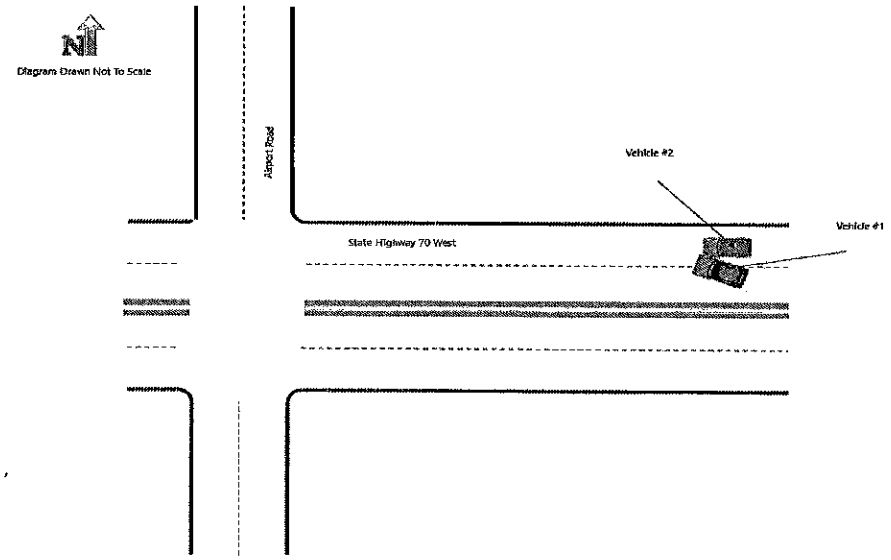
| | | |

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-083768

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle #1 stated he was traveling West on State Highway 70 in the lane closest to the concrete barrier. He further reported that Vehicle #2 was behind him and the driver was looking down. He said that he began changing lanes to get into the lane to his right when out of nowhere Vehicle #2 hit his vehicle.

The driver of Vehicle #2 stated she was traveling West on State Highway 70. She further reported that Vehicle #1 cut over and sideswiped her driver side.

I observed minor damage to the front passenger fender area on Vehicle #1 and minor damage to the front driver fender area on Vehicle #2. There were no reported injuries.

The driver of Vehicle #1 is most likely at fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DUNPHEY C	357	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-084102
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVE
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	
18 Speed Limit	-
☐ At Intersection With	
Road Name	
Dir	
☒ Feet ☐ Miles	5
☒ N ☐ E ☐ S ☐ W of:	6TH ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1530
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.095791
22 Longitude	-74.217408

Vehicle 1

23 Veh #	1
24 Policy No.	9962165092061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SARAH - KLEIN -
29 Sex	F
27 Number & Street	410 WARREN AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	K52346910054822
33 DOB mm dd yyyy	04/08/1982
34 Expires mm yy	04 25
35 Owner's Same As Driver	☐
First Name / Initial / Last Name	MARTIN - KLEIN -
36 Number & Street	410 WARREN AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / PIL / GRY / 2020 / Z62MKT / NJ
44 VIN	5FNYF6H54LB045792
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.	956975445
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JUDITH - OPPEN -
59 Sex	F
57 Number & Street	42 BROCKTON RD
58 City / State / Zip	SPRING VALLEY NY 10977
60 Eyes / DL Class / Restrictions / Endorsements	2 / - / - / -
61 State	NY
62 Driver's License Number	240468070
63 DOB mm dd yyyy	11/01/1993
64 Expires mm yy	11 22
65 Owner's Same As Driver	☐
First Name / Initial / Last Name	RAPHAEL - DAVID -
66 Number & Street	194 BARTLEY RD
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / RAV / GRY / 2021 / J51PKX / NJ
74 VIN	2T3F1RFV7MC244469
75 Expires	12 25
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
79 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
80 Carrier No. ☐ USDOT - ☐ 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	40	F	-	-	-	11	04	-	-	SARAH - KLEIN - 410 WARREN AVE LAKEWOOD NJ 08701
B	2	01	01	05	28	F	-	-	-	11	04	-	-	JUDITH - OPPEN - 42 BROCKTON RD SPRING VALLEY NY 10977
C	2	03	01	05	4	M	-	-	-	05	05	-	-	ARON DAVID 194 BARTLEY RD JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

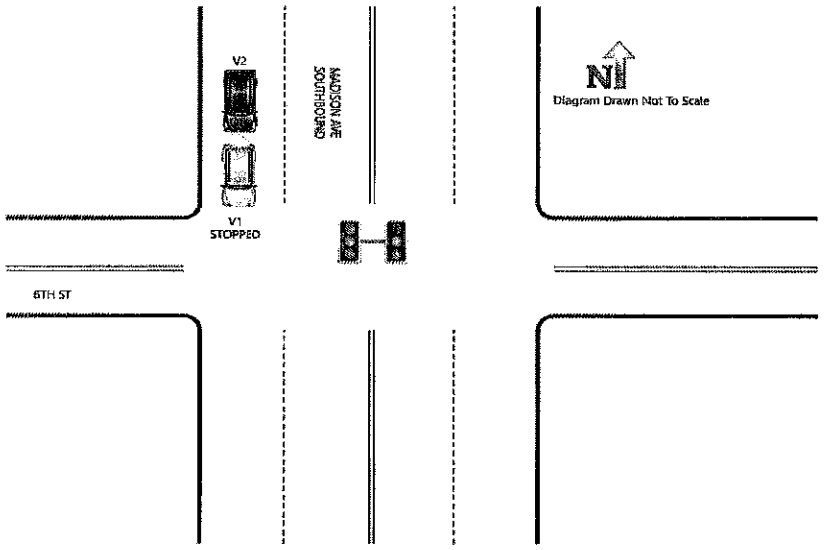
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-084102

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was stopped at a Red Light in the Right Lane facing Southbound on Madison Ave. at the intersection of 6th St. She stated while stopped Vehicle 2 collided into the rear of her Vehicle.

Driver 2 stated she was traveling Southbound in the Right Lane on Madison Ave. behind Vehicle 1. She stated she was slowing down for traffic in front of her. Driver 2 stated while slowing down she was unable to stop in time and collided into the rear of Vehicle 1.

All parties involved denied Medical Attention.

Vehicle 1 sustained Minor damage.
Vehicle 2 had no visible damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-078983
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:	EAST COUNTY LINE RD
At Intersection With	☐
Road Name	EAST COUNTY LINE RD
Dir	-
11 Speed Limit	35
12 Route No.	0526
Suffix	-
13 Milepost	-
14 Feet	50
15 Miles	☐
16 N ☐ E ☐ S ☒ W of:	TUSCANY TER
17 Cross Road Name	-
18 Speed Limit	15
19 Ramp To ☐ From ☐	-
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	
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	2
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

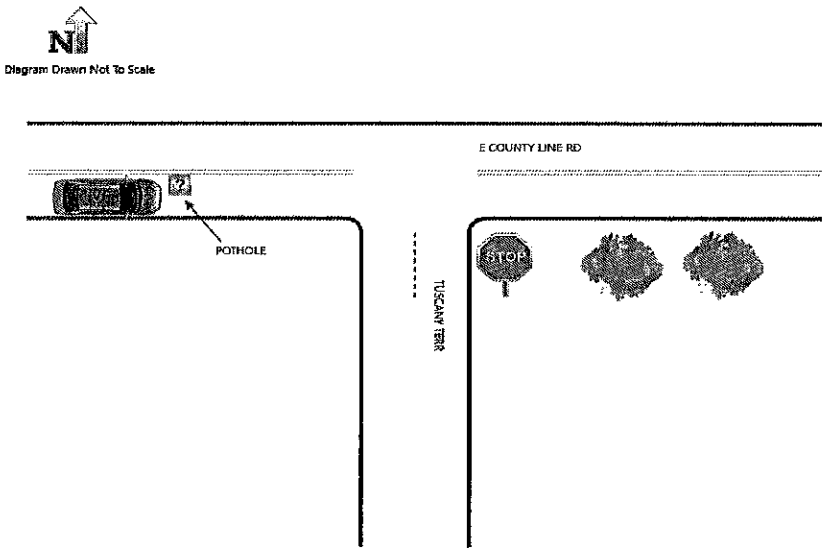
Police Dept: LAKEWOOD TOWNSHIP Code: 01

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	22-078983
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:	☐ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: Road Name
11 Speed Limit	
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
14 15 16	
19 Ramp	☐ To ☐ From:
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	
22 Longitude	

Driver

23 Veh #	
24 Policy No.	
25 NJ Ins. Code	
☐ 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 BAYBERRY DR
28 City	LANOKA HARBOR
State	NJ
Zip	08734
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	☐ Same As Driver
First Name	JELENA
Initial	-
Last Name	SOSSA -
36 Number & Street	6 BAYBERRY DR
37 City	PCA LANOKA HARBOR
State	NJ
Zip	08734

Vehicle

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
MAZD	M6G	RD	2015	E96FVB	NJ

44 VIN	JM1GJ1V57F1189013
45 Expires	10 23
46 Vehicle Removed To	PRIVATE TOW
	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☐ 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	

Driver

53 Veh #	
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	- -
59 Sex	
57 Number & Street	
58 City	
State	
Zip	
60 Eyes	
DL Class	
Restrictions	
Endorsements	
61 State	
62 Driver's License Number	
63 DOB (mm dd yyyy)	
64 Expires (mm yy)	
65 Owner's	☐ Same As Driver
First Name	
Initial	
Last Name	
66 Number & Street	
67 City	
State	
Zip	

Vehicle

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					46	M								DENISS A SOSSA - 6 BAYBERRY DR LANOKA HARBOR NJ 08734
B					41	F								JELENA - SOSSA - 6 BAYBERRY DR LANOKA HARBOR NJ 08734
C														
D														

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

Changed report for correct addresses and changed narrative.

Driver 1 stated he was traveling east on East County Line Rd, when he hit a large pothole. which caused his front driver side tire to blowout. Driver 1 also stated the pothole was marked with white spray paint. I believe the county was aware of the pothole but there were no signs or warnings for drivers of the upcoming hazard.

Driver 1 called AAA Towing to tow the disabled vehicle.

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

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082581
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PARIS CT
11 Speed Limit	25
☐ At Intersection With	Road Name / Dir / 12 Route No. / Suffix / 13 Milepost
☒ Feet 200 ☐ Miles	☐N ☐E ☐S ☐W of: NEW HAMPSHIRE AVE
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	17 Cross Road Name: 623
20 Route/Name	☐NB ☐EB ☐SB ☐WB
4 Date of Crash mm dd yy	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2041
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.097484
22 Longitude	-74.173907

Vehicle 1

23 Veh #	1
24 Policy No.	**
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	
29 Sex	
27 Number & Street	
28 City / State / Zip	
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	
32 Driver's License Number	
33 DOB mm dd yyyy	
34 Expires mm yy	
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	IGNACIO - GUEVARA ESCALON-
36 Number & Street	116 3RD ST; 4
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make	FORD
39 Model	XPL
40 Color	WHI
41 Year	2004
42 Plate No.	UTJ6796
43 State	VA
44 VIN	1FMZU72K64UC05318
45 Expires	01 / 24
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☐ Driver ☒ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	G01 1157883 02
55 NJ Ins. Code	392
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- - - - -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	ANTHONY - GUTIERRES-CASTII-
66 Number & Street	1354 PARIS CT
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make	CHRY
69 Model	300
70 Color	BLK
71 Year	2018
72 Plate No.	LEPC95
73 State	NJ
74 VIN	2C3CCAAG8JH250268
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.
	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														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

| | | |

New Jersey Police Crash Investigation Report

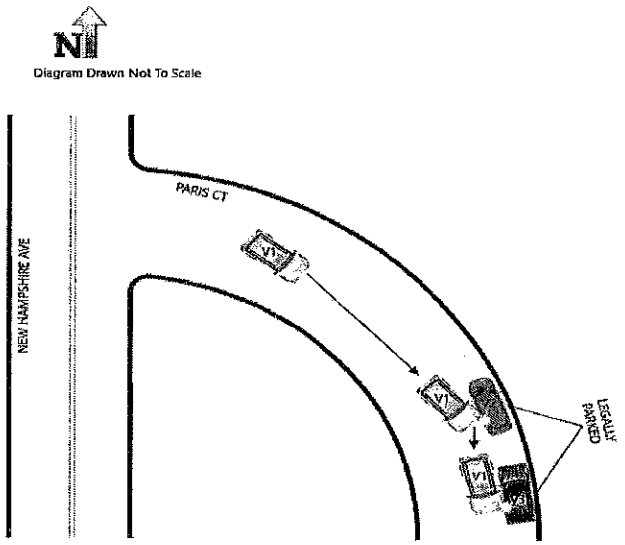
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-082581

(Refer to vehicle by number)

	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 a located at 1490 Lanes Mill Rd. I spoke to a family member of D1 who drove his own vehicle there. The family member advised me that Julio Guevara Aguilar was his brother in law and was driving V1. He did not know where Julio was. V1 had heavy front end, driver side damage, which was consistent with statements from the owner of V2 (O2) and the owner of V3 (O3). O2 also had a video of V1 fleeing the scene; no driver could be seen but the front driver side damage could be heard and the license plate was visible in the video.

O2 and O3 reported they heard loud crashing sounds and came out to see their vehicles were struck. O2 recorded the vehicle fleeing the scene. V1 was traveling North on Paris Ct towards New Hampshire Ave.

V1's front, driver side wheel was removed from the suspension and was the cause of the grinding noise in the video O2 captured.

I determined V1 was at fault for the crash. V2 and V3 were parked legally on Paris Ct and did not contribute to this crash at all. V1 came from New Hampshire Ave and travelled South on Paris Ct, where it collided with V2 and V3 in succession. V1 collided with V2 with enough force to push the rear of V2 over the curb, deflecting V1's front end back towards the center of the road. This lined V1 up to side swipe V3 as it continued South. V1 then turned around at the end of Paris Ct and fled the scene, where O2 captured the video of V2 leaving.

I could not determined who was driving V1. The registered owner was a different name than the family member of D1 gave. Further, Officers checked the address of 116 3rd St; Apt 4 in Lakewood, NJ and were advised Julio did not live there. V1 was impounded due to the hit&run crash and because I could not verify if the vehicle was insured.

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

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-082581
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PARIS CT
☐ At Intersection With Road Name	
☒ Feet ☐ Miles	200
☐ N ☐ E ☐ S ☐ W of:	NEW HAMPSHIRE AVE
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)	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2041
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

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	JULIO - GUEVARA - AGUILAR-
29 Sex	M
27 Number & Street	162 LUCY RD
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	09/23/1998
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.	
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.
01	39:3-10	1514-A-295514	01	39:4-129	1514-A-295515
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

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

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-082581
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PARIS CT
☐ At Intersection With Road Name	
☒ Feet ☐ Miles	200
☐ N ☐ E ☐ S ☐ W of:	NEW HAMPSHIRE AVE
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)	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2041
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

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

Vehicle 2

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

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

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

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

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-082581

(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

On October 17, 2022 the registered owner of V1, Ignacio Guevara came to headquarters along with the driver of V1, Julio Guevara Aguilar. Julio stated that he was driving V1 at the time of the crash. He stated that he did not know what street he was on and believed another vehicle had struck him causing the accident.

Julio does not possess a valid driver's license. He was issued a summons for Driving Unlicensed 39:3-10 and Leaving the Scene of Accident 39:4-129.

Ignacio provided me with insurance for V1. V1 is insured by Progessive Advanced Insurance # 11851 Policy # 934203005

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL STEPHEN MEYER	350	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	22-074843
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	GARDEN STATE PARKWAY
At Intersection With	
Road Name	
Dir	N
11 Speed Limit	65
12 Route No.	-
Suffix	-
13 Milepost	-
☒ Feet	750
☐ Miles	
☐ N ☐ E ☒ S ☐ W	
of:	CEDARBRIDGE AVENUE
18 Speed Limit	45
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	-
22 Longitude	-
4 Date of Crash mm dd yy	09/24/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1004
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	F0800540
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / Sex	THERESA - FARSARIS - F
27 Number & Street	1155 ARGYLL CIR # A
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	F06787390058504 / 08/14/1950 / 08 23
35 Owner's First Name / Initial / Last Name	☒ Same As Driver THERESA - FARSARIS -
36 Number & Street	1155 ARGYLL CIR # A
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / VEN / BLU / 2022 / C35LHF / NJ
44 VIN / 45 Expires	KMHRC8A37NU178960 / 05 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
50 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / Sex	DAVID M LAZARO - M
57 Number & Street	55 RUTH DR
58 City / State / Zip	MANAHAWKIN NJ 08050
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	L09761567409852 / 09/01/1985 / 09 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver CHRISTINA A LAZARO -
66 Number & Street	55 RUTH DRIVE
67 City / State / Zip	MANAHAWKIN NJ 08050
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	AUDI / Q8 / WHI / 2019 / Y53LZK / NJ
74 VIN / 75 Expires	WA1AVAF1XKD016756 / 11 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	72	F	-	-	-	11	04	-	-	THERESA - FARSARIS - 1155 ARGYLL CIR # A LAKEWOOD NJ 08701
B	V1	03	01	05	76	M	-	-	-	11	04	-	-	NICANDROS FARSARIS 1155 ARGYLL CIRCLE LAKEWOOD NJ 08701
C	V2	01	01	05	37	M	-	-	-	11	04	-	-	DAVID M LAZARO - 55 RUTH DR MANAHAWKIN NJ 08050
D														

New Jersey Police Crash Investigation Report

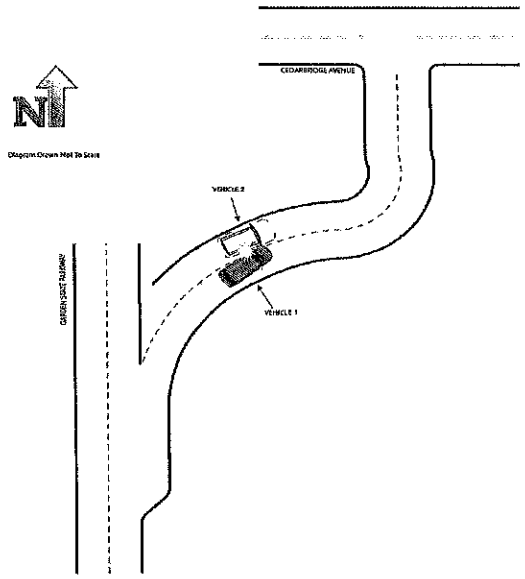
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: " Case No: 22-074843

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING IN THE RIGHT LANE WHEN VEHICLE 2 MADE CONTACT WITH HER VEHICLE. IT SHOULD BE NOTED, THE PASSENGER OF VEHICLE 1 STATED THAT THEY WERE ATTEMPTING TO CHANGE INTO THE LEFT LANE WHEN THE VEHICLES MADE CONTACT.

THE DRIVER OF VEHICLE 2 STATED HE WAS IN THE LEFT LANE WHEN VEHICLE 1 ATTEMPTED TO CHANGE LANES, ULTIMATELY MAKING CONTACT WITH HIS VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT DUE TO THE FACT SHE IMPROPERLY CHANGED LANES AND FAILED TO YIELD TO THE VEHICLE ALREADY IN THE LEFT LANE OF TRAVEL.

NO INJURIES WERE REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-074843
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/24/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1004
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	☐ At Intersection With Road Name ☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W
11 Speed Limit	
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
14	
15	
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	
22 Longitude	

Vehicle 1

23 Veh #	
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	THERESA
Initial	-
Last Name	FARSARIS
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	01
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 #	V2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	DAVID
Initial	M
Last Name	LAZARO
59 Sex	M
57 Number & Street	55 RUTH DR
58 City	MANAHAWKIN
State	NJ
Zip	08050
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	L09761567409852
63 DOB (mm dd yyyy)	09/01/1985
64 Expires (mm yy)	09 24
65 Owner's First Name	CHRISTINA
Initial	A
Last Name	LAZARO
☐ Same As Driver	
66 Number & Street	55 RUTH DRIVE
67 City	MANAHAWKIN
State	NJ
Zip	08050
68 Make	AUDI
69 Model	Q8
70 Color	WHI
71 Year	2019
72 Plate No.	Y53LZK
73 State	NJ
74 VIN	WA1AVAF1XKD016756
75 Expires	11 22
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending	
79 Hazardous Material ☐ None ☐ On Board ☐ Spill Hazard Class Placard No.	
80 Carrier No. ☐ USDOT ☐ None ☐ MC/MX	
81 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C					37	M								DAVID M LAZARO - 55 RUTH DR MANAHAWKIN NJ 08050
D														

02

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-074843

(Refer to 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

ON 10/12/2022, I CHANGED BOX 134 (VEHICLE 2 DAMAGE) FROM MODERATE (03) TO MINOR (02), UPON REQUEST OF THE REGISTERED OWNER DUE TO THE VEHICLE DAMAGE BEING AS SUCH.

VEHICLE 2'S INSURANSE CONFIRMED THAT THE DAMGE WAS MINOR AND NOT MODERATE THERFORE THEY REQUESTED A CHANGE.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-048638
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	415 CLIFTON AVE
☐ At Intersection With Road Name	
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	25
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
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	06/21/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0647
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.094759
22 Longitude	-74.214504

Vehicle 1

23 Veh #	1
24 Policy No.	HPA00002781682
25 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ESPERANZA - OUQUE-LEMUS
29 Sex	F
27 Number & Street	90 PAWNEE RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	05/07/1995
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MANUEL - HERNANDEZ
36 Number & Street	90 PAWNEE RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN / WHI / 2012 / XF735749 / DE
44 VIN	3N1AB6AP2CL724926
45 Expires	07 22
46 Vehicle Removed To	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939 910 526
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOSHUA - GOTTLIEB
59 Sex	M
57 Number & Street	259 BRUCE ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	G67824110001922
63 DOB mm dd yyyy	01/11/1992
64 Expires mm yy	01 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSHUA - GOTTLIEB
66 Number & Street	259 BRUCE ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / ION / WHI / 2021 / R74NXM / NJ
74 VIN	KMHC75LJ0MU082249
75 Expires	07 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

BUILDING- GELBSTEINS BAKERY 415 CLIFTON AVENUE

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	A293332			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	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	27	F	09	08	02	11	11	01	6505	ESPERANZA - OUQUE-LEMUS - 90 PAWNEE RD LAKEWOOD NJ 08701
B	02	01	01	05	30	M	-	-	-	11	04	-	-	JOSHUA - GOTTLIEB - 259 BRUCE ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

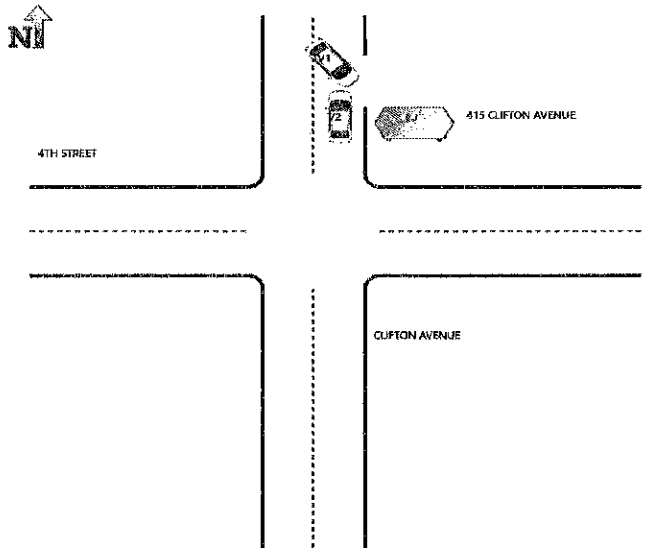
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-048638

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 WAS ATTEMPTING TO MAKE A LEFT TURN INTO THE PARKING LOT OF 415 CLIFTON AVENUE WHEN IT STRUCK V2, WHICH WAS DRIVING NORTH ON CLIFTON AVENUE. THE IMPACT OF VEHICLES 1 AND 2 CAUSED V2 TO STRIKE THE BUILDING(415 CLIFTON AVENUE).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081901
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	417 CEDARBRIDGE AVE
☐ At Intersection With Road Name	
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	-
Dir	-
12 Route No.	-
Suffix	-
13 Milepost	-
14	-
15	
16	
17 Cross Road Name	
18 Speed Limit	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0235
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.084214
22 Longitude	-74.205101

Vehicle 1

23 Veh #	1
24 Policy No.	8321298
25 NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ANTONIO - GONZALEZ-PEREZ
29 Sex	M
27 Number & Street	417 CEDARBRIDGE AVE APT. 4
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	BR / - / - / -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	12/13/1990
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ALEXANDER - TRUYENQUE
36 Number & Street	26 FRANKLIN AVE
37 City / State / Zip	SEASIDE HTS / NJ / 08751
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F15 / WHI / 2008 / M77PRD / NJ
44 VIN / 45 Expires	1FTPW14V48FA76533 / 01 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☐ No ☒ Yes ☐ Refused; Type: ☒ Breath ☐ Blood ☐ Urine; Results: 0. 21 %; ☐ 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.	HPA00002783416
55 NJ Ins. Code	411
☒ 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 MITALBEN H PATEL
66 Number & Street	1608 MONMOUTH AVE APT# C
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / WHI / 2015 / C62FJL / NJ
74 VIN / 75 Expires	5FNRL5H67FB064602 / 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.
D1	39:4-50	1514-A-295365
D1	39:3-10	1514-A-295366
D1	39:4-51B	1514-A-295367
D1	39:4-97	1514-A-295368

	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	31	M	-	-	-	11	04	-	-	ANTONIO - GONZALEZ-PEREZ - 417 CEDARBRIDGE AVE / LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

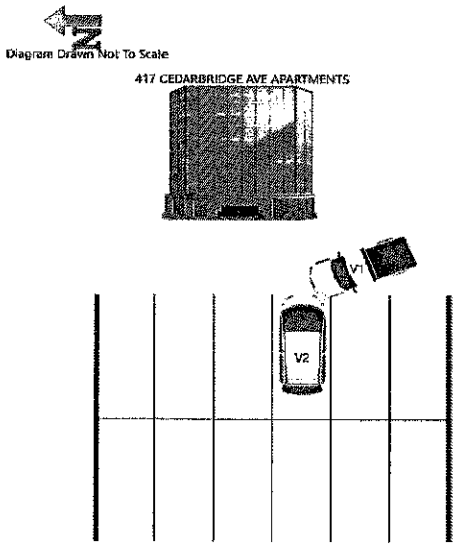
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081901

(Refer to vehicle by number)

	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 WAS FOUND SLEEPING IN THE DRIVER'S SEAT AFTER CRASHING INTO V2, WHICH WAS WAS PARKED AND UNOCCUPIED IN THE PARKING LOT OF 417 CEDARBRIDGE AVE (WASHINGTON SQUARE APARTMENTS). DRIVER OF V1 ADMITTED TO CONSUMING 7-8 BEERS AND 3 SHOTS OF ANOTHER ALCOHLIC BEVERAGE AND PROCEEDED TO OPERATE AND DRIVE V1.

DRIVER 1 WAS LATER ARRESTED FOR DRIVING UNDER THE INFLUENCE AND SUBMITED TO BREATH TESTING WHERE HE BLEW A .21 BAC. D1 WAS ISSUED (4) SUMMONS'S :
(1) DWI 39: 4-50 (1514-A-295365)
(2) UNLICENSED DRIVER 39: 3-10 (1514-A-295366)
(3) OPEN ALCOHOLIC BEVERAGE IN VEHICLE 39: 4-51B (1514-A-295367)
(4) CARELESS DRIVING 39: 4-97 (1514-A-295368)

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MAHECHA J	390	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	22-081939
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	188 WOODLAKE MANOR DR
☐ At Intersection With Road Name	
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0732
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.091889
22 Longitude	-74.174691

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	ZURILEYDI - ROJAS-MERINO -
36 Number & Street	992 DOVE ST
37 City State Zip	TOMS RIVER NJ 08753
38 Make	VOLK
39 Model	PAS - PA
40 Color	WHI
41 Year	2008
42 Plate No.	D32PWX
43 State	NJ
44 VIN	WVWAK73C88P042805
45 Expires	04 23
46 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☒ Left At Scene ☐ Towed Impounded	
47 Authority	
☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class Placard No.	
50 Carrier No.	
☐ USDOT ☒ None	
☐ MC/MX	
51 GVWR/GCWR	
☒ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City State Zip	

Vehicle 2

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

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

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

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

96	
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111	
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112	
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113	
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114	
-	
115	
-	
116	
-	
117	
04	

118a	25
118b	-
119a	29
119b	-
120a	-
120b	-
121a	00
121b	-
122	10
123	01
124	-
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	28
128	26
129	04
130	04
131	10
132	10
133	02
134	02

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081939

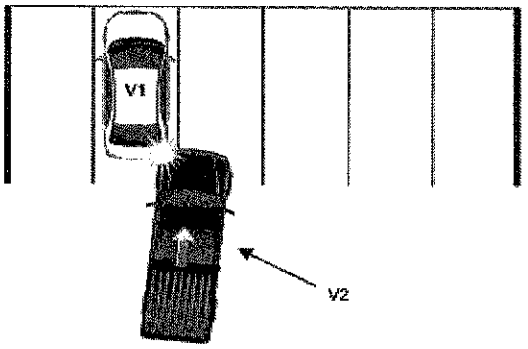
(Refer to vehicle by number)

	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

188 Woodlake Manor Dr
(Parking Lot)



145 Crash Description/Narrative

Vehicle 1 was parked in the assigned parking spot for 188 Woodlake Manor Dr. At approximately 0219 hours on the morning of October 15, 2022, vehicle 1 was struck by vehicle 2. Vehicle 2 then left the scene of the crash. Vehicle 2 is described as black pick up truck, and there is no description of the driver.

