Page 1 of 5 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 2020-00035100
2. Police Dept. of: Brick Police — Code: 01
3. Station/Precinct: —

10. Crash Occurred On: RT 70 (Road Name) — W (Dir)
☐ At Intersection with
☒ Feet ☐ Miles: 300 (14, 15)
☐N ☒E ☐S ☐W (16)
of: Olden Street

11. Speed Limit: 40
12. Route No.: 70 — Suffix: — 13. Milepost: —
18. Speed Limit: 35
19. Ramp ☐ To: ☐ From: — 17. Cross Road Name/Route No.: —
☐NB ☐EB ☐SB ☐WB
20 Route Name/Route No. — 21. Latitude — 22. Longitude —

4. Date of Crash (mm dd yy): 06 02 20
5. Day of Week: Su M Tu W Th F Sa — Tu
6. Time (use 2400 hrs.): 1416
7. Municipality Code: 1506
8. Total Killed: —
9. Total Injured: —

Vehicle 1 / Driver 1

23. Veh. #: 01
24. Policy No.: **
25. NJ Ins. Code: **
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

26. Driver's First Name: Doreen — Initial: M — Last Name: Camplone — 29. Sex: F
27. Number & Street: 14 SKYLINE WAY
28. City: Mount Pocono — State: PA — Zip: 18344
30. Eyes: 02 — DL Class: — — Restrictions: — — — — Endorsements: — — — 31. State: PA
32. Driver's License Number: 31633 614 — 33. DOB (mm dd yy): 08 30 72 — 34. Expires (mm yy): 08 21
35. Owner's First Name — Initial — Last Name: ☒ Same as Driver — Doreen M Camplone
36. Number & Street: 14 SKYLINE WAY
37. City: Mount Pocono — State: PA — Zip: 18344
38. Make: Ford — 39. Model: Escape — 40. Color: WT — 41. Year: 2013 — 42. Plate No.: KPX8781 — 43. State: NJ
44. VIN: 1FMCU0F71DUD62466 — 45. Expires: 02/21
46. Vehicle Removed to: Brick Performance
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
47. Authority: ☐ Owner ☒ Driver ☐ Police
48. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.— % ☐ Pending
49. Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.
50. Carrier No.: ☐ USDOT — ☒ None — ☐ MC/MX —
51. GVWR / GCWR (trucks & buses only): ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.
52. Motor Carrier or Government Entity: —
Number & Street: —
City: — — State: — — Zip: —

Vehicle 2 / Driver 2

53. Veh. #: 02
54. Policy No.: 909935635
55. NJ Ins. Code: 054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

56. Driver's First Name: Annabella — Initial — Last Name: Kirk — 59. Sex: F
57. Number & Street: 380 PERRINE BLVD
58. City: Manasquan Borough — State — Zip: 08736
60. Eyes: 02 — DL Class: D — Restrictions: — — — — Endorsements: — — — 61. State: NJ
62. Driver's License Number: K4604 04773 57022 — 63. DOB (mm dd yy): 07 16 02 — 64. Expires (mm yy): 07 23
65. Owner's First Name — Initial — Last Name: ☐ Same as Driver — Adelle Kirk
66. Number & Street: 380 PERRINE BLVD
67. City: Manasquan Borough — State — Zip: 08736
68. Make: Ford — 69. Model: Explorer — 70. Color: GY — 71. Year: 2015 — 72. Plate No.: T65KPL — 73. State: NJ
74. VIN: 1FM5K8F88FGB81579 — 75. Expires: 11/20
76. Vehicle Removed to: Andrew's Auto Body
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
77. Authority: ☐ Owner ☒ Driver ☐ Police
78. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.— % ☐ Pending
79. Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.
80. Carrier No.: ☐ USDOT — ☒ None — ☐ MC/MX —
81. GVWR / GCWR (trucks & buses only): ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.
82. Motor Carrier or Government Entity: —
Number & Street: —
City: — — State: — — Zip: —

135. Damage to Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
—	—	—	—	—	—
—	—	—	—	—	—

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A	01	01	01	—	47	F	—	—	—	11	11	01	—	Doreen Marie Camplone 14 SKYLINE WAY Mount Pocono PA 18344
B	02	01	01	—	17	F	—	—	—	11	04	—	—	Annabella Kirk 380 PERRINE BLVD Manasquan Borough 08736
C	03	01	01	—	41	M	—	—	—	11	04	—	—	Thomas Lanterman 109 CLAIRMORE AVE Lacey Township 08734
D														

