

|                                                                                                                                                                                              |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             |      |      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|-----------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------|--|-------------|------|------|--|
| 96                                                                                                                                                                                           | Page <b>1</b> of <b>3</b>                                                                                                                                      | <input type="checkbox"/> Fatal | New Jersey Police Crash Investigation Report                                                                                                  |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  | <input type="checkbox"/> Reportable                                                                                                                                              | <input checked="" type="checkbox"/> Non-Reportable | <input type="checkbox"/> Change Report |  |             |      |      |  |
| 97                                                                                                                                                                                           | 1 Case Number<br><b>2009-00047414</b>                                                                                                                          |                                | 10 Crash Occurred On: <b>1872 Rt 88</b>                                                                                                       |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  | 11 Speed Limit                                                                                                                                                                   |                                                    | 118a                                   |  |             |      |      |  |
| 98                                                                                                                                                                                           | 2 Police Dept of<br><b>Brick PD</b>                                                                                                                            |                                | Code<br><b>01</b>                                                                                                                             |  | <input type="checkbox"/> At Intersection with Road Name Dir                                                                                                    |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    | 12 Route No. Suffix                    |  | 13 Milepost |      | 118b |  |
| 01                                                                                                                                                                                           | 3 Station/Precinct                                                                                                                                             |                                | <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: <input type="checkbox"/> S <input type="checkbox"/> W |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  | 18 Speed Limit                                                                                                                                                                   |                                                    |                                        |  |             |      |      |  |
| 99                                                                                                                                                                                           | 4 Date of Crash<br>mm dd yy                                                                                                                                    |                                | 5 Day of Week<br>Su M Tu W Th F Sa                                                                                                            |  | 6 Time<br>(use 2400 hrs)                                                                                                                                       |  | 7 Municipality<br>Code                                                                                                                                                            |  | 8 Total<br>Killed             |  | 9 Total<br>Injured    |  | 19 Ramp To: From:                                                                                                                                                                |                                                    | 17 Cross Road Name                     |  | 119a        |      |      |  |
| 09                                                                                                                                                                                           | <b>09 21 09</b>                                                                                                                                                |                                | <b>M</b>                                                                                                                                      |  | <b>1 01 2</b>                                                                                                                                                  |  | <b>1506</b>                                                                                                                                                                       |  | <b>+</b>                      |  | <b>+</b>              |  | <b>21</b>                                                                                                                                                                        |                                                    | <b>22</b>                              |  | 119b        |      |      |  |
| 01                                                                                                                                                                                           | 23 Veh No                                                                                                                                                      |                                | 24 Policy No.                                                                                                                                 |  | 25 Ins Code                                                                                                                                                    |  | 53 Veh No                                                                                                                                                                         |  | 54 Policy No.                 |  | 55 Ins Code           |  |                                                                                                                                                                                  |                                                    |                                        |  |             |      |      |  |
| 02                                                                                                                                                                                           | <b>1</b>                                                                                                                                                       |                                | <b>F114755-2</b>                                                                                                                              |  | <b>426</b>                                                                                                                                                     |  |                                                                                                                                                                                   |  |                               |  |                       |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |                                                    |                                        |  | 120         |      |      |  |
| 01                                                                                                                                                                                           | 26 Driver's First Name<br><b>Susan R Saccone</b>                                                                                                               |                                | Initial Last Name                                                                                                                             |  | 29 Sex<br><b>F</b>                                                                                                                                             |  | 56 Driver's First Name                                                                                                                                                            |  | Initial Last Name             |  | 59 Sex                |  |                                                                                                                                                                                  |                                                    |                                        |  | 121         |      |      |  |
