

|      |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                |  |                                         |  |                                        |  |                                                                                                                                                           |  |                                   |  |                                        |  |      |  |            |  |                                                                                                                                                                                                                        |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
|------|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|----------------------------------------------|--|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|------------------------------------------------|--|-----------------------------------------|--|----------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|--|----------------------------------------|--|------|--|------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|--------------------------------------------|--|------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|----------------------------------------|--|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|----------------------------------------|--|--|--|--|--|----------------------------------------|--|-----------------|--|--------------------|--|-----|--|--|--|---------------------|--|--------------|--|--|--|--|--|--|--|-----------------------------------------------|--|---------------|--|--|--|--|--|--|--|------|--|----------------------|--|--|--|--|--|--|--|----|--|--------------|--|-----|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|------|
| 96   | Page 1 of 3                                                                                                             |  | <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 |  | 118a                                                                                                                                                      |  |                                   |  |                                        |  |      |  |            |  |                                                                                                                                                                                                                        |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 05   | 1. Case Number<br>2017-00079538                                                                                         |  |                                |  |                                              |  |  |  |  |  | 10. Crash Occurred On: CHAMBERSBRIDGE RD                                                                                                                                                                                                                                              |  |                         |  |                                                |  |                                         |  |                                        |  | 11. Speed Limit<br>40                                                                                                                                     |  | 12. Route No. 549                 |  | 13. Milepost                           |  | 09   |  |            |  |                                                                                                                                                                                                                        |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 01   | 2. Police Dept. of Brick Police                                                                                         |  |                                |  |                                              |  |  |  |  |  | Code 01                                                                                                                                                                                                                                                                               |  | Road Name               |  |                                                |  |                                         |  |                                        |  |                                                                                                                                                           |  | Dir                               |  |                                        |  | 02   |  |            |  |                                                                                                                                                                                                                        |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 01   | 3. Station/Precinct                                                                                                     |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                                                                                                                                       |  | At Intersection with    |  |                                                |  |                                         |  |                                        |  |                                                                                                                                                           |  | of: RT 70                         |  | 18. Speed Limit<br>50                  |  | 119a |  |            |  |                                                                                                                                                                                                                        |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 05   | 4. Date of Crash                                                                                                        |  |                                |  |                                              |  |  |  |  |  | 5. Day of Week                                                                                                                                                                                                                                                                        |  | 6. Time (use 2400 hrs.) |  | 7. Municipality Code                           |  | 8. Total Killed                         |  | 9. Total Injured                       |  | 19. Ramp                                                                                                                                                  |  | 17. Cross Road Name/Route No.     |  | 55. NJ Ins. Code                       |  | 119b |  |            |  |                                                                                                                                                                                                                        |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 01   | 1 2 0 1 1 7                                                                                                             |  |                                |  |                                              |  |  |  |  |  | Su M Tu W Th Sa                                                                                                                                                                                                                                                                       |  | 1 0 0 2                 |  | 1 5 0 6                                        |  |                                         |  |                                        |  |                                                                                                                                                           |  |                                   |  | 946                                    |  | 25   |  |            |  |                                                                                                                                                                                                                        |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 100a | 23. Veh. # 01                                                                                                           |  |                                |  |                                              |  |  |  |  |  | 24. Policy No. 015750328U7101                                                                                                                                                                                                                                                         |  |                         |  |                                                |  |                                         |  |                                        |  | 25. NJ Ins. Code 355                                                                                                                                      |  | 53. Veh. # 02                     |  | 54. Policy No. NC10188578              |  |      |  |            |  |                                                                                                                                                                                                                        |  |                              |  | 55. NJ Ins. Code 946                       |  | 120a |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 01   | 26. Driver's First Name MARK                                                                                            |  |                                |  |                                              |  |  |  |  |  | Initial Last Name ROMA                                                                                                                                                                                                                                                                |  |                         |  |                                                |  |                                         |  |                                        |  | 29. Sex