Page 2 of 5 ☐ Fatal

New Jersey Police Crash Investigation Report

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1. Case Number: 2020-00035100
2. Police Dept. of: Brick Police — Code: 01
3. Station/Precinct:
4. Date of Crash (mm dd yy): 06 02 20
5. Day of Week: Su M T W Th F Sa — T
6. Time (use 2400 hrs.): 1416
7. Municipality Code: 1506
8. Total Killed:
9. Total Injured:
10. Crash Occurred On: Road Name / Dir
☐ At Intersection with
☐ Feet ☐ Miles ☐N ☐E ☐S ☐W of:
14 15 16
11. Speed Limit
12. Route No. / Suffix / 13. Milepost
18. Speed Limit
19. Ramp ☐To: ☐From: 17. Cross Road Name/Route No.
☐NB ☐EB ☐SB ☐WB
21. Latitude 20 Route Name/Route No. 22. Longitude

Vehicle 1

23. Veh. #: 03
24. Policy No.: AU90615226
25. NJ Ins. Code: 279
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

26. Driver's First Name: Thomas — Initial — Last Name: Lanterman — 29. Sex: M
27. Number & Street: 109 CLAIRMORE AVE
28. City: Lacey Township — State — Zip: 08734
30. Eyes: 02 — DL Class: D — Restrictions: K — Endorsements: — 31. State: NJ
32. Driver's License Number: L0484 74067 11782 — 33. DOB (mm dd yy): 11 14 78 — 34. Expires (mm yy): 11 23

35. Owner's First Name / Initial / Last Name: ☐ Same as Driver — Signal Control Products Inc
36. Number & Street: 199 EVANS WAY
37. City: Branchburg — State: NJ — Zip: 08876
38. Make: Mercedes — 39. Model: SPRINTER — 40. Color: GY — 41. Year: 2016 — 42. Plate No.: XDKP80 — 43. State: NJ
44. VIN: WD3PE8CD8GP261465 — 45. Expires: 05/21
46. Vehicle Removed to:
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
47. Authority: ☐ Owner ☒ Driver ☐ Police
48. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.-- % ☐ Pending
49. Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.
50. Carrier No.: ☐ USDOT ☒ None — ☐ MC/MX
51. GVWR / GCWR *(trucks & buses only)*: ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.
52. Motor Carrier or Government Entity
Number & Street
City / State / Zip

Vehicle 2

53. Veh. #:
54. Policy No.:
55. NJ Ins. Code:
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

56. Driver's First Name / Initial / Last Name — 59. Sex:
57. Number & Street:
58. City / State / Zip:
60. Eyes / DL Class / Restrictions / Endorsements / 61. State:
62. Driver's License Number — 63. DOB (mm dd yy) — 64. Expires (mm yy):

65. Owner's First Name / Initial / Last Name: ☐ Same as Driver
66. Number & Street:
67. City / State / Zip:
68. Make / 69. Model / 70. Color / 71. Year / 72. Plate No. / 73. State:
74. VIN — 75. Expires:
76. Vehicle Removed to:
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
77. Authority: ☐ Owner ☐ Driver ☐ Police
78. Alcohol Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.-- % ☐ Pending
79. Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class — Placard No.
80. Carrier No.: ☐ USDOT ☐ None — ☐ MC/MX
81. GVWR / GCWR *(trucks & buses only)*: ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.
82. Motor Carrier or Government Entity
Number & Street
City / State / Zip

135. Damage to Other Property ☐ Yes *(If Yes, describe)* ☐ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136.	137.		138.	139.
	140.	141.		142.	143.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A														
B														
C														
D														

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

144. Crash Diagram

Show NORTH by Arrow (Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

The driver of vehicle #1 stated she was in the middle lane of Rt. 70, traveling west. She advised that another vehicle came out of nowhere and struck her which caused her to strike vehicle #2 directly in front of her.

The driver of vehicle #2 stated she was traveling west on Rt. 70, in the middle lane, stopped in traffic, when vehicle #1 struck her from behind. As a result of the impact, she stated she lurched forward striking the rear of vehicle #3.

The driver of vehicle #3 stated he was traveling west on Rt. 70, in the middle lane, stopped in traffic, when vehicle #2 struck him from behind.

Based on all of the drivers statements as well as observing the damage to all three vehicles, it is my determination that vehicle #1 caused the crash failing to observe vehicle #2 stopped in traffic directly in front of her. There is no evidence indicating another vehicle was involved in striking vehicle #1 like the driver of vehicle #1 stated.

Moderate damage to both vehicles #1 and #2. Minor damage to vehicle #3.