I was provided with video which shows the suspects vehicle traveling west in the parking lot of Woodlake Manor Dr. The video does not show the impact or the suspects vehicle leaving the area.

Approximately one week ago, vehicle 1 was purchased by Victor Benites-Morales from the registered owner. The vehicle currently has a valid registration, but and Victor stated he was going to transfer everything into his name this upcoming Thursday, October 20, 2022. As a result, vehicle 1 is still registered under the previous owner, and is uninsured.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082084
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On	HOPE CHAPEL RD
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0639
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ At Intersection With	S LAKE DR
☐ 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)	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1734
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.103245
22 Longitude	-74.245295

Vehicle 1

23 Veh #	1
24 Policy No.	CA0272635
25 NJ Ins. Code	968
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROSENDO - QUECHOLQUECHOL
29 Sex	M
27 Number & Street	1424 AMSTERDAM AVE
28 City / State / Zip	TOMS RIVER / NJ / 08757
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	Q91056710003842
33 DOB (mm dd yyyy)	03/01/1984
34 Expires (mm yy)	03 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - HOLIDAY POOL IN(
36 Number & Street	3443 HWY 9 N
37 City / State / Zip	FREEHOLD / NJ / 07728
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F55 / WHI / 2019 / XKBA78 / NJ
44 VIN	1FD0X5HT4KEG87749
45 Expires	07 / 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	HOLIDAY POOLS, INC
Number & Street	3443 HIGHWAY 9 NORTH, STE 1
City / State / Zip	FREEHOLD / NJ / 07728

Vehicle P1

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

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	38	M	-	-	-	11	04	-	-	ROSENDO - QUECHOLQUECHOL - 1424 AMSTERDAM AVE TOMS RIVER NJ 08757
B	01	03	01	05	40	M	-	-	-	11	04	-	-	SANTOS PEREZ 55 CEDAR CT LAKEWOOD NJ 08701 03/14/1982
C	P1	01	03	04	5	M	00	08	02	01	01	-	6303	ARI JEREMIAS 16 SHADY LN LAKEWOOD NJ 08701 08/26/2017
D														

New Jersey Police Crash Investigation Report

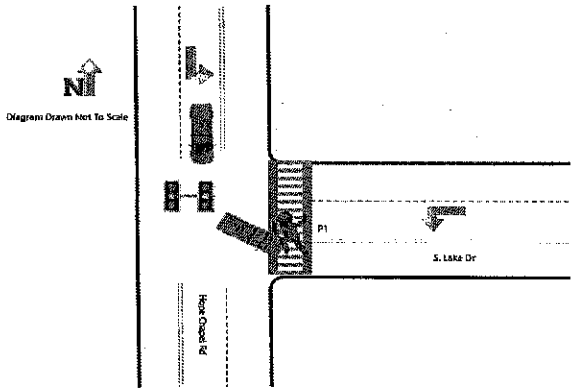
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-082084

(Refer to 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 was facing southbound stopped at a traffic light on Hope Chapel Rd & S. Lake Dr in the left turn lane. He reported that he had the green arrow to turn left, so he proceeded to travel and turn left. As driver of vehicle 1 was making his left hand turn onto S. Lake Dr, he observed a small child (P1) on a scooter crossing the street in the crosswalk travelling southbound on Hope Chapel Rd. Driver of vehicle 1 added that P1's parents were further behind him and that he did not see P1 until he made contact with him. Driver of vehicle 1 stated that he was travelling at a very slow speed and that once contact was made, the vehicle was stopped immediately and did not travel onward.

Pedestrian 1 (P1) is unable to speak for himself, but his parents were on scene and spoke on his behalf. P1 was on a scooter travelling southbound on Hope Chapel Rd utilizing the crosswalk that intersects with S. Lake Rd. P1 was ahead of his parents since he was on a scooter, but when the traffic lights were red, P1 started to cross the street inside the crosswalk where he was struck by driver of vehicle 1. Parent's of P1 stated that driver of vehicle 1 was making a left hand turn onto S. Lake Dr and that the pedestrians had the white pedestrian walking signal when the accident took place.

After my investigation, I determined that P1 is at fault for not yielding to the right away of vehicles. I observed that when the left turn signal is green for traffic to flow from Hope Chapel Rd to S. Lake Dr, the pedestrian signal is a red hand to stop pedestrians from crossing until the left turn signal is no longer green. Vehicle 1 sustained no damage to the vehicle. Pedestrian 1 had complaint of pain to his body and was transported to Jersey Shore Medical University as a precaution.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	KCM	335	☐ Pending ☒ Complete

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

1 Case Number	22-082115
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	LANES MILL RD
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0549
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	200
☐ N ☐ E ☒ S ☐ W of:	JOE PARKER RD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2006
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.086166
22 Longitude	-74.157628

Vehicle 1

23 Veh #	1
24 Policy No.	AODT319171840
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ANTHONY J DIAZ
29 Sex	M
27 Number & Street	22 FOUNTAIN DRIVE APT 5
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	D40280537105862
33 DOB mm dd yyyy	05/15/1986
34 Expires mm yy	05 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ANTHONY J DIAZ -
36 Number & Street	22 FOUNTAIN DRIVE APT 5
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV / 4 / 2021 / S77PKM / NJ
44 VIN	2HGFC2F80MH502164
45 Expires	11 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	0309109310
55 NJ Ins. Code	201
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	VICTORIA A ELINBABI
59 Sex	F
57 Number & Street	952 BRIGHTWOOD DR
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	E53727676152924
63 DOB mm dd yyyy	02/14/1992
64 Expires mm yy	02 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver OMAR A MAGDI ELINBABI -
66 Number & Street	MALE
67 City / State / Zip	SAYLORSBURG PA 18353
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	SUBA / - / 3 / 2018 / KNH1845 / PA
74 VIN	4S4BSACC5J3276992
75 Expires	12 22
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	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	36	M	-	-	-	11	04	-	-	ANTHONY J DIAZ - 22 FOUNTAIN DRIVE APT LAKEWOOD NJ 08701
B	1	03	01	05	26	F	-	-	-	11	04	-	-	AMY - DIAZ - 22 FOUNTAIN DR APT 5 LAKEWOOD NJ 08701
C	2	01	01	05	30	F	-	-	-	11	04	-	-	VICTORIA A ELINBABI - 952 BRIGHTWOOD DR TOMS RIVER NJ 08753
D														

New Jersey Police Crash Investigation Report

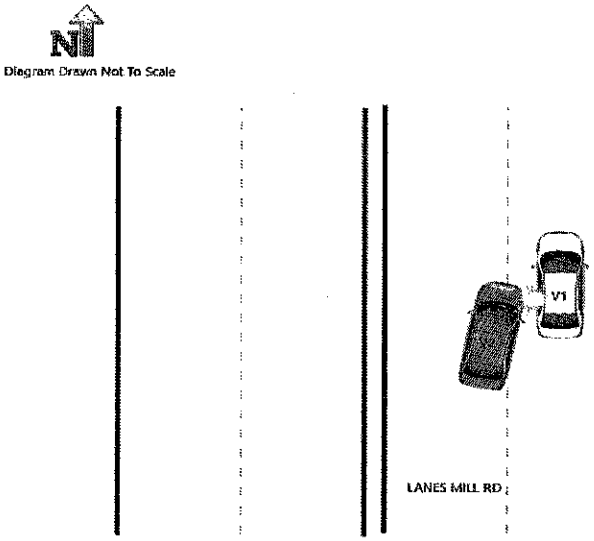
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-082115

(Refer to vehicle by number)

	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 North on Lanes Mill Road going straight ahead in the right lane. Vehicle #2 was also travelling North in the left lane going straight ahead. Vehicle #2 attempted to change lanes and crashed into Vehicle #1. Vehicle #1 sustained scratches along the middle to rear driver side of the vehicle. Vehicle #2 sustained scratches to the front passenger side bumper. There were no reports of injuries.

Driver 1 stated he was in the right lane going straight ahead. Vehicle #2 was in the left lane and crashed into his vehicle as she was changing lanes.

Driver 2 stated she was in the left lane on Lanes Mill Road going straight ahead. As she was changing lanes, Vehicle #1 was in her blind spot and did not see Vehicle #1.

My investigation finds Vehicle #2 to be at fault for unsafe lane change.

Vehicle #1 Insurance Info:
Peerless Insurance
Phone: 800-522-7152

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082126
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On	1900 SHORROCK ST
At Intersection With / Road Name / Dir	
Feet / Miles / N E S W / of:	- / - / -
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	- / - / - / -
14 / 15 / 16	- / -
19 Ramp To / From	-
17 Cross Road Name	
NB EB SB WB	25
4 Date of Crash (mm dd yy)	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2115
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.054837
22 Longitude	-74.160888

Vehicle 1

23 Veh #	1
24 Policy No.	961282825
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	JOHN / C / DIAS / - / M
27 Number & Street	1042 KILKORMIC STREET
28 City / State / Zip	TOMS RIVER / NJ / 08753
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	D40244076307992
33 DOB (mm dd yyyy)	07/20/1999
34 Expires (mm yy)	07 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / LISA / M / LOMBARDO / -
36 Number & Street	1042 KILKORMIC STREET
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN - SE / BGE / 2012 / K87PBL / NJ
44 VIN / 45 Expires	3N1AB6AP7CL737817 / 08 / 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	6039-58-92-85
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	ALEXANDER / - / KNIJNIKOV / - / M
57 Number & Street	314 CHERRY HILL BOULEVARD
58 City / State / Zip	CHERRY HILL / NJ / 08002
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	K59350190001834
63 DOB (mm dd yyyy)	01/27/1983
64 Expires (mm yy)	01 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / ALEXANDER / - / KNIJNIKOV / -
66 Number & Street	314 CHERRY HILL BOULEVARD
67 City / State / Zip	CHERRY HILL / NJ / 08002
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TES / X / BLK / 2017 / H56RHM / NJ
74 VIN / 75 Expires	5YJXCDE22HF055845 / 09 / 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ 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	23	M	-	-	-	11	11	01	-	JOHN C DIAS - 1042 KILKORMIC STREE TOMS RIVER NJ 08753
B	2	01	01	05	39	M	-	-	-	11	11	02	-	ALEXANDER - KNIJNIKOV - 314 CHERRY HILL BOULI CHERRY HILL NJ 08002
C	3	01	01	05	36	M	-	-	-	11	04	-	-	CHANANEL - ELCHADAD - 1339 E 4TH STREET BROOKLYN NY 11230
D	3	03	01	05	12	M	-	-	-	11	04	-	-	ITAMAR - ELCHADAD - 26 HANOVER WAY LAKEWOOD NJ 08701

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082126
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	1900 SHORROCK ST
At Intersection With / Road Name / Dir	
Feet / Miles	N E S W of:
11 Speed Limit	15
12 Route No. / 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	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2115
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.054837
22 Longitude	-74.160888

Vehicle 1

23 Veh #	3
24 Policy No.	949141347
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHANANEL - ELCHADAD
29 Sex	M
27 Number & Street	1339 E 4TH STREET
28 City / State / Zip	BROOKLYN NY 11230
30 Eyes / DL Class / Restrictions / Endorsements	BL - - -
31 State	NY
32 Driver's License Number	571792979
33 DOB mm dd yyyy	03/30/1986
34 Expires mm yy	03 27
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - MENTOAST INC
36 Number & Street	300 HURLEY AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT HIG BLK 2019 39KHLE NJ
44 VIN	5TDJZRFH0KS594892
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 #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- - - -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
66 Number & Street	-
67 City / State / Zip	- - -
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	- - - - - -
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	- ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill - - Hazard Class / Placard No.
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	3	06	01	05	13	M	-	-	-	11	04	-	-	YOSEF - ELCHADAD - 26 HANOVER WAY LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

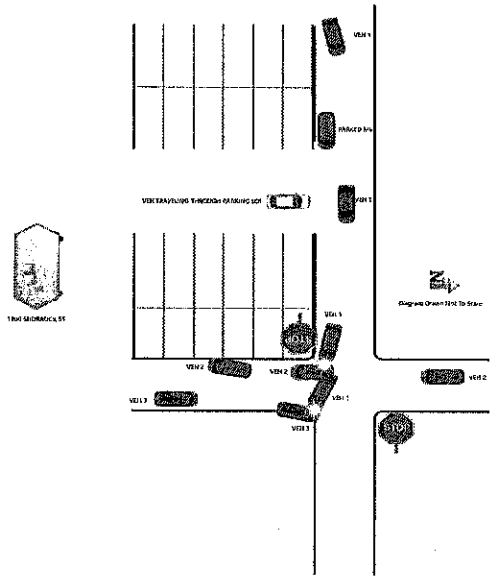
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-082126

(Refer to vehicle by number)

		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 ONE WAS TRAVELING EAST IN THE PARKING LOT OF 1900 SHORROCK STREET. VEHICLE TWO WAS TRAVELING SOUTH IN THE PARKING LOT OF 1900 SHORROCK ST. VEHICLE THREE WAS TRAVELING NORTH IN THE PARKING LOT OF 1900 SHORROCK STREET. DRIVER ONE STATED HE PASSED A VEHICLE THAT WAS PARKED IN THE LANE OF TRAVEL TO CONTINUE EAST IN THE PARKING LOT. HE STATED AS HE PASSED THE VAN A VEHICLE DARTED OUT FROM THE PARKING LOT INTO THE LANE, WHICH RESULTED IN HIS VEHICLE SWERVERING AND ACCELERATING THROUGH THE STOP SIGN. VEHICLE ONE THEN STRUCK VEHICLE TWO AND CONTINUED ON TO STRIKE VEHICLE THREE. DRIVER TWO STATED HE WAS TRAVELNG SOUTH IN THE PARKING LOT THROUGH THE ACCESS LANE WHEN VEHICLE ONE WENT THROUGH THE STOP SIGN AND STRUCK HIS VEHICLE. HE STATED VEHICLE ONE CONTINUED ON TO STRIKE VEHICLE THREE. DRIVER THREE STATED HE WAS TRAVELING NORTH IN THE PARKING LOT OF 1900SHORROCK STREET WHEN VEHICLE ONE WENT THROUGH THE STOP SIGN TRAVELING EAST, STRUCK VEHICLE TWO THEN CONTINUED ON TO STRIKE HIS VEHICLE.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR FAILING TO STOP AT THE STOP SIGN. NO INJURIES WERE REPORTED AT THE SCENE. NO SUMMONS WERE ISSUED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082131
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2129
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIDGE AVE
At Intersection With	☐
Feet	☒
Miles	☐
50	
14	15
Road Name	RIDGE AVE
Dir	-
11 Speed Limit	25
12 Route No.	0024
Suffix	-
13 Milepost	-
16	
N ☐ E ☒ of:	NEW YORK AVE
S ☐ W ☐	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB ☐	
21 Latitude	40.096692
22 Longitude	-74.198919

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.	6058434629
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HANNA / R / SCHEPANSKY -
59 Sex	F
57 Number & Street	1072 E 32ND ST
58 City / State / Zip	BROOKLYN / NY / 11210
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	BL / - / - / - / NY
62 Driver's License Number	842938078
63 DOB (mm dd yyyy)	06/22/1989
64 Expires (mm yy)	06 26
65 Owner's First Name / Initial / Last Name	☒ Same As Driver HANNA R SCHEPANSKY -
66 Number & Street	1072 E 32ND ST
67 City / State / Zip	BROOKLYN / NY / 11210
68 Make	JEEP
69 Model	CHEROKEE
70 Color	-
71 Year	2020
72 Plate No.	JNU7026
73 State	NY
74 VIN	1C4PJMDX8LD520065
75 Expires	01 24
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V2	01	01	05	33	F	-	-	-	11	04	-	-	HANNA R SCHEPANSKY - 1072 E 32ND ST BROOKLYN NY 11210
B	V2	03	01	05	11	M	-	-	-	11	04	-	-	SAMUEL - FRUCHTHANDLER - 1072 E 32ND ST BROOKLYN NY 11210
C	V2	06	01	05	6	M	-	-	-	11	04	-	-	ELIYAHU - FRUCHTHANDLER - 1072 E 32ND ST BROOKLYN NY 11210
D														

New Jersey Police Crash Investigation Report

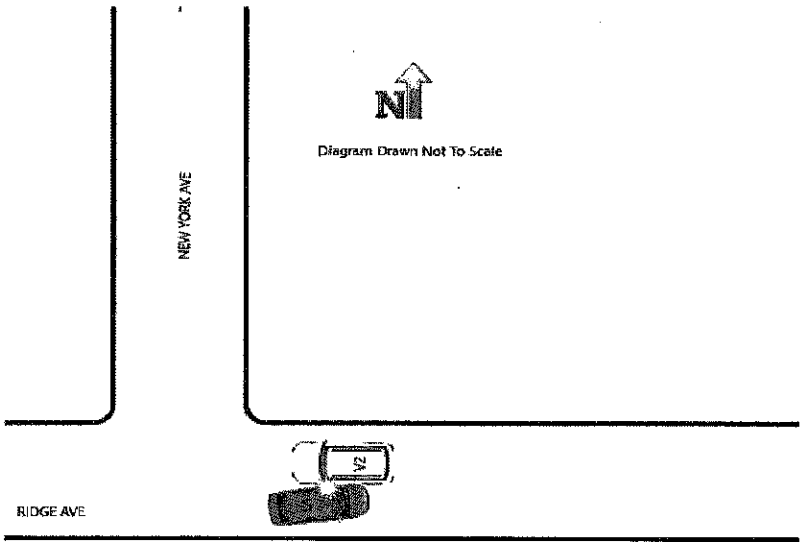
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-082131

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle Two stated she was traveling West on Ridge Avenue preparing to turn right on to New York Avenue. Furthermore she stated while slowing down to prepare to turn right, Vehicle One was traveling East from the opposite side of the intersection, and upon passing the intersection, Vehicle One collided in to her vehicle and continued traveling East on Ridge Avenue.

Driver of Vehicle Two did not see Vehicle One and was unable to provide a description of the vehicle or it's driver. Vehicle Two sustained damage to the driver's sideview mirror, both driver's side doors, and was disabled due to it's rear driver's side wheel being impacted as a result of the collision. Witness on scene, Shimon Parnes, corroborated driver of Vehicle Two's statement as to what took place.

End of narrative.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCMILLAN, P	426	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	22-082273
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On: Road Name	RONALD RD
☒ At Intersection With	☐ Feet ☐ Miles
☐ N ☐ E ☐ S ☐ W of:	PINE ACRE BLVD
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash (mm dd yy)	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0237
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.039550
22 Longitude	-74.184520

Vehicle 1

23 Veh #	1
24 Policy No.	S 2313756
25 NJ Ins. Code	207
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LUIS / A / SEGUNDOROMERO -
29 Sex	M
27 Number & Street	365 LUANE RD W
28 City / State / Zip	TOMS RIVER / NJ / 08755
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S22354946105032
33 DOB (mm dd yyyy)	05/20/2003
34 Expires (mm yy)	05 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LUIS DECK &AMP - RAILS LLC -
36 Number & Street	365 LUANE ROAD W
37 City / State / Zip	TOMS RIVER / NJ / 08755
38 Make	CHEV
39 Model	SIL
40 Color	RD
41 Year	2004
42 Plate No.	XMCL95
43 State	NJ
44 VIN	2GCEK19N441204802
45 Expires	04 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	-
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; - / -
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

CHAIN LINK FENCE AND POST

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
01	39:3-13.4	295353	01	39:4-97	295354
	140 Charge	141 Summons No.		142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	19	M	-	-	-	04	04	-	-	LUIS A SEGUNDOROMERO - 365 LUANE RD W TOMS RIVER NJ 08755
B														
C														
D														

New Jersey Police Crash Investigation Report

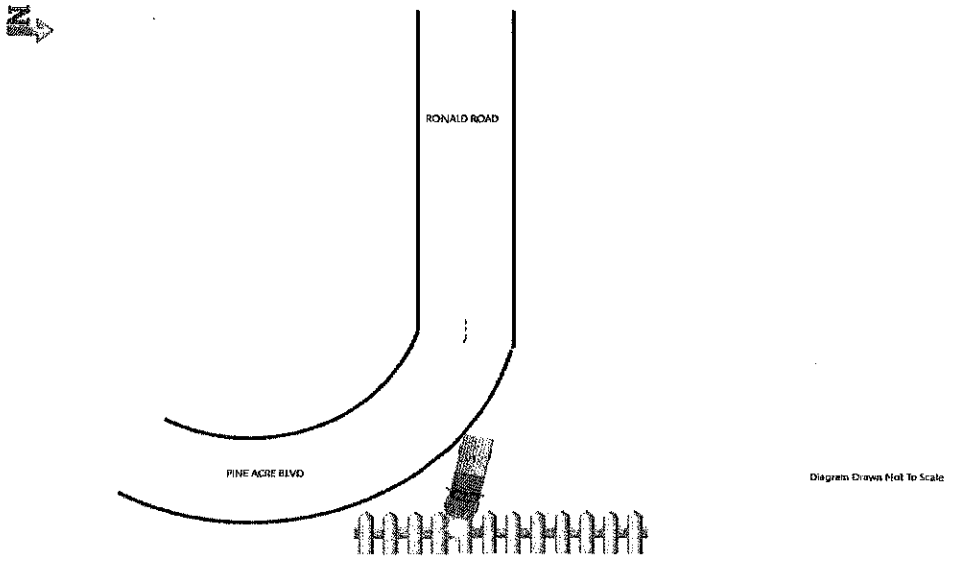
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-082273

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was travelling East on Ronald Road.

Driver 1 stated as the road began to curve right his brakes did not properly work. He stated the reason they did not work was because he was driving approximately 60 mph and lost control of the vehicle. Vehicle 1 went over the curve, struck the chain link fence and two posts, and ended up on Coventry Ct in Leisure Village.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL. BRIAN GUZMAN	405	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	22-082321
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	WOODLAKE MANOR DR
At Intersection With / Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	50
☒ Feet / ☐ Miles	20
☐ N ☒ E ☐ S ☐ W of:	NEW HAMPSHIRE AVE
19 Ramp ☐ To / ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0613
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.090246
22 Longitude	-74.175289

Vehicle 1

23 Veh #	1
24 Policy No.	930588020
25 NJ Ins. Code	135
☐ 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	CATALINA - RAMIREZ-MEZA -
36 Number & Street	1374 RED OAK DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	CHEV
39 Model	AST - AS
40 Color	WHI
41 Year	2005
42 Plate No.	R20NEG
43 State	NJ
44 VIN	1GNEL19X05B105286
45 Expires	03 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority: ☐ Owner ☐ Driver ☒ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	-
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

TREE ON THE PROPERTY OF WOODLAKE MANOR

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	03	01	05	33	M	-	-	-	11	11	01	-	PABLO - TLAPA-AMARO - 1374 RED OAK DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

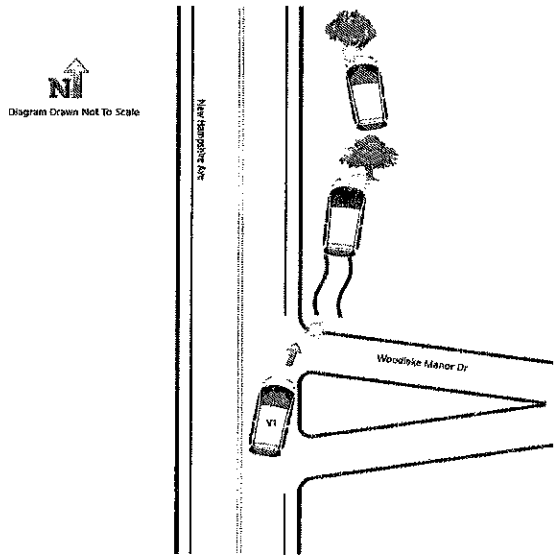
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-082321

(Refer to vehicle by number)

	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 fled the scene of the crash.

The passenger of vehicle 1 remained on scene. The passenger of vehicle 1 stated he was sleep, and when the crash occurred he woke up. The passenger of vehicle 1 stated he had to climb over the driver's seat to get out of the vehicle. The passenger of vehicle 1 stated did not know how the crash occurred, and the driver was an unknown Hispanic male he met earlier in the night. The passenger of vehicle 1 stated the male was wearing all black.

Vehicle 1 was traveling north on New Hampshire Ave when it ran off the road to the right, hit the curb, hit a small tree that broke, and hit a final tree where it came to rest.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082393
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	W COUNTY LINE RD
☒ At Intersection With	Road Name
☐ Feet ☒ N ☐ E of:	FOREST AVE
☐ Miles ☐ S ☐ W	
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1115
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.106350
22 Longitude	-74.221480

Vehicle 1

23 Veh #	1
24 Policy No.	4078238674
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TZVI - SCHRON
29 Sex	M
27 Number & Street	1430 ARDENWOOD AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / A / - / - / NJ
32 Driver's License Number	S15297530008992
33 DOB (mm dd yyyy)	08/17/1999
34 Expires (mm yy)	08 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MARK J SCHRON -
36 Number & Street	1430 ARDENWOOD AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / 4 / 2022 / D82RFV / NJ
44 VIN	1HGCV2F38NA015151
45 Expires	08 26
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANDREW G ULLERY -
59 Sex	M
57 Number & Street	504 ELIZABETH AVE
58 City / State / Zip	TOMSRIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	5 / I / - / - / NJ
62 Driver's License Number	U54430426702835
63 DOB (mm dd yyyy)	02/03/1983
64 Expires (mm yy)	09 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver
66 Number & Street	
67 City / State / Zip	
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	
74 VIN	
75 Expires	
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	23	M	-	-	-	11	04	-	-	TZVI - SCHRON - 1430 ARDENWOOD AVE LAKEWOOD NJ 08701
B	P	01	02	02	39	M	07	07	02	01	01	-	6303	ANDREW G ULLERY - 504 ELIZABETH AVE TOMSRIVER NJ 08753
C														
D														

New Jersey Police Crash Investigation Report

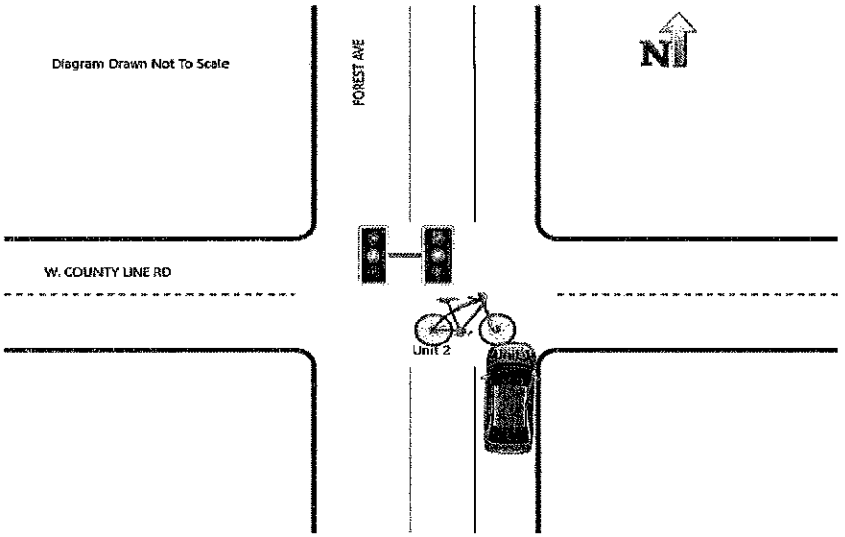
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-082393

(Refer to vehicle by number)

	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 HAD THE GREEN LIGHT WHEN HE WAS MAKING A RIGHT TURN ONTO W. COUNTY LINE RD AND STRUCK AN ELECTRIC BICYCLE THAT PULLED RIGHT IN FRONT OF HIM. DRIVER OF VEHICLE 1 STATED THERE WAS A VAN TO THE LEFT OF HIM SO HE COULD NOT SEE THE BICYCLE ENTER HIS LANE OF TRAVEL.

BICYCLE OPERATOR STATED HE HAD THE GREEN LIGHT WHEN HE ENTERED THE INTERSECTION AND VEHICLE 1 STRUCK HIS BICYCLE.

