

|      |                                                                                                             |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
|------|-------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------|--|----------------------------------------|--|---------------------------------------------|--|------------------------------------|--|-------------|--|--------------------------------------------------------------------|--|---------------------------------------------------------------------|--|-----|
| 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                                                                                              |  |                                |  | 2020-00035478                                                                                                    |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  | 11. Speed Limit                                     |  | 3                                       |  | 5                                      |  | 25                                          |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 97   | 2. Police Dept. of                                                                                          |  |                                |  | Code                                                                                                             |  | 10. Crash Occurred On: W PRINCETON AVE              |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  | 12. Route No.                           |  | 13. Milepost                           |  | 118b                                        |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 01   | Brick Police                                                                                                |  |                                |  | 01                                                                                                               |  | Road Name                                           |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  | Dir                                     |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 98   | 3. Station/Precinct                                                                                         |  |                                |  |                                                                                                                  |  | 30                                                  |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  | 14                                      |  | 15                                     |  | 119a                                        |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 01   |                                                                                                             |  |                                |  |                                                                                                                  |  | <input type="checkbox"/> At Intersection with       |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  | <input type="checkbox"/> N              |  | <input type="checkbox"/> E             |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 99   |                                                                                                             |  |                                |  |                                                                                                                  |  | <input checked="" type="checkbox"/> Feet            |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  | <input type="checkbox"/> S              |  | <input type="checkbox"/> W             |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 05   |                                                                                                             |  |                                |  |                                                                                                                  |  | of: FORT STREET                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  | 18. Speed Limit                         |  | 2                                      |  | 5                                           |  | 119b                               |  |             |  |                                                                    |  |                                                                     |  |     |
| 100a | 4. Date of Crash                                                                                            |  |                                |  | 5. Day of Week                                                                                                   |  | 6. Time (use 2400 hrs.)                             |  |                                                                                                     |  | 7. Municipality Code                                                                                  |  | 8. Total Killed                                 |  | 9. Total Injured                                    |  | 19. To: 17. Cross Road Name/Route No.   |  | <input type="checkbox"/> NB            |  | <input type="checkbox"/> EB                 |  | 119c                               |  |             |  |                                                                    |  |                                                                     |  |     |
| 01   | 060420                                                                                                      |  |                                |  | Su M Tu W                                                                                                        |  | 1518                                                |  |                                                                                                     |  | 1506                                                                                                  |  |                                                 |  |                                                     |  | 21. Latitude                            |  | 20 Route Name/Route No.                |  | 22. Longitude                               |  | 120a                               |  |             |  |                                                                    |  |                                                                     |  |     |
| 100b | 23. Veh. #                                                                                                  |  |                                |  | 24. Policy No.                                                                                                   |  | 25. NJ Ins. Code                                    |  |                                                                                                     |  | 53. Veh. #                                                                                            |  | 54. Policy No.                                  |  | 55. NJ Ins. Code                                    |  |                                         |  |                                        |  |                                             |  | 120b                               |  |             |  |                                                                    |  |                                                                     |  |     |
| 04   | 01                                                                                                          |  |                                |  | 925 950 430                                                                                                      |  | *                                                   |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 101  | <input type="checkbox"/> Parked                                                                             |  |                                |  | <input type="checkbox"/> Ped                                                                                     |  | <input type="checkbox"/> Pedalcyclist               |  | <input type="checkbox"/> Resp. to Emergency                                                         |  | <input type="checkbox"/> Hit & Run                                                                    |  | <input type="checkbox"/> Parked                 |  |                                                     |  | <input type="checkbox"/> Ped            |  | <input type="checkbox"/> Pedalcyclist  |  | <input type="checkbox"/> Resp. to Emergency |  | <input type="checkbox"/> Hit & Run |  | 121a        |  |                                                                    |  |                                                                     |  |     |
| 02   | 26. Driver's First Name                                                                                     |  |                                |  | Initial                                                                                                          |  | Last Name                                           |  | 29. Sex                                                                                             |  | 56. Driver's First Name                                                                               |  |                                                 |  | Initial                                             |  | Last Name                               |  | 59. Sex                                |  |                                             |  |                                    |  | 121b        |  |                                                                    |  |                                                                     |  |     |
