

|    |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------|---|----|---|---|---|---|----|------------------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------|--|-------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------|--|---------------------------------------|--|--------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|--------------------------|--|-----------------|--|------|--|------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|------|
| 96 | Page 1 of 4 <input type="checkbox"/> Fatal                                                                                                                                                                                                                                                      |    | <b>New Jersey Police Crash Investigation Report</b> |   |    |   |   |   |   |    |                                                |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         | <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report |                  |  | 118a                                  |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 01 | 1. Case Number<br>2020-00064213                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    | 10. Crash Occurred On: RT 70                   |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  | 11. Speed Limit<br>40                 |  | 12. Route No. Suffix                                                                       |  | 13. Milepost                                                                                                                                                                                                                                                                                    |  | 14. Speed Limit<br>35         |  | 118b                     |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 01 | 2. Police Dept. of<br>Brick Police                                                                                                                                                                                                                                                              |    |                                                     |   |    |   |   |   |   |    | Code<br>01                                     |   | Road Name<br>of: Jack Martin Boulevard                                                                                                                                                                                    |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  | 119a                     |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 01 | 3. Station/Precinct                                                                                                                                                                                                                                                                             |    |                                                     |   |    |   |   |   |   |    |                                                |   | At Intersection with<br><input checked="" type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E<br><input type="checkbox"/> Miles <input type="checkbox"/> S <input checked="" type="checkbox"/> W |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  | 119b                     |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 | 4. Date of Crash<br>mm dd yy<br>10 3 20                                                                                                                                                                                                                                                         |    |                                                     |   |    |   |   |   |   |    | 5. Day of Week<br>Su M Tu W Th F Sa<br>Th F Sa |   | 6. Time (use 2400 hrs.)<br>13 22                                                                                                                                                                                          |                                                          | 7. Municipality Code<br>1506 |  | 8. Total Killed         |                                                                                                                               | 9. Total Injured |  | 19. To: 17. Cross Road Name/Route No. |  | 18. NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB |  | 20. Route Name/Route No.                                                                                                                                                                                                                                                                        |  | 21. Latitude                  |  | 22. Longitude            |  | 119c            |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 01 | 23. Veh. #<br>F058720-4                                                                                                                                                                                                                                                                         |    |                                                     |   |    |   |   |   |   |    | 24. Policy No.<br>426                          |   | 25. NJ Ins. Code<br>426                                                                                                                                                                                                   |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | 53. Veh. #<br>02                                                                           |  | 54. Policy No.                                                                                                                                                                                                                                                                                  |  | 55. NJ Ins. Code              |  | 120a                     |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 04 | <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                                         |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  | 120b                     |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 | 26. Driver's First Name<br>JOHN                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    | Initial<br>D                                   |   | 27. Number & Street<br>18 OLYMPUS WAY                                                                                                                                                                                     |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | 56. Driver's First Name<br>Andrew                                                          |  | Initial<br>C                                                                                                                                                                                                                                                                                    |  | Last Name<br>Heitner          |  |                          |  |                 |  | 121a |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 01 | 28. City<br>BRICK TOWNSHIP                                                                                                                                                                                                                                                                      |    |                                                     |   |    |   |   |   |   |    | State<br>NJ                                    |   | 29. Zip<br>08724                                                                                                                                                                                                          |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | 57. Number & Street<br>1075 FAIRVIEW RD                                                    |  | 58. City<br>Wytheville                                                                                                                                                                                                                                                                          |  | State<br>VA                   |  | Zip<br>24382             |  | 121b            |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 | 30. Eyes<br>04                                                                                                                                                                                                                                                                                  |    |                                                     |   |    |   |   |   |   |    | DL Class<br>D                                  |   | 31. State<br>NJ                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | 60. Eyes<br>02                                                                             |  | DL Class<br>D                                                                                                                                                                                                                                                                                   |  | 61. State<br>VA               |  |                          |  |                 |  |      |  |      |  | 122                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |      |
| 03 | 32. Driver's License Number<br>F0164 40764 03414                                                                                                                                                                                                                                                |    |                                                     |   |    |   |   |   |   |    | 33. DOB<br>mm dd yy<br>03 12 41                |   | 34. Expires<br>mm yy<br>03 22                                                                                                                                                                                             |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | 62. Driver's License Number<br>T6374 1075                                                  |  | 63. DOB<br>mm dd yy<br>07 11 96                                                                                                                                                                                                                                                                 |  | 64. Expires<br>mm yy<br>07 28 |  |                          |  |                 |  |      |  |      |  | 123                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |      |
| 03 | 35. Owner's First Name<br>Chase Auto Finance                                                                                                                                                                                                                                                    |    |                                                     |   |    |   |   |   |   |    | Initial<br>Last Name                           |   | 65. Owner's First Name<br>USB Leasing                                                                                                                                                                                     |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | Initial<br>Last Name                                                                       |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 124  |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 04 | 36. Number & Street<br>PO BOX 901098                                                                                                                                                                                                                                                            |    |                                                     |   |    |   |   |   |   |    | State<br>TX                                    |   | 37. City<br>Fort Worth                                                                                                                                                                                                    |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | 66. Number & Street<br>1850 OSBORN AVE                                                     |  | 67. City<br>Osh Kosh                                                                                                                                                                                                                                                                            |  | 68. State<br>WI               |  |                          |  |                 |  |      |  |      |  | 125                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |      |