A WITNESS ON SCENE STATED VEHICLE 1 STARTED TO MAKE THE RIGHT TURN WHEN HE STRUCK THE BICYCLE. HE WAS UNSURE IF THE BICYCLE HAD THE GREEN OR RED LIGHT. HE STATED HE WAS WAITING AT THE RED LIGHT WAITING TO MAKE A LEFT TURN ONTO FOREST AVE FROM W. COUNTY LINE RD.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082414
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	600 RIVER AVE
At Intersection With / Road Name	
Dir	-
11 Speed Limit	10
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
Feet / Miles	-
N E S W of:	-
19 Ramp To / From	-
17 Cross Road Name	-
NB EB SB WB	25
4 Date of Crash mm dd yy	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1218
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.073192
22 Longitude	-74.219372

Vehicle 1

23 Veh #	1
24 Policy No.	F003712-7
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KEVIN E HILL
29 Sex	M
27 Number & Street	13 KEATS DR
28 City / State / Zip	BAYVILLE NJ 08721
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number / 33 DOB / 34 Expires	H43504336508566 / 08/10/1956 / 08 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver PATRICIA A HILL -
36 Number & Street	13 KEATS DR
37 City / State / Zip	PCAI BAYVILLE NJ 08721
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	PCAI TOYT / 4RU / GRY / 2008 / YDG94Y / NJ
44 VIN / 45 Expires	JTEBU14R78K018776 / 08 23
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	03010 52 77R 7104 5
55 NJ Ins. Code	201
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JAI C BROWN
59 Sex	M
57 Number & Street	336 KELLY AVENUE
58 City / State / Zip	BRICK NJ 08724
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	B76103836307792 / 07/21/1979 / 07 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SHQUANDA A SAMPLE-BROWN -
66 Number & Street	336 KELLY AVENUE
67 City / State / Zip	BRICK NJ 08724
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / SEN - SE / 1 / 2017 / A20PNB / NJ
74 VIN / 75 Expires	3N1AB7AP4HY327217 / 12 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	66	M	-	-	-	11	04	-	-	KEVIN E HILL - 13 KEATS DR BAYVILLE NJ 08721
B	02	01	01	05	43	M	-	-	-	11	04	-	-	JAI C BROWN - 336 KELLY AVENUE BRICK NJ 08724
C														
D														

New Jersey Police Crash Investigation Report

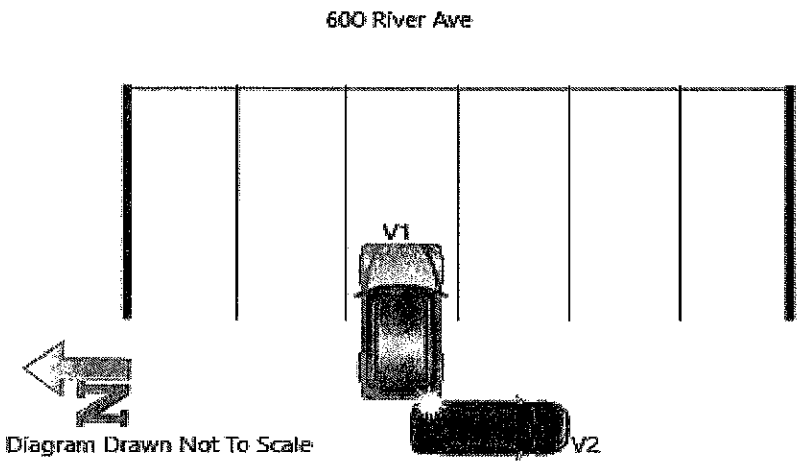
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-082414

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was backing out of a parking space in the parking lot of 600 River Ave and crashed into vehicle 2.

Driver 1 stated he was attempting to back out of a parking spot in the parking lot of 600 River Ave. He said he did not see vehicle 2 which was behind his vehicle. He then crashed into vehicle 2.

Driver 2 stated he was in the parking lot of 600 River Ave attempting to pick up a passenger when he observed vehicle 1 attempting to back out of a parking space. He used his horn and attempted to pull forward but vehicle 1 then crashed into his vehicle.

There were no injuries reported on scene. Vehicle 1 sustained minor damage. Vehicle 2 sustained moderate damage to its back left quarter panel, bumper, and taillight assembly.

Based on my observations and speaking with both parties, I determined that driver 1 was at fault for failing to see that vehicle 2 was behind him.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081419
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVE
☒ At Intersection With	11TH ST
☐ 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	
20 Route/Name	-
4 Date of Crash mm dd yy	10/14/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0105
7 Municipality Code	1514
8 Total Killed	-
9 Total Injured	-
21 Latitude	40.100681
22 Longitude	-74.218324

Vehicle 1

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

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name Initial Last Name	PESACH C NEWMAN -
59 Sex	M
57 Number & Street	26 RAYMOND AVE
58 City State Zip	SPRING VALLEY NY 10977
60 Eyes DL Class Restrictions Endorsements 61 State	2 - - - NY
62 Driver's License Number	607023048
63 DOB mm dd yyyy	06/10/2002
64 Expires mm yy	06 24
65 Owner's First Name Initial Last Name	☐ Same As Driver NOSSON - NEWMAN -
66 Number & Street	26 RAYMOND AVE
67 City State Zip	SPRING VALLEY NY 10977
68 Make	TOYT
69 Model	CAM
70 Color	GRY
71 Year	2016
72 Plate No.	JDL4582
73 State	NY
74 VIN	4T1BF1FK3GU206787
75 Expires	10 24
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☐ Driver ☒ Police	
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
79 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class Placard No.	
80 Carrier No. ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
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	V2	01	01	05	20	M	-	-	-	11	04	-	-	PESACH C NEWMAN - 26 RAYMOND AVE SPRING VALLEY NY 10977
B	V2	03	01	05	19	X	-	-	-	11	04	-	-	YISROEL Y NEWMAN - 26 RAYMOND AVE SPRING VALLEY NY 10977
C														
D														

New Jersey Police Crash Investigation Report

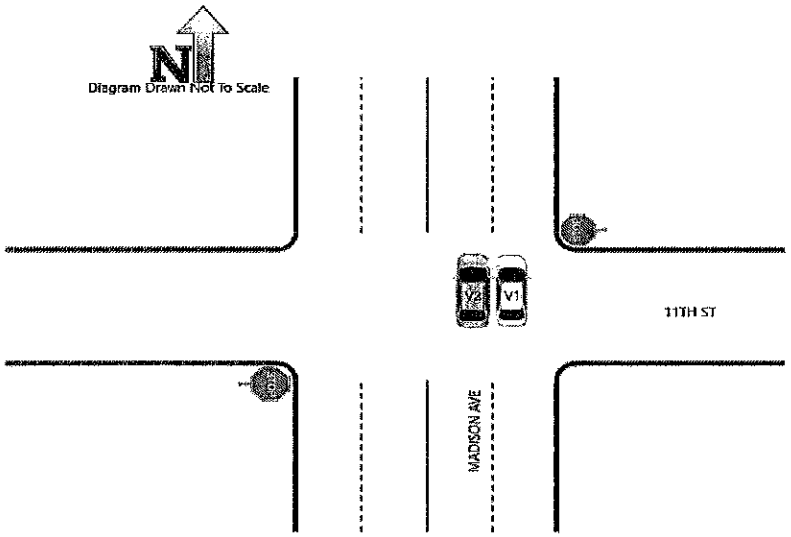
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081419

(Refer to 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 V2 STATED HE WAS TRAVELING NORTH ON MADISON AVE AND THAT A WHITE 4 DOOR SEDAN SIDE SWIPED HIS VEHICLE AND CONTINUED TO FLEE NORTH BOUND ON MADISON AVE. DRIVER OF VEHICLE 2 SUSTAINED A FLAT TIRE, A DAMAGED PASSENGERS SIDE MIRROR AND PASSENGER SIDE DOOR DAMAGE WHICH PROMPTED HIM TO STOP ON CAREY ST. CHAVERIM LATER RESPONDED AND CHANGED THE DRIVER'S TIRE. NO INJURIES WERE REPORTED OR OBSERVED ON SCENE. I CANVASSED THE AREA FOR VIDEO SURVEILLANCE WHICH YIELDED NEGATIVE RESULTS.

V2 INSURANCE INFORMATION : NEW YORK STATE GEICO INSURANCE
POLICY OWNER - NOSSON NEWMAN
POLICY # - 4338-31-36-48

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MAHECHA J	390	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	22-081607
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	
3 Station/Precinct	
10 Crash Occurred On:	VASSAR AVE
At Intersection With Road Name	
Dir	
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
☐ Feet ☐ N ☐ E of: ☒ Miles ☒ S ☐ W	1/4
14 / 15 / 16	
17 Cross Road Name	OBERLIN AVE S
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/14/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1224
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.070267
22 Longitude	-74.178607

Vehicle 1

23 Veh #	1
24 Policy No.	AS2C21004175332
25 NJ Ins. Code	182
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	AGUSTIN / S / CAMARGO / - / M
27 Number & Street	116 KEARNEY AVENUE
28 City / State / Zip	SEASIDE HGTS / NJ / 08751
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	C03380148208952
33 DOB mm dd yyyy	08/11/1995
34 Expires mm yy	08 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - / - / UNITED PARCEL SE-
36 Number & Street	47 HARTZ WAY
37 City / State / Zip	SECAUCUS / NJ / 07094
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F5K / 2 / 2019 / XHPX47 / NJ
44 VIN	1F66F5KY1K0A09630
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 021800 ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	1153415-D31-30B
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	ANTONIO / - / RUELA / - / M
57 Number & Street	101 MIZZEN RD
58 City / State / Zip	BRICK / NJ / 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	R91110540009532
63 DOB mm dd yyyy	09/24/1953
64 Expires mm yy	09 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SHERI / B / WOOD -
66 Number & Street	36 STUYVESANT ROAD
67 City / State / Zip	BRICK / NJ / 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ROG / WHI / 2021 / L28NZG / NJ
74 VIN	5N1AT3AB3MC774143
75 Expires	07 / 24
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ 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

FENCE AND RETENTION POND FOR 725 VASSER AVENUE

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	295237			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	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	-	27	M	-	-	-	04	04	-	-	AGUSTIN S CAMARGO - 116 KEARNEY AVENUE SEASIDE HGTS NJ 08751
B	2	01	01	05	69	M	00	00	02	11	04	-	6505	ANTONIO - RUELA - 101 MIZZEN RD BRICK NJ 08723
C	2	03	01	05	66	F	00	00	02	11	04	-	6505	MARIA B RUELA - 101 MIZZEN RD BRICK NJ 08723
D														

New Jersey Police Crash Investigation Report

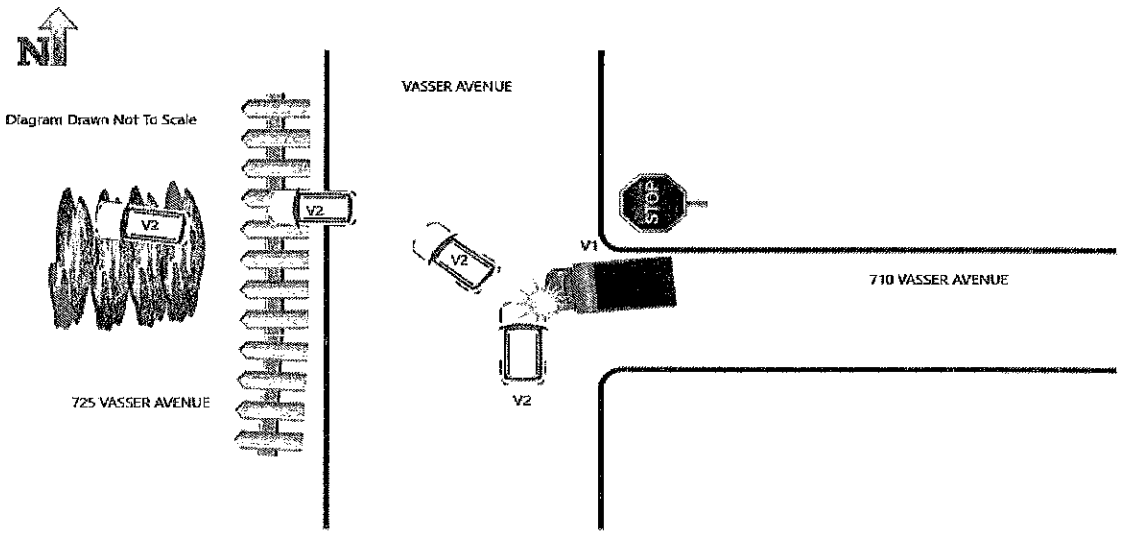
Police Dept: LAKEWOOD TOWNSHIP Code: _____

Station: _____ Case No: 22-081607

(Refer to vehicle by number)

	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 STOPPED AT THE EXIT OF 710 VASSER AVENUE, UPS, AND WAS WAITING TO MAKE A LEFT TURN. HE STATED HE LOOKED BOTH WAYS AND A VEHICLE MADE A LEFT TURN INTO THE PARKING LOT. HE STATED HE LOOKED TO HIS RIGHT BUT DID NOT LOOK TO HIS LEFT AGAIN AND MISSED V2 WHICH WAS TRAVELLING NORTH ON VASSER AVENUE WHEN THE VEHICLES COLLIDED.

DRIVER OF V2 STATED HE WAS TRAVELLING NORTH ON VASSER AVENUE, WHEN V1 MADE A LEFT TURN CAUSING THE VEHICLES TO COLLIDE. V2 THEN WAS PROPELLED ACROSS THE STREET, THROUGH A IRON FENCE, AND INTO A RETENTION POND AT 725 VASSER AVENUE.

BASED ON THE STATEMENTS BY BOTH DRIVERS AND THE DAMAGE TO THE VEHICLES, I DETERMINED THAT DRIVER 1 WAS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCKEE M	320	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081617
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	2ND ST
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	150
☐N ☒E ☐S ☐W of:	MONMOUTH AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	10/14/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1339
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.092626
22 Longitude	-74.210214

Vehicle 1

23 Veh #	1
24 Policy No.	8745800
25 NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ORBIN / O / QUINTANILLA-BUES -
29 Sex	M
27 Number & Street	1162 MANOR DR
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	05/22/2000
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / FRANCISCO / A / PINEDA-HERNAND -
36 Number & Street	116 OCEAN AVE; 2
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / WHI / 2005 / A38PXA / NJ
44 VIN	1HGCM72695A015093
45 Expires	07 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	918264214
55 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LIZBET / - / CAMPOS-PEREZ -
59 Sex	F
57 Number & Street	49 OLIVIA WAY
58 City / State / Zip	JACKSON / NJ / 08527
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	C03714780056912
63 DOB (mm dd yyyy)	06/20/1991
64 Expires (mm yy)	06 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / LIZBET / - / CAMPOS-PEREZ -
66 Number & Street	49 OLIVIA WAY
67 City / State / Zip	JACKSON / NJ / 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / OPT / WHI / 2014 / S42GUM / NJ
74 VIN	5XXGR4A70EG304894
75 Expires	06 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.
1	39:3-10	A-295278

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	22	M	-	-	-	11	04	-	-	ORBIN O QUINTANILLA-BUESA - / 1162 MANOR DR LAKEWOOD NJ 08701
B	1	03	01	05	30	M	-	-	-	11	04	-	-	CELSO - RIVERA-RIVERA - / 407 RIDGE 4TH ST LAKEWOOD NJ 08701
C	2	01	01	05	31	F	-	-	-	11	04	-	-	LIZBET - CAMPOS-PEREZ - / 49 OLIVIA WAY JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

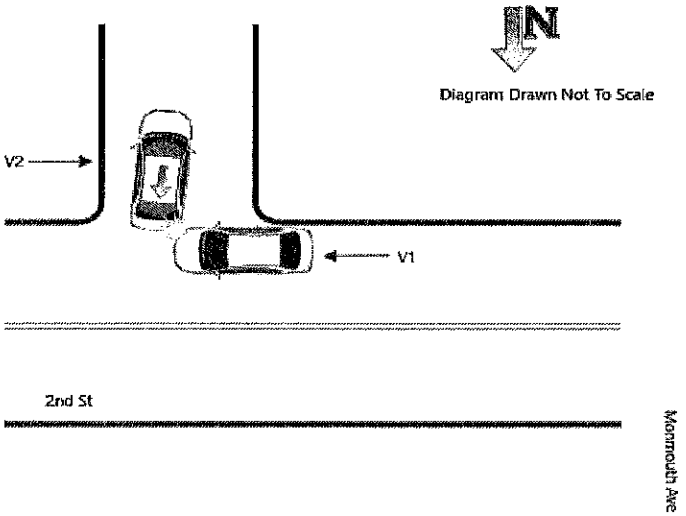
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081617

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was stopped on 2nd St and preparing to back up, when he was struck by vehicle 2.

Driver of vehicle 2 stated she was backing up, out of the parking lot of 118 Monmouth Ave when she struck vehicle 1. Driver of vehicle 2 stated she did not see vehicle 1 behind her.

As a result of my investigation, I, Ptl. Livingston #373 determined the driver of vehicle 2 is at fault for this crash. The driver of vehicle 2 unsafely backed up, which resulted in this crash.

Vehicle 1 was driven from the scene by the passenger of vehicle 1 who had a valid driver's license.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081623
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	10/14/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1437
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CLIFTON AVE
At Intersection With Road Name	
☒ Feet ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	E. COUNTY LN RD
11 Speed Limit	25
Dir	-
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	40.106054
22 Longitude	-74.217240

Vehicle 1

23 Veh #	1
24 Policy No.	951734339
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ABEL - COTTO -
29 Sex	M
27 Number & Street	76 BOWMAN RD
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	C67820020005602
33 DOB (mm dd yyyy)	05/16/1960
34 Expires (mm yy)	05 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ABEL - COTTO -
36 Number & Street	76 BOWMAN RD
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / BLK / 2014 / C97EGW / NJ
44 VIN	1HGCR3F98EA032305
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.	993371904 206 1
55 NJ Ins. Code	884
☒ 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 MICHAEL S WEINBERGER -
66 Number & Street	117 HARVARD ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / COR / SIL / 2018 / S52MCK / NJ
74 VIN	2T1BURHE2JC051444
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 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	62	M	-	-	-	11	04	-	-	ABEL - COTTO - 76 BOWMAN RD JACKSON NJ 08527
B	2	01	01	05	47	M	-	-	-	11	-	-	-	MICHAEL S WEINBERGER - 117 HARVARD ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police
Crash Investigation Report

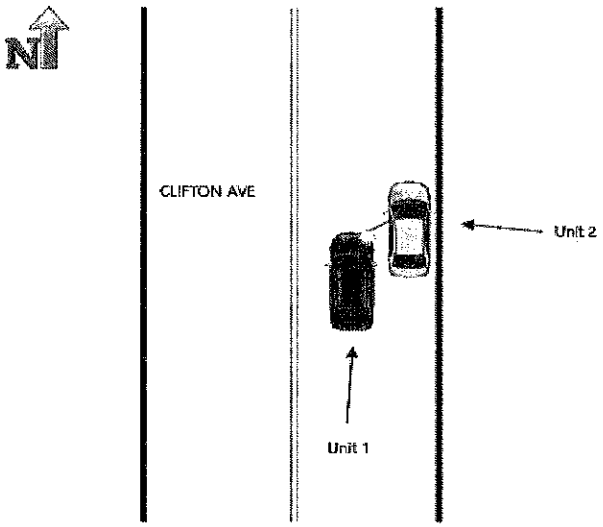
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-081623

(Refer to vehicle by number)

	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 HE WAS TRAVELING NORTH ON CLIFTON AVENUE. DRIVER #1 THEN STATED THAT VEHICLE #2 WAS PARKED ALONG THE CURB WHEN THE OCCUPANT OPENED THE DRIVER SIDE DOOR CAUSING VEHICLE #1 TO STRIKE THE DOOR. MR. WEINBERGER STATED THAT HE OPENED THE DRIVER SIDE DOOR WHEN VEHICLE #1 TRAVELING NORTH ON CLIFTON AVENUE STRUCK THE DOOR. NO INJURIES REPORTED.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081674
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVE
☒ At Intersection With	2ND ST
Road Name	MADISON AVE
Dir	
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	
18 Speed Limit	25
☐ Feet ☐ Miles	
☐ N ☐ E ☐ S ☐ W of:	2ND ST
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)	10/14/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1649
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.092885
22 Longitude	-74.216853

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	JOSEPH - HERZOG
29 Sex	M
27 Number & Street	706 PRINCETON AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	H27884100011942
33 DOB (mm dd yyyy)	11/01/1994
34 Expires (mm yy)	11 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver PV - HOLDING CORP -
36 Number & Street	8600 HANGAR BLVD
37 City / State / Zip	ORLANDO FL 32827
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CRV / SIL / 2019 / 23BNWI / FL
44 VIN	2HKRW1H85KH513613
45 Expires	06 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	6116440345
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	EDIVALDO O DOS REIS -
59 Sex	M
57 Number & Street	7516 OLD CHAPEL DR
58 City / State / Zip	BOWIE MD 20715
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	MD
62 Driver's License Number	O623174022032
63 DOB (mm dd yyyy)	01/11/1982
64 Expires (mm yy)	01 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JUCILEIA - DEOLIVIERASOUZA -
66 Number & Street	35 CAMBRIDGE DR
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	RAM / 150 / RD / 2015 / L91LVR / NJ
74 VIN	1C6RR7FT0FS586212
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	1	01	01	05	27	M	-	-	-	11	04	-	-	JOSEPH - HERZOG - 706 PRINCETON AVE LAKEWOOD NJ 08701
B	1	03	01	05	28	F	-	-	-	11	04			CHAYA HERZOG 706 PRINCETON AVE LAKEWOOD NJ 08701
C	1	04	01	05	6	F	-	-	-	04	04	-	-	JUDITH HERZOG 706 PRINCETON AVE LAKEWOOD NJ 08701
D	1	05	01	05	3	F	-	-	-	05	05	-	-	RACHEL HERZOG 706 PRINCETON AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

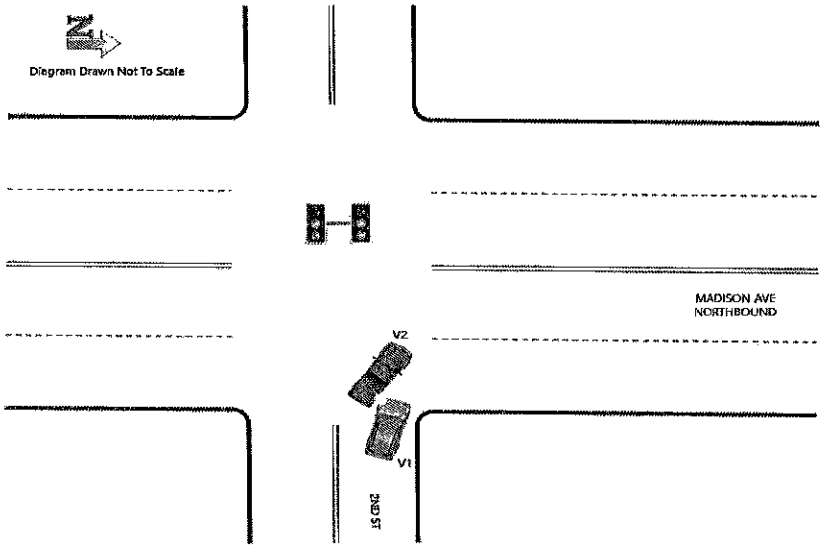
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-081674

(Refer to vehicle by number)

		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	1	06	01	05	1	M	-	-	-	06	06	-	-	YAKOV HERZOG 706 PRINCETON AVE LAKEWOOD NJ 08701
	F	2	01	01	05	40	M	-	-	-	11	04	-	-	EDIVALDO O DOS REIS - 7516 OLD CHAPEL DR BOWIE MD 20715
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 Insurance Information
Self Insured
Avis Budget Car Rental LLC
1-866-446-8376

Driver 1 stated he was stopped facing Westbound on 2nd St at the intersection of Madison Ave with two Vehicles ahead of him. He stated when the traffic light turned Green he proceeded to negotiate a Right Turn onto Madison Ave (Northbound). Driver 1 stated while negotiating Right Turn Vehicle 2 attempted to negotiate a Right Turn around his Vehicle causing Collision.

Driver 2 stated he was stopped at a Red Light facing Westbound on 2nd St at the intersection of Madison Ave. He stated Vehicle 1 was behind his Vehicle. Driver 2 stated as he negotiated a Right Turn onto Madison Ave Vehicle 1 cut him off and negotiated a Right Turn to the Right of his Vehicle causing Collision.

I observed a Surveillance Camera to the side of the building of 123 Madison Ave (Taylors Pharmacy) however unknown if captured Crash.

All Parties involved declined First Aid.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081686
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/14/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1720
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	WILLIAMS ST
☐ At Intersection With	
Road Name	WILLIAMS ST
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	15
☐ N ☐ E ☒ S ☐ W of:	BUTTELL AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.077088
22 Longitude	-74.221193

Vehicle 1

23 Veh #	1
24 Policy No.	5129J008225
25 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JACOB
Initial	E
Last Name	BAKST
29 Sex	M
27 Number & Street	712 MICHAEL CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	B02283816505492
33 DOB (mm dd yyyy)	05/14/1949
34 Expires (mm yy)	05 22
35 Owner's First Name	JACOB
Initial	E
Last Name	BAKST
☐ Same As Driver	
36 Number & Street	712 MICHAEL CT
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	LEXU
39 Model	ES3
40 Color	GRY
41 Year	2018
42 Plate No.	X97PRD
43 State	NJ
44 VIN	58ABK1GG1JU110274
45 Expires	02 23
46 Vehicle Removed To	PRIVATE TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	939884631
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	YAACOV
Initial	E
Last Name	ROTH
59 Sex	M
57 Number & Street	20 MILLER ROAD
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	R67627896505934
63 DOB (mm dd yyyy)	05/10/1993
64 Expires (mm yy)	05 22
65 Owner's First Name	YAACOV
Initial	E
Last Name	ROTH
☐ Same As Driver	
66 Number & Street	20 MILLER ROAD
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	NISS
69 Model	ROU
70 Color	SIL
71 Year	2017
72 Plate No.	V54NDL
73 State	NJ
74 VIN	5N1AT2MV8HC815453
75 Expires	02 23
76 Vehicle Removed To	PRIVATE TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	73	M	-	-	-	11	11	02	-	JACOB E BAKST - 712 MICHAEL CT LAKEWOOD NJ 08701
B	02	01	01	03	29	M	08	05	02	11	11	01	-	YAACOV E ROTH - 20 MILLER ROAD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

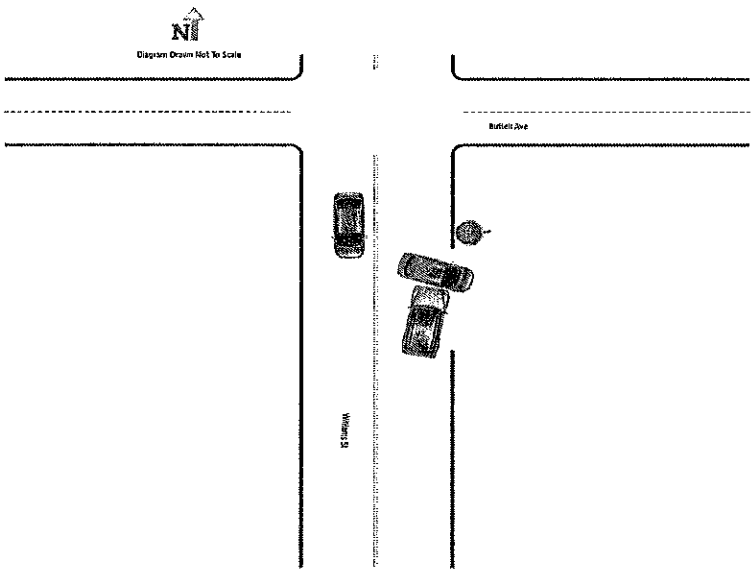
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-081686

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 was travelling southbound on Williams St and Buttell Ave. He reported that he activated his left turn signal to turn into 77 Williams St. He added that as he turned, he did not see vehicle 2 travelling northbound on Williams St.

Driver of vehicle 2 was travelling northbound on Williams St near Buttell Ave. He reported that as he was driving, he observed vehicle 1 turning into 77 Williams St when it was not clear. Driver of vehicle 2 added that he attempted to swerve to the right to avoid collision but both vehicles still collided.

After my investigation, I determined that driver of vehicle 1 is at fault for failure to yield to the right of traffic. Vehicle 1 sustained disabling damage to the front passenger side area near the front driver side door resulting in side airbag deployment. Vehicle 2 sustained disabling damage to the front of the vehicle resulting in front airbag deployment. Both vehicle 1 and vehicle 2 were towed by Moishy's Towing. Driver of vehicle 2 sustained an abrasion to his left arm and was treated on scene by Hatzolah. Driver of vehicle 1 had no complaint of pain.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

| | | |

New Jersey Police Crash Investigation Report

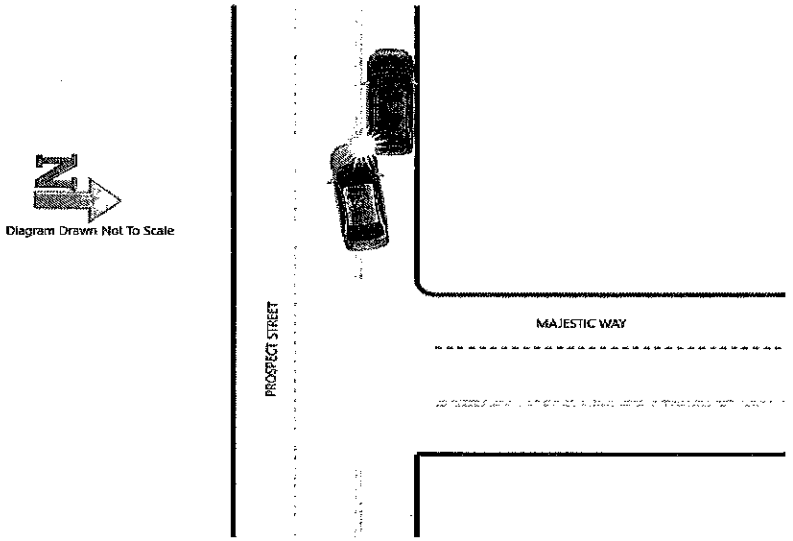
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081846

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING WEST ON PROSPECT STREET. WHILE TRAVELING, HE OBSERVED VEHICLE 2 STOPPED IN THE ROADWAY OF PROSPECT FACING WEST. AS VEHICLE 1 CONTINUED WEST TRAVELING CLOSER TOWARDS VEHICLE 2, VEHICLE 1 ATTEMPTED TO PASS VEHICLE 2 ON THE LEFT. WHILE VEHICLE 1 ATTEMPTED TO PASS AROUND VEHICLE 2, VEHICLE 2 STARTED TO TURN LEFT INTO A PARKING LOT ON PROSPECT STREET RESULTNIG IN VEHICLE 1 STRIKING VEHICLE 2.