| 01   | GEINER ALONSO                                                                                               |  |                                |  |                                                                                                                  |  | AMADOR ALVARADO                                     |  | M                                                                                                   |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 102  | 27. Number & Street                                                                                         |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  | 57. Number & Street                                                                                   |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 01   | 214 CRAIN CT                                                                                                |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 103  | 28. City                                                                                                    |  |                                |  |                                                                                                                  |  | State                                               |  | Zip                                                                                                 |  | 58. City                                                                                              |  |                                                 |  |                                                     |  | State                                   |  | Zip                                    |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 01   | GLEN BURNIE                                                                                                 |  |                                |  |                                                                                                                  |  | MD                                                  |  | 21061                                                                                               |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 104  | 30. Eyes                                                                                                    |  |                                |  | DL Class                                                                                                         |  | Restrictions                                        |  | Endorsements                                                                                        |  | 31. State                                                                                             |  | 60. Eyes                                        |  | DL Class                                            |  | Restrictions                            |  | Endorsements                           |  | 61. State                                   |  | 122                                |  |             |  |                                                                    |  |                                                                     |  |     |
| 01   | 02                                                                                                          |  |                                |  | C                                                                                                                |  |                                                     |  |                                                                                                     |  | MD                                                                                                    |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  | 01                                 |  |             |  |                                                                    |  |                                                                     |  |     |
| 105  | 32. Driver's License Number                                                                                 |  |                                |  | 33. DOB                                                                                                          |  | dd                                                  |  | yy                                                                                                  |  | 34. Expires                                                                                           |  | mm                                              |  | yy                                                  |  | 62. Driver's License Number             |  | 63. DOB                                |  | dd                                          |  | yy                                 |  | 64. Expires |  | mm                                                                 |  | yy                                                                  |  | 123 |
| 99   | A-536                                                                                                       |  |                                |  | -275-                                                                                                            |  | 054-                                                |  | 8                                                                                                   |  | 102184                                                                                                |  | 1023                                            |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 106  | 35. Owner's First Name                                                                                      |  |                                |  | Initial                                                                                                          |  | Last Name                                           |  | 65. Owner's First Name                                                                              |  |                                                                                                       |  | Initial                                         |  | Last Name                                           |  |                                         |  |                                        |  |                                             |  |                                    |  | 124         |  |                                                                    |  |                                                                     |  |     |
|      | <input type="checkbox"/> Same as Driver                                                                     |  |                                |  |                                                                                                                  |  | HEINER ATENCIO-MARTINEZ                             |  | <input type="checkbox"/> Same as Driver                                                             |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 04          |  |                                                                    |  |                                                                     |  |     |
| 107  | 36. Number & Street                                                                                         |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  | 66. Number & Street                                                                                   |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 125         |  |                                                                    |  |                                                                     |  |     |
|      | 11 WINFIELD ST                                                                                              |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 108  | 37. City                                                                                                    |  |                                |  |                                                                                                                  |  | State                                               |  | Zip                                                                                                 |  | 67. City                                                                                              |  |                                                 |  |                                                     |  | State                                   |  | Zip                                    |  |                                             |  |                                    |  | 126a        |  |                                                                    |  |                                                                     |  |     |
| 04   | NORWALK                                                                                                     |  |                                |  |                                                                                                                  |  | CT                                                  |  | 06855                                                                                               |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 39          |  |                                                                    |  |                                                                     |  |     |
| 109  | 38. Make                                                                                                    |  |                                |  | 39. Model                                                                                                        |  | 40. Color                                           |  | 41. Year                                                                                            |  | 42. Plate No.                                                                                         |  | 43. State                                       |  | 68. Make                                            |  | 69. Model                               |  | 70. Color                              |  | 71. Year                                    |  | 72. Plate No.                      |  | 73. State   |  | 126b                                                               |  |                                                                     |  |     |