| 01                                                                                                                                                                                           | 27 Number and Street<br><b>15 Scheiber DR</b>                                                                                                                  |                                | State Zip                                                                                                                                     |  | 30 Eyes<br><b>02</b>                                                                                                                                           |  | 57 Number and Street                                                                                                                                                              |  | State Zip                     |  | 60 Eyes               |  |                                                                                                                                                                                  |                                                    |                                        |  |             |      |      |  |
| 01                                                                                                                                                                                           | 28 City<br><b>Brick</b>                                                                                                                                        |                                | State Zip<br><b>New Jersey 08723-</b>                                                                                                         |  |                                                                                                                                                                |  | 58 City                                                                                                                                                                           |  | State Zip                     |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             |      |      |  |
| 01                                                                                                                                                                                           | 31 State                                                                                                                                                       |                                | 32 Drivers License No                                                                                                                         |  | 33 DOB<br>mm dd yy                                                                                                                                             |  | 34 Expires<br>mm yy                                                                                                                                                               |  | 61 State                      |  | 62 Drivers License No |  | 63 DOB<br>mm dd yy                                                                                                                                                               |                                                    | 64 Expires<br>mm yy                    |  | 122         |      |      |  |
| 12                                                                                                                                                                                           | <b>NJ</b>                                                                                                                                                      |                                | <b>S0032 72779 61652</b>                                                                                                                      |  | <b>11 20 65</b>                                                                                                                                                |  | <b>01 12</b>                                                                                                                                                                      |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | ---         |      |      |  |
|                                                                                                                                                                                              | 35 Owner's First Name<br><input type="checkbox"/> Same As Driver<br><b>Eugene J Saccone</b>                                                                    |                                | Initial Last Name                                                                                                                             |  | 65 Owner's First Name<br><input type="checkbox"/> Same As Driver                                                                                               |  | Initial Last Name                                                                                                                                                                 |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 123         |      |      |  |
|                                                                                                                                                                                              | 36 Number and Street<br><b>15 Scheiber DR</b>                                                                                                                  |                                |                                                                                                                                               |  | 66 Number and Street                                                                                                                                           |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 124         |      |      |  |
| 01                                                                                                                                                                                           | 37 City<br><b>Brick</b>                                                                                                                                        |                                | State Zip<br><b>New Jersey 08723-</b>                                                                                                         |  |                                                                                                                                                                |  | 67 City                                                                                                                                                                           |  | State Zip                     |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 125         |      |      |  |
| 01                                                                                                                                                                                           | 38 Make<br><b>VOLKSWAGON</b>                                                                                                                                   |                                | 39 Model<br><b>TOUAREG</b>                                                                                                                    |  | 40 Color<br><b>Beige</b>                                                                                                                                       |  | 41 Year<br><b>2004</b>                                                                                                                                                            |  | 42 Plate No.<br><b>SJ380M</b> |  | 43 State<br><b>NJ</b> |  | 68 Make                                                                                                                                                                          |                                                    | 69 Model                               |  | 70 Color    |      |      |  |
| 01                                                                                                                                                                                           | 44 VIN<br><b>WVGBC77L74D079251</b>                                                                                                                             |                                | 45 Expires<br><b>09 10</b>                                                                                                                    |  | 74 VIN                                                                                                                                                         |  | 75 Expires                                                                                                                                                                        |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 126         |      |      |  |
| 01                                                                                                                                                                                           | 46 Vehicle Removed To <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed                         |                                | 47 Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                     |  | 76 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed                                    |  | 77 Authority<br><input type="checkbox"/> Impound <input type="checkbox"/> Disabled <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 127         |      |      |  |
| 01                                                                                                                                                                                           | 48 Alcohol/Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                            |                                | 134 Crash Diagram (NOT TO SCALE)                                                                                                              |  | 78 Alcohol/Drug Test<br>Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                       |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 128a        |      |      |  |