DRIVER OF VEHICLE 2 STATED SHE WAS TRAVELING WEST ON PROSPECT STREET ATTEMPTING TO TURN LEFT INTO A PARKING LOT. AS THE DRIVER OF VEHICLE 2 STARTED TO TURN INTO THE PARKING LOT, SHE WAS STRUCK BY VEHICLE 1.

UPON MY INESTIGTION I DETERMINED VEHICLE 1 AT FAULT FOR IMPROPER PASSING.

NO PASSENGER HAD A COMPLAINT OF PAIN. ONE PASSENGER INSIDE VEHICLE 2 IS AN INFANT AND WAS TRANSPORTED TO THE HOSPITAL FOR PRECAUTIONARY MEASURES.

END OF REPORT
PTL. A. PRISCO #427

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRISCO, A	427	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	22-081901
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0235
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	417 CEDARBRIDGE AVE
At Intersection With	
Road Name / Dir / 11 Speed Limit / 12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	- / - / - / - / - / -
Feet / Miles	-
N E S W of:	-
14 / 15 / 16	
19 Ramp To / From	-
17 Cross Road Name	
NB EB SB WB	
20 Route/Name	
21 Latitude	40.084214
22 Longitude	-74.205101

Vehicle 1

23 Veh #	1
24 Policy No.	8321298
25 NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ANTONIO - GONZALEZ-PEREZ
29 Sex	M
27 Number & Street	417 CEDARBRIDGE AVE APT. 4
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	BR / - / - / -
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	12/13/1990
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ALEXANDER - TRUYENQUE
36 Number & Street	26 FRANKLIN AVE
37 City / State / Zip	SEASIDE HTS / NJ / 08751
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F15 / WHI / 2008 / M77PRD / NJ
44 VIN	1FTPW14V48FA76533
45 Expires	01 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☐ No ☒ Yes ☐ Refused; Type: ☒ Breath ☐ Blood ☐ Urine; Results: 0. 21 %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	HPA00002783416
55 NJ Ins. Code	411
☒ 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 MITALBEN H PATEL
66 Number & Street	1608 MONMOUTH AVE APT# C
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / WHI / 2015 / C62FJL / NJ
74 VIN	5FNRL5H67FB064602
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.	Charge	Summons No.	Oper.	Charge	Summons No.
D1	39:4-50	1514-A-295365	D1	39:3-10	1514-A-295366
D1	39:4-51B	1514-A-295367	D1	39:4-97	1514-A-295368

	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	31	M	-	-	-	11	04	-	-	ANTONIO - GONZALEZ-PEREZ - 417 CEDARBRIDGE AVE , LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

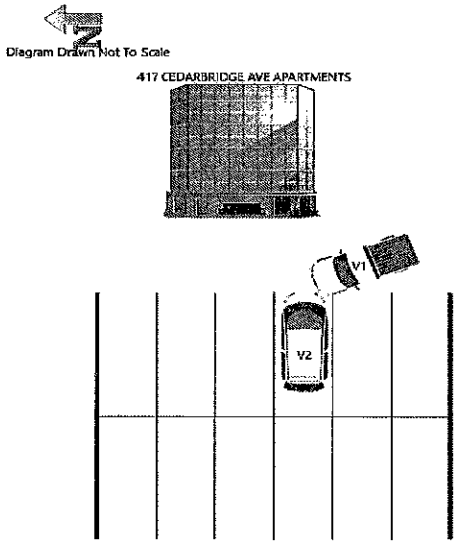
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081901

(Refer to vehicle by number)

	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 WAS FOUND SLEEPING IN THE DRIVER'S SEAT AFTER CRASHING INTO V2, WHICH WAS WAS PARKED AND UNOCCUPIED IN THE PARKING LOT OF 417 CEDARBRIDGE AVE (WASHINGTON SQUARE APARTMENTS). DRIVER OF V1 ADMITTED TO CONSUMING 7-8 BEERS AND 3 SHOTS OF ANOTHER ALCOHLIC BEVERAGE AND PROCEEDED TO OPERATE AND DRIVE V1.

DRIVER 1 WAS LATER ARRESTED FOR DRIVING UNDER THE INFLUENCE AND SUBMITED TO BREATH TESTING WHERE HE BLEW A .21 BAC. D1 WAS ISSUED (4) SUMMONS'S :
(1) DWI 39: 4-50 (1514-A-295365)
(2) UNLICENSED DRIVER 39: 3-10 (1514-A-295366)
(3) OPEN ALCOHOLIC BEVERAGE IN VEHICLE 39: 4-51B (1514-A-295367)
(4) CARELESS DRIVING 39: 4-97 (1514-A-295368)

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MAHECHA J	390	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

| | | |

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081939

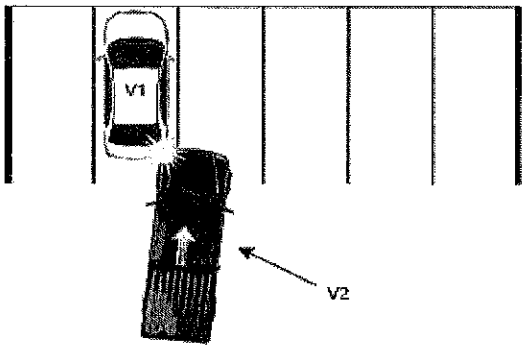
(Refer to vehicle by number)

	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

188 Woodlake Manor Dr
(Parking Lot)



145 Crash Description/Narrative

Vehicle 1 was parked in the assigned parking spot for 188 Woodlake Manor Dr. At approximately 0219 hours on the morning of October 15, 2022, vehicle 1 was struck by vehicle 2. Vehicle 2 then left the scene of the crash. Vehicle 2 is described as black pick up truck, and there is no description of the driver.

I was provided with video which shows the suspects vehicle traveling west in the parking lot of Woodlake Manor Dr. The video does not show the impact or the suspects vehicle leaving the area.

Approximately one week ago, vehicle 1 was purchased by Victor Benites-Morales from the registered owner. The vehicle currently has a valid registration, but and Victor stated he was going to transfer everything into his name this upcoming Thursday, October 20, 2022. As a result, vehicle 1 is still registered under the previous owner, and is uninsured.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082084
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1734
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	HOPE CHAPEL RD
☒ At Intersection With	S LAKE DR
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
11 Speed Limit	40
12 Route No.	0639
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.103245
22 Longitude	-74.245295

Vehicle 1

23 Veh #	1
24 Policy No.	CA0272635
25 NJ Ins. Code	968
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROSENDO - QUECHOLQUECHOL
29 Sex	M
27 Number & Street	1424 AMSTERDAM AVE
28 City / State / Zip	TOMS RIVER / NJ / 08757
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	Q91056710003842
33 DOB (mm dd yyyy)	03/01/1984
34 Expires (mm yy)	03 26
35 Owner's First Name / Initial / Last Name	HOLIDAY POOL INC
☐ Same As Driver	-
36 Number & Street	3443 HWY 9 N
37 City / State / Zip	FREEHOLD / NJ / 07728
38 Make	FORD
39 Model	F55
40 Color	WHI
41 Year	2019
42 Plate No.	XKBA78
43 State	NJ
44 VIN	1FD0X5HT4KEG87749
45 Expires	07 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.	
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	HOLIDAY POOLS, INC
Number & Street	3443 HIGHWAY 9 NORTH, STE 1
City / State / Zip	FREEHOLD / NJ / 07728

Vehicle P1

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

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	38	M	-	-	-	11	04	-	-	ROSENDO - QUECHOLQUECHOL - 1424 AMSTERDAM AVE TOMS RIVER NJ 08757
B	01	03	01	05	40	M	-	-	-	11	04	-	-	SANTOS PEREZ 55 CEDAR CT LAKEWOOD NJ 08701 03/14/1982
C	P1	01	03	04	5	M	00	08	02	01	01	-	6303	ARI JEREMIAS 16 SHADY LN LAKEWOOD NJ 08701 08/26/2017
D														

New Jersey Police Crash Investigation Report

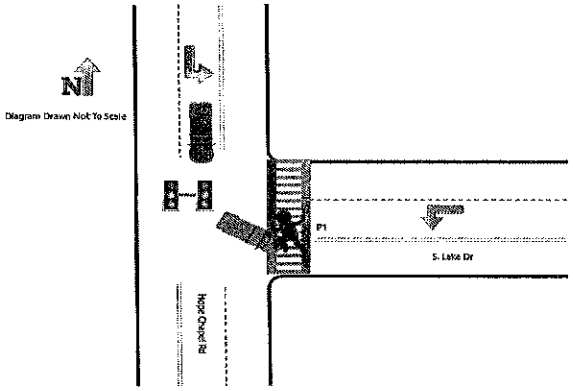
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-082084

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 was facing southbound stopped at a traffic light on Hope Chapel Rd & S. Lake Dr in the left turn lane. He reported that he had the green arrow to turn left, so he proceeded to travel and turn left. As driver of vehicle 1 was making his left hand turn onto S. Lake Dr, he observed a small child (P1) on a scooter crossing the street in the crosswalk travelling southbound on Hope Chapel Rd. Driver of vehicle 1 added that P1's parents were further behind him and that he did not see P1 until he made contact with him. Driver of vehicle 1 stated that he was travelling at a very slow speed and that once contact was made, the vehicle was stopped immediately and did not travel onward.

Pedestrian 1 (P1) is unable to speak for himself, but his parents were on scene and spoke on his behalf. P1 was on a scooter travelling southbound on Hope Chapel Rd utilizing the crosswalk that intersects with S. Lake Rd. P1 was ahead of his parents since he was on a scooter, but when the traffic lights were red, P1 started to cross the street inside the crosswalk where he was struck by driver of vehicle 1. Parent's of P1 stated that driver of vehicle 1 was making a left hand turn onto S. Lake Dr and that the pedestrians had the white pedestrian walking signal when the accident took place.

After my investigation, I determined that P1 is at fault for not yielding to the right away of vehicles. I observed that when the left turn signal is green for traffic to flow from Hope Chapel Rd to S. Lake Dr, the pedestrian signal is a red hand to stop pedestrians from crossing until the left turn signal is no longer green. Vehicle 1 sustained no damage to the vehicle. Pedestrian 1 had complaint of pain to his body and was transported to Jersey Shore Medical University as a precaution.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-077950
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	W COUNTY LINE RD
☒ At Intersection With	CANTERBURY ROAD
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	45
12 Route No.	0526
Suffix	
13 Milepost	
18 Speed Limit	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/04/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1218
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.107468
22 Longitude	-74.232115

Vehicle 1

23 Veh #	1
24 Policy No.	ILS776119-00
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BRAYEN - PEREZ
29 Sex	M
27 Number & Street	246 CENTRAL AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / I / - / - / NJ
32 Driver's License Number	P26780960009022
33 DOB mm dd yyyy	09/28/2002
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BEATRIZ - SANTAMARIA
36 Number & Street	518 MONTEREY ST
37 City / State / Zip	DANVILLE IL 61832
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	VOLK / JET / RD / 2007 / DG18057 / IL
44 VIN	3VWGG71K37M126022
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.	03--51151-09
55 NJ Ins. Code	258
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YOSEF - HELMAN
59 Sex	M
57 Number & Street	4491 UNIVERSITY PARKWAY
58 City / State / Zip	UNIVERSITY HEIG OH 44118
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / D / - / - / OH
62 Driver's License Number	VG742147
63 DOB mm dd yyyy	07/28/2003
64 Expires mm yy	07 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SUSAN I GLUCK
66 Number & Street	1147 SOMERSET AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / AVA / 1 / 2012 / Z50KVM / NJ
74 VIN	4T1BK3DB9CU449721
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.
1		-	2		-
	140 Charge	141 Summons No.		142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	M	-	-	-	11	04	-	-	BRAYEN - PEREZ - 246 CENTRAL AVE LAKEWOOD NJ 08701
B	01	02	01	05	29	M	-	-	-	11	04	-	-	FRANCISCO - SANTAMARIA - 246 CENTRAL AVE LAKEWOOD NJ 08701
C	02	01	01	05	19	M	-	-	-	11	04	-	-	YOSEF - HELMAN - 4491 UNIVERSITY PARK UNIVERSITY HEI OH 44118
D														

New Jersey Police Crash Investigation Report

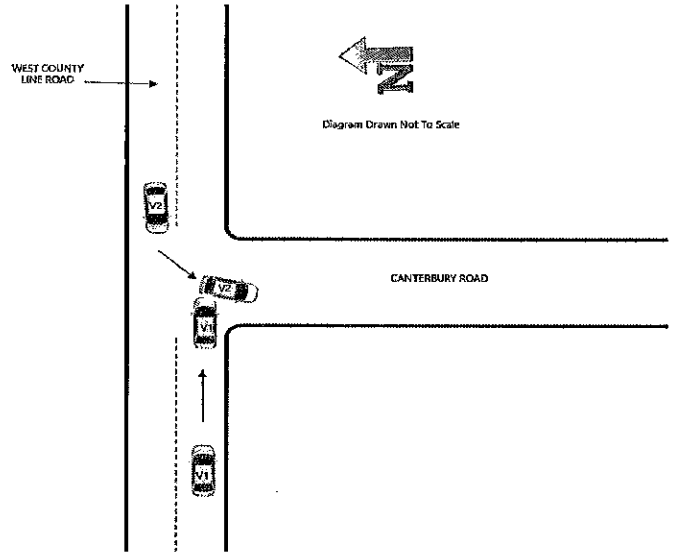
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-077950

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

**** Box #25: Vehicle #1 is insured out of state by:**
First Chicago Insurance Company
6640 S Cicero Ave
Bedford Park, IL 60638

Driver #1 stated he was traveling East on West County Line Road when vehicle #2 made a left turn in front of him on to Canterbury Road. Driver #1 stated he could not avoid the collision and the center front of his vehicle hit the right rear corner of vehicle #2. Vehicle #1 sustained moderate damage and was able to be driven from the scene.

Driver #2 stated was making a left turn onto Canterbury Road from West County Line Road and saw vehicle #1 coming but said he felt vehicle #1 was speeding and the collision occurred. Vehicle #2 sustained moderate damage and was able to be driven from the scene.

Based on statements made by both drivers, damage to the vehicles and my observations, I determined driver #2 to be at fault for failing to yield right of way to vehicle #1.

No injuries reported on scene.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082917
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
10 Crash Occurred On	1118 OCEAN AVE; LAKEWOOD -
☐ At Intersection With / Road Name / Dir	
☐ Feet ☐ N ☐ E of:	-
☐ Miles ☐ S ☐ W	-
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	-
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	25
4 Date of Crash (mm dd yy)	10/17/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1414
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.082666
22 Longitude	-74.173844

Vehicle 1

23 Veh #	1
24 Policy No.	04416013-0
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	GIORGI - KATCHIURI - M
27 Number & Street	3115 BRIGHTON 6TH 2I
28 City / State / Zip	BROOKLYN NY 11235
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 - - - NY
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	527221276 / 11/24/1988 / 11 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NIKOLOZ - SHAVISHVILI -
36 Number & Street	4338 PINEHURST DR
37 City / State / Zip	W BLOODMFIELD MI 48322
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	RAM / PICK-UP / 1 / 2021 / EPX2371 / MI
44 VIN / 45 Expires	3C6UR5CL5MG585158 - -
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - - (Hazard Class / Placard No.)
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No. / 55 NJ Ins. Code	- -
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	- - - - -
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- - - - -
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	- / - / - -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LLC - PAC AUTOMTIVE -
66 Number & Street	1118 OCEAN AVE; LAKEWOOD TOYOTA
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / RAV / WHI / 2019 / - / -
74 VIN / 75 Expires	JTMP1RFVXKD512315 - -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ 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	-	-	33	M	-	-	-	11	04	-	-	GIORGI - KATCHIURI - 3115 BRIGHTON 6TH 2I BROOKLYN NY 11235 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

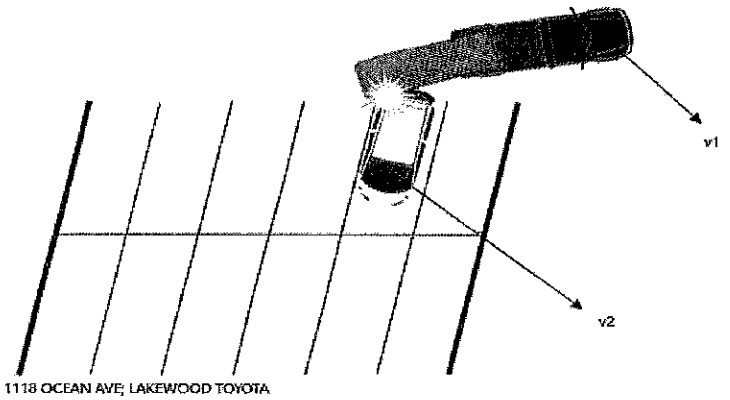
Station: - Case No: 22-082917

(Refer to vehicle by number)

	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



1118 OCEAN AVE; LAKEWOOD TOYOTA

145 Crash Description/Narrative

V1: Insurance Information: Progressive Insurance
Policy Number #0441613-0
NAIC#: 10187
EXP: 04/29/2023

V1: Information (Trailer)
License Plate: E670811
VIN: 5VGFL3529NL004939
Name: Tvirti LLC
Address: 4338 Pinehurst DR West Bloomfield MI 48322

The driver of V1 stated that leaving the parking pf 1118 Ocean Ave; Lakewood Toyota. While he was exiting the parking lot, he missed judge his turn. Which resulted in him colliding into V2. The driver of V1 was not hurt or injured. V1 left the scene safely.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082955
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/17/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1614
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	527 RIVER AVE
At Intersection With / Road Name	-
Feet / Miles	-
N E S W of:	-
Dir	-
11 Speed Limit	10
12 Route No. / Suffix / 13 Milepost	- - -
14 / 15 / 16	-
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp To / From	-
20 Route/Name	-
NB EB SB WB	
21 Latitude	-
22 Longitude	-

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.	6064-53-09-07
55 NJ Ins. Code	100
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- - - - -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	KARA B PETAGNO
☐ Same As Driver	
66 Number & Street	43 QUEEN ANN RD
67 City / State / Zip	BRICK NJ 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	SUBA CRO WT 2018 D63NSC NJ
74 VIN / 75 Expires	JF2GTABC8JH345378 05 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05			00	00	00	00	00			
B														
C														
D														

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	00
107	-
108	00
109	04
110	00
111	01
112	00
113	-
114	00
115	-
116	00
117	02
118a	02
118b	-
119a	25
119b	-
120a	00
120b	00
121a	-
121b	-
122	00
123	10
124	11
125	11
126a	28
126b	00
126c	00
126d	00
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	00
130	00
131	05
132	05
133	00
134	02

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-082955

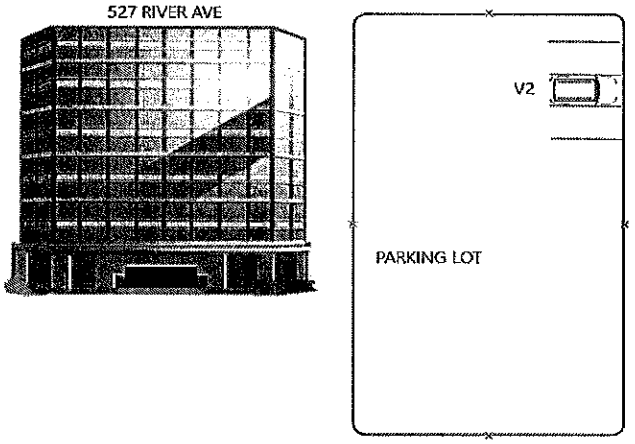
(Refer to vehicle by number)

	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)

N

Diagram Drawn Not To Scale



145 Crash Description/Narrative

The owner of V2 stated she parked V2 in the rear parking lot of 527 River Ave at approximately 0645 hours. She went into the facility for her shift. When she returned to V2, she observed damage to the rear passenger side. She was unsure the make or model of the V1.

There were no cameras that captured the incident.

Based on my investigation, V1 caused the crash by striking V2 while V2 was parked.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	DIBIASE	286	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-083141
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On	900 LAKEWOOD AVE; GCU ST
11 Speed Limit	25
4 Date of Crash (mm dd yy)	10/17/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2229
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.096547
22 Longitude	-74.225535

Vehicle 1

23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-
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 / 34 Expires	-
35 Owner's First Name / Initial / Last Name	Same As Driver: PAUL J PERRO
36 Number & Street	546 ROUTE 79
37 City / State / Zip	FREEHOLD NJ 07728
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / VER / BGE / 2008 / YTT43Z / NJ
44 VIN / 45 Expires	KM8NU13C48U072664 / 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.	405 640 76
55 NJ Ins. Code	133
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	Same As Driver: -
66 Number & Street	-
67 City / State / Zip	-
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BUIC / SPO / 1 / 2018 / JOK9343 / OH
74 VIN / 75 Expires	KL4CJBSBXJB699951 / 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.	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														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

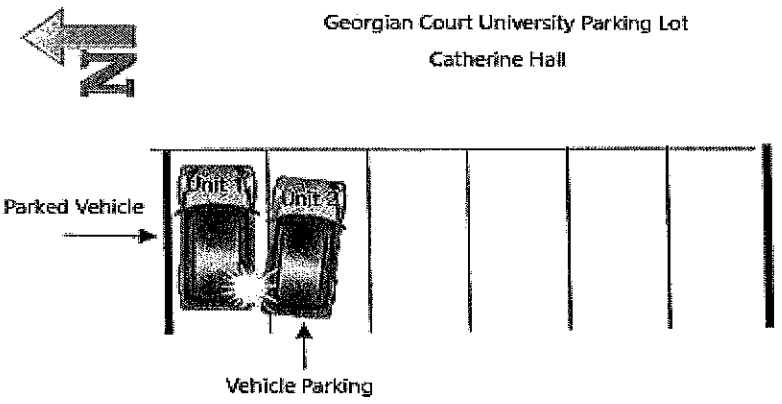
Station: _____ Case No: 22-083141

(Refer to vehicle by number)

	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

Owner of V2 stated that her vehicle was parked at listed location when V1 struck her vehicle while it was trying to park next to her vehicle. The driver of V1 could not be located. Both vehicles sustained minor damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
REYES S	342	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	22-083166
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OCEAN AVE
At Intersection With	☐
Road Name	OCEAN AVE
Dir	-
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet	☐ Miles
150	
☐ N ☒ E ☐ S ☐ W of:	LANES MILL RD
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/17/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2310
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.085584
22 Longitude	-74.176917

Vehicle 1

23 Veh #	1
24 Policy No.	F10053043-5
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	RICHARD
Initial	P
Last Name	WEIBEL
29 Sex	M
27 Number & Street	2132 LLWELLYNN PKWY
28 City	FORKED RIVER
State	NJ
Zip	08731
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	W22476557708762
33 DOB mm dd yyyy	08/05/1976
34 Expires mm yy	08 26
35 Owner's First Name	RICHARD
Initial	P
Last Name	WEIBEL
☐ Same As Driver	
36 Number & Street	2132 LLWELLYNN PKWY
37 City	FORKED RIVER
State	NJ
Zip	08731
38 Make	HYUN
39 Model	SON - SO
40 Color	4
41 Year	2016
42 Plate No.	X69MYS
43 State	NJ
44 VIN	5NPE34AFXGH349705
45 Expires	11 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	
☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class	
Placard No.	
50 Carrier No.	
☐ USDOT ☒ None	
☐ MC/MX	
51 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

Vehicle 2

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	46	M	-	-	-	11	04	-	-	RICHARD P WEIBEL - 2132 LLWELLYNN PKWY FORKED RIVER NJ 08731 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

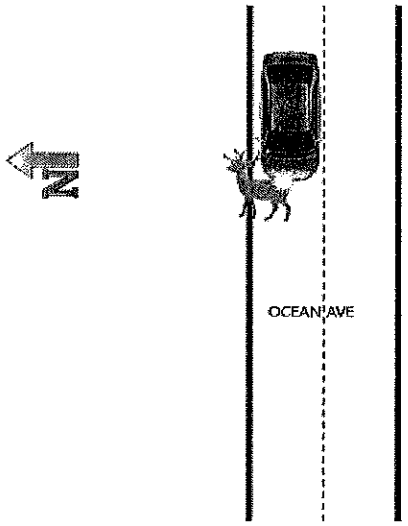
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-083166

(Refer to vehicle by number)

	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 NORTH ON OCEAN AVE JUST PASSING THROUGH THE PARKWAY UNDERPASS WHEN HE STRUCK THE REAR OF A DEER THAT WAS IN THE ROADWAY. DAMAGING HIS FRONT BUMPER GRILL AREA OF HIS VEHILCE.

THE DEER WAS RENDERED DEFENSELESS FROM HIS INJURIES AND NEEDED TO BE EUTHENIZED ON SCENE. SEE SUPPLEMENT REPORT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MORGAN T	349	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	22-080913
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PARK AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	300
☐N ☐E ☒S ☐W of:	ROSEBANK
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/12/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1939
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.101575
22 Longitude	-74.202568

Vehicle 1

23 Veh #	1
24 Policy No.	4540249614
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	ELIMELECH - GINDOFF - M
27 Number & Street	1250 14TH ST
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	G44742090007012 / 07/06/2001 / 07 25
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	FRAN E GINDOFF
36 Number & Street	301 CENTRAL AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / GRY / 2022 / U46PTY / NJ
44 VIN / 45 Expires	5FNRL6H86NB056965 / 03 26
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority: ☐ Owner ☐ Driver ☒ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
49 Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ None ☐ MC/MX	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	HEZKEL - KOSLOWITZ - M
57 Number & Street	310 LAWRENCE 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	K67183310006024 / 06/08/2002 / 06 25
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	- - HERTZ
66 Number & Street	PO BOX 24130
67 City / State / Zip	OKLAHOMA CITY OK 73134
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	VOLK / JET / 1 / 2020 / 54AUGJ / FL
74 VIN / 75 Expires	1VWSA7A37LC011309 / 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

MAILBOX AT 926 PARK AVE. FRONT LAWNS AT 928, 930 AND 932 PARK AVE

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	21	M	-	-	-	11	11	03	-	ELIMELECH - GINDOFF - 1250 14TH ST LAKEWOOD NJ 08701
B	2	00	01	05	20	M	-	-	-	11	04	-	-	HEZKEL - KOSLOWITZ - 310 LAWRENCE AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

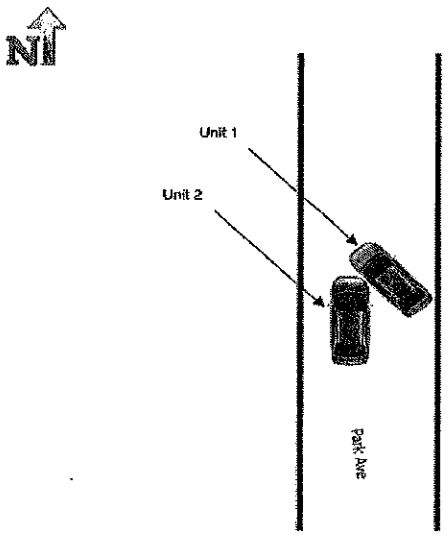
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-080913

(Refer to vehicle by number)

	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 #2 IS IS SELF INSURED THROUGH:
HERTZ RENTAL CAR
PO BOX 24130
OKLAHOMA CITY OK 73431

DRIVER #1 STATED THAT HE WAS TRAVELING NORTH ON PARK AVE AND STARTED TO MAKE A LEFT TURN INTO THE DRIVEWAY OF 926 PARK AVE. HE SAID WHILE TURNING VEHICLE #2 ATTEMPTED TO PASS HIM ON THE LEFT CAUSING THEM TO COLLIDE. HE WAS ASKED IF HE HAD HIS LEFT DIRECTIONAL ON AND HE WAS NOT SURE IF HE DID.

