

96	Page 1 of 3 ☐ Fatal		New Jersey Police Crash Investigation Report															☒ Reportable ☐ Non-Reportable ☐ Change Report			118a																																																		
05	1. Case Number 2020-00072990										10. Crash Occurred On: 1672 RT 88										11. Speed Limit - - - - -			12. Route No. Suffix 13. Milepost			02																																												
01	2. Police Dept. of Brick Police Code 01										Road Name _____ Dir _____																118b																																												
06	3. Station/Precinct _____										☐ At Intersection with ☐ N ☐ E ☐ Feet ☐ S ☐ W ☐ Miles										18. Speed Limit - - - - -						119a																																												
09	4. Date of Crash mm dd yy 1 2 1 2 2 0										5. Day of Week Su M Tu W Th F Sa 9										6. Time (use 2400 hrs.) 1 7 4 7										7. Municipality Code 1 5 0 6										8. Total Killed - -										9. Total Injured 0										19. ☐ To: 17. Cross Road Name/Route No. ☐ NB ☐ EB ☐ From: ☐ SB ☐ WB										119b
01	23. Veh. # 01										24. Policy No. 73607188										25. NJ Ins. Code 901										53. Veh. # _____										54. Policy No. _____										55. NJ Ins. Code _____										120a										
04	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run										☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run																														120b																														
02	26. Driver's First Name Daniel Initial T Last Name Schwester										29. Sex M										56. Driver's First Name _____ Initial _____ Last Name _____										59. Sex _____																				121a																				
01	27. Number & Street 65 JAMES ST										57. Number & Street _____																														121b																														
01	28. City Edison State NJ Zip 08818										58. City _____ State _____ Zip _____																														122																														
01	30. Eyes 0 4 DL Class D Restrictions - - - - Endorsements M										31. State NJ										60. Eyes - - DL Class - - Restrictions - - - - Endorsements - -										61. State _____										03																														
11	32. Driver's License Number S 1 5 7 9 1 5 3 8 3 0 8 7 1 4										33. DOB mm dd yy 0 8 2 5 7 1										34. Expires mm yy 0 8 2 4										62. Driver's License Number - - - - -										63. DOB mm dd yy - - - - -										64. Expires mm yy - - - - -										123										
11	35. Owner's First Name _____ Initial _____ Last Name _____										65. Owner's First Name _____ Initial _____ Last Name _____																														124																														
11	☐ Same as Driver JFK Medical Center										☐ Same as Driver _____																														11																														
11	36. Number & Street 65 JAMES ST										66. Number & Street _____																														125																														
99	37. City Edison State NJ Zip 08818										67. City _____ State _____ Zip _____																														126a																														
02	38. Make Ford 39. Model F450 40. Color WT 41. Year 2019 42. Plate No. OA6090 43. State NJ										68. Make _____ 69. Model _____ 70. Color _____ 71. Year _____ 72. Plate No. _____ 73. State _____																														126b																														
02	44. VIN 1 F D 0 X 4 G T 2 K E G 0 9 5 0 1										45. Expires 08/22										74. VIN - - - - -										75. Expires - - - - -										126c																														
05	46. Vehicle Removed to: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded										76. Vehicle Removed to: ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded																														126d																														
05	47. Authority ☐ Owner ☒ Driver ☐ Police										77. Authority ☐ Owner ☐ Driver ☐ Police																														126e																														
01	48. Alcohol Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - - % ☐ Pending										49. Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class _____ Placard No. _____										78. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - - % ☐ Pending										79. Hazardous Material ☐ None ☐ On Board ☐ Spill Hazard Class _____ Placard No. _____										69																														
01	50. Carrier No. ☐ USDOT ☒ None										51. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.										80. Carrier No. ☐ USDOT ☒ None										81. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.										127b																														
01	52. Motor Carrier or Government Entity _____										82. Motor Carrier or Government Entity _____																														127c																														
01	Number & Street _____										Number & Street _____																														127d																														
01	City _____ State _____ Zip _____										City _____ State _____ Zip _____																														127e																														
01	135. Damage to Other Property ☐ Yes (If Yes, describe) ☒ No																																								128																														
01	Oper. _____ 136. Charge _____										137. Summons No. _____										Oper. _____ 138. Charge _____										139. Summons No. _____										129																														
01	Oper. _____ 140. Charge _____										141. Summons No. _____										Oper. _____ 142. Charge _____										143. Summons No. _____										09																														
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01																																									134																														

															Names & Addresses of Occupants If Deceased, Date & Time of Death									
A	01	01	01	-	49	M	-	-	-	11	04	-	-	Daniel Thomas Schwester 65 JAMES ST Edison NJ 08818										
	01	03	01	-	40	M	-	-	-	11	04	-	-	Jonathan Keith Koven 65 JAMES ST Edison NJ 08818										
C	01	06	01	-	34	M	-	-	-	11	04	-	-	Kevin Adrian Mazza 65 JAMES ST Edison NJ 08818										
D																								

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	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Crash Investigation revealed Vehicle 1 was making a left turn around the metal traffic barrier, located near the
Speedway gas pumps (1762 Route 88). While making the left turn, the left middle side of the ambulance hit the
metal traffic barrier.

The driver of vehicle 1 stated while making the left turn, he "cut" the turn to soon, which caused the left middle
side of the vehicle to hit the metal traffic barrier.

Neither the driver nor the passengers sustained any injuries from the crash. On scene, I observed minor damage to
the left middle side of the ambulance and I observed no damage to the metal traffic barrier. There was only paint
from the ambulance, located on the traffic barrier, it appeared to come off easily.

Based on the statement provided, I find the driver to be at fault for the crash, due to driver inattention.

146. Officer's Signature David Andrew Quinn	147. Badge # 300	148. Reviewer Scott M Dierking	Badge # 204	149. Case Status ☐ Pending ☒ Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01
Station: Case No: 2020-00072990

144 Crash Diagram (NOT TO SCALE)

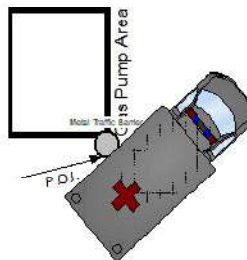
○ Indicate
North



Speedway (1672 Route 88)



Not To Scale



David Andrew Quinn

Officer's Signature

300

Badge Number