M                                                                                                                                                 |  | 56. Driver's First Name ALEXANDRA |  |                                        |  |      |  |            |  |                                                                                                                                                                                                                        |  | Initial Last Name L MONTROY  |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  | 59. Sex F          |  | 120b                                   |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 02   | 27. Number & Street 526 RAVEN CT                                                                                        |  |                                |  |                                              |  |  |  |  |  | 28. City TOMS RIVER TOWNSHIP                                                                                                                                                                                                                                                          |  |                         |  |                                                |  |                                         |  |                                        |  | State NJ Zip 08753                                                                                                                                        |  | 57. Number & Street 689 HILL RD   |  |                                        |  |      |  |            |  |                                                                                                                                                                                                                        |  | 58. City TOMS RIVER TOWNSHIP |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  | State NJ Zip 08753 |  | 121a                                   |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 01   | 30. Eyes 02                                                                                                             |  |                                |  |                                              |  |  |  |  |  | DL Class D                                                                                                                                                                                                                                                                            |  | Restrictions            |  | Endorsements M                                 |  | 31. State NJ                            |  | 60. Eyes 04                            |  |                                                                                                                                                           |  |                                   |  |                                        |  |      |  | DL Class D |  | Restrictions T1                                                                                                                                                                                                        |  | Endorsements                 |  | 61. State NJ                               |  | 121b |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 02   | 32. Driver's License Number R6322                                                                                       |  |                                |  |                                              |  |  |  |  |  | 33. DOB 052073                                                                                                                                                                                                                                                                        |  |                         |  |                                                |  |                                         |  |                                        |  | 34. Expires 0818                                                                                                                                          |  | 62. Driver's License Number M6454 |  |                                        |  |      |  |            |  |                                                                                                                                                                                                                        |  | 63. DOB 122293               |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  | 64. Expires 1218   |  | 122                                    |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 01   | 35. Owner's First Name MARK                                                                                             |  |                                |  |                                              |  |  |  |  |  | Initial Last Name ROMA                                                                                                                                                                                                                                                                |  |                         |  |                                                |  |                                         |  |                                        |  | 36. Number & Street 526 RAVEN CT                                                                                                                          |  | 37. City TOMS RIVER TOWNSHIP      |  |                                        |  |      |  |            |  |                                                                                                                                                                                                                        |  | State NJ Zip 08753           |  | 65. Owner's First Name ALEXANDRA L MONTROY |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  | 66. Number & Street 689 HILL RD        |  |  |  |  |  |                                                                                                                                                           |  |                |  | 67. City TOMS RIVER TOWNSHIP           |  |  |  |  |  |                                        |  |                 |  | State NJ Zip 08753 |  | 123 |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 05   | 38. Make DODGE                                                                                                          |  |                                |  |                                              |  |  |  |  |  | 39. Model Ram 1500                                                                                                                                                                                                                                                                    |  |                         |  |                                                |  |                                         |  |                                        |  | 40. Color BK                                                                                                                                              |  |                                   |  |                                        |  |      |  |            |  | 41. Year 2011                                                                                                                                                                                                          |  |                              |  |                                            |  |      |  |  |  | 42. Plate No. C53JJV                                                                                                                                                                                                                                                                  |  |                    |  |                                        |  |  |  |  |  | 43. State NJ                                                                                                                                              |  | 68. Make Honda |  |                                        |  |  |  |  |  |                                        |  | 69. Model Civic |  |                    |  |     |  |  |  |                     |  | 70. Color SL |  |  |  |  |  |  |  |                                               |  | 71. Year 2012 |  |  |  |  |  |  |  |      |  | 72. Plate No. M12ERE |  |  |  |  |  |  |  |    |  | 73. State NJ |  | 124 |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 01   | 44. VIN 1D7RV1GP5B582918                                                                                                |  |                                |  |                                              |  |  |  |  |  | 45. Expires 11/18                                                                                                                                                                                                                                                                     |  |                         |  |                                                |  |                                         |  |                                        |  | 74. VIN 2HGF3B05CH525318                                                                                                                                  |  |                                   |  |                                        |  |      |  |            |  | 75. Expires 09/18                                                                                                                                                                                                      |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  | 125                                    |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 01   | 46. Vehicle Removed to:                                                                                                 |  |                                |  |                                              |  |  |  |  |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                |  |                         |  |                                                |  |                                         |  |                                        |  | 76. Vehicle Removed to:                                                                                                                                   |  |                                   |  |                                        |  |      |  |            |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  | 126a                                   |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 01   | 47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police |  |                                |  |                                              |  |  |  |  |  | 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: 0.00% <input type="checkbox"/> Pending |  |                         |  |                                                |  |                                         |  |                                        |  | 49. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No. |  |                                   |  |                                        |  |      |  |            |  | 77. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                |  |                              |  |                                            |  |      |  |  |  | 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: 0.00% <input type="checkbox"/> Pending |  |                    |  |                                        |  |  |  |  |  | 79. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No. |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  | 126b                |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 03   | 50. Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                 |  |                                |  |                                              |  |  |  |  |  | 51. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                                                                                                                     |  |                         |  |                                                |  |                                         |  |                                        |  | 80. Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                   |  |                                   |  |                                        |  |      |  |            |  | 81. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                                                      |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  | 126c                                   |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| 03   | 52. Motor Carrier or Government Entity                                                                                  |  |                                |  |                                              |  |  |  |  |  | 53. Motor Carrier or Government Entity                                                                                                                                                                                                                                                |  |                         |  |                                                |  |                                         |  |                                        |  | 54. Motor Carrier or Government Entity                                                                                                                    |  |                                   |  |                                        |  |      |  |            |  | 55. Motor Carrier or Government Entity                                                                                                                                                                                 |  |                              |  |                                            |  |      |  |  |  | 56. Motor Carrier or Government Entity                                                                                                                                                                                                                                                |  |                    |  |                                        |  |  |  |  |  | 57. Motor Carrier or Government Entity                                                                                                                    |  |                |  |                                        |  |  |  |  |  | 58. Motor Carrier or Government Entity |  |                 |  |                    |  |     |  |  |  | 126d                |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
|      | Number & Street                                                                                                         |  |                                |  |                                              |  |  |  |  |  | City                                                                                                                                                                                                                                                                                  |  |                         |  |                                                |  |                                         |  |                                        |  | State                                                                                                                                                     |  | Zip                               |  | 82. Motor Carrier or Government Entity |  |      |  |            |  |                                                                                                                                                                                                                        |  |                              |  | 83. Motor Carrier or Government Entity     |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  | 84. Motor Carrier or Government Entity |  |  |  |  |  |                                                                                                                                                           |  |                |  | 85. Motor Carrier or Government Entity |  |  |  |  |  |                                        |  |                 |  | 126e               |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
|      | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                |  |                                         |  |                                        |  |                                                                                                                                                           |  |                                   |  |                                        |  |      |  |            |  |                                                                                                                                                                                                                        |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  | 126f                |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
|      | Oper. 136. Charge                                                                                                       |  |                                |  |                                              |  |  |  |  |  | 137. Summons No.                                                                                                                                                                                                                                                                      |  |                         |  |                                                |  |                                         |  |                                        |  | Oper. 138. Charge                                                                                                                                         |  |                                   |  |                                        |  |      |  |            |  | 139. Summons No.                                                                                                                                                                                                       |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  | 127a                                                                                                                                                      |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
|      | Oper. 140. Charge                                                                                                       |  |                                |  |                                              |  |  |  |  |  | 141. Summons No.                                                                                                                                                                                                                                                                      |  |                         |  |                                                |  |                                         |  |                                        |  | Oper. 142. Charge                                                                                                                                         |  |                                   |  |                                        |  |      |  |            |  | 143. Summons No.                                                                                                                                                                                                       |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  | 127b                                                                                                                                                      |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