DRIVER #2 STATED THAT HE WAS DRIVING NORTH ON PARK AVE. AND VEHICLE #1 WAS STOPPED ALONG THE CURB ON THE RIGHT SIDE OF THE ROAD. VEHICLE #1 THEN MADE A LEFT TURN IN FRONT OF HIM AND HE SWERVED TO THE RIGHT TO AVOID A COLLISION. HE SAID THAT HE MADE CONTACT WITH VEHICLE #1 AND THE MAIL BOX OF 926 PARK AVE. HIS VEHICLE FINALLY STOPPED ON THE FRONT LAWN OF 932 PARK AVE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WARD S	302	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082132
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2130
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	OCEAN AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	100
☐N ☐E ☐S ☒W of:	PEARL ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	02526 2219 7102
25 NJ Ins. Code	200
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHANTELL M GUY
29 Sex	F
27 Number & Street	147 E KENNEDY BLVD; 18
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	06 / D / - / -
31 State	NJ
32 Driver's License Number	G95151207462896
33 DOB mm dd yyyy	12/27/1989
34 Expires mm yy	12 26
35 Owner's Same As Driver	☐
First Name / Initial / Last Name	MICHELLE D GUY
36 Number & Street	147 E. KENNEDY BLVD APT#18
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV / GRY / 2005 / S52PTK / NJ
44 VIN	2HGES16885H044903
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.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's Same As Driver	☐
First Name / Initial / Last Name	- - -
66 Number & Street	-
67 City / State / Zip	- / - / -
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	- / - / - / - / - / -
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	32	F	-	-	-	11	04	-	-	CHANTELL M GUY - 147 E KENNEDY BLVD; 1! LAKEWOOD NJ 08701 - -
B														
C														
D														

96 05 | 97 01 | 98 07 | 99 02 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 2 | 105 08 | 106 - | 107 - | 108 01 | 109 - | 110 01 | 111 - | 112 - | 113 - | 114 - | 115 - | 116 04 | 117 - | 118a 25 | 118b - | 119a - | 119b - | 120a 01 | 120b - | 121a - | 121b - | 122 01 | 123 - | 124 04 | 125 - | 126a 26 | 126b - | 126c - | 126d - | 126e 26 | 127a - | 127b - | 127c - | 127d - | 127e - | 128 26 | 129 07 | 130 07 | 131 - | 132 - | 133 03 | 134 -

New Jersey Police
Crash Investigation Report

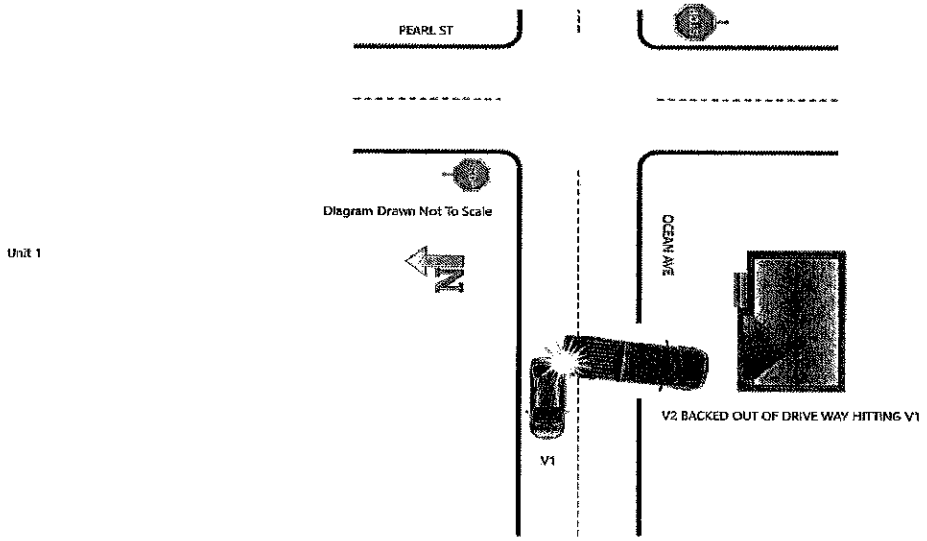
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-082132

(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 APPROACHED OFFICERS THAT WERE ON A SEPERATE STOP NEAR MAIN AND RAILROAD. V1 HAD MODERATE DAMAGE TO THE REAR DRIVERSIDE.

AS PER THE DRIVER OF V1, AS SHE WAS TRAVELING WESTBOUND ON OCEAN AVE, A RED PICK UP BACKED INTO HER VEHICLE. SHE STATED V2 WAS PULLING OUT OF A DRIVE WAY ONTO OCEAN. DRIVER OF V1 WAS NOT CERTAIN OF THE EXACT LOCATION HOWEVER KNOWS IT WAS BETWEEN PEARL AND THE TULCINGO DELI LOCATED AT 256 OCEAN AVE.

DRIVER OF V1 STATED SHE OBSERVED THE SUSPECT VEHICLE AND DESCRIBED IT AS A COMMERCIAL VEHICLE WITH THE NAME "MERICA" CHEVY, RED IN COLOR. SHE STATED SHE FOLLOWED THE VEHICLE INTO THE DELI AND WAS ABLE TO GET NJ REG M51RGK.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BANUELOS M	398	SGT. J. SPAGNUOLO	331	☒ Pending ☐ Complete

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

| | | |

New Jersey Police Crash Investigation Report

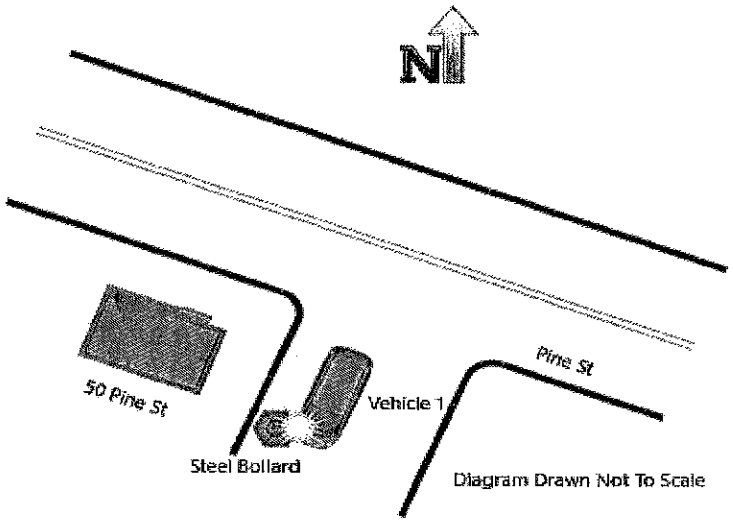
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-082576

(Refer to vehicle by number)

	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 denied striking the yellow steel bollard, and was uncooperative during police investigation.

The individuals listed as "Reporting Party" and "Witness" in the Incident Report stated they heard a crash while inside 50 Pine St and had observed that Vehicle 1 had struck a steel bollard adjacent to the residence.

Vehicle 1 sustained damages consisting of denting and scratching to the front passenger bumper area, as well as yellow paint transfer from the bollard. The bollard was found pushed south towards the ground, with denting and scratching to the opposite side of the bollard.

From my investigation, I concluded that driver of Vehicle 1 struck the bollard and was at fault for driver inattention, due to being intoxicated.

Driver of Vehicle 1 was placed under arrest for Driving Under the Influence.

*** Box 24 & 25 - Driver of Vehicle 1 refused to provide insurance for Vehicle 1. Officers were unable to locate insurance inside the vehicle after arrest.**

See Incident Report for further information.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082580
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RIVER AVE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	40
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	40
☒ Feet ☐ Miles	50
☐N ☐E ☒S ☐W of:	OAK ST
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2041
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.066950
22 Longitude	-74.218552

Vehicle 1

23 Veh #	1
24 Policy No.	G01 1247427 01
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MANUEL
Initial	-
Last Name	PINEDA
29 Sex	M
27 Number & Street	120 COVENTRY DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	BR
DL Class	-
Restrictions	-
Endorsements	-
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	04/27/2003
34 Expires mm yy	- -
35 Owner's First Name	ANGELA
Initial	-
Last Name	ACOSTA
☐ Same As Driver	
36 Number & Street	14611 SW 7TH ST
37 City	PEMBROKE PINES
State	FL
Zip	33027
38 Make	NISS
39 Model	MUR
40 Color	GRY
41 Year	2009
42 Plate No.	61AMEK
43 State	FL
44 VIN	JN8AZ18W29W123676
45 Expires	05 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
50 Carrier No.	☐ USDOT ☒ 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

UTILITY POLE #BT40095 DAMAGED

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:3-10	295476			
1	39:4-97	295477			

	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	19	M	06	08	02	11	11	04	6502	MANUEL - PINEDA - 120 COVENTRY DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

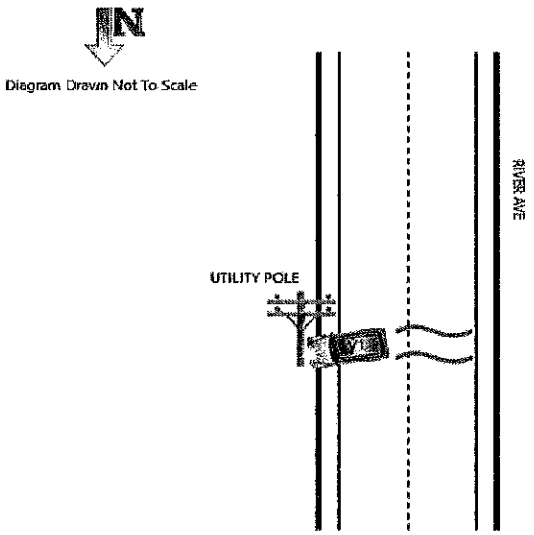
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-082580

(Refer to vehicle by number)

	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 pulling out of 780 River Ave and went to stop but his brakes failed causing him to skid and crash into a utility pole directly across from him.

Upon my arrival, I spoke with Driver 1. Driver 1 is at fault for driving with defective brakes. Driver 1 was lying on his back upon my arrival and had complaint of back pain. Driver 1 was transported to Monmouth Medical Center Southern Campus. Driver was issued a summons for careless driving and unlicensed driver.

Driver 1 insurance:
Security National In Co
Code - 01952
5701 Stirling Rd, Davie FL, 33314

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-083316
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	10/18/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1005
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	900 LAKEWOOD AVE
At Intersection With / Road Name / Dir	
Feet ☐N ☐E of: / Miles ☐S ☐W	
11 Speed Limit	10
12 Route No. / Suffix / 13 Milepost / 16 Speed Limit	
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐To ☐From	
20 Route/Name	
21 Latitude / 22 Longitude	
☐NB ☐EB ☐SB ☐WB	

Vehicle 1

23 Veh #	1
24 Policy No.	2020-06-64-33
25 NJ Ins. Code	100
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	THOMAS / X / FLEMING -
29 Sex	M
27 Number & Street	786 MICHIGAN AVENUE
28 City / State / Zip	TOMS RIVER / NJ / 08753
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	F52547408707032
33 DOB (mm dd yyyy)	07/12/2003
34 Expires (mm yy)	07 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / NANCY / A / FLEMING -
36 Number & Street	786 MICHIGAN AVE
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MERZ / CLA / BLK / 2016 / N57NCN / NJ
44 VIN	WDDSJ4EB3GN381613
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.	6092-67-99-65
55 NJ Ins. Code	148
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	NAOMY / G / IBARRARAMOS -
59 Sex	F
57 Number & Street	701 W ASHLAND AVE
58 City / State / Zip	PLEASANTVILLE / NJ / 08232
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	I10035796753042
63 DOB (mm dd yyyy)	03/23/2004
64 Expires (mm yy)	03 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / LIRIDA / A / RAMOSMUNOZ -
66 Number & Street	701 W ASHLAND AVE
67 City / State / Zip	PLEASANTVILLE / NJ / 08232
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / INS / SIL / 2011 / S24PMK / NJ
74 VIN	JHMZE2H71BS001878
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	1	01	01	05	19	M	-	-	-	11	04	-	-	THOMAS X FLEMING - / 786 MICHIGAN AVENUE TOMS RIVER NJ 08753
B	2	01	01	05	18	F	-	-	-	11	04	-	-	NAOMY G IBARRARAMOS - / 701 W ASHLAND AVE PLEASANTVILLE NJ 08232
C	2	02	01	05	18	F	-	-	-	11	04	-	-	HANNA K HALE - / 35 MASON DR HAZLET NJ 07730
D	2	03	01	05	18	M	-	-	-	11	04	-	-	AAMERE E MCKETHAN - / 445 ORANGE TREE AVEN GALLOWAY NJ 08205

New Jersey Police Crash Investigation Report

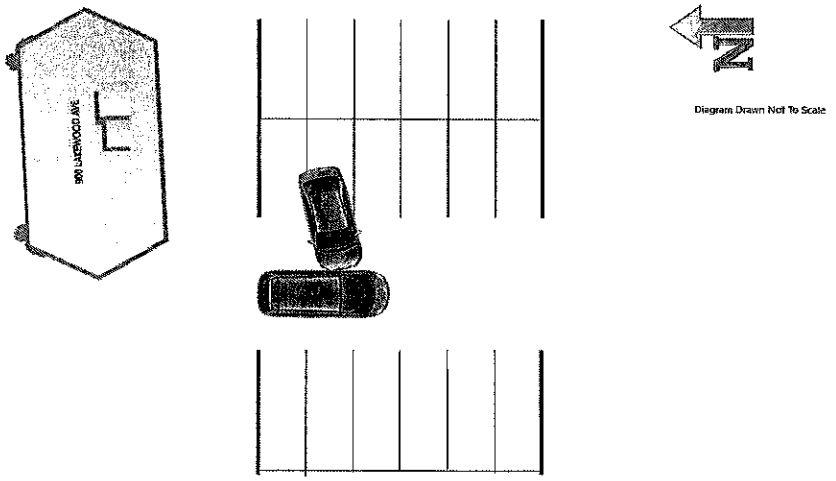
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-083316

(Refer to vehicle by number)

	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 PULLING OUT OF HIS PARKING SPOT, HE THEN LOOKED BOTH WAYS. ONCE DRIVER 1 WAS IN THE LANE OF TRAVEL HE WAS STRUCK BY VEHICLE 2.

DRIVER OF VEHICLE 2 STATED SHE WAS IN THE LANE OF TRAVEL, WHEN SHE SAW VEHICLE 1 PULLED OUT FROM THE PARKING SPOT SHE ATTEMPTED TO SWERVE TO AVOID THE COLLISION BUT WAS UNABLE TO.

NO INJURIES REPORTED ON SCENE.

CAMERAS WERE NOT WORKING AT THE TIME OF THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GUZMAN J	832	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082318
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	STATE HWY 70 WEST
11 Speed Limit	50
12 Route No.	0070
13 Milepost	-
☒ At Intersection With	NEW HAMPSHIRE AVEUNE
18 Speed Limit	45
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0523
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.050397
22 Longitude	-74.196703

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	VENIAMIN - FRENKEL -
29 Sex	M
27 Number & Street	1195 W COUNTY LINE ROAD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	F73417630001714 / 01/27/1971 / 01 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - EAN HOLDINGS LL(-
36 Number & Street	14002 EAST 21ST ST STE 1500
37 City / State / Zip	TULSA OK 74134
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	VOLV / S60 - S6 / WHI / 2021 / X42NWL / NJ
44 VIN / 45 Expires	7JR102FK6MG080931 / 09 23
46 Vehicle Removed To	FREEDOM TOWING & RECOVERY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT ☒ 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.	939892418
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MENACHEM M ABRAMOWITZ -
59 Sex	M
57 Number & Street	1024 NETHERWOOD DR
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	A10635397404044 / 04/26/2004 / 04 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver TZIPORA C ABRAMOWITZ -
66 Number & Street	1024 NETHERWOOD DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / K5 / GRY / 2023 / X661220 / NJ
74 VIN / 75 Expires	5XXG64J21PG178593 / 10 22
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 ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

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

96	05
97	01
98	07
99	02
100a	01
100b	04
101	02
102	01
103	01
104	3
105	02
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	"
116	04
117	04
118a	04
118b	05
119a	25
119b	01
120a	01
120b	-
121a	01
121b	-
122	01
123	12
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	03
132	03
133	04
134	04

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-082318
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/16/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0523
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	STATE HWY 70 WEST (Road Name) - (Dir)
	☒ At Intersection With
	☐ Feet ☐ N ☐ E of: NEW HAMPSHIRE AVEUNE
	☐ Miles ☐ S ☐ W
11 Speed Limit	50
12 Route No. / Suffix / 13 Milepost	0070 - -
18 Speed Limit	45
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	-
	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.050397
22 Longitude	-74.196703

Vehicle 1

23 Veh #	3
24 Policy No.	-
25 NJ Ins. Code	-
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	AVI - FURER -
29 Sex	M
27 Number & Street	1103 SOMERSET AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	F93580700003042
33 DOB (mm dd yyyy)	03/23/2004
34 Expires (mm yy)	03 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELIE M FURER -
36 Number & Street	1103 SOMERSET AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TES / 3 / WHI / 2022 / H96RCH / NJ
44 VIN / 45 Expires	5YJ3E1EC9NF238607 / 05 26
46 Vehicle Removed To	FREEDOM TOWING & RECOVERY
	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

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

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
D1	39:6B-2	1514-A-294924	D3	39:6B-2	1514-A-294925
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	51	M	-	-	-	11	04	-	-	VENIAMIN - FRENKEL - 1195 W COUNTY LINE R(LAKEWOOD NJ 08701 - -
B	V2	01	01	05	18	M	-	-	-	11	04	-	-	MENACHEM M ABRAMOWITZ - 1024 NETHERWOOD DR LAKEWOOD NJ 08701 - -
C	V2	03	01	05	18	M	-	-	-	11	04	-	-	AARON - BIRNBAUM - 1475 14TH ST LAKEWOOD NJ 08701 - -
D	V3	01	01	05	18	M	-	-	-	11	04	-	-	AVI - FURER - 1103 SOMERSET AVE LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

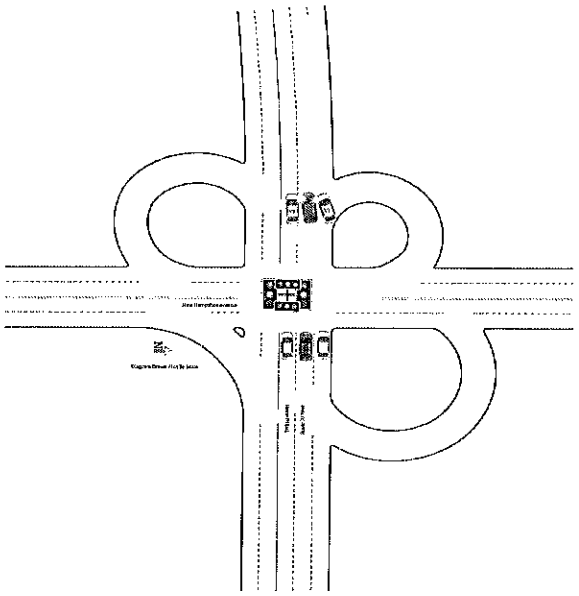
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-082318

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deploy	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	V3	03	01	05	18	F	-	-	-	11	04	-	-	LEYLY - FRANKLIN - 1103 SOMERSET AVENU LAKEWOOD NJ 08701 - -
F	V3	04	01	05	17	F	-	-	-	11	04	-	-	LEAH - WEISS - 1262 CAMBRIA CT LAKEWOOD NJ 08701 - -
G	V3	05	01	05	17	F	-	-	-	11	04	-	-	ADINA - NEUMANN - 1183 CECIL CT LAKEWOOD NJ 08701 - -
H	V3	06	01	05	17	F	-	-	-	11	04	-	-	KAYLA - LANDWIRD - 1130 CARMEL CT LAKEWOOD NJ 08701 - -
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle 1 stated he was traveling west bound on route 70 and stopped at the red light. He was on the most right lane to ether enter the off ramp or to make a right hand turn entering New Hampshire Avenue to go north bound. He went straight towards the off ramp and decided to cut off vehicle 2 and merge back onto the roadway of route 70 west which he then collided into vehicle 2 who was already on the lane, continuing to head west bound. Vehicle 1 sustained disabling damage. The driver of vehicle 1 did not sustain any injuries from this crash.

The driver of vehicle 2 stated he was traveling west bound on route 70 and stopped at the red light while sitting on the middle lane. As the light turned green, he observed vehicle 1 trying to speed past him and decided to cut him off, entering the roadway towards Route 70 west but ended up crashing into him, which made him crash into vehicle 3 who was to the left of him. Vehicle 2 sustained disabling damaged. The driver of vehicle 2 did not sustain any injuries from this crash.

The driver of vehicle 3 stated he was traveling west bound on route 70 and stopped at the red light while sitting on the most left lane. As the light turned green, he observed vehicle 1 speeding passed vehicle 2 but ended up crashing into vehicle 2 as he was trying to merge into his lane. As Vehicle 1 crashed into vehicle 2, he observed vehicle 2 to crash onto him. Vehicle 3 sustained disabling damaged. The driver of vehicle 3 did not sustain any injuries from this crash.

Based on my observation and statements gathered from this crash. I find the driver of Vehicle at fault for "failure to yield to right of way and improper lane change".

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DESANGLES, D	412	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	22-083081
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OCEAN AVE
At Intersection With / Road Name	
11 Speed Limit	25
Dir	
12 Route No.	0088
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet / ☐ Miles	50
☐ N ☐ E ☐ S ☒ W of:	RAIL ROAD ST
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/17/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2047
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
20 Route/Name	
21 Latitude	40.090304
22 Longitude	-74.210991

Vehicle 1

23 Veh #	1
24 Policy No.	ADM6852821-01
25 NJ Ins. Code	379
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KATIE T BOYLAN -
29 Sex	F
27 Number & Street	419 PRINCETON AVENUE
28 City / State / Zip	BRICK NJ 08724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	B69164288352006
33 DOB mm dd yyyy	02/25/2000
34 Expires mm yy	02 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - PINE BELT CHRYSL -
36 Number & Street	1400 OCEAN AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / WRA / BLK / 2020 / E96NCN / NJ
44 VIN	1C4HJXEN5LW121573
45 Expires	12 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.	TCA00002031520
55 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICAELA M DEFELICE -
59 Sex	F
57 Number & Street	117 SULLIVAN RD
58 City / State / Zip	BRICK NJ 08724
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	D22035437454992
63 DOB mm dd yyyy	04/01/1999
64 Expires mm yy	04 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PAMELA D DEFELICE -
66 Number & Street	117 SULLIVAN RD
67 City / State / Zip	BRICK NJ 08724
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ACC / MAR / 2017 / K99GGH / NJ
74 VIN	1HGCR2F32HA215693
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.	Charge	Summons No.	Oper.	Charge	Summons No.
3	39:3-10	295851			
	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	03	22	F	06	08	01	11	04	-	-	KATIE T BOYLAN - 419 PRINCETON AVENUE BRICK NJ 08724
B	2	01	01	05	23	F	-	-	-	11	04	-	-	MICAELA M DEFELICE - 117 SULLIVAN RD BRICK NJ 08724
C	3	01	01	03	26	M	09	08	01	11	04	-	-	MANUEL - CAMPOSPEREZ - 127 E KENNEDY BLVD Al LAKEWOOD NJ 08701
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

| | | |

New Jersey Police
Crash Investigation Report

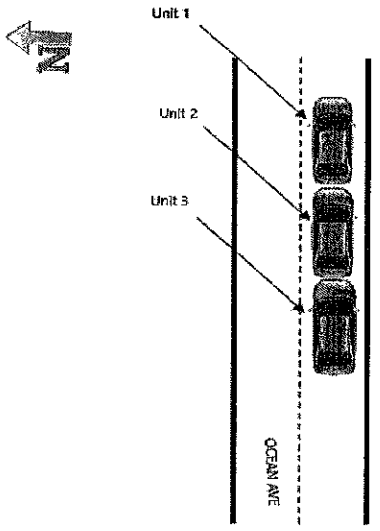
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-083081

(Refer to vehicle by number)

	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 OCEAN AVE AND PEDESTRIAN WALKED INTO THE ROAD INFRONT OF HER. SHE SAID THAT SHE SLOWED DOWN AND THE PEDESTRIAN STARTED TO WALK TOWARDS HER VEHICLE. AT THAT TIME SHE STOPPED HER VEHICLE TO AVOID HITTING THE PEDESTRIAN. SHE SAID WHILE SHE WAS STOPPED SHE WAS REAR ENDED BY VEHICLE #2.

DRIVER #2 STATED THAT SHE WAS TRAVELING EAST ON OCEAN AVE. AND STOPPED HER VEHICLE BECAUSE THE VEHICLE INFRONT OF HER WAS STOPPED. SHE SAID WHILE STOPPED SHE WAS REAR ENDED BY VEHICLE #3. WHICH CAUSED HER TO REAR END VEHICLE #1.

DRIVER #3 STATED HE WAS TRAVELING EAST ON OCEAN AVE. AND DID NOT REALIZE THE VEHICLE INFRONT OF HIM STOPPED IN THE MIDDLE OF THE ROAD. HE SAID HE APPLIED HIS BRAKES AND SLID ON THE WET ROAD REAR ENDING VEHICLE #2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WARD S	302	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-083658
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	135 STATE HWY 70 W; WAWA -
At Intersection With / Road Name / Dir	
Feet / Miles	N E S W of: -
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	-
14 / 15 / 16	-
19 Ramp To / From	
17 Cross Road Name	
20 Route/Name	
NB EB SB WB	25
4 Date of Crash mm dd yy	10/19/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0859
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.049197
22 Longitude	-74.210390

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	GARET G MALINOWSKI -
29 Sex	M
27 Number & Street	31 DICKSON ROAD
28 City / State / Zip	NEWTON NJ 07860
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	M02812736709894 / 09/08/1989 / 09 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NICOLOCK PAVING - LLC -
36 Number & Street	612 MUNCY AVE
37 City / State / Zip	LINDENHURST NY 11757
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	RAM / 250 / - / 2017 / 99476MJ / NY
44 VIN / 45 Expires	3C6UR5CL5HG587045 / 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.	6111-19-59-36
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MIGUEL - CASTILLOAGUILAR -
59 Sex	M
57 Number & Street	140 MICHELE WAY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	1 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	C07765470003961 / 03/25/1996 / 03 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MIGUEL - CASTILLOAGUILAR -
66 Number & Street	140 MICHELE WAY
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / COR / WHI / 2020 / H17REU / NJ
74 VIN / 75 Expires	5YFS4RCE6LP035709 / 07 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	33	M	-	-	-	11	04	-	-	GARET G MALINOWSKI - 31 DICKSON ROAD NEWTON NJ 07860
B	2	01	01	-	26	M	-	-	-	11	04	-	-	MIGUEL - CASTILLOAGUILAR - 140 MICHELE WAY LAKEWOOD NJ 08701
C														
D														

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	04
109	01
110	02
111	01
112	-
113	-
114	-
115	-
116	02
117	01
118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	00
121b	-
122	13
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	25
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	07
131	05
132	05
133	02
134	03

New Jersey Police Crash Investigation Report

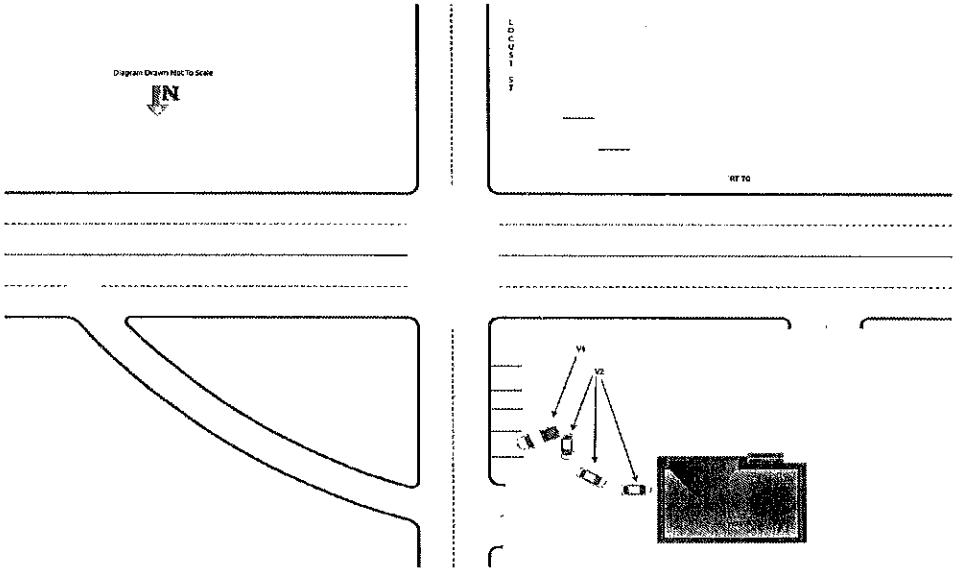
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-083658

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said he was backing out of a parking space at 135 Rt 70 (WAWA). As he backed out he checked his right mirror, but did not see anything. He continued to back out and struck V2 in the rear quarter panel.

Driver of V2 said he backed out of a parking space at 135 Rt 70 (WAWA) and then started to drive , when his vehicle was struck by V1.

