

| Page 1 of 5 |    | Fatal                                                      |  | New Jersey Police Crash Investigation Report |  |  |  |  |  |  |  |                                                                                                 |  | Reportable |  | Non-Reportable |  | Change Report |  | 118a |  |                                                                                                       |  |               |  |              |  |                       |  |    |  |                                                                                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
|-------------|----|------------------------------------------------------------|--|----------------------------------------------|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------|--|------------|--|----------------|--|---------------|--|------|--|-------------------------------------------------------------------------------------------------------|--|---------------|--|--------------|--|-----------------------|--|----|--|-------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------|--|--------------------------|--|--------------|--|---------------|--|------|--|---------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|--|--|--|-----------------------------------------------------------------|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------|--|
| 96          | 05 | 1. Case Number<br>2020-00035623                            |  |                                              |  |  |  |  |  |  |  | 10. Crash Occurred On: JACK MARTIN BLVD                                                         |  |            |  |                |  |               |  |      |  | 11. Speed Limit<br>40                                                                                 |  | 12. Route No. |  | 13. Milepost |  | 18. Speed Limit<br>35 |  | 01 |  |                                                                                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 97          | 01 | 2. Police Dept. of<br>Brick Police                         |  |                                              |  |  |  |  |  |  |  | Code<br>01                                                                                      |  |            |  |                |  |               |  |      |  | S                                                                                                     |  | Dir           |  |              |  | 02                    |  |    |  |                                                                                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 98          | 01 | 3. Station/Precinct                                        |  |                                              |  |  |  |  |  |  |  | At Intersection with<br>75                                                                      |  |            |  |                |  |               |  |      |  | 14                                                                                                    |  | 15            |  | 16           |  | 07                    |  |    |  |                                                                                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 99          | 07 | 4. Date of Crash<br>mm dd yy<br>06 05 20                   |  |                                              |  |  |  |  |  |  |  | 5. Day of Week<br>Su M Tu W Th F Sa<br>Th                                                       |  |            |  |                |  |               |  |      |  | 6. Time (use 2400 hrs.)<br>11 31                                                                      |  |               |  |              |  |                       |  |    |  | 7. Municipality Code<br>1506                                                                    |  |  |  |  |  |  |  |  |  | 8. Total Killed<br>-                 |  |  |  |  |  |  |  |  |  | 9. Total Injured<br>-                |  |  |  |  |  |  |  |  |  | 19. To: 17. Cross Road Name/Route No.                                                                 |  | 20. Route Name/Route No. |  | 21. Latitude |  | 22. Longitude |  | 120a |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 100a        | 01 | 23. Veh. #<br>4523858860                                   |  |                                              |  |  |  |  |  |  |  | 24. Policy No.<br>100                                                                           |  |            |  |                |  |               |  |      |  | 25. NJ Ins. Code<br>100                                                                               |  |               |  |              |  |                       |  |    |  | 53. Veh. #<br>02                                                                                |  |  |  |  |  |  |  |  |  | 54. Policy No.