|      | 83                                                                                                                      |  |                                |  |                                              |  |  |  |  |  | 84                                                                                                                                                                                                                                                                                    |  |                         |  |                                                |  |                                         |  |                                        |  | 85                                                                                                                                                        |  |                                   |  |                                        |  |      |  |            |  | 86                                                                                                                                                                                                                     |  |                              |  |                                            |  |      |  |  |  | 87                                                                                                                                                                                                                                                                                    |  |                    |  |                                        |  |  |  |  |  | 88                                                                                                                                                        |  |                |  |                                        |  |  |  |  |  | 89                                     |  |                 |  |                    |  |     |  |  |  | 90                  |  |              |  |  |  |  |  |  |  | 91                                            |  |               |  |  |  |  |  |  |  | 92   |  |                      |  |  |  |  |  |  |  | 93 |  |              |  |     |  |  |  |  |  | 94 |  |  |  |  |  |  |  |  |  | 95 |  |  |  |  |  |  |  |  |  | Names & Addresses of Occupants If Deceased, Date & Time of Death |  |  |  |  |  |  |  |  |  | 127c |
| A    | 01                                                                                                                      |  |                                |  |                                              |  |  |  |  |  | 01                                                                                                                                                                                                                                                                                    |  |                         |  |                                                |  |                                         |  |                                        |  | 01                                                                                                                                                        |  |                                   |  |                                        |  |      |  |            |  | 44                                                                                                                                                                                                                     |  |                              |  |                                            |  |      |  |  |  | M                                                                                                                                                                                                                                                                                     |  |                    |  |                                        |  |  |  |  |  | 11                                                                                                                                                        |  |                |  |                                        |  |  |  |  |  | 04                                     |  |                 |  |                    |  |     |  |  |  | MARK ROMA           |  |              |  |  |  |  |  |  |  | 526 RAVEN CT TOMS RIVER TOWNSHIP NJ 08753     |  |               |  |  |  |  |  |  |  | 127d |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| B    | 01                                                                                                                      |  |                                |  |                                              |  |  |  |  |  | 03                                                                                                                                                                                                                                                                                    |  |                         |  |                                                |  |                                         |  |                                        |  | 01                                                                                                                                                        |  |                                   |  |                                        |  |      |  |            |  | 16                                                                                                                                                                                                                     |  |                              |  |                                            |  |      |  |  |  | F                                                                                                                                                                                                                                                                                     |  |                    |  |                                        |  |  |  |  |  | 11                                                                                                                                                        |  |                |  |                                        |  |  |  |  |  | 04                                     |  |                 |  |                    |  |     |  |  |  | BRIANNA FINELY      |  |              |  |  |  |  |  |  |  | 794 NEBRASKA AVE TOMS RIVER TOWNSHIP NJ 08753 |  |               |  |  |  |  |  |  |  | 127e |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| C    | 02                                                                                                                      |  |                                |  |                                              |  |  |  |  |  | 01                                                                                                                                                                                                                                                                                    |  |                         |  |                                                |  |                                         |  |                                        |  | 01                                                                                                                                                        |  |                                   |  |                                        |  |      |  |            |  | 23                                                                                                                                                                                                                     |  |                              |  |                                            |  |      |  |  |  | F                                                                                                                                                                                                                                                                                     |  |                    |  |                                        |  |  |  |  |  | 11                                                                                                                                                        |  |                |  |                                        |  |  |  |  |  | 04                                     |  |                 |  |                    |  |     |  |  |  | ALEXANDRA L MONTROY |  |              |  |  |  |  |  |  |  | 689 HILL RD TOMS RIVER TOWNSHIP NJ 08753      |  |               |  |  |  |  |  |  |  | 127f |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |
| D    |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                |  |                                         |  |                                        |  |                                                                                                                                                           |  |                                   |  |                                        |  |      |  |            |  |                                                                                                                                                                                                                        |  |                              |  |                                            |  |      |  |  |  |                                                                                                                                                                                                                                                                                       |  |                    |  |                                        |  |  |  |  |  |                                                                                                                                                           |  |                |  |                                        |  |  |  |  |  |                                        |  |                 |  |                    |  |     |  |  |  |                     |  |              |  |  |  |  |  |  |  |                                               |  |               |  |  |  |  |  |  |  |      |  |                      |  |  |  |  |  |  |  |    |  |              |  |     |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  | 128                                                              |  |  |  |  |  |  |  |  |  |      |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2017-00079538 |    |                                                                     | Page 2 of 3 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|-------------|--|
| E<br><br>F<br><br>G<br><br>H<br><br>I<br><br>J  | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |

144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

On 12/1/2017 at 1002hrs vehicles were traveling south on Chambers Bridge Rd. Vehicle#1 struck vehicle#2.

Driver of vehicle#1 stated an unknown type white van "cut him off" and he swerved to avoid the van and struck vehicle#2 in the rear. Vehicle#2 was in the process of making a right turn into the Auto Zone.

Driver of vehicle#2 stated she was traveling south on Chambers Bridge Rd in the right lane. She proceeded to make the right turn into the Auto Zone parking lot when she was struck from behind by vehicle#1.

Vehicle#1 damage-front passenger side bumper.

Vehicle#2 damage- rear drivers side bumper and panel.

No injuries observed or reported.

|                                               |                     |                                |                |                                                                                                   |
|-----------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Candace J Lambert | 147. Badge #<br>152 | 148. Reviewer<br>James J Kelly | Badge #<br>233 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|-----------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01  
Station:        Case No: 2017-00079538

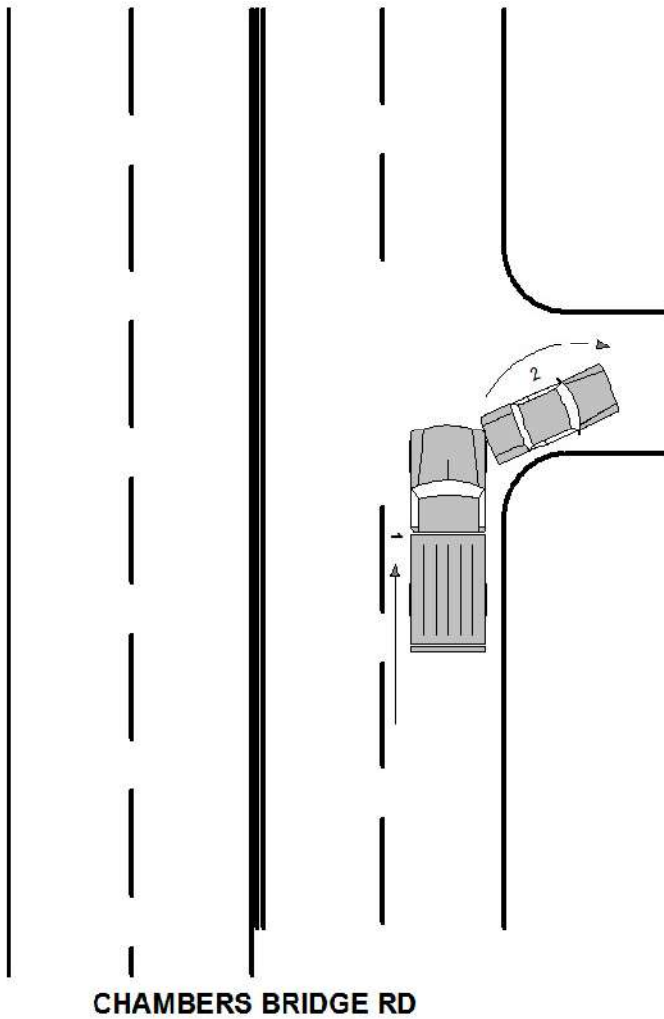
144 Crash Diagram (NOT TO SCALE)

○ Indicate  
North

*NOT TO SCALE*



**AUTO ZONE  
52 CHAMBERS BRIDGE RD**



Candace J Lambert

152