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

V1 Insurance Info: Pennsylvania Lumbermens Mutual Insurance
One Commerce Square- Suite 1200
Philadelphia PA 19103

Pol. # 31N2360222

NAIC # 14974

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-083724
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	50
12 Route No.	0623
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	BRIDGEWOOD AVE
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	10/19/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1500
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.077601
22 Longitude	-74.183192

Vehicle 1

23 Veh #	1
24 Policy No.	CA044069P2021
25 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHAUL E LICHTENSTEIN -
29 Sex	M
27 Number & Street	194 STRATFORD PL
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	04 / D / 1 / -
31 State	NJ
32 Driver's License Number	L40907046508934
33 DOB mm dd yyyy	08/10/1993
34 Expires mm yy	08 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - BLUESTONE CONCR-
36 Number & Street	1530 LAGUNA LN
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F55 / WT / 2018 / XJJC89 / NJ
44 VIN	1FD0W5HT1JEB23977
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.	4170-68-92-12
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MALKA - KAHN -
59 Sex	F
57 Number & Street	720 VINE AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / 1 / -
61 State	NJ
62 Driver's License Number	K01695130062832
63 DOB mm dd yyyy	12/19/1983
64 Expires mm yy	12 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSEPH G KAHN -
66 Number & Street	720 VINE AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / COR / BN / 2015 / V22JRC / NJ
74 VIN	2T1BURHE0FC268658
75 Expires	01 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	29	M	-	-	-	11	04	-	-	SHAUL E LICHTENSTEIN - 194 STRATFORD PL LAKEWOOD NJ 08701
B	02	01	01	05	38	F	-	-	-	11	04	-	-	MALKA - KAHN - 720 VINE AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

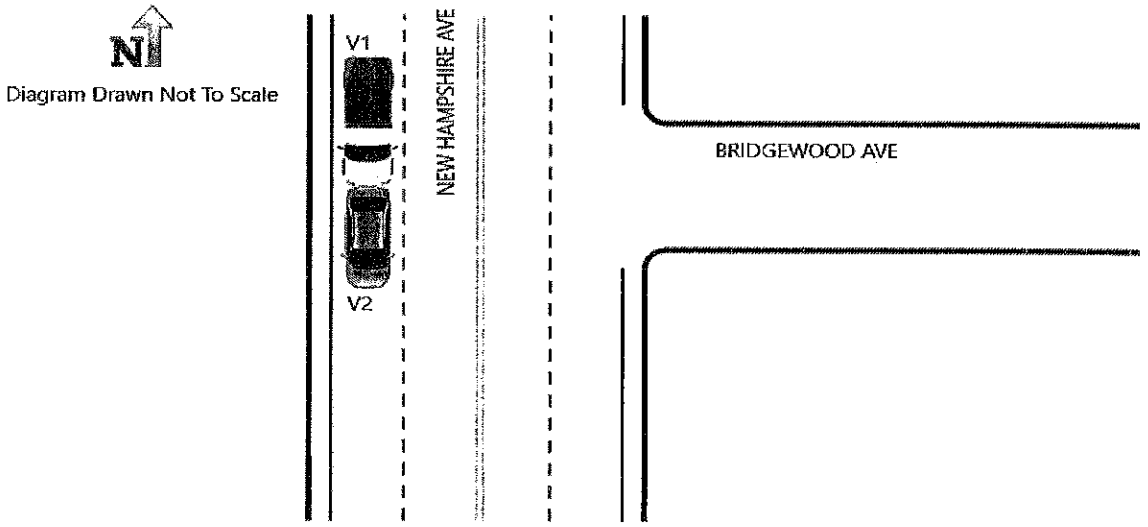
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-083724

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated he was traveling south on New Hampshire Ave in the right lane. While traveling straight, V1 struck V2 while V2 was stopped in traffic.

The driver of V2 stated she was traveling south on New Hampshire Ave in the right lane. She was stopped in traffic. While stopped, V1 struck the rear of V2.

Based on my investigation, V1 caused the crash by striking V2 while V2 was stopped in traffic.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-083732
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	10/19/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1539
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	HOPE CHAPEL RD
Dir	-
11 Speed Limit	40
12 Route No.	0526
Suffix	
13 Milepost	
14	--
15	☐ Feet ☐ Miles
16	☒ At Intersection With ☐ N ☐ E ☐ S ☐ W of:
Road Name	14TH STREET
17 Cross Road Name	
18 Speed Limit	35
19 Ramp	☐ To ☐ From:
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.106462
22 Longitude	-74.242711

Vehicle 1

23 Veh #	1
24 Policy No.	4177327337
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ASHLEY
Initial	N
Last Name	KOKOTOS -
29 Sex	F
27 Number & Street	10 CLAIRE CR
28 City	HOWELL
State	NJ
Zip	07731
30 Eyes	4
DL Class	-
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	K62070637559874
33 DOB (mm dd yyyy)	09/05/1987
34 Expires (mm yy)	09 25
35 Owner's	☐ Same As Driver
First Name	ASHLEY
Initial	N
Last Name	KOKOTOS -
36 Number & Street	10 CLAIRE CR
37 City	HOWELL
State	NJ
Zip	07731
38 Make	GMC
39 Model	TER
40 Color	WHI
41 Year	2018
42 Plate No.	S72PUF
43 State	NJ
44 VIN	3GKALMEV0JL399637
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.	939620636
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	LEAH
Initial	-
Last Name	COHEN -
59 Sex	F
57 Number & Street	8 NATURES WAY
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	C61614500057922
63 DOB (mm dd yyyy)	07/17/1992
64 Expires (mm yy)	07 23
65 Owner's	☐ Same As Driver
First Name	AVROHOM
Initial	A
Last Name	COHEN -
66 Number & Street	8 NATURES WAY
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	CAM
70 Color	RD
71 Year	2017
72 Plate No.	L17LBF
73 State	NJ
74 VIN	4T1BF1FK1HU735155
75 Expires	03 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	35	F	-	-	-	11	04	-	-	ASHLEY N KOKOTOS - 10 CLAIRE CR HOWELL NJ 07731
B	02	01	01	05	30	F	-	-	-	11	04	-	-	LEAH - COHEN - 8 NATURES WAY LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

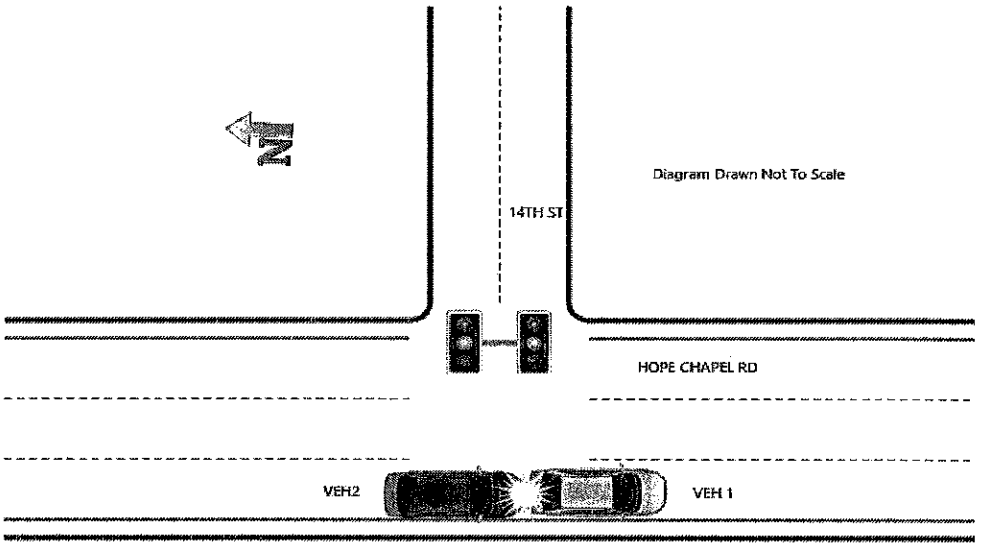
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-083732

(Refer to vehicle by number)

	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 HOPE CHAPEL RD WHEN SHE WAS SUDDENLY REAR ENDED BY VEH 2.

DRIVER OF VEH 2 STATED SHE WAS TRAVELING SOUTH ON HOPE CHAPEL RD BEHIND VEH 1. SHE SAID TRAFFIC WAS STOP AND GO AND SHE GOT DISTRACTED WHEN DRIVING AND DIDNT SEE VEH 1 SLOWING DOWN IN TRAFFIC AND HIT THE REAR OF VEH 1.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	E. MIICK	307	☐ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

| | | |

New Jersey Police Crash Investigation Report

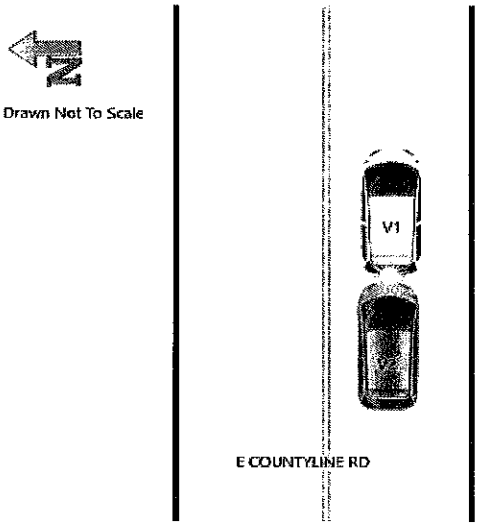
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-083781

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was stopped in traffic facing East on E County line Road. Vehicle #2 was behind Vehicle #1 and crashed into the rear of Vehicle #1. Vehicle #1 sustained dents to the rear trunk of the vehicle. Vehicle #2 sustained dents to the front license plate.

Driver 1 stated he was stopped in traffic on E Countyline Road. While waiting for traffic to resume, he felt a bang come from the rear of his vehicle.

Driver 2 stated he was behind Vehicle #1 in traffic and wound up rear ending Vehicle #1.

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

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-083796
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
10 Crash Occurred On:	1715 CLIFTON AVE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	--
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	--
☐ Feet ☐ Miles	--
☐ N ☐ E ☐ S ☐ W	
of:	----------
14	15
16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/19/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1949
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.106981
22 Longitude	-74.217109

Vehicle 1

23 Veh #	1
24 Policy No.	PANJ-009685606
25 NJ Ins. Code	071
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	DANIEL
Initial	M
Last Name	MIGHTY -
29 Sex	M
27 Number & Street	22 SMITH ST
28 City	HOWELL
State	NJ
Zip	07731
30 Eyes	1
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M42521537402041
33 DOB mm dd yyyy	02/19/2004
34 Expires mm yy	02 25
35 Owner's First Name	DANIEL
Initial	M
Last Name	MIGHTY -
☐ Same As Driver	
36 Number & Street	22 SMITH ST
37 City	HOWELL
State	NJ
Zip	07731
38 Make	HYUN
39 Model	ELA
40 Color	GRY
41 Year	2018
42 Plate No.	W31RJJ
43 State	NJ
44 VIN	KMHD84LF7JU555390
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.	4217-38-42-15
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	CHAIM
Initial	-
Last Name	EINHORN -
59 Sex	M
57 Number & Street	225 HUDSON ST
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	E44941200007812
63 DOB mm dd yyyy	07/20/1981
64 Expires mm yy	07 24
65 Owner's First Name	CHAIM
Initial	-
Last Name	EINHORN -
☐ Same As Driver	
66 Number & Street	225 HUDSON ST
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	CAM
70 Color	BLU
71 Year	2007
72 Plate No.	ZVU75S
73 State	NJ
74 VIN	JTNBE46K873078752
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 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	18	M	-	-	-	11	04	-	-	DANIEL M MIGHTY - 22 SMITH ST HOWELL NJ 07731
B	2	01	01	05	41	M	-	-	-	11	04	-	-	CHAIM - EINHORN - 225 HUDSON ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

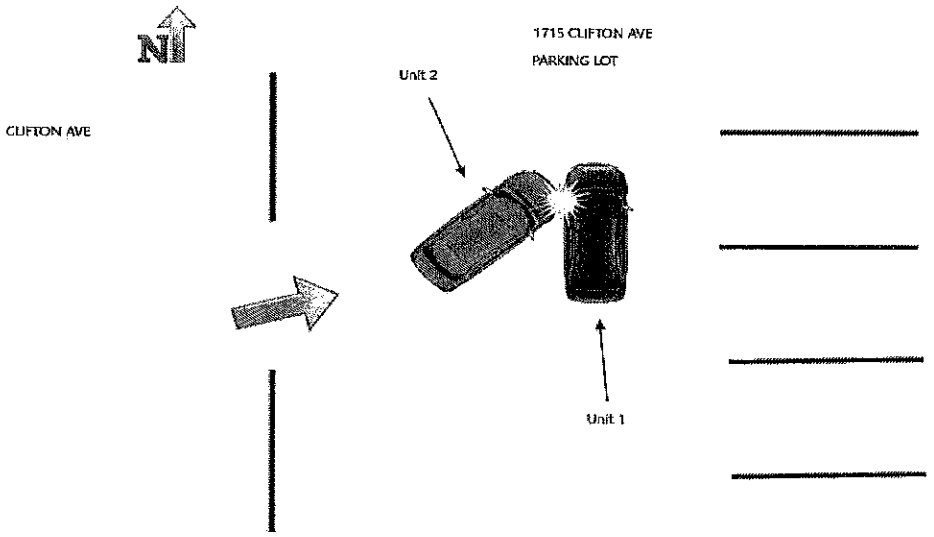
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-083796

(Refer to vehicle by number)

	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 HE WAS TRAVELING NORTH IN THE PARKING LOT OF 1715 CLIFTON AVENUE, WHEN VEHICLE #2 PULLED INTO THE DRIVEWAY OF THE PARKING LOT FROM CLIFTON AVENUE TRAVELING EAST, CAUSING BOTH VEHICLES TO COLLIDE. DRIVER #2 STATED THAT HE PULLED INTO THE DRIVEWAY FROM CLIFTON AVENUE AND COLLIDED WITH VEHICLE #1 WHICH WAS TRAVELING NORTH IN THE PARKING LOT. NO INJURIES REPORTED.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-083851
2 Police Dept of	LAKEWOOD POLICE
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0623
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ At Intersection With	CHESTNUT ST
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	-
15	
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/19/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2253
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.051704
22 Longitude	-74.196472

Vehicle 1

23 Veh #	1
24 Policy No.	602964537 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YISROEL
Initial	M
Last Name	KUSHNER -
29 Sex	M
27 Number & Street	130 12TH ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	K94387907409002
33 DOB mm dd yyyy	09/24/2000
34 Expires mm yy	09 23
35 Owner's First Name	ARON
Initial	-
Last Name	KUSHNER -
☐ Same As Driver	
36 Number & Street	130 12TH ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SNA
40 Color	GRY
41 Year	2013
42 Plate No.	X23BNN
43 State	NJ
44 VIN	5TDKK3DC5DS370954
45 Expires	11 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	
☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0.- % ☐ Pending	
49 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class -	Placard No. -
50 Carrier No.	
☐ USDOT - ☒ None	
☐ MC/MX -	
51 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	A89298224APG
55 NJ Ins. Code	208
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MOSHE
Initial	-
Last Name	FISCHMAN -
59 Sex	M
57 Number & Street	16 TUSCANY TER
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	F46365670006022
63 DOB mm dd yyyy	06/15/2002
64 Expires mm yy	06 24
65 Owner's First Name	-
Initial	-
Last Name	PASSAIC CLIFTON -
☐ Same As Driver	
66 Number & Street	275 MAIN AVE
67 City	PASSAIC
State	NJ
Zip	07055
68 Make	NISS
69 Model	SEN - SE
70 Color	MAR
71 Year	2021
72 Plate No.	C88NTC
73 State	NJ
74 VIN	3N1AB8CV9MY263025
75 Expires	05 23
76 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	
☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0.- % ☐ Pending	
79 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class -	Placard No. -
80 Carrier No.	
☐ USDOT - ☒ None	
☐ MC/MX -	
81 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	22	M	-	-	-	11	04	-	-	YISROEL M KUSHNER - 130 12TH ST LAKEWOOD NJ 08701 - -
B	2	01	01	05	20	M	-	-	-	11	11	04	-	MOSHE - FISCHMAN - 16 TUSCANY TER LAKEWOOD NJ 08701 - -
C	2	03	01	05	19	M	-	-	-	11	04	-	-	YEHUDA - WERZBERGER - 34 TOVA DR LAKEWOOD NJ 08701 - -
D	2	04	01	05	16	M	-	-	-	11	11	02	-	JACOB - FISCHMAN - 106 IVORY CT LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

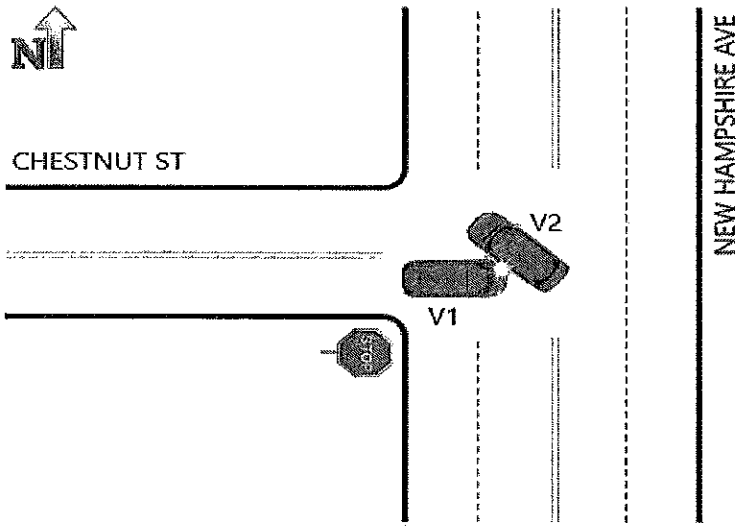
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-083851

(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	2	05	01	05	19	M	-	-	-	04	04	-	-	YESHYA - HOROWITZ - 71 CAREY ST LAKEWOOD NJ 08701 - -
F	2	06	01	05	16	M	-	-	-	11	04	-	-	MORDECHAI - GLICK - 42 WADSWORTH AVE LAKEWOOD NJ 08701 - -
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 and V2 crashed in the intersection of New Hampshire Avenue and Chestnut Street. Prior to the crash V2 was being driven north on New Hampshire Avenue in the left lane and attempted to turn left onto Chestnut Street. V1 was being driven westbound on Chestnut Street and attempted to turn left onto New Hampshire Avenue. At this intersection traffic on New Hampshire Avenue has the right of way, while traffic on Chestnut Street is controlled by a stop sign.

Driver 1 stated that he stopped, and then began inching out to turn left when V2 came from his right side and crashed into him. I observed damage to V1's driver side front bumper area.

Driver 2 stated that he was turning left onto Chestnut Street when V1 pulled out and crashed into him. I observed damage to V2's driver side, mostly on the rear driver side door area. Driver side curtain and floor/seat airbags deployed. V2 was towed by Moishy's Towing.

I find Driver 1 at fault for failing to yield to V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	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	22-065941
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	55
12 Route No.	0623
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	OAK STREET
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	08/21/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0242
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	3
21 Latitude	40.060397
22 Longitude	-74.195006

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	GENARO
Initial	-
Last Name	PEREZ-LOZANO
29 Sex	M
27 Number & Street	1309 STARK ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	2
DL Class	I
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	P26782760009822
33 DOB mm dd yyyy	09/19/1982
34 Expires mm yy	- -
35 Owner's First Name	GENARO
Initial	-
Last Name	PEREZ LOZANO
☐ Same As Driver	
36 Number & Street	5032 BOUDINOT ST
37 City	PHILADELPHIA
State	PA
Zip	19120
38 Make	HOND
39 Model	ODY
40 Color	4
41 Year	2007
42 Plate No.	LXE0159
43 State	PA
44 VIN	5FNRL38497B025014
45 Expires	02 23
46 Vehicle Removed To	FREEDOM TOWING & RECOVERY
☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☐ No ☒ Yes ☐ Refused
	Type: ☐ Breath ☒ Blood ☐ Urine
	Results: 0. % ☒ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class: Placard No.
50 Carrier No.	☐ USDOT ☒ 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

DESTROYED GRASS AND BUSHES ON 1001 NEW HAMPSHIRE AVENUE

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	39	M	-	-	-	11	11	04	-	GENARO - PEREZ-LOZANO - 1309 STARK ST LAKEWOOD NJ 08701
B	V1	03	01	03	39	F	07	08	02	11	11	04	-	SOCORRO - MARTINEZ - 1309 STARK ST LAKEWOOD NJ 08701
C	V1	04	01	03	6	M	08	08	02	11	11	04	-	JOHNATHAN - PEREZ - 1309 STARK ST LAKEWOOD NJ 08701
D	V1	06	01	05	3	M	-	-	-	11	11	04	-	CRISTIAN - PEREZ - 1309 STARK ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-065941

(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	V1	07	01	03	7	F	11	04	02	11	11	04	-	LILIANA - PEREZ - 1309 STARK ST LAKEWOOD NJ 08701
F	V1	08	01	05	11M	M	-	-	-	11	11	04	-	VICTOR - PEREZ - 1309 STARK ST LAKEWOOD NJ 08701
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
				☒ Pending ☐ Complete

New Jersey Police Crash Investigation Report

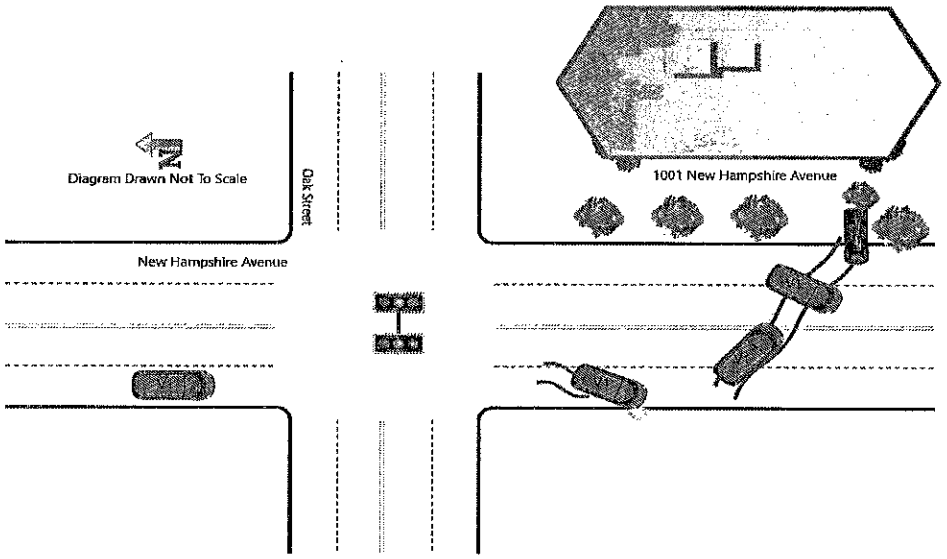
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-065941

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated he was traveling south bound on new Hampshire avenue, approaching the intersection of Oak Street. He stated he fell asleep behind the wheel and woke up as he struck a curb and tried to maintain control of his vehicle after the initial impact. He then oversteered, causing his vehicle to continue to travel south bound on the north bound lane and tried to re-correct his steering which caused his vehicle to over-turn. The vehicle sustained what appears to be disabling damage as it resulted in a Over-Turn. V1 was towed by Freedom Towing and later taken by Ocean County Towing for investigation. There were two occupants who sustained minor injuries that were treated on scene.

Based on the statements given and my observation, I find the driver of V1 at fault due to being under the influence while operating a motor vehicle.

License ID ONLY

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DESANGLES, D	412	JS	331	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-083478
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
10 Crash Occurred On:	MADISON AVE
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
☒ At Intersection With	
☐ Feet ☐ Miles	--
☐ N ☐ E ☐ S ☐ W of:	9TH ST
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	10/18/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2033
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.098760
22 Longitude	-74.217973

Vehicle 1

23 Veh #	1
24 Policy No.	9964344162061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	SHAYNDEL
Initial	T
Last Name	ROTHSTEIN
-	-
29 Sex	F
27 Number & Street	100 8TH ST APT B-10
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	4
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R67697048351954
33 DOB mm dd yyyy	01/11/1995
34 Expires mm yy	01 23
35 Owner's First Name	BENJAMIN
Initial	Z
Last Name	ROTHSTEIN
-	-
☐ Same As Driver	
36 Number & Street	100 8TH ST. APT B10
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SIE
40 Color	BLK
41 Year	2017
42 Plate No.	R41NBX
43 State	NJ
44 VIN	5TDKZ3DC5HS829952
45 Expires	01 23
46 Vehicle Removed To	HESHYS
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ 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.	6050507638
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	VICHNA
Initial	-
Last Name	TAPLIN
-	-
59 Sex	F
57 Number & Street	429 1ST ST
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	T05207670062994
63 DOB mm dd yyyy	12/21/1999
64 Expires mm yy	12 22
65 Owner's First Name	VICHNA
Initial	-
Last Name	TAPLIN
-	-
☐ Same As Driver	
66 Number & Street	429 1ST ST
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HYUN
69 Model	ELA
70 Color	BLK
71 Year	2013
72 Plate No.	W35PFL
73 State	NJ
74 VIN	5NPDH4AE3DH398955
75 Expires	10 23
76 Vehicle Removed To	YITZ'S
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
80 Carrier No.	☐ USDOT ☐ 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.
02	39:4-97	A294409
Oper.	140 Charge	141 Summons. No.

Oper.	138 Charge	139 Summons. No.
Oper.	142 Charge	143 Summons. No.

	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	27	F	08	08	01	11	04	-	-	SHAYNDEL T ROTHSTEIN - 100 8TH ST APT B-10 LAKEWOOD NJ 08701
B	02	01	01	03	22	F	09	08	02	11	11	-	6501	VICHNA - TAPLIN - 429 1ST ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

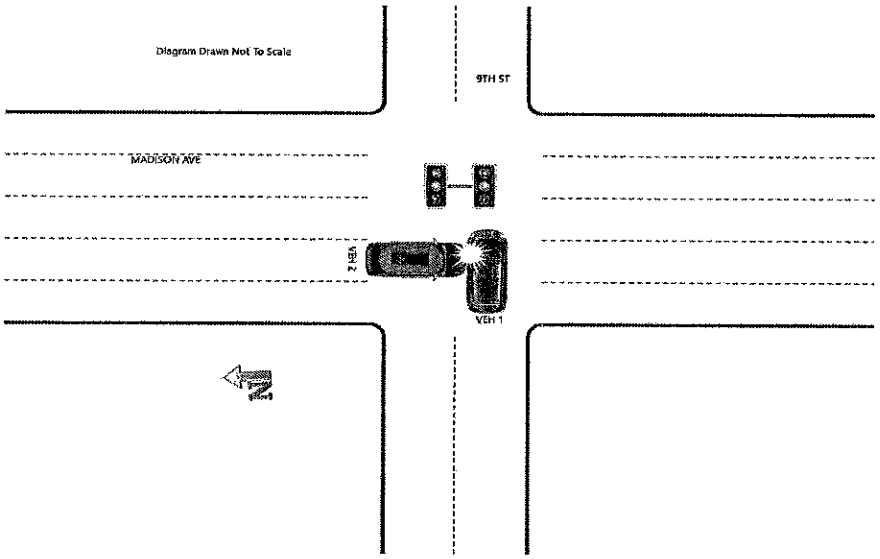
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-083478

(Refer to vehicle by number)

	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 EAST ON 9TH STREET AND HAD A GREEN LIGHT AT THE INTERSECTION OF MADISON AVE. DRIVER 1 SAID WHEN SHE PROCEEDED TO DRIVE STRAIGHT THROUGH THE INTERSECTION SHE WAS STRUCK BY VEH 2 THAT RAN A RED LIGHT THAT WAS TRAVELING SOUTH ON MADISON AVE.

DRIVER OF VEH 2 STATED SHE WAS TRAVELING SOUTH ON MADISON AVE, BUT SHE DID NOT KNOW IF SHE WAS IN THE LEFT OR RIGHT LANE OF TRAFFIC. SHE STATED THAT WHEN SHE WAS DRIVING THROUGH THE INTERSECTION OF 9TH STREET SHE CRASHED INTO VEH 1. I ASKED DRIVER 2 IF SHE KNEW WHAT COLOR THE TRAFFIC LIGHT WAS WHEN ENTERED THE INTERSECTION AND SHE SAID SHE DID NOT REALIZE THERE WAS A TRAFFIC LIGHT AT THIS INTERSECTION.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH, AND SHE WAS ISSUED A SUMMONS FOR CARELESS DRIVING.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-084003
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	E 9TH ST
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	200
☐N ☒E ☐S ☐W of:	PARK AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐NB ☐EB ☐SB ☐WB	29
4 Date of Crash mm dd yy	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0834
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.100797
22 Longitude	-74.203664

Vehicle 1

23 Veh #	1
24 Policy No.	6028580152061
25 NJ Ins. Code	884
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YISROEL M BROYDE -
36 Number & Street	128 E 9TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT SIE GRY 2018 8455HH NJ
44 VIN / 45 Expires	5TDKZ3DC6JS946719 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.	BA6315BJ
55 NJ Ins. Code	153
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MOISE - SIMEON
59 Sex	M
57 Number & Street	21 WILLOW DR APT 1
58 City / State / Zip	OCEAN NJ 07712
60 Eyes / DL Class / Restrictions / Endorsements	02 A - -
61 State	NJ
62 Driver's License Number	S44245610007792
63 DOB mm dd yyyy	07/16/1979
64 Expires mm yy	12 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SEMAN - SEMAN-TOV INC -
66 Number & Street	10 TRUAX ST
67 City / State / Zip	ELBERON NJ 07740
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INTR C YEL 2018 J714S1 NJ
74 VIN / 75 Expires	4DRBUC8P0JB523276 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 1149194 ☐ 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	SEMAN TOV INC
Number & Street	10 TRUAX ST
City / State / Zip	ELBERON NJ 07740

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	05	43	M	-	-	-	04	04	-	-	MOISE - SIMEON - 21 WILLOW DR APT 1 OCEAN NJ 07712
B														
C														
D														

New Jersey Police Crash Investigation Report

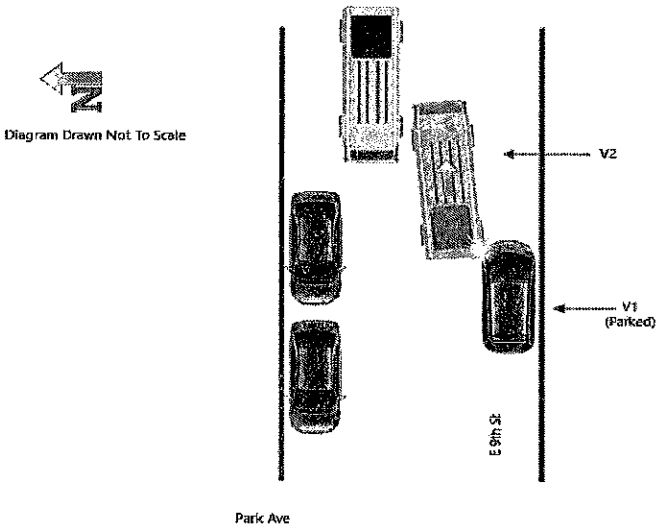
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-084003

(Refer to vehicle by number)

		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 legally parked facing east on E 9th St, when it was struck by vehicle 2.