No injuries reported.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
Keith Prendeville	223	Jason R Shepherd	167	☒Pending ☐Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: Brick Police Code: 01 Station: — Case No: 2020-00035100

145 Crash Description

Vehicle #1 had the following out of state insurance:

State Farm

1 State Farm Dr.

Concordville P.A. 19339

570-839-3000

Policy # 2395048D2538C

NAIC # 25178

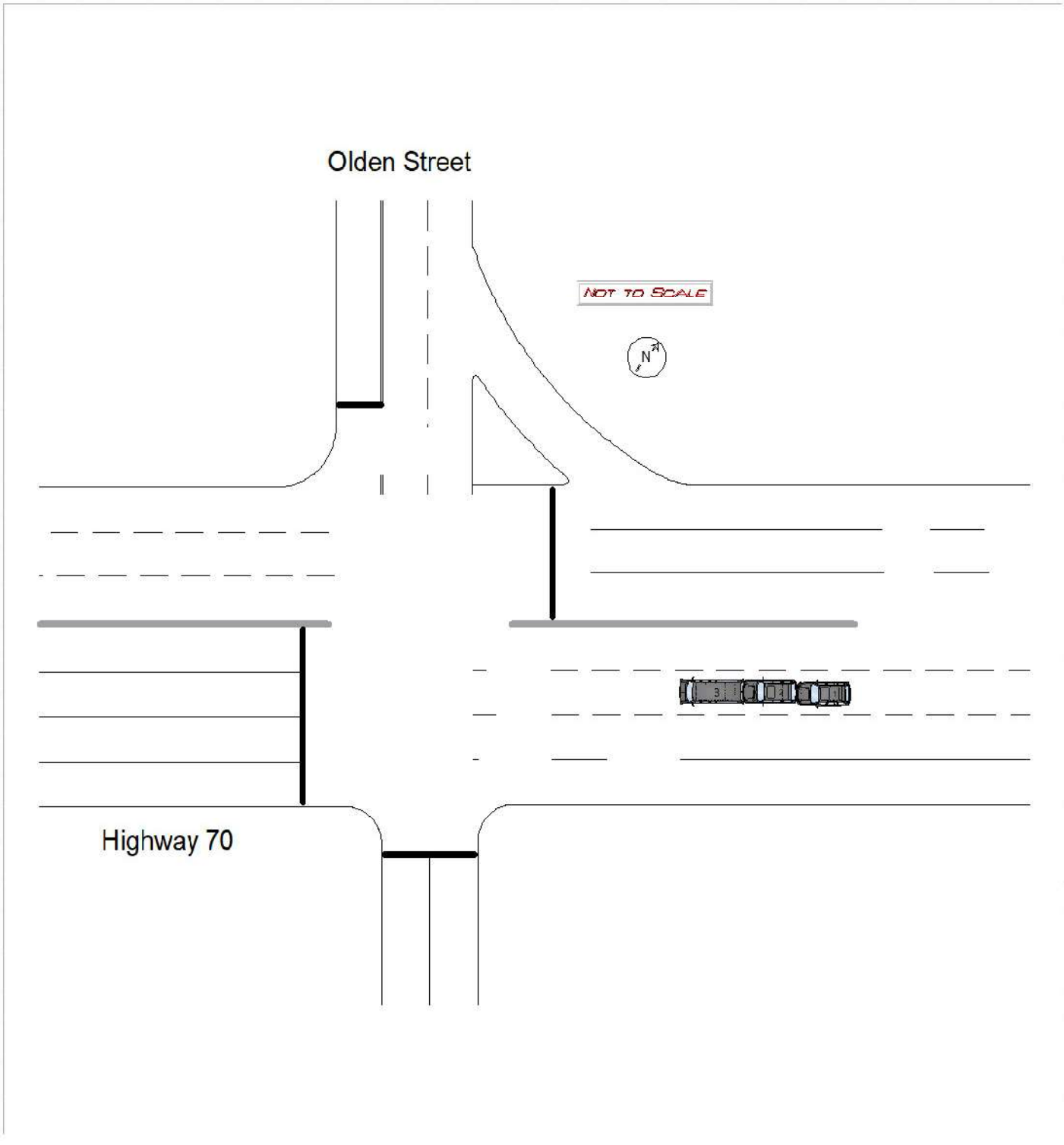
Keith Prendeville — Officer's Signature

223 — Badge Number

New Jersey Police Crash Investigation Report Motor Vehicle Crash Diagram	Police Dept: Brick Police Code: 01 Station: — Case No: 2020-00035100

144 Crash Diagram (NOT TO SCALE)

Indicate North



Keith Prendeville
Officer's Signature

223
Badge Number