| 05 | 38. Make<br>Subaru                                                                                                                                                                                                                                                                              |    |                                                     |   |    |   |   |   |   |    | 39. Model<br>Forrester                         |   | 40. Color<br>BL                                                                                                                                                                                                           |                                                          | 41. Year<br>2019             |  | 42. Plate No.<br>S52LRK |                                                                                                                               | 43. State<br>NJ  |  | 68. Make<br>Toyota                    |  | 69. Model<br>Tacoma                                                                        |  | 70. Color<br>BK                                                                                                                                                                                                                                                                                 |  | 71. Year<br>2020              |  | 72. Plate No.<br>ZRL9951 |  | 73. State<br>PA |  | 126a |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 01 | 44. VIN<br>J F 2 S K A E C 1 K H 5 6 5 2 4 5                                                                                                                                                                                                                                                    |    |                                                     |   |    |   |   |   |   |    | 45. Expires<br>07/23                           |   | 74. VIN<br>3 T M D Z 5 B N 9 L M 0 9 5 0 7 4                                                                                                                                                                              |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | 75. Expires<br>08/21                                                                       |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 126b |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 01 | 46. Vehicle Removed to:                                                                                                                                                                                                                                                                         |    |                                                     |   |    |   |   |   |   |    |                                                |   | 76. Vehicle Removed to:                                                                                                                                                                                                   |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 126c |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 01 | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                       |    |                                                     |   |    |   |   |   |   |    |                                                |   | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 126d |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 01 | 47. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                      |    |                                                     |   |    |   |   |   |   |    |                                                |   | 77. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 126e |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 | 48. Alcohol Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0.00 % <input type="checkbox"/> Pending |    |                                                     |   |    |   |   |   |   |    |                                                |   | 49. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  | 78. Alcohol Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0.00 % <input type="checkbox"/> Pending |  |                               |  |                          |  |                 |  |      |  |      |  | 79. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.            |  |  |  |  |  |  |  |  |  | 127a |
| 02 | 50. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                      |    |                                                     |   |    |   |   |   |   |    |                                                |   | 51. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs.                                                |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  | 80. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                      |  |                               |  |                          |  |                 |  |      |  |      |  | 81. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs. |  |  |  |  |  |  |  |  |  | 127b |
| 02 | 52. Motor Carrier or Government Entity                                                                                                                                                                                                                                                          |    |                                                     |   |    |   |   |   |   |    |                                                |   | 82. Motor Carrier or Government Entity                                                                                                                                                                                    |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 127c |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 | Number & Street                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                |   | Number & Street                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 127d |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 | City                                                                                                                                                                                                                                                                                            |    |                                                     |   |    |   |   |   |   |    | State Zip                                      |   | City                                                                                                                                                                                                                      |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | State Zip                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 127e |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                            |    |                                                     |   |    |   |   |   |   |    |                                                |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 128  |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 | Oper. 136. Charge                                                                                                                                                                                                                                                                               |    |                                                     |   |    |   |   |   |   |    | 137. Summons No.                               |   | Oper. 138. Charge                                                                                                                                                                                                         |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | 139. Summons No.                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 129  |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 | Oper. 140. Charge                                                                                                                                                                                                                                                                               |    |                                                     |   |    |   |   |   |   |    | 141. Summons No.                               |   | Oper. 142. Charge                                                                                                                                                                                                         |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  | 143. Summons No.                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 130  |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 131  |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 132  |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 133  |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| 02 |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  | 134  |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
|    |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death                                                                                                                                                                                                                             |  |                               |  |                          |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| A  | 01                                                                                                                                                                                                                                                                                              | 01 | 01                                                  | — | 79 | M | — | — | — | 11 | 04                                             | — | —                                                                                                                                                                                                                         | JOHN D FAHEY<br>18 OLYMPUS WAY BRICK TOWNSHIP NJ 08724   |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| B  | 01                                                                                                                                                                                                                                                                                              | 03 | 01                                                  | — | 76 | F | — | — | — | 11 | 04                                             | — | —                                                                                                                                                                                                                         | Kathleen Fahey<br>18 OLYMPUS WAY BRICK TOWNSHIP NJ 08724 |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| C  | 02                                                                                                                                                                                                                                                                                              | 01 | 01                                                  | — | 24 | M | — | — | — | 11 | 04                                             | — | —                                                                                                                                                                                                                         | Andrew C Heitner<br>1075 FAIRVIEW RD Wytheville VA 24382 |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |
| D  |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                |   |                                                                                                                                                                                                                           |                                                          |                              |  |                         |                                                                                                                               |                  |  |                                       |  |                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                               |  |                          |  |                 |  |      |  |      |  |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |      |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2020-00064213 |    |                                                                     | Page 2 of 4 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|-------------|--|
| 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 stopped at the stop sign, exit for Walmart attempting a right turn onto Route 70 eastbound.