|      | Nissan                                                                                                      |  |                                |  | Pathfinder                                                                                                       |  | GY                                                  |  | 2011                                                                                                |  | AS58853                                                                                               |  | CT                                              |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 110  | 44. VIN                                                                                                     |  |                                |  | 45. Expires                                                                                                      |  |                                                     |  | 74. VIN                                                                                             |  | 75. Expires                                                                                           |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  | 126c                                                               |  |                                                                     |  |     |
| 01   | 5N1AR1NB3BC617402                                                                                           |  |                                |  | 01/21                                                                                                            |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 111  | 46. Vehicle Removed to:                                                                                     |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  | 76. Vehicle Removed to:                                                                               |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 126d        |  |                                                                    |  |                                                                     |  |     |
| 112  | <input checked="" type="checkbox"/> Driven                                                                  |  |                                |  | <input type="checkbox"/> Towed Disabled                                                                          |  | <input type="checkbox"/> Towed Disabled & Impounded |  | <input type="checkbox"/> Driven                                                                     |  |                                                                                                       |  | <input type="checkbox"/> Towed Disabled         |  | <input type="checkbox"/> Towed Disabled & Impounded |  |                                         |  |                                        |  |                                             |  |                                    |  | 126e        |  |                                                                    |  |                                                                     |  |     |
|      | <input type="checkbox"/> Left at Scene                                                                      |  |                                |  | <input type="checkbox"/> Towed Impounded                                                                         |  |                                                     |  | <input type="checkbox"/> Left at Scene                                                              |  |                                                                                                       |  | <input type="checkbox"/> Towed Impounded        |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 39          |  |                                                                    |  |                                                                     |  |     |
| 113  | 47. Authority                                                                                               |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  | 77. Authority                                                                                         |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 127a        |  |                                                                    |  |                                                                     |  |     |
|      | <input type="checkbox"/> Owner                                                                              |  |                                |  | <input checked="" type="checkbox"/> Driver                                                                       |  | <input type="checkbox"/> Police                     |  | <input type="checkbox"/> Owner                                                                      |  |                                                                                                       |  | <input type="checkbox"/> Driver                 |  | <input type="checkbox"/> Police                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| 114  | 48. Alcohol Drug Test                                                                                       |  |                                |  | 49. Hazardous Material                                                                                           |  |                                                     |  | 78. Alcohol Drug Test                                                                               |  | 79. Hazardous Material                                                                                |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  | 127b                               |  |             |  |                                                                    |  |                                                                     |  |     |
| 115  | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                |  | Given: <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                                                     |  | Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused    |  | Given: <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  | 127c                               |  |             |  |                                                                    |  |                                                                     |  |     |
|      | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |  |                                |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine              |  |                                                     |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine   |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  | 127d                               |  |             |  |                                                                    |  |                                                                     |  |     |
| 116  | Results: 0.00% <input type="checkbox"/> Pending                                                             |  |                                |  | Hazard Class                                                                                                     |  | Placard No.                                         |  | Results: 0.00% <input type="checkbox"/> Pending                                                     |  | Hazard Class                                                                                          |  | Placard No.                                     |  |                                                     |  |                                         |  |                                        |  |                                             |  | 127e                               |  |             |  |                                                                    |  |                                                                     |  |     |
| 02   | 50. Carrier No.                                                                                             |  |                                |  | 51. GVWR / GCWR (trucks & buses only)                                                                            |  |                                                     |  | 80. Carrier No.                                                                                     |  | 81. GVWR / GCWR (trucks & buses only)                                                                 |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  | 128                                |  |             |  |                                                                    |  |                                                                     |  |     |
| 117  | <input type="checkbox"/> USDOT                                                                              |  |                                |  | <input checked="" type="checkbox"/> None                                                                         |  | <input type="checkbox"/> ≤ 10,000 lbs.              |  | <input type="checkbox"/> USDOT                                                                      |  | <input checked="" type="checkbox"/> None                                                              |  | <input type="checkbox"/> ≤ 10,000 lbs.          |  |                                                     |  |                                         |  |                                        |  |                                             |  | 26                                 |  |             |  |                                                                    |  |                                                                     |  |     |