Vehicle 2 is a full size school bus. Driver of vehicle 2 stated he was traveling east on E 9th St and another bus was traveling in the opposite direction. Driver of vehicle 2 stated the it was a tight squeeze and when he went to maneuver the bus around the other bus, he struck vehicle 1.

There was a witness present at the scene of the crash. He stated vehicle 2 was trying to maneuver around another bus when it struck vehicle 1.

As a result of my investigation and witness statement, I, Ptl. Livingston #373 determined the driver of vehicle 2 is at fault for this crash. The driver of vehicle 2 failed to maintain awareness of the tail swing, which resulted in this crash.

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

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station _____ Case No. 22-084003

1.	SHLOIME	GARTNER
2.	CHAYIM	BRODY
3.	VEIVY	GREENE
4.	ELIMELECH	SCHMEICZER
5.	USHER	KOIEDETSKY
6.	YEHUDA	GOLDBERG
7.	CHAIM	GARTNER
8.	MORDECHI	PERECSKY
9.	MORDECHI	LEVET
10.	MOSHE	BRODY
11.	NUCHEM	LEBERMAN
12.	MEIR	GREEN
13.	YOSEF	GREEN
14.	ARYEH	BERL
15.	ELIYAHU	BERL
16.	SHMUEL	BODNER
17.	YISROEL	RABINOWITZ
18.	TZVI	RABINOWITZ
19.	YECHEZKEL	ROMAN
20.	SHALOM	GUTFREUND
21.	EIL	GUTFREUND
22.	YOSEF	CRAVEN
23.	SHIMSHON	CRAVEN
24.	CHAIM	AUERBACH
25.		
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49.		
50.		
51.		
52.		
53.		
54.		

SCHOOL BUS
(full size)

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

MINIBUS

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-084017
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0911
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OAK ST
☒ At Intersection With / Road Name	HILTON DR
☐ Feet ☐ N ☐ E of: / ☐ Miles ☐ S ☐ W	
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
14 / 15 / 16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.066855
22 Longitude	-74.217630

Vehicle 1

23 Veh #	1
24 Policy No.	BA2997BD
25 NJ Ins. Code	188
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	ARON / J / WEISEL / - / M
27 Number & Street	63 BRADHURST AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / B / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	W23030617109852 / 09/15/1985 / 09 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / JAYS / - / BUS SERVICE INC -
36 Number & Street	672 CROSS ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	IC / BUS / YEL / 2016 / G492S1 / NJ
44 VIN / 45 Expires	4DRBUC8PXGB733246 / 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 192634 ☐ 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.	2004831372
55 NJ Ins. Code	639
☒ 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 / ARON / Y / NEUGARTEN -
66 Number & Street	1420 40TH ST APT 1
67 City / State / Zip	BROOKLYN / NY / 11218
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODYSSEY / GRY / 2021 / 37EMT / NY
74 VIN / 75 Expires	5FNRL6H77MB037654 / 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.	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	-	37	M	-	-	-	11	04	-	-	ARON J WEISEL - 63 BRADHURST AVE LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

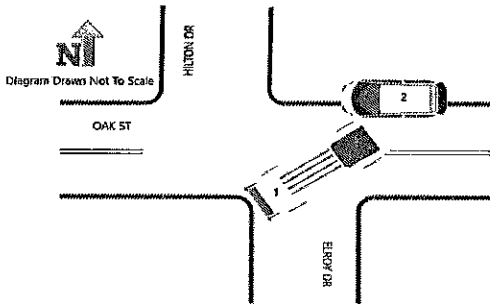
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-084017

(Refer to vehicle by number)

	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 West on Oak St at the intersection with Hilton Dr. Vehicle #2 was parked on the Westbound side of Oak St facing Westbound East of Hilton Dr. Vehicle #1 began making a left turn to travel South on Elroy Dr and struck vehicle #2. Driver#1's inattentive driving caused the crash.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-084043
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVE
Dir	-
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	
Road Name	14TH ST
☐ 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	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1103
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.104524
22 Longitude	-74.219073

Vehicle 1

23 Veh #	1
24 Policy No.	933396073
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	DANIEL
Initial	M
Last Name	CRUZ -
29 Sex	M
27 Number & Street	12 MALSBURY LN
28 City	CREAM RIDGE
State	NJ
Zip	08514
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	C76901537408762
33 DOB mm dd yyyy	08/27/1976
34 Expires mm yy	08 26
35 Owner's ☒ Same As Driver	DANIEL M CRUZ -
36 Number & Street	12 MALSBURY LN
37 City	CREAM RIDGE
State	NJ
Zip	08514
38 Make	NISS
39 Model	ROGUE
40 Color	BLK
41 Year	2017
42 Plate No.	T97LXP
43 State	NJ
44 VIN	JN1BJ1CR0HW104750
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.	4395172507
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	ESTHER
Initial	M
Last Name	GORELICK -
59 Sex	F
57 Number & Street	60 LAUREL PARK RD
58 City	FALLSBURG
State	NY
Zip	12733
60 Eyes	2
DL Class	-
Restrictions	-
Endorsements	-
61 State	NY
62 Driver's License Number	205756047
63 DOB mm dd yyyy	04/24/1967
64 Expires mm yy	04 27
65 Owner's ☒ Same As Driver	ESTHER M GORELICK -
66 Number & Street	60 LAUREL PARK RD
67 City	FALLSBURG
State	NY
Zip	12733
68 Make	TOYT
69 Model	CAM - CA
70 Color	GRY
71 Year	2011
72 Plate No.	R38PGU
73 State	NJ
74 VIN	4T1BF3EK5BU618361
75 Expires	11 22
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 - ☒ 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	04	46	M	05	08	02	11	11	01	6502	DANIEL M CRUZ - 12 MALSBURY LN CREAM RIDGE NJ 08514
B	02	01	01	05	55	F	-	-	-	11	04	-	-	ESTHER M GORELICK - 60 LAUREL PARK RD FALLSBURG NY 12733
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-084043

(Refer to vehicle by number)

	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)

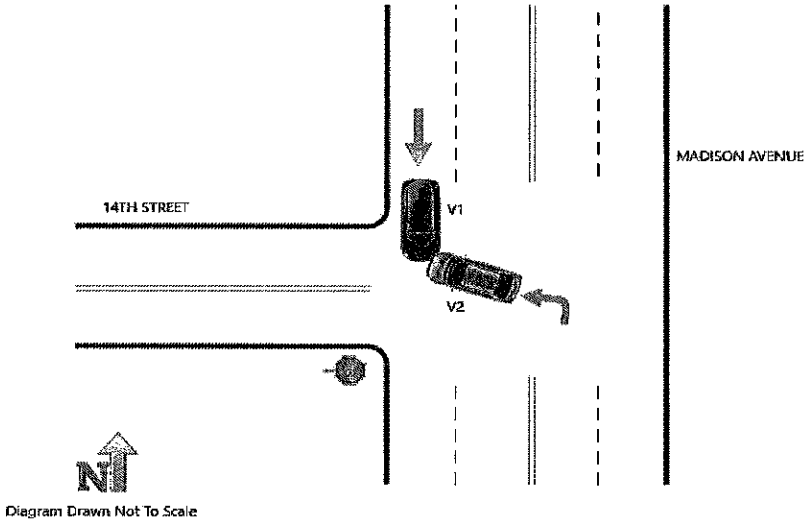


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver 1, Daniel Cruz was operating a 2017 Nissan Rogue, NJ T97-LXP. Mr. Cruz stated he was traveling south on Madison Avenue approaching 14th Street in the right lane when vehicle 2 made a left turn in front of him from northbound Madison Avenue. He was unable to stop or avoid vehicle 2 and a collision occurred in the intersection.

Driver 2, Esther Gorelick was operating a 2011 Toyota Camry, NJ R38-PGU. Ms. Gorelick stated she was stopped on Madison Avenue northbound waiting to make a left turn onto 14th Street. A vehicle stopped in the left lane of Madison Avenue southbound to allow her to make her left turn. As she was making her turn she didn't realize vehicle 1 was traveling south on Madison Avenue in the right lane. A collision then occurred in the intersection.

Driver 2 was determined to be at fault for failure to stop/yield for the right of way vehicle. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-084053
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	HILLSIDE BOULEVARD
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	KELM WOODS AVENUE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-
4 Date of Crash mm dd yy	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1139
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	4335650885
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELIMELECH G MEISELS -
29 Sex	M
27 Number & Street	1205 ROBIN DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
31 State	NJ
32 Driver's License Number	M23032096711046
33 DOB mm dd yyyy	11/08/2004
34 Expires mm yy	11 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GERSHON - MEISELS -
36 Number & Street	1205 ROBIN DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / BGE / 2007 / WNU39V / NJ
44 VIN	5TDZK23C77S039615
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.	931759413
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BARBARA - NOWOWIEJSKA -
59 Sex	F
57 Number & Street	2599 LAKEWOOD ALLENWOOD ROA
58 City / State / Zip	HOWELL NJ 07731
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	N69000730058482
63 DOB mm dd yyyy	08/17/1948
64 Expires mm yy	08 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PIOTR - JANIK -
66 Number & Street	2599 LAKEWOOD ALLENWOOD RD
67 City / State / Zip	HOWELL NJ 07731
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CRV / WHI / 2019 / D57MCZ / NJ
74 VIN	2HKRW6H34KH234459
75 Expires	12 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	17	M	-	-	-	11	04	-	-	ELIMELECH G MEISELS - 1205 ROBIN DR LAKEWOOD NJ 08701
B	V2	01	01	05	74	F	-	-	-	11	04	-	-	BARBARA - NOWOWIEJSKA - 2599 LAKEWOOD ALLEN HOWELL NJ 07731
C														
D														

New Jersey Police Crash Investigation Report

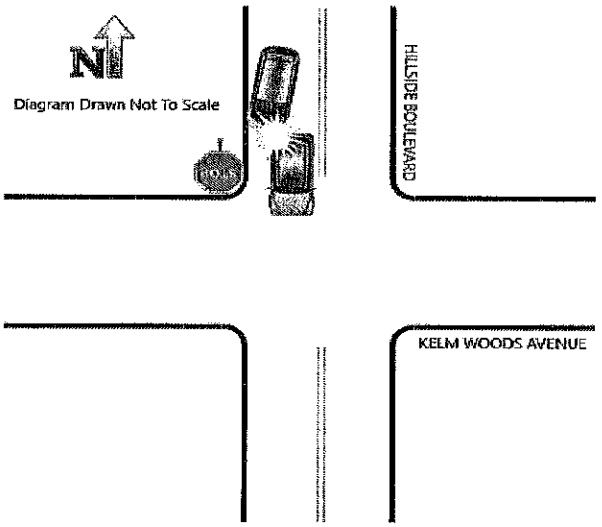
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-084053

(Refer to vehicle by number)

		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 BEHIND VEHICLE 2. HE STATED THAT VEHICLE 2 STARTED TO TRAVEL BUT "SHORT STOPPED" CAUSING HIM TO MAKE CONTACT WITH HER VEHICLE.

THE DRIVER OF VEHICLE 2 STATED SHE WAS AT THE STOP SIGN YIELDING TO OTHER VEHICLES WHEN SHE WAS REAR ENDED BY VEHICLE 1.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT FOR FOLLOWING TOO CLOSELY.

NO INJURIES WERE REPORTED ON SCENE.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-084076
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	35
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
Feet / Miles	1/4 Miles
☒N ☐E ☐S ☐W of:	CENTRAL AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐NB ☐EB ☐SB ☐WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1317
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.086423
22 Longitude	-74.215339

Vehicle 1

23 Veh #	1
24 Policy No.	611987709206
25 NJ Ins. Code	884
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	ESTHER - ROSENBAUM -
29 Sex	F
27 Number & Street	619 6TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	R66932390052534
33 DOB mm dd yyyy	02/27/1953
34 Expires mm yy	02 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - ROSENBAUM -
36 Number & Street	525 STATE HWY 70 W; B15
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / HIG / 4 / 2018 / W41LJB / NJ
44 VIN	5TDBZRFHXJS912973
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.	939907872
55 NJ Ins. Code	054
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	YONG Z ZHAO -
59 Sex	M
57 Number & Street	44 BERNARD DR
58 City / State / Zip	HOWELL NJ 07731
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	Z32067908909732
63 DOB mm dd yyyy	09/29/1973
64 Expires mm yy	09 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YONG Z ZHAO -
66 Number & Street	44 BERNARD DR
67 City / State / Zip	HOWELL NJ 07731
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / NV2 / BLU / 2015 / R16HET / NJ
74 VIN	3N6CM0KN1FK730220
75 Expires	10 22
76 Vehicle Removed To	
☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
77 Authority	☒Owner ☐Driver ☐Police
78 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused Type: ☐Breath ☐Blood ☐Urine Results: 0.- % ☐Pending
79 Hazardous Material	☒None ☐On Board ☐Spill Hazard Class / Placard No.
80 Carrier No.	☐USDOT ☒None ☐MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	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	-	69	F	-	-	-	11	04	-	-	ESTHER - ROSENBAUM - 619 6TH ST LAKEWOOD NJ 08701
B	2	01	01	-	49	M	-	-	-	11	04	-	-	YONG Z ZHAO - 44 BERNARD DR HOWELL NJ 07731
C														
D														

New Jersey Police Crash Investigation Report

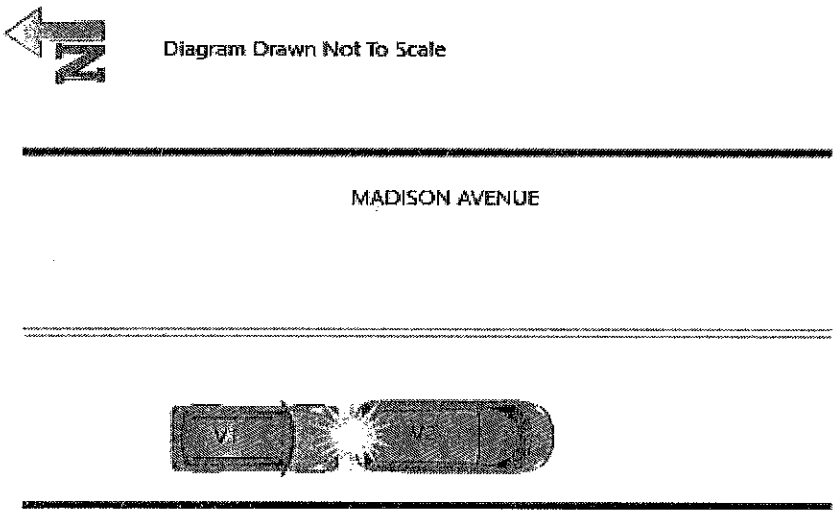
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-084076

(Refer to 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 V1 STATED SHE WAS TRAVELLING SOUTH ON MADISON AVENUE IN STOP AND GO TRAFFIC, WHEN V1 COLLIDED WITH V2.

DRIVER OF V2 STATED HE WAS TRAVELLING SOUTH ON MADISON AVENUE AND HAD COME TO A STOP WHEN V1 COLLIDED WITH V2.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCKEE M	320	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-084121
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1659
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	STAMFORD HILL RD (Road Name) - (Dir)
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
At Intersection With	☐
☒ Feet / ☐ Miles	330
☐ N ☐ E ☒ S ☐ W of:	GOLDERS GREEN RD
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.054000
22 Longitude	-74.202293

Vehicle 1

23 Veh #	1
24 Policy No.	4600-06-03-80
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BORUCH - HOCHMAN
29 Sex	M
27 Number & Street	281 KENT RD
28 City / State / Zip	HOWELL / NJ / 07731
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / 2 / 3
31 State	NJ
32 Driver's License Number	H60460950010822
33 DOB (mm dd yyyy)	10/30/1982
34 Expires (mm yy)	10 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YOCHEVED S HOCHMAN
36 Number & Street	281 KENT RD.
37 City / State / Zip	HOWELL / NJ / 07731
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / GY / 2013 / L36LMJ / NJ
44 VIN / 45 Expires	5TDKK3DC3DS327875 / 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.	939 511 998
55 NJ Ins. Code	054
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ZALMAN L BERGER
66 Number & Street	11 STAMFORD HILL RD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / TUC / GY / 2020 / U77MYG / NJ
74 VIN / 75 Expires	KM8J3CA44LU279119 / 10 23
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	39	M	-	-	-	11	04	-	-	BORUCH - HOCHMAN - 281 KENT RD HOWELL NJ 07731
B														
C														
D														

New Jersey Police Crash Investigation Report

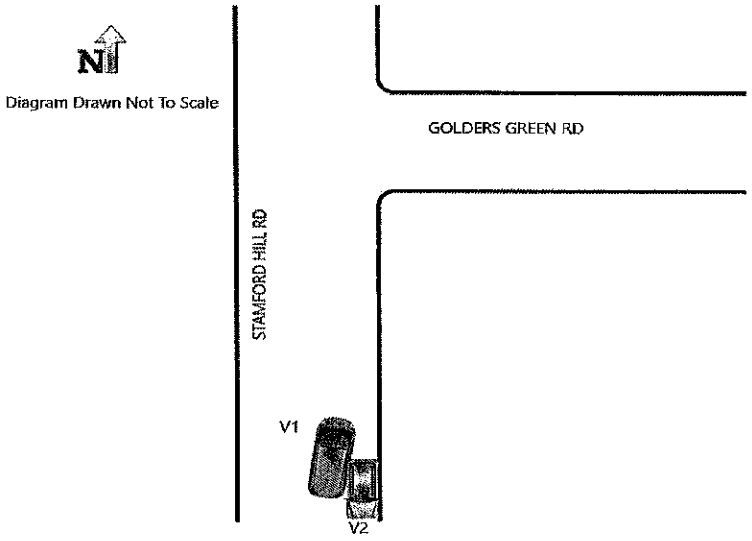
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-084121

(Refer to vehicle by number)

	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 Stamford Hill Rd. He pulled toward the curb to stop in front of a residence. While pulling over, V1 struck V2 while V2 was parked along the curb.

Based on my investigation, V1 caused the crash by striking V2 while V2 was parked.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-084141
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVE -
11 Speed Limit	50
12 Route No.	0009
Suffix	-
13 Milepost	-
118a	09
118b	-
☐ At Intersection With	
Road Name	
Dir	
18 Speed Limit	35
☒ Feet ☐ Miles	100
☒ N ☐ E ☐ S ☐ W of:	E KENNEDY BLVD
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
119a	25
119b	-
4 Date of Crash mm dd yy	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1835
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.106935
22 Longitude	-74.219483
120a	01
120b	-

Vehicle 1

23 Veh #	1
24 Policy No.	0013499-01-CA
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	CHARLES
Initial	R
Last Name	KICAK -
29 Sex	M
27 Number & Street	256 TOMS RIVER RD
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	02
DL Class	I
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	K40551207903652
33 DOB mm dd yyyy	03/21/1965
34 Expires mm yy	03 23
35 Owner's First Name	FLORIDA BEST LAW-
☐ Same As Driver	-
36 Number & Street	549 NE 10TH AVE
37 City	FORT LAUDERDALE
State	FL
Zip	33301
38 Make	FORD
39 Model	TRAN
40 Color	GRN
41 Year	2022
42 Plate No.	JKGR51
43 State	FL
44 VIN	1FTYR1YM4JKA30629
45 Expires	06 22
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	US28121535
55 NJ Ins. Code	315
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	RIVKA
Initial	-
Last Name	STERN -
59 Sex	F
57 Number & Street	11 GLEN AVE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S82266580052022
63 DOB mm dd yyyy	02/12/2002
64 Expires mm yy	02 26
65 Owner's First Name	RIVKA - STERN -
☐ Same As Driver	
66 Number & Street	11 GLEN AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	CAM
70 Color	SIL
71 Year	2017
72 Plate No.	X618701
73 State	NJ
74 VIN	4T1BF1FK1HU703337
75 Expires	10 22
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:3-40	1514-A-295842	1	39:3-4	1514-A-295483
2	39:3-4	1514-A-295844	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	57	M	-	-	-	11	04	-	-	CHARLES R KICAK - 256 TOMS RIVER RD JACKSON NJ 08527 - -
B	1	01	01	05	22	M	-	-	-	11	04	-	-	JUAN - CARLOS - 203 PINE ST LAKEWOOD NJ 08701 - -
C	2	01	01	05	20	F	-	-	-	11	04	-	-	RIVKA - STERN - 11 GLEN AVE LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-084141

(Refer to vehicle by number)

	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)

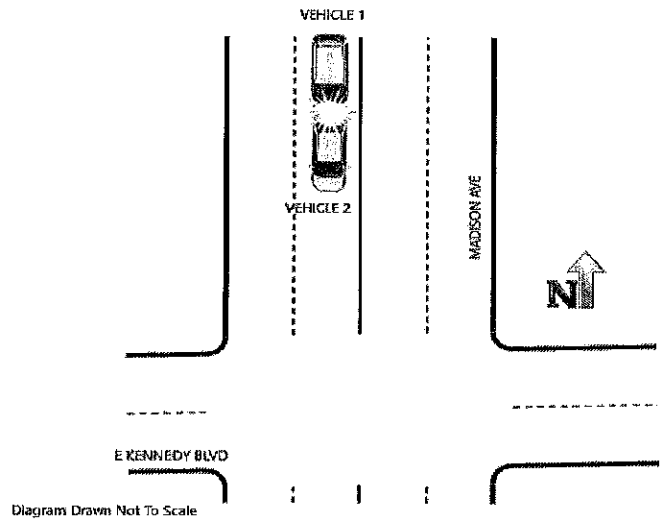


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of Vehicle 1 stated while travelling south on Madison Ave behind Vehicle 2, he observed Vehicle 2 stopping in traffic. Driver of Vehicle 1 attempted to stop however was unable to, striking the rear of Vehicle 2. Driver of Vehicle 2 stated she was travelling south on Madison Ave and began stopping due to traffic, when she was struck from behind by Vehicle 1.

Vehicle 1 sustained damages consisting of scratching and denting to the front center bumper. Vehicle 2 sustained damages consisting of scratching and denting to the rear center bumper, as well as partial detachment of the bumper from both passenger and driver side.

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

Both vehicles were impounded for expired registration. Both drivers were issued a motor vehicle citation for expired registration and driver of Vehicle 1 was issued a motor vehicle citation for operating a motor vehicle with a suspended driver's license.

*** Box 25 - Vehicle 1 is insured out of state by Berkshire Hathaway Direct Insurance Company NAIC 1039.**

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	22-084142
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	LANES MILL RD
At Intersection With / Road Name	
Dir	
11 Speed Limit	35
12 Route No.	0549
Suffix	
13 Milepost	
14 Feet / Miles	100
15 N ☐ E ☐ S ☐ W of:	OCEAN AVE
16	
17 Cross Road Name	
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1839
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.081766
22 Longitude	-74.157637

Vehicle 1

23 Veh #	1
24 Policy No.	809 669 677
25 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ANDREA L BUCSEK -
29 Sex	F
27 Number & Street	16 WESTERN DR
28 City / State / Zip	HOWELL NJ 07731
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	B90680427359596
33 DOB mm dd yyyy	09/23/1959
34 Expires mm yy	09 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ANDREA L BUCSEK -
36 Number & Street	16 WESTERN DR
37 City / State / Zip	HOWELL NJ 07731
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / SOU / RD / 2015 / MEE51J / NJ
44 VIN	KNDJP3A50F7769545
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.	000000943924345
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JONATHAN - MAX -
59 Sex	M
57 Number & Street	1577 E 17TH ST 4D
58 City / State / Zip	BROOKLYN NY 11230
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / - / - / - / NY
62 Driver's License Number	689929252
63 DOB mm dd yyyy	03/12/1949
64 Expires mm yy	03 29
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JONATHAN - MAX -
66 Number & Street	1577 E 17TH ST 4D
67 City / State / Zip	BROOKLYN NY 11230
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	JEEP / GRAND / RD / 2014 / HGC9567 / NY
74 VIN	1C4RJFBG4EC557954
75 Expires	05 24
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	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	63	F	-	-	-	11	04	-	-	ANDREA L BUCSEK - 16 WESTERN DR HOWELL NJ 07731
B	1	03	01	05	64	M	-	-	-	11	04	-	-	BRETT PAUL - HOFFMAN - 21 WEST CARIBBEAN PO ST LUCIE FL 34952
C	2	01	01	05	73	M	-	-	-	11	04	-	-	JONATHAN - MAX - 1577 E 17TH ST 4D BROOKLYN NY 11230
D														

New Jersey Police Crash Investigation Report

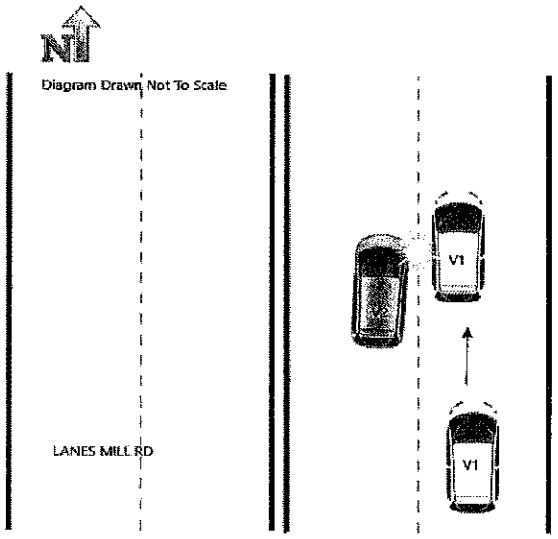
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-084142

(Refer to vehicle by number)

	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 North on Chambersbridge Road in the right lane going straight ahead. Vehicle #2 was travelling North on Chambersbridge Road in the left lane going straight ahead. Vehicle #1 was slightly ahead of Vehicle #2 and the two vehicles crashed proceeding forward. Vehicle #1 sustained minor scratches to the middle driver side of the vehicle. Vehicle #2 sustained minor scratches to the front passenger side quarter panel. There were no reports of injuries.

Driver 1 stated she was in the right lane going straight ahead on Chambersbridge Road. She stated that she was ahead of Vehicle #2 when Vehicle #2 did not negotiate the curve and crashed into her vehicle.

Driver 2 stated he was travelling straight ahead on Chambersbridge Road. Vehicle #1 came from behind and hit his fender as he was proceeding forward.

At this time, due to inconsistent statements and minor damage to both vehicles, I was unable to determine who was fault.

Vehicle #2 Insurance Info:
Allstate Fire and Casualty Insurance Company
1125 RXR Plaza, Suite 1100E
Uniondale, NY 11556
Phone: 800-255-7828

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-084187
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MAIN STREET
☒ At Intersection With	
Road Name	MONMOUTH AVE
Dir	-
11 Speed Limit	25
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/20/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2208
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090267
22 Longitude	-74.211119

Vehicle 1

23 Veh #	1
24 Policy No.	6116-36-14-34
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ELIYOHU
Initial	M
Last Name	REICH
29 Sex	M
27 Number & Street	366 OCEAN AVE
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R22512127406792
33 DOB mm dd yyyy	06/08/1979
34 Expires mm yy	03 24
35 Owner's First Name	ELIYOHU
Initial	M
Last Name	REICH
☐ Same As Driver	
36 Number & Street	366 OCEAN AVE
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	3
41 Year	2015
42 Plate No.	G20HGJ
43 State	NJ
44 VIN	4T1BF1FK4FU950896
45 Expires	11 23
46 Vehicle Removed To	DRIVERS DESTINATION
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ 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.	6091327712061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MEIR
Initial	-
Last Name	DREW
59 Sex	M
57 Number & Street	17 MAJESTIC WAY
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	D73655370003942
63 DOB mm dd yyyy	03/01/1994
64 Expires mm yy	02 26
65 Owner's First Name	MEIR
Initial	-
Last Name	DREW
☐ Same As Driver	
66 Number & Street	17 MAJESTIC WAY
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HOND
69 Model	ODY
70 Color	SIL
71 Year	2023
72 Plate No.	S75RJA
73 State	NJ
74 VIN	5FNRL6H61PB008517
75 Expires	10 26
76 Vehicle Removed To	DRIVERS DESTINATION
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ 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	1	01	01	05	43	M	-	-	-	11	04	-	-	ELIYOHU M REICH - 366 OCEAN AVE LAKEWOOD NJ 08701 - -
B	2	01	01	05	28	M	-	-	-	11	04	-	-	MEIR - DREW - 17 MAJESTIC WAY LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

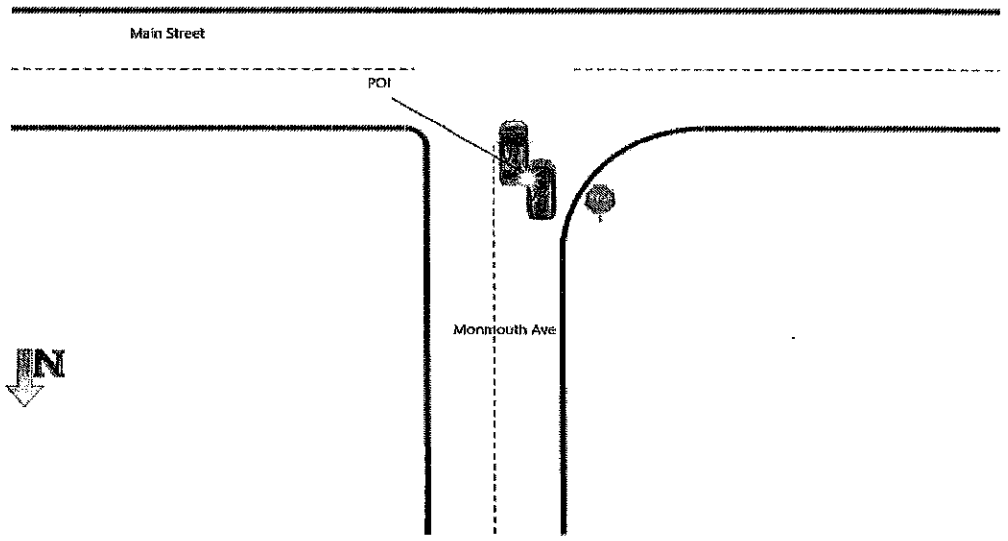
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-084187

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On October 20, 2022 Vehicle 1 was stopped at the Stop sign at the intersection of Monmouth Avenue and Main Street. Vehicle 2 was approaching the Stop sign and sideswiped the passenger side of Vehicle 1. Vehicle 1 sustained damage to the right rear bumper and quarter panel. Vehicle 2 sustained damaged to the front left bumper and quarter panel. The drivers of both vehicle's refused medical attention at the scene.

