

|    |                           |  |                                                                                                                                                                                     |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  |                                                                                                     |  |                                                                                                                          |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
|----|---------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|-----|--|---------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------|--|-----------------|--|------------------------------|--|--------------------------------------------------------------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------------------------|--|------------------|--|----------------------------------|--|-----------------|--|-------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|
| 96 | Page <u>1</u> of <u>3</u> |  | <input type="checkbox"/> Fatal                                                                                                                                                      |  | New Jersey Police Crash Investigation Report |  |     |  |               |  |                                                                                                                                                                                    |  |                                                                                                     |  | <input checked="" type="checkbox"/> Reportable                                                                           |  | <input type="checkbox"/> Non-Reportable                                                                                                                                          |  | <input type="checkbox"/> Change Report                                                                                                                                              |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 05 | 1 Case Number             |  | <b>2014-00025672</b>                                                                                                                                                                |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 10 Crash Occurred On: <b>1872 Route 88</b>                                                          |  | 11 Speed Limit                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     | 118a                                                                                                        |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 01 | 2 Police Dept of          |  | <b>Brick PD</b>                                                                                                                                                                     |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | Code <b>01</b>                                                                                      |  | <input type="checkbox"/> At Intersection with                                                                            |  | Road Name                                                                                                                                                                        |  | Dir                                                                                                                                                                                 |     | 118b                                                                                                        |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 01 | 3 Station/Precinct        |  | ---                                                                                                                                                                                 |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | <input type="checkbox"/> Feet                                                                       |  | <input type="checkbox"/> N <input type="checkbox"/> E of:                                                                |  | 12 Route No.                                                                                                                                                                     |  | Suffix                                                                                                                                                                              |     | 119a                                                                                                        |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 09 | 4 Date of Crash           |  | mm                                                                                                                                                                                  |  | dd                                           |  | yy  |  | 5 Day of Week |  | Su <input checked="" type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa |  | 6 Time (use 2400 hrs)                                                                               |  | 14                                                                                                                       |  | 15                                                                                                                                                                               |  | 119b                                                                                                                                                                                |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 01 | 04                        |  | 21                                                                                                                                                                                  |  | 14                                           |  |     |  |               |  |                                                                                                                                                                                    |  | 1737                                                                                                |  | 1506                                                                                                                     |  | 8 Total Killed                                                                                                                                                                   |  | 9 Total Injured                                                                                                                                                                     | --- |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 02 | 23 Veh No                 |  | 24 Policy No.                                                                                                                                                                       |  | <b>F494534-1</b>                             |  |     |  |               |  |                                                                                                                                                                                    |  |                                                                                                     |  | 25 Ins Code                                                                                                              |  | <b>426</b>                                                                                                                                                                       |  | 53 Veh No                                                                                                                                                                           |     | 54 Policy No.                                                                                               |  | 55 Ins Code     |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 01 | 1                         |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run    |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  |                                                                                                     |  | 2                                                                                                                        |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 01 | 26 Driver's First Name    |  | <b>Matthew A Sack</b>                                                                                                                                                               |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 29 Sex                                                                                              |  | <b>M</b>                                                                                                                 |  | 56 Driver's First Name                                                                                                                                                           |  | <b>Nanette Brown-Fields</b>                                                                                                                                                         |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 01 | 27 Number and Street      |  | <b>457 Bayberry RD</b>                                                                                                                                                              |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 30 Eyes                                                                                             |  | <b>02</b>                                                                                                                |  | 57 Number and Street                                                                                                                                                             |  | <b>706 Zlotkin CIR 5</b>                                                                                                                                                            |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 02 | 28 City                   |  | <b>Bridgewater</b>                                                                                                                                                                  |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | State                                                                                               |  | <b>New Jersey</b>                                                                                                        |  | Zip                                                                                                                                                                              |  | <b>08807-</b>                                                                                                                                                                       |     | 58 City                                                                                                     |  | <b>Freehold</b> |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 08 | 31 State                  |  | <b>NJ</b>                                                                                                                                                                           |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 32 Drivers License No                                                                               |  | <b>S0052 52961 10512</b>                                                                                                 |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  | 33 DOB                       |  | mm                                                                                   |  | dd                  |  | yy                                                                                                        |  | 34 Expires       |  | mm                               |  | dd              |  | yy                                                                            |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 08 | 35 Owner's First Name     |  | <b>Diane Sack</b>                                                                                                                                                                   |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | Initial                                                                                             |  |                                                                                                                          |  | 65 Owner's First Name                                                                                                                                                            |  | <b>Hyundai Lease Trust</b>                                                                                                                                                          |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  | Initial             |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 08 | 36 Number and Street      |  | <b>457 Bayberry RD</b>                                                                                                                                                              |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 66 Number and Street                                                                                |  | <b>210 Commerce Suite 100</b>                                                                                            |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 08 | 37 City                   |  | <b>Bridgewater</b>                                                                                                                                                                  |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | State                                                                                               |  | <b>New Jersey</b>                                                                                                        |  | Zip                                                                                                                                                                              |  | <b>08807-</b>                                                                                                                                                                       |     | 67 City                                                                                                     |  | <b>Irvine</b>   |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 08 | 38 Make                   |  | <b>DODGE</b>                                                                                                                                                                        |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 39 Model                                                                                            |  | <b>Dakota</b>                                                                                                            |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  | 40 Color                     |  | <b>Silver</b>                                                                        |  | 41 Year             |  | <b>2004</b>                                                                                               |  | 42 Plate No.     |  | <b>UUD81R</b>                    |  | 43 State        |  | <b>NJ</b>                                                                     |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 05 | 44 VIN                    |  | <b>1D7HG48N84S717817</b>                                                                                                                                                            |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 45 Expires                                                                                          |  | <b>06 14</b>                                                                                                             |  | 74 VIN                                                                                                                                                                           |  | <b>KNDPBCA27D7475507</b>                                                                                                                                                            |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  | 75 Expires          |  | <b>06 14</b>                                                                                              |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 04 | 46 Vehicle Removed To     |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 47 Authority                                                                                        |  | <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police     |  | 76 Vehicle Removed To                                                                                                                                                            |  | <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  | 77 Authority        |  | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 01 | 48 Alcohol/Drug Test      |  | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                                                         |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  | Results: 0.____%                                                                                                         |  | <input type="checkbox"/> Pending                                                                                                                                                 |  | 78 Alcohol/Drug Test                                                                                                                                                                |     | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                 |  |                              |  |                                                                                      |  |                     |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine       |  | Results: 0.____% |  | <input type="checkbox"/> Pending |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 01 | 49 Hazardous Material     |  | On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                                                                                                    |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | Name or Placard No.                                                                                 |  |                                                                                                                          |  | 79 Hazardous Material                                                                                                                                                            |  | On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                                                                                                    |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  | Name or Placard No. |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 01 | 50 Carrier No.            |  | <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                                                                                                                     |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 51 Commercial Vehicle Weight                                                                        |  | <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  | 52 Carrier name              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  | 80 Carrier No.  |  | <input type="checkbox"/> USDOT <input type="checkbox"/> Other *               |  |  |  |  |  |  |  |  |  | 81 Commercial Vehicle Weight |  | <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs |  |  |  |  |  |  |  |  |  | 82 Carrier name |  |  |  |  |  |  |  |  |  |  |  |
| 04 | 52 Carrier name           |  |                                                                                                                                                                                     |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 134 Crash Diagram (NOT TO SCALE)                                                                    |  |                                                                                                                          |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  | 136 Damage To Other Property |  | <b>None</b>                                                                          |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 04 | 137 Charge                |  | <b>39:4-97</b>                                                                                                                                                                      |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 138 Summons No.                                                                                     |  | <b>T134887</b>                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  | 139 Charge                   |  | <b>Multiple Charges</b>                                                              |  |                     |  |                                                                                                           |  |                  |  |                                  |  | 140 Summons No. |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| 04 | 141 Officer's Signature   |  | <b>William Vendrell</b>                                                                                                                                                             |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  | 142 Badge No.                                                                                       |  | <b>228</b>                                                                                                               |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  | 143 Reviewed By              |  | <b>Mulcahey</b>                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  | 144 Case Status |  | <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| A  | 83                        |  | 84                                                                                                                                                                                  |  | 85                                           |  | 86  |  | 87            |  | 88                                                                                                                                                                                 |  | 89                                                                                                  |  | 90                                                                                                                       |  | 91                                                                                                                                                                               |  | 92                                                                                                                                                                                  |     | 93                                                                                                          |  | 94              |  | 95                           |  | Names & Addresses of Occupants - If Deceased, Date & Time of Death                   |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| B  | 1                         |  | 01                                                                                                                                                                                  |  | 01                                           |  | --- |  | 62            |  | M                                                                                                                                                                                  |  | ---                                                                                                 |  | ---                                                                                                                      |  | --                                                                                                                                                                               |  | 09                                                                                                                                                                                  |     | 04                                                                                                          |  | ---             |  | ---                          |  | <b>Matthew A Sack</b><br><b>457 Bayberry RD Bridgewater, New Jersey 08807-</b>       |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| C  | 2                         |  | 01                                                                                                                                                                                  |  | 01                                           |  | 04  |  | 48            |  | F                                                                                                                                                                                  |  | 04                                                                                                  |  | 08                                                                                                                       |  | 02                                                                                                                                                                               |  | 09                                                                                                                                                                                  |     | 04                                                                                                          |  | ---             |  | 6505                         |  | <b>Nanette Brown-Fields</b><br><b>706 Zlotkin CIR 5, Freehold, New Jersey 07728-</b> |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| D  |                           |  |                                                                                                                                                                                     |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  |                                                                                                     |  |                                                                                                                          |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| E  |                           |  |                                                                                                                                                                                     |  |                                              |  |     |  |               |  |                                                                                                                                                                                    |  |                                                                                                     |  |                                                                                                                          |  |                                                                                                                                                                                  |  |                                                                                                                                                                                     |     |                                                                                                             |  |                 |  |                              |  |                                                                                      |  |                     |  |                                                                                                           |  |                  |  |                                  |  |                 |  |                                                                               |  |  |  |  |  |  |  |  |  |                              |  |                                                                                                                          |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |

## New Jersey Police Crash Investigation Report

Police Dept: **Brick PD**Code: **01-Municipal Police**

## Motor Vehicle Crash Description

Station: **---**Case No: **2014-00025672**

(Refer to vehicle by number)

| ALL INVOLVED | G | Veh Occ | Pos In/On | Eject | Phys Cond | Age | Sex | Loc Inj | Type Inj | Ref Med | Equip Avail | Equip Used | Bag Depl | 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        |                                                                    |
|              | F |         |           |       |           |     |     |         |          |         |             |            |          |           |                                                                    |
|              | G |         |           |       |           |     |     |         |          |         |             |            |          |           |                                                                    |
|              | H |         |           |       |           |     |     |         |          |         |             |            |          |           |                                                                    |
|              | I |         |           |       |           |     |     |         |          |         |             |            |          |           |                                                                    |
|              | J |         |           |       |           |     |     |         |          |         |             |            |          |           |                                                                    |

## 135 Crash Description

Vehicle 1 parked in parking spot in parking lot of Walmart located at 1872 Route 88. Vehicle 2 traveling westbound through parking lot. Vehicle 2 passes behind Vehicle 1. Vehicle 1 begins to back out of parking spot and driver of Vehicle 1 stated that they did not see Vehicle 2 due to sun glare. Vehicle 1 strikes Vehicle 2. Based on my investigation and observations on scene I determined Vehicle 1 to be at fault for the motor vehicle crash.

WilliamVendrell228

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: Brick PD

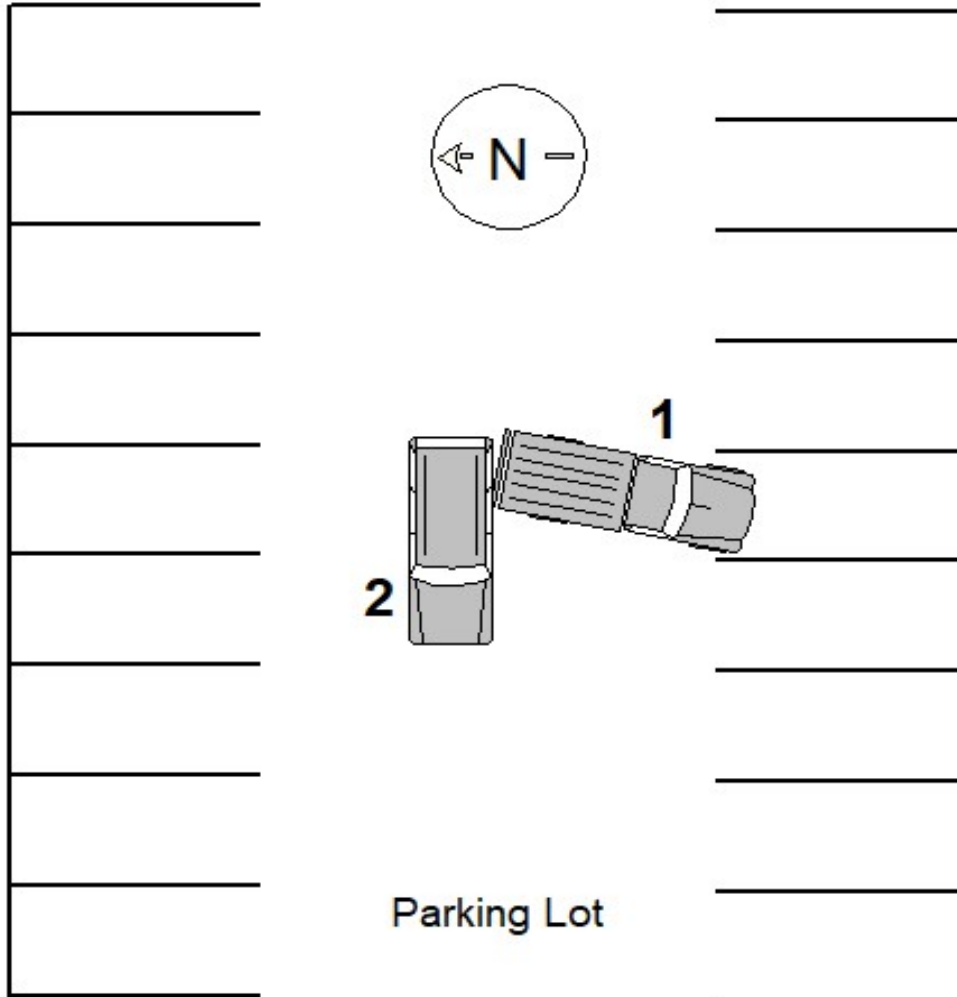
Code: 01-Municipal Police

Station: ---

Case No: 2014-00025672

134 Crash Diagram (NOT TO SCALE)

☐ Indicate North



**Walmart**  
**1872 Route 88**

William

Vendrell

228