|      | <input type="checkbox"/> MC/MX                                                                              |  |                                |  | <input type="checkbox"/> ≥ 10,001 - 26,000 lbs.                                                                  |  | <input type="checkbox"/> ≥ 26,001 lbs.              |  | <input type="checkbox"/> MC/MX                                                                      |  |                                                                                                       |  | <input type="checkbox"/> ≥ 10,001 - 26,000 lbs. |  |                                                     |  |                                         |  |                                        |  |                                             |  | 13                                 |  |             |  |                                                                    |  |                                                                     |  |     |
|      | <input type="checkbox"/> ≥ 26,001 lbs.                                                                      |  |                                |  |                                                                                                                  |  |                                                     |  | <input type="checkbox"/> ≥ 26,001 lbs.                                                              |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  | 130                                |  |             |  |                                                                    |  |                                                                     |  |     |
|      | 52. Motor Carrier or Government Entity                                                                      |  |                                |  | 82. Motor Carrier or Government Entity                                                                           |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 131         |  |                                                                    |  |                                                                     |  |     |
|      | Number & Street                                                                                             |  |                                |  | Number & Street                                                                                                  |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 132         |  |                                                                    |  |                                                                     |  |     |
|      | City                                                                                                        |  |                                |  | City                                                                                                             |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 133         |  |                                                                    |  |                                                                     |  |     |
|      | State                                                                                                       |  |                                |  | State                                                                                                            |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 03          |  |                                                                    |  |                                                                     |  |     |
|      | Zip                                                                                                         |  |                                |  | Zip                                                                                                              |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  | 134         |  |                                                                    |  |                                                                     |  |     |
|      | 135. Damage to Other Property                                                                               |  |                                |  | <input type="checkbox"/> Yes (If Yes, describe)                                                                  |  | <input checked="" type="checkbox"/> No              |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
|      | Oper.                                                                                                       |  |                                |  | 136. Charge                                                                                                      |  | 137. Summons No.                                    |  | Oper.                                                                                               |  |                                                                                                       |  | 138. Charge                                     |  | 139. Summons No.                                    |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
|      |                                                                                                             |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
|      | Oper.                                                                                                       |  |                                |  | 140. Charge                                                                                                      |  | 141. Summons No.                                    |  | Oper.                                                                                               |  |                                                                                                       |  | 142. Charge                                     |  | 143. Summons No.                                    |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
|      |                                                                                                             |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
|      | 83                                                                                                          |  |                                |  | 84                                                                                                               |  | 85                                                  |  | 86                                                                                                  |  | 87                                                                                                    |  | 88                                              |  | 89                                                  |  | 90                                      |  | 91                                     |  | 92                                          |  | 93                                 |  | 94          |  | 95                                                                 |  | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |  |     |
| A    | 01                                                                                                          |  | 01                             |  | 01                                                                                                               |  | -                                                   |  | 35                                                                                                  |  | M                                                                                                     |  | -                                               |  | -                                                   |  | -                                       |  | 11                                     |  | 04                                          |  | -                                  |  | -           |  | GEINER ALONSO AMADOR ALVARADO<br>214 CRAIN CT GLEN BURNIE MD 21061 |  |                                                                     |  |     |
| B    |                                                                                                             |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| C    |                                                                                                             |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |
| D    |                                                                                                             |  |                                |  |                                                                                                                  |  |                                                     |  |                                                                                                     |  |                                                                                                       |  |                                                 |  |                                                     |  |                                         |  |                                        |  |                                             |  |                                    |  |             |  |                                                                    |  |                                                                     |  |     |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2020-00035478 |    |                                                                     | 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

Vehicle 1 was traveling East on West Princeton Ave. when a branch from a tree located on the property of 1619 West Princeton Ave. broke off and landed on the roof of the vehicle. Vehicle 1 received damage to the roof and front windshield.