Vehicle 2 traveling in the right lane of Route 70 eastbound, approaching the entrance/exit for Walmart.

Driver 1 stated he was stopped and checking for traffic on Route 70 eastbound. An unknown vehicle in the center lane of Route 70 eastbound was stopped in traffic and was waving Vehicle 1 out. Driver 1 stated he did not see Vehicle 2 and began pulling out onto Route 70. Driver 1 saw Vehicle 2 at the last moment and was attempting to swerve out of the way when he was struck on the upper front driver's side.

Driver 2 stated he was traveling in the right lane of Route 70 eastbound, approaching the entrance/exit of Walmart. As he got closer, he saw the unknown driver waving Vehicle 1 out. Driver 2 saw Vehicle 1 begin to pull out onto Route 70 and he was attempting to stop when he struck the driver's side front of Vehicle 1 with the passenger side front of his vehicle.

Driver 1 was found to be at fault for failing to stop for Vehicle 2.

|                                             |                     |                                   |                |                                                                                                   |
|---------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>John C Boronkas | 147. Badge #<br>165 | 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 Description

Police Dept: Brick Police Code: 01  
Station:        Case No: 2020-00064213

145 Crash Description

Vehicle 2 is insured by Progressive Advanced Insurance Company, PO Box 31260, Tampa, FL 33631 under policy #  
941043305 and their phone number is 800-776-4737.

John C Boronkas

Officer's Signature

165

Badge Number

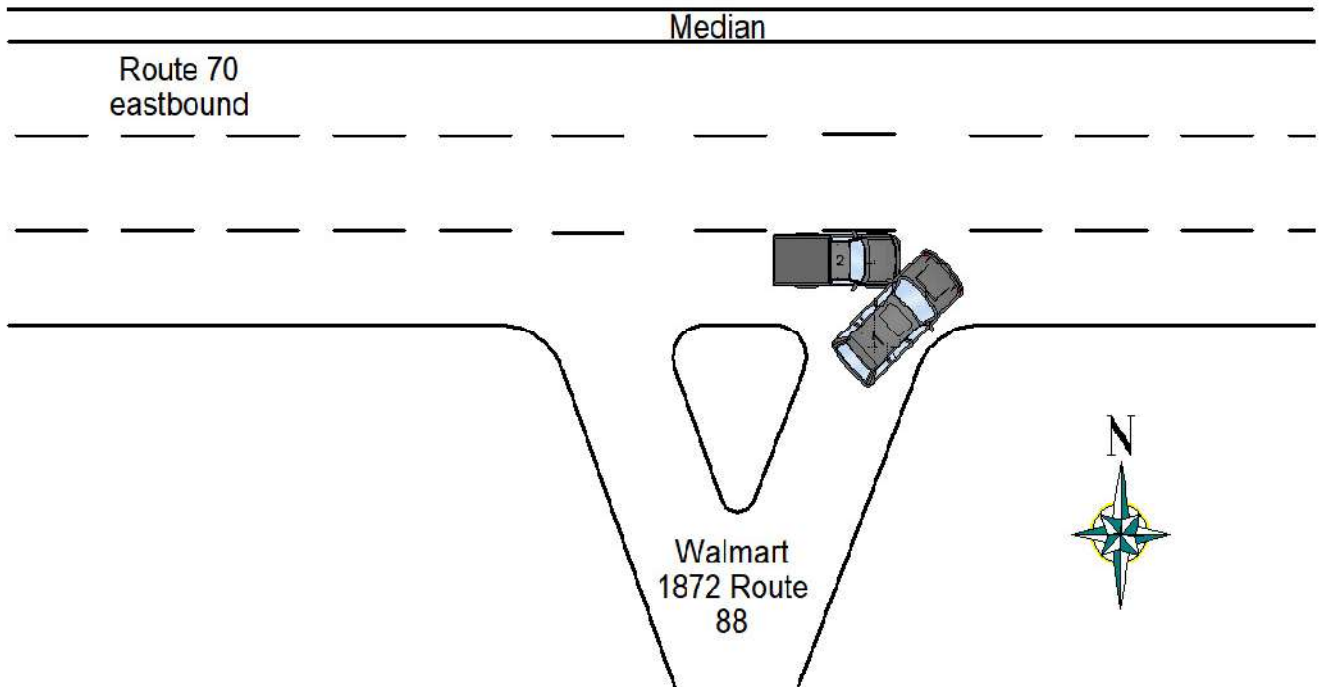
New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01  
Station:        Case No: 2020-00064213

144 Crash Diagram (NOT TO SCALE)



Indicate  
North



John C Boronkas

Officer's Signature

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Badge Number