| ---                                                                                                                                                                                          | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                                            |                                | Indicate North                                                                                                                                |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                                            |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 128b        |      |      |  |
| ---                                                                                                                                                                                          | Results: 0. ___ % <input type="checkbox"/> Pending                                                                                                             |                                |                                                                                                                                               |  | Results: 0. ___ % <input type="checkbox"/> Pending                                                                                                             |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 128c        |      |      |  |
| ---                                                                                                                                                                                          | 49 Hazardous Material<br>On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                                                      |                                | Name or Placard No.                                                                                                                           |  | 79 Hazardous Material<br>On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                                                      |  | Name or Placard No.                                                                                                                                                               |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 128d        |      |      |  |
| ---                                                                                                                                                                                          | 50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                                                                                 |                                |                                                                                                                                               |  | 80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                                                                                 |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 129a        |      |      |  |
| 03                                                                                                                                                                                           | 51 Commercial Vehicle Weight<br><input type="checkbox"/> ≤ 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> ≥ 26,001 lbs |                                |                                                                                                                                               |  | 81 Commercial Vehicle Weight<br><input type="checkbox"/> ≤ 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> ≥ 26,001 lbs |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 129b        |      |      |  |
| ---                                                                                                                                                                                          | 52 Carrier name                                                                                                                                                |                                |                                                                                                                                               |  | 82 Carrier name                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  | 129c        |      |      |  |
| See Attached Pages                                                                                                                                                                           |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             | 129d |      |  |
|                                                                                                                                                                                              |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             | ---  |      |  |
|                                                                                                                                                                                              |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             | ---  |      |  |
|                                                                                                                                                                                              |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             | ---  |      |  |
| 136 Damage To Other Property <b>None</b>                                                                                                                                                     |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             | 130  |      |  |
| Oper. <b>1</b> 137 Charge <input type="checkbox"/> Multiple Charges 138 Summons No. <b>2</b> 139 Charge <input type="checkbox"/> Multiple Charges 140 Summons No.                            |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             | 131  |      |  |
| 141 Officer's Signature <b>Robert Koch</b> 142 Badge No. <b>170</b> 143 Reviewed By <b>170</b> 144 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             | 132  |      |  |
| 83 84 85 86 87 88 89 90 91 92 93 94 95 Names & Addresses of Occupants - If Deceased, Date & Time of Death                                                                                    |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             | 133  |      |  |
| A                                                                                                                                                                                            | <b>1 01 01 --- 43 F --- --- 01 09 04 --- ---</b>                                                                                                               |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    | <b>Susan R Saccone</b>                 |  | 134         |      |      |  |
| B                                                                                                                                                                                            | <b>1 04 01 --- 03 F --- --- 01 05 05 --- ---</b>                                                                                                               |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    | <b>Dana Saccone</b>                    |  | 135         |      |      |  |
| C                                                                                                                                                                                            |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             |      |      |  |
| D                                                                                                                                                                                            |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             |      |      |  |
| E                                                                                                                                                                                            |                                                                                                                                                                |                                |                                                                                                                                               |  |                                                                                                                                                                |  |                                                                                                                                                                                   |  |                               |  |                       |  |                                                                                                                                                                                  |                                                    |                                        |  |             |      |      |  |

## New Jersey Police Crash Investigation Report

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

## Motor Vehicle Crash Description

Station: \_\_\_\_\_ Case No: **2009-00047414**

(Refer to vehicle by number)

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

## 135 Crash Description

Driver of Vehicle 01 stated she was driving south in the WAL-MART parking lot by the garden section when two Canadian geese flew from the west into the front of her vehicle. Vehicle 01 struck both geese. Both geese died.

No damaged observed to Vehicle 01.

RobertKoch170

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: **Brick PD**

Code: **01-Municipal Police**

Station: \_\_\_\_\_

Case No: **2009-00047414**

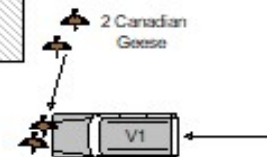
134 Crash Diagram (NOT TO SCALE)



Indicate  
North



Parking Lot



**NOT TO SCALE**

Robert

Koch

170