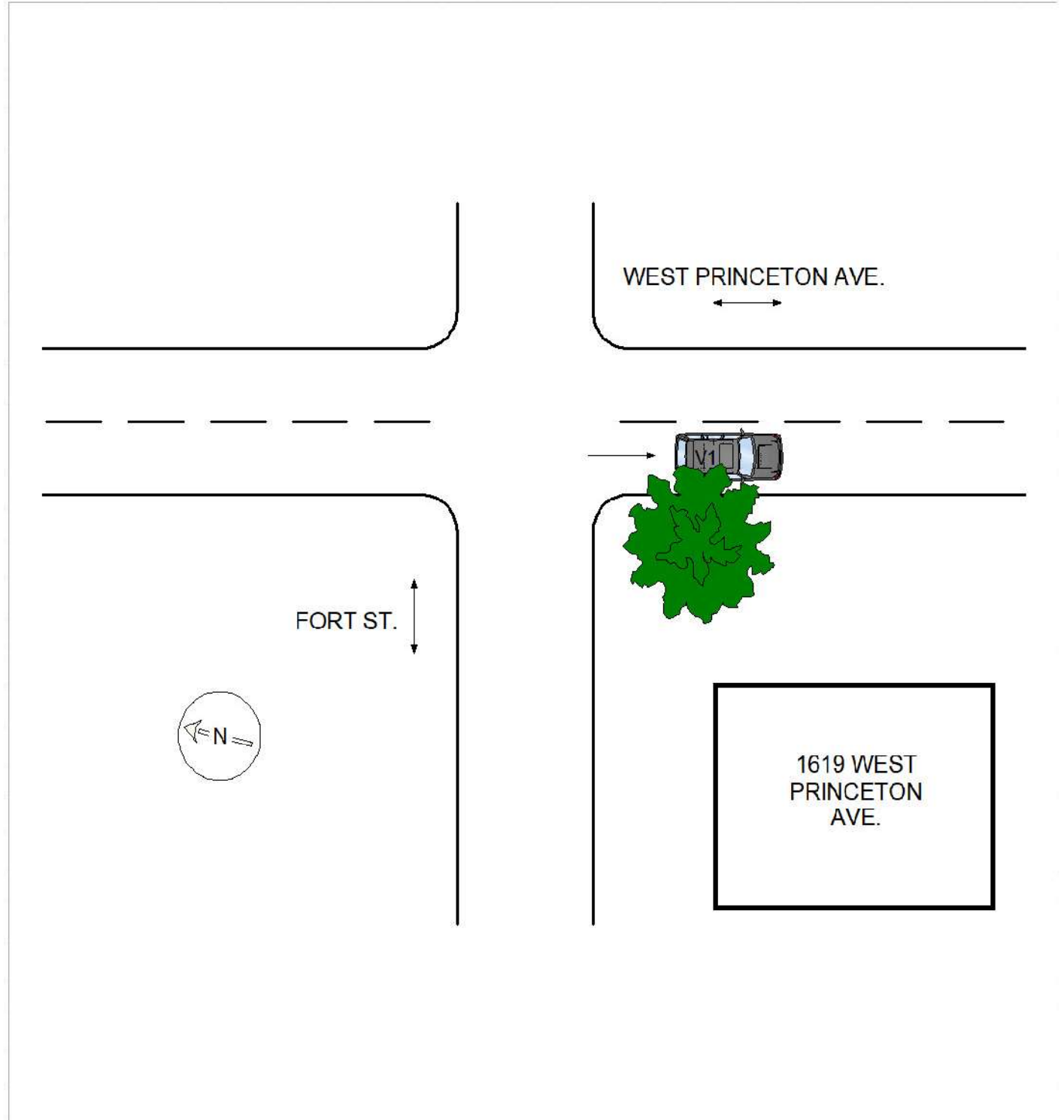
|                                                        |                     |                                   |                |                                                                                                   |
|--------------------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Christopher Robert Newlund | 147. Badge #<br>285 | 148. Reviewer<br>Jason R Shepherd | Badge #<br>167 | 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: 2020-00035478

144 Crash Diagram (NOT TO SCALE)

○ Indicate North



Christopher Robert Newlund

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