Driver of Vehicle 1 stated that he was stopped at the Stop sign, waiting to make a left turn, when the crash occurred.

Driver of Vehicle 2 stated that he was going to make a right turn and a sneeze caused him to crash his vehicle.

No further action was taken. End.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
EMMONS J	345	KD	303	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081510
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	45
12 Route No.	0070
Suffix	-
13 Milepost	-
18 Speed Limit	45
☒ Feet / ☐ Miles	5
☐ 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)	10/14/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0724
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.050515
22 Longitude	-74.196674

Vehicle 1

23 Veh #	1
24 Policy No.	4467182921
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KENYATTA M SIMON
29 Sex	M
27 Number & Street	215 SPIRIT BEAR ROAD
28 City / State / Zip	TOMS RIVER NJ 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	01 / D / - / - / NJ
32 Driver's License Number	S44384327407761
33 DOB (mm dd yyyy)	07/01/1976
34 Expires (mm yy)	07 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver KENYATTA M SIMON -
36 Number & Street	215 SPIRIT BEAR ROAD
37 City / State / Zip	TOMS RIVER NJ 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / BGE / 2008 / YEL83N / NJ
44 VIN	1HGCP26408A071415
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.	SELF INSURED
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	IAN M KLEEREKOPER
59 Sex	M
57 Number & Street	26 SCHONFELD SQUARE
58 City / State / Zip	LONDON EN -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / EN
62 Driver's License Number	KLEER703063IM9GT
63 DOB (mm dd yyyy)	03/06/1973
64 Expires (mm yy)	09 29
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - PV HOLDING CORP -
66 Number & Street	8600 HANGAR BLVD
67 City / State / Zip	ORLANDO FL 32827
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GMC / YUK / GRY / 2020 / EVYU82 / FL
74 VIN	1GKS1BKC8LR244900
75 Expires	06 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	46	M	-	-	-	11	04	-	-	KENYATTA M SIMON - 215 SPIRIT BEAR ROAD TOMS RIVER NJ 08755 - -
B	V2	01	01	05	49	M	-	-	-	11	04	-	-	IAN M KLEEREKOPER - 26 SCHONFELD SQUARE LONDON EN N160Q - -
C														
D														

New Jersey Police Crash Investigation Report

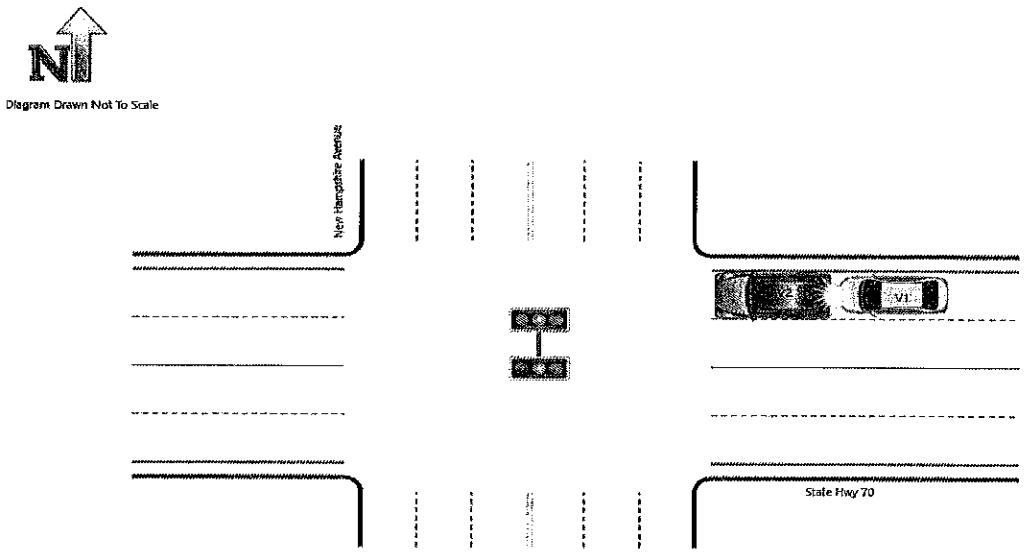
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-081510

(Refer to vehicle by number)

	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 State Hwy 70. The Driver of Vehicle #1 stated that Vehicle #2 stopped due to the traffic light turning red. The Driver of Vehicle #1 stated that the road was wet and he could not stop. The Driver of Vehicle #1 stated that his vehicle slid into Vehicle #2. 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 traveling west bound on State Hwy 70 approaching New Hampshire Avenue. The Driver of Vehicle #2 stated that he stopped at the light at the intersection and was rear ended by Vehicle #1. The Driver of Vehicle #2 did not report any injury as a result of the crash .

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 3 ☒ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-081994
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	43 MADISON AVE; ST MARY O
At Intersection With / Road Name / Dir	
Feet / N E of: / Miles / S W	
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	-
14 / 15 / 16	-
17 Cross Road Name	
19 Ramp To From:	-
NB EB SB WB	
20 Route/Name	
4 Date of Crash mm dd yy	10/15/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1054
7 Municipality Code	1514
8 Total Killed	1
9 Total Injured	2
21 Latitude	40.089475
22 Longitude	-74.215423

Vehicle 1

23 Veh #	1
24 Policy No.	6102-52-65-11
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ABELINO - LANDAVERDE-AYALA -
29 Sex	M
27 Number & Street	210 WOODLAKE MANOR DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NY
32 Driver's License Number	292501132
33 DOB mm dd yyyy	06/05/1982
34 Expires mm yy	06 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DORA F TEJADAMANCIA -
36 Number & Street	210 WOODLAKE MANOR DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	DODG / CAR / 4 / 2005 / B97PSC / NJ
44 VIN	1D4GP25E05B242666
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 #	P1
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☒ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DILCIA - GUEVARA-TABORA -
59 Sex	F
57 Number & Street	101 CENTRAL AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	07/30/1976
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

43 MADISON AVE SAINT VINCENT DEPAUL BUILDING/ELECTRICAL BOX

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:4-97	294217			
	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	40	M	-	-	-	11	04	-	-	ABELINO - LANDAVERDE-AYALA - 210 WOODLAKE MANOR LAKEWOOD NJ 08701
B	P1	-	-	01	46	F	01	04	02	-	-	-	6505	DILCIA - GUEVARA-TABORA - 101 CENTRAL AVE LAKEWOOD NJ 08701 10/15/2022 1130
C	P2	-	-	02	13	F	02	04	02	-	-	-	6303	MICHELE - ORTIGOZA - 27 WOODLAKE MANOR D LAKEWOOD NJ 08701
D	P3	-	-	02	12	F	11	08	02	-	-	-	6303	NICOL M BASTO-YARA - 27 WOODLAKE MANOR D LAKEWOOD NJ 08701

PAGE 2 OF 3 ☒ Fatal **New Jersey Police Crash Investigation Report** ☒ Reportable ☐ Non-Reportable ☐ Change Report

| | | |

New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-081994

(Refer to vehicle by number)

	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)

PLEASE SEE SCALED DIAGRAM

145 Crash Description/Narrative

D1 STATED HE WAS TRAVELING SOUTH IN THE PARKING LOT OF 43 MADISON AVE. D1 STATED HE WAS GOING TO K-TURN IN THE PARKING LOT TO EXIT THE SAME WAY HE CAME IN. WHILE DOING SO HE PULLED INTO A PARKING SPOT, WENT TO PUT THE CAR IN REVERSE BUT LEFT IT IN DRIVE. D1 STATED HE THOUGHT THE SHIFTER WAS IN REVERSE WHEN HE APPLIED THE GAS THE VEHICLE WENT FORWARD JUMPED THE CURB AND STRUCK 3 PEDESTRAINS THAT WERE STANDING NEAR THE SAINT VINCENT PANTRY BUILDING. D1 THAN PUT HIS CAR IN REVERSE AND STOOD NEAR HIS VEHICLE IN THE PARKING LOT.

P1 WAS SITTING ON A ROCK BETWEEN THE PARKING LOT AND SAINT VINCENT PANTRY BUILDING WHEN ALL OF A SUDDEN V1 JUMPED THE CURB AND PINNED HER AGAINST THE BUILDING. P1 SUFFERED LIFE THREATHING INJURES.

P2 STATED SHE WAS STANDING NEAR THE CURB WHEN SHE WAS SUDDENLY STRUCK BY V1. P2 STATED V1 RAN OVER HER LEGS AND HAD PAIN TO HIS LEGS AND A LACERATION TO THE SIDE OF HER HEAD. P2 WAS TRANSPORTED TO JERSEY SHORE FOR FURTHER TREATMENT.

P3 STATED SHE WAS STANDING ACROSS FROM P2 WHEN SHE WAS STRUCK BY V1. P2 HAD COMPLAINT OF PAIN TO HER BACK AND LOWER LEGS. P3 WAS TRANSPORTED TO JERSEY SHORE FOR FURTHER TREATMENT.

D1 WAS ISSUED A SUMMONS FOR CARELESS DRIVING ON SUMMONS #294217

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	22-083675
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	300 HURLEY AVE
At Intersection With / Road Name	
Feet / Miles	-
N E S W of:	-
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
19 Ramp To / From	-
17 Cross Road Name	-
NB EB SB WB	
20 Route/Name	-
4 Date of Crash mm dd yy	10/19/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1005
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.	-
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	KRZYSZTOF - TOKARSKI -
36 Number & Street	43 CAMBRIDGE CT # A
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make	FORD
39 Model	FRE
40 Color	SIL
41 Year	2004
42 Plate No.	SAY89J
43 State	NJ
44 VIN	2FMDA57684BA66088
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 10,001-25,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	TC2JCAP101D7011TIL-22
55 NJ Ins. Code	341
☒ 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	- - NORTHSTAR NJ LO -
66 Number & Street	1095 CRANBURY SO RVR RD; 3
67 City / State / Zip	JAMESBURG / NJ / 08831
68 Make	DODG
69 Model	G
70 Color	SIL
71 Year	2019
72 Plate No.	R82LBP
73 State	NJ
74 VIN	2C4RDGBG5KR637117
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														
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-083675

(Refer to vehicle by number)

	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)

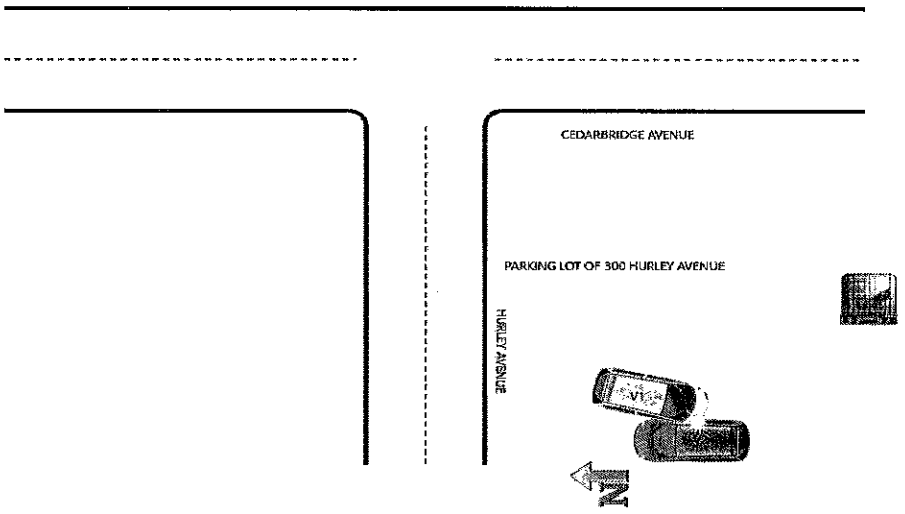


Diagram Drawn Not To Scale

145 Crash Description/Narrative

D2 STATED THAT SHE WORKING FOR THE NJ LOTTERY AND WALKED INTO 300 HURLEY AVENUE (SINGIN) AT 9:20 HOURS. D2 STATED THAT SHE WAS ADVISED BY A PEPSI WORKER, THAT HER VEHICLE WAS STRUCK BY ANOTHER VEHICLE. D2 STATED THAT SHE WAS GIVEN A PICTURE OF THE POSSIBLE NJ REG SAY89J. UPON COMING OUT OF THE STORE AT 10:05 HOURS, SHE OBSERVED THE DAMAGES ON HER VEHICLE.

I OBSERVED THE VIDEO FOOTAGE OF THE ACCIDENT AND NOTICED THAT V1 (NJ REG SAY89J) WAS TRAVELING SOUTH BOUND IN THE PARKING LOT OF 300 HURLEY AND STRUCK THE SIDE OF V2 WITH THE FRONT END OF THE VEHICLE. ATTEMPTS TO MAKE CONTACT WITH THE OWNER, YIELDED NEGATIVE RESULTS.

VIDEO FOOTAGE OF THE INCIDENT IS BEING SEND TO MY EMAIL.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	PA	325	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-083718
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIDGE AVE
At Intersection With / Road Name	
☒ Feet ☐ Miles	15
☐ N ☐ E ☐ S ☐ W of:	SHOSHANNA DRIVE
11 Speed Limit	25
Dir	-
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	10/19/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1356
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.096610
22 Longitude	-74.201551

Vehicle 1

23 Veh #	P1
24 Policy No.	-
25 NJ Ins. Code	-
☐ Parked ☒ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHLOMO - GOLDBERD
29 Sex	M
27 Number & Street	3 WESTWOOD AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	03/24/2013
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	01
44 VIN / 45 Expires	-
46 Vehicle Removed To	01
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	-
47 Authority	05
☐ Owner ☐ Driver ☐ Police	
48 Alcohol/Drug Test	-
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	-
Results: 0. - % ☐ Pending	
49 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class - / Placard No. -	
50 Carrier No.	01
☐ USDOT - ☒ None	117 04
☐ MC/MX -	
51 GVWR/GCWR	
☒ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	1
54 Policy No.	6103-02-87-72
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YESHAYA Y GREENSPAN -
59 Sex	M
57 Number & Street	412 RIDGE AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	G73127898806982
63 DOB mm dd yyyy	06/16/1998
64 Expires mm yy	06 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - CHESED OF LAKEW -
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	TOYT / CAM / BLK / 2020 / V24PVM / NJ
74 VIN / 75 Expires	4T1C11AK0LU873045 04 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	
☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class - / Placard No. -	
80 Carrier No.	
☐ USDOT - ☒ None	
☐ MC/MX -	
81 GVWR/GCWR	
☒ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	P1	-	-	03	9	M	12	05	02	01	01	-	6303	SHLOMO - GOLDBERD - 3 WESTWOOD AVE LAKEWOOD NJ 08701
B	V1	01	01	05	24	M	-	-	-	11	04	-	-	YESHAYA Y GREENSPAN - 412 RIDGE AVE LAKEWOOD NJ 08701
C														
D														

118a 78 | 118b - | 119a 25 | 119b - | 120a 01 | 120b - | 121a 01 | 121b - | 122 42 | 123 01 | 124 11 | 125 11 | 126a 22 | 126b - | 126c - | 126d - | 126e 22 | 127a 26 | 127b 22 | 127c - | 127d - | 127e 26 | 128 22 | 129 - | 130 - | 131 11 | 132 11 | 133 - | 134 02

New Jersey Police Crash Investigation Report

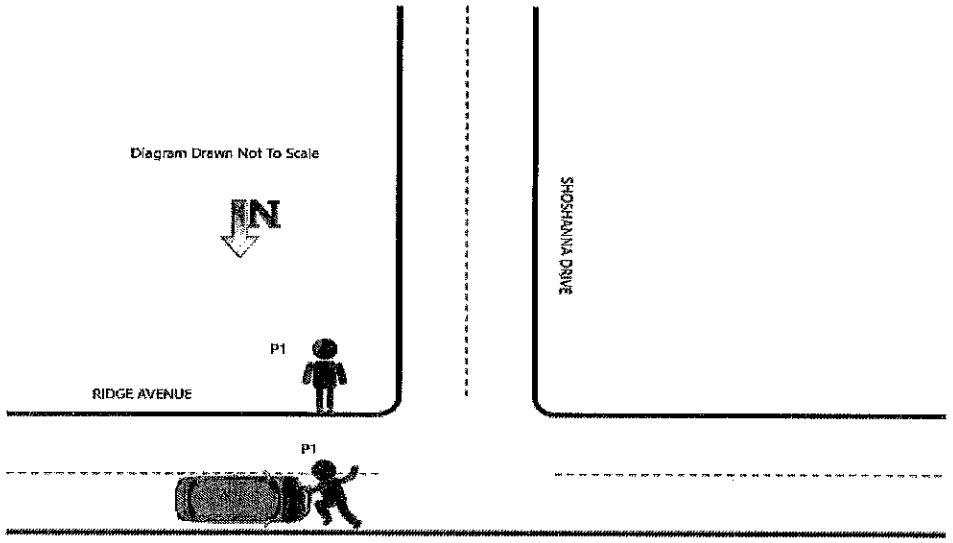
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-083718

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED THAT HE WAS TRAVELING WEST BOUND ON RIDGE AVENUE APPROACHING THE INTERSECTION OF SHOSHANNA DRIVE WHEN HE NOTICED THAT A BUNCH OF KIDS WERE RUNNING ACROSS THE ROAD. D1 STATED THAT HE SLOWED DOWN AND WAITED FOR THE KIDS TO CROSS THE ROAD. D1 STATED THAT HE OBSERVED ALL THE KIDS CROSS THE ROAD, WHEN HE PROCEEDED TO CONTINUE WEST ON RIDGE AVENUE. D1 STATED THAT P1 CAME RUNNING INTO THE ROAD FROM BEHIND ANOTHER VEHICLE. D1 STATED THAT HE ATTEMPTED TO STOP HIS VEHICLE, BUT WAS UNABLE TOO, WHICH CAUSED HIM THE STRIKE THE P1 WITH THE FRONT OF HIS VEHICLE.

P1 MOTHER STATED THAT SHE WAS ADVISED BY HER SON THAT HE WAS PLAYNG OUTSIDE WITH HIS FRIENDS WHEN HE ATTEMPTED TO CROSS THE ROAD, WHEN HE WAS STRUCK.

UPON DOING MY INVESTIGATION, I PUT P1 AT FAULT FOR RUNNNG ACROSS THE ROAD WHEN A CROSS WALK WAS NOT PRESENT, WHICH CAUSED THE ACCIDENT.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-083749

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

3 Station/Precinct:

10 Crash Occurred On: OAK STREET — ☒ At Intersection With — Road Name — Dir — ☐ Feet ☐ Miles — ☐ N ☐ E ☐ S ☐ W of: TOWBIN AVENUE

11 Speed Limit: 40 — **12 Route No.** — **Suffix** — **13 Milepost** — **18 Speed Limit:** 40

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	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
10/19/22	WEDNESDAY	1628	1514	--	1	40.059915	-74.190430

Vehicle 1

23 Veh #: 1 — **24 Policy No.:** 013253958C71016 — **25 NJ Ins. Code:** 823

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

26 Driver's First Name: RICHARD — **Initial:** A — **Last Name:** VARENICK — **29 Sex:** M

27 Number & Street: 735 CAMBRIDGE RD

28 City: LANOKA HARBOR — **State:** NJ — **Zip:** 08734

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

32 Driver's License Number: V05746556102766 — **33 DOB mm dd yyyy:** 02/14/1976 — **34 Expires mm yy:** 02 25

35 Owner's ☐ Same As Driver — **First Name:** RICHARD — **Initial:** A — **Last Name:** VARENICK

36 Number & Street: 735 CAMBRIDGE RD

37 City: LANOKA HARBOR — **State:** NJ — **Zip:** 08734

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
HOND	RID	BLK	2021	U92PDM	NJ

44 VIN: 5FPYK3F1XMB023752 — **45 Expires:** 09 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.:** 938435500 — **55 NJ Ins. Code:** 135

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

56 Driver's First Name: RODRIGUE — **Initial:** J — **Last Name:** LOISEAU — **59 Sex:** M

57 Number & Street: 817 WEST PARK AVE SUITE 1

58 City: OCEAN TOWNSHIP — **State:** NJ — **Zip:** 07712

60 Eyes	DL Class	Restrictions	Endorsements	61 State
01	D	-	-	NJ

62 Driver's License Number: L61836647108811 — **63 DOB mm dd yyyy:** 08/26/1981 — **64 Expires mm yy:** 08 25

65 Owner's ☐ Same As Driver — **First Name:** NATHALIE — **Initial:** - — **Last Name:** JEAN-NOEL

66 Number & Street: 1402 RUSTIC DR. APT#2

67 City: OCEAN — **State:** NJ — **Zip:** 07712

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
LEXU	IS3	WHI	2021	W76PHN	NJ

74 VIN: JTHGZ1E22M5019757 — **75 Expires:** 10 23

76 Vehicle Removed To

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — **State** — **Zip**

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	46	M	-	-	-	11	04	-	-	RICHARD A VARENICK - 735 CAMBRIDGE RD LANOKA HARBOR NJ 08734
B	02	01	01	05	41	M	-	-	-	11	04	-	-	RODRIGUE J LOISEAU - 817 WEST PARK AVE SUI OCEAN TOWNSHI NJ 07712
C	02	03	01	03	46	M	04	08	02	11	04	-	6505	JOSEPH VANEX 525 MONROE AVE ASBURY NJ 07712
D														

New Jersey Police Crash Investigation Report

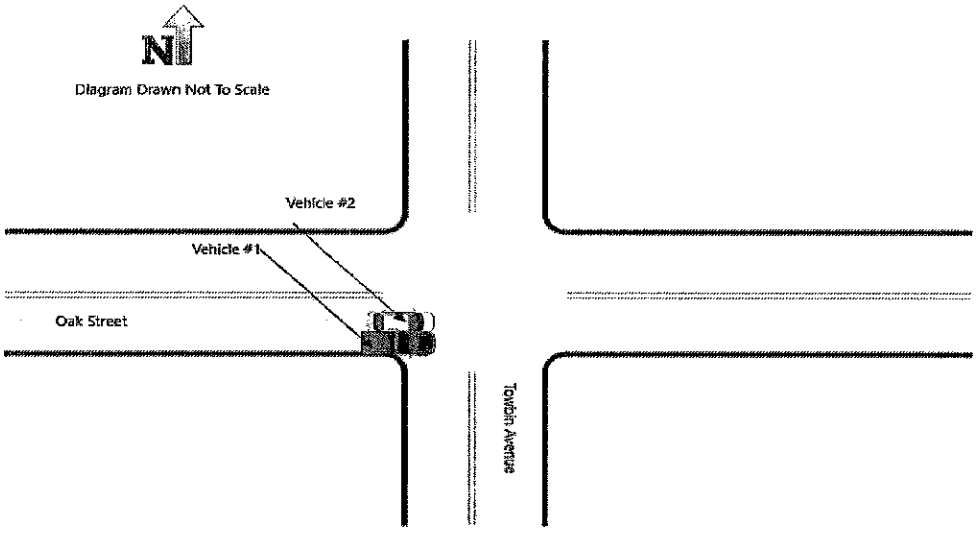
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-083749

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle #1 stated he was traveling East on Oak Street approaching the intersection with Towbin Avenue. He further reported he saw Vehicle #2 stopped in front of him with the vehicle's left turn signal on. The driver of Vehicle #1 said Vehicle #2 began turning left to go North on Towbin Avenue but then quickly turned right instead crashing into the driver side of Vehicle #1.

The driver of Vehicle #2 stated he was traveling East on Oak Street and making a right turn South onto Towbin Avenue. He further reported that Vehicle #1 came up along his passenger side to also turn South onto Towbin Avenue causing the crash.

I was unable to gather any security camera footage or locate any witnesses on scene.

The front passenger in Vehicle #2 complained of neck, hip, and knee pain. He was transported to Ocean Medical Center Southern Campus.

Both drivers are partially at fault for crashing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DUNPHEY C	357	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

| | | |

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

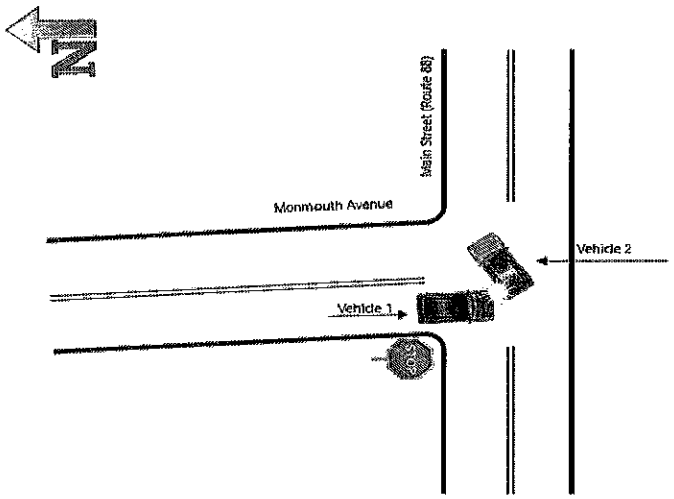
Station: - Case No: 22-083766

(Refer to vehicle by number)

	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 one stated he was making a left hand turn from Monmouth Avenue on to Main Street (Route 88) when he did not see Vehicle 2 that was stopped in this intersection waiting for pedestrian traffic to cross. Vehicle 1 sustained damage to the drivers side front bumper and head light area. No injuries were reported.

The driver of Vehicle 2 stated she was making a left hand turn from Main Street (Route 88) on to Monmouth Avenue and while doing so she stopped in the intersection to allow pedestrians to cross in front of her. At this time she got struck by vehicle 1 on the drivers side rear corner bumper and wheel well area. No injuries were reported.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

| | | |

New Jersey Police Crash Investigation Report

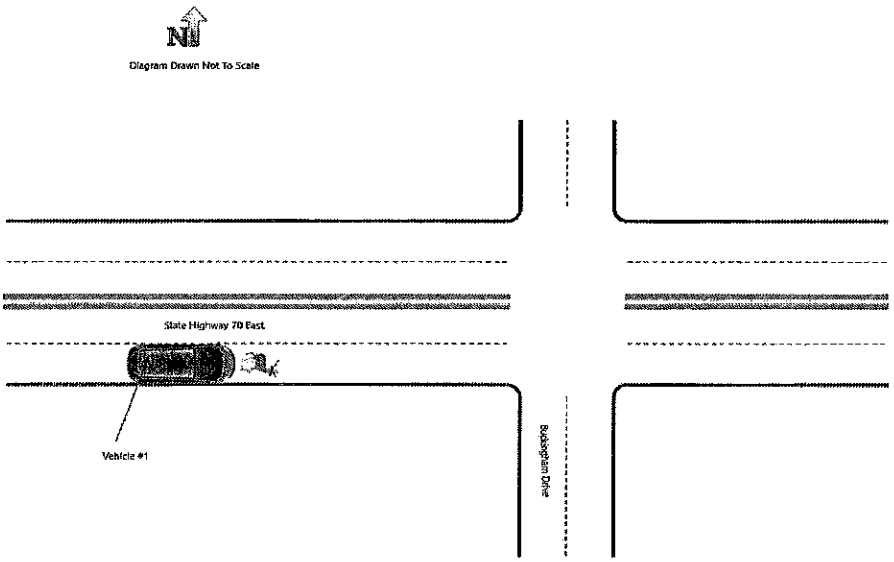
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-083820

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle #1 stated she was traveling East on State Highway 70. She further reported that a deer jumped in front of her vehicle out of no where causing the crash.

There were no reported injuries. I observed extensive damage to the front of Vehicle #1 and the deer was already expired upon my arrival.

Vehicle #1 was disabled as a result of the crash and towed by Total Auto Care.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DUNPHEY C	357	JP	283	☐ Pending ☒ Complete