<br>0950291F1230B      |  |  |  |  |  |  |  |  |  | 55. NJ Ins. Code<br>962              |  |  |  |  |  |  |  |  |  | 120b                                                                                                  |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 100b        | 04 | 26. Driver's First Name<br>Susan                           |  |                                              |  |  |  |  |  |  |  | Initial<br>E                                                                                    |  |            |  |                |  |               |  |      |  | Last Name<br>Leos                                                                                     |  |               |  |              |  |                       |  |    |  | 29. Sex<br>F                                                                                    |  |  |  |  |  |  |  |  |  | 56. Driver's First Name<br>Koula     |  |  |  |  |  |  |  |  |  | Initial<br>A                         |  |  |  |  |  |  |  |  |  | Last Name<br>Scelfo                                                                                   |  |                          |  |              |  |               |  |      |  | 59. Sex<br>F                                                              |  |  |  |  |  |  |  |  |  | 121a              |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 101         | 02 | 27. Number & Street<br>1631 STATE HWY 71 4                 |  |                                              |  |  |  |  |  |  |  | 28. City<br>Wall                                                                                |  |            |  |                |  |               |  |      |  | State<br>NJ                                                                                           |  |               |  |              |  |                       |  |    |  | Zip<br>07719                                                                                    |  |  |  |  |  |  |  |  |  | 57. Number & Street<br>1506 L STREET |  |  |  |  |  |  |  |  |  | 58. City<br>West Belmar              |  |  |  |  |  |  |  |  |  | State<br>NJ                                                                                           |  |                          |  |              |  |               |  |      |  | Zip<br>07718                                                              |  |  |  |  |  |  |  |  |  | 121b              |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 102         | 01 | 30. Eyes<br>02                                             |  |                                              |  |  |  |  |  |  |  | DL Class<br>D                                                                                   |  |            |  |                |  |               |  |      |  | Restrictions<br>-                                                                                     |  |               |  |              |  |                       |  |    |  | Endorsements<br>-                                                                               |  |  |  |  |  |  |  |  |  | 31. State<br>NJ                      |  |  |  |  |  |  |  |  |  | 60. Eyes<br>02                       |  |  |  |  |  |  |  |  |  | DL Class<br>D                                                                                         |  |                          |  |              |  |               |  |      |  | Restrictions<br>-                                                         |  |  |  |  |  |  |  |  |  | Endorsements<br>- |  |  |  |  |  |  |  |  |  | 61. State<br>NJ  |  |  |  |  |  |  |  |  |  | 122                     |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 103         | 01 | 32. Driver's License Number<br>L 2 6 1 6 7 2 7 6 5 5 9 8 2 |  |                                              |  |  |  |  |  |  |  | 33. DOB<br>mm dd yy<br>05 04 98                                                                 |  |            |  |                |  |               |  |      |  | 34. Expires<br>mm yy<br>10 20                                                                         |  |               |  |              |  |                       |  |    |  | 62. Driver's License Number<br>S 1 2 1 7 4 3 7 6 1 5 1 8 0 2                                    |  |  |  |  |  |  |  |  |  | 63. DOB<br>mm dd yy<br>01 02 80      |  |  |  |  |  |  |  |  |  | 64. Expires<br>mm yy<br>01 22        |  |  |  |  |  |  |  |  |  | 123                                                                                                   |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 104         | 03 | 35. Owner's First Name<br>Susan E Leos                     |  |                                              |  |  |  |  |  |  |  | Initial<br>E                                                                                    |  |            |  |                |  |               |  |      |  | Last Name<br>Leos                                                                                     |  |               |  |              |  |                       |  |    |  | 65. Owner's First Name<br>Koula A Scelfo                                                        |  |  |  |  |  |  |  |  |  | Initial<br>A                         |  |  |  |  |  |  |  |  |  | Last Name<br>Scelfo                  |  |  |  |  |  |  |  |  |  | 124                                                                                                   |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 105         | 01 | 36. Number & Street<br>1631 STATE HWY 71 4                 |  |                                              |  |  |  |  |  |  |  | 37. City<br>Wall                                                                                |  |            |  |                |  |               |  |      |  | State<br>NJ                                                                                           |  |               |  |              |  |                       |  |    |  | Zip<br>07719                                                                                    |  |  |  |  |  |  |  |  |  | 66. Number & Street<br>1506 L STREET |  |  |  |  |  |  |  |  |  | 67. City<br>West Belmar              |  |  |  |  |  |  |  |  |  | State<br>NJ                                                                                           |  |                          |  |              |  |               |  |      |  | Zip<br>07718                                                              |  |  |  |  |  |  |  |  |  | 125               |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 106         | 01 | 38. Make<br>Infiniti                                       |  |                                              |  |  |  |  |  |  |  | 39. Model<br>G35                                                                                |  |            |  |                |  |               |  |      |  | 40. Color<br>BL                                                                                       |  |               |  |              |  |                       |  |    |  | 41. Year<br>2003                                                                                |  |  |  |  |  |  |  |  |  | 42. Plate No.<br>V228575             |  |  |  |  |  |  |  |  |  | 43. State<br>NJ                      |  |  |  |  |  |  |  |  |  | 68. Make<br>Volkswagon                                                                                |  |                          |  |              |  |               |  |      |  | 69. Model<br>Jetta                                                        |  |  |  |  |  |  |  |  |  | 70. Color<br>WT   |  |  |  |  |  |  |  |  |  | 71. Year<br>2015 |  |  |  |  |  |  |  |  |  | 72. Plate No.<br>T59KAY |  |  |  |  |  |  |  |  |  | 73. State<br>NJ                                                 |  |  |  |  |  |  |  |  |  | 126a |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 107         | 01 | 44. VIN<br>J N K C V 5 1 E 5 3 M 3 0 0 2 3 2               |  |                                              |  |  |  |  |  |  |  | 45. Expires<br>05/20                                                                            |  |            |  |                |  |               |  |      |  | 74. VIN<br>3 V W D 1 7 A J 9 F M 3 0 8 6 7 3                                                          |  |               |  |              |  |                       |  |    |  | 75. Expires<br>05/21                                                                            |  |  |  |  |  |  |  |  |  | 126b                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 108         | 01 | 46. Vehicle Removed to:                                    |  |                                              |  |  |  |  |  |  |  | 47. Authority<br>Owner Driver Police                                                            |  |            |  |                |  |               |  |      |  | 48. Alcohol Drug Test<br>Given: No Yes Refused<br>Type: Breath Blood Urine<br>Results: 0.00 % Pending |  |               |  |              |  |                       |  |    |  | 49. Hazardous Material<br>None On Board Spill<br>Hazard Class Placard No.                       |  |  |  |  |  |  |  |  |  | 76. Vehicle Removed to:              |  |  |  |  |  |  |  |  |  | 77. Authority<br>Owner Driver Police |  |  |  |  |  |  |  |  |  | 78. Alcohol Drug Test<br>Given: No Yes Refused<br>Type: Breath Blood Urine<br>Results: 0.00 % Pending |  |                          |  |              |  |               |  |      |  | 79. Hazardous Material<br>None On Board Spill<br>Hazard Class Placard No. |  |  |  |  |  |  |  |  |  | 126c              |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 109         | 01 | 50. Carrier No.<br>USDOT MC/MX                             |  |                                              |  |  |  |  |  |  |  | 51. GVWR / GCWR (trucks & buses only)<br>≤ 10,000 lbs.<br>10,001 - 26,000 lbs.<br>≥ 26,001 lbs. |  |            |  |                |  |               |  |      |  | 80. Carrier No.<br>USDOT MC/MX                                                                        |  |               |  |              |  |                       |  |    |  | 81. GVWR / GCWR (trucks & buses only)<br>≤ 10,000 lbs.<br>10,001 - 26,000 lbs.<br>≥ 26,001 lbs. |  |  |  |  |  |  |  |  |  | 126d                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 110         | 01 | 52. Motor Carrier or Government Entity                     |  |                                              |  |  |  |  |  |  |  | 53. Motor Carrier or Government Entity                                                          |  |            |  |                |  |               |  |      |  | 54. Motor Carrier or Government Entity                                                                |  |               |  |              |  |                       |  |    |  | 55. Motor Carrier or Government Entity                                                          |  |  |  |  |  |  |  |  |  | 126e                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 111         | 01 | 56. Number & Street                                        |  |                                              |  |  |  |  |  |  |  | 57. Number & Street                                                                             |  |            |  |                |  |               |  |      |  | 58. Number & Street                                                                                   |  |               |  |              |  |                       |  |    |  | 59. Number & Street                                                                             |  |  |  |  |  |  |  |  |  | 126f                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 112         | 01 | 60. City                                                   |  |                                              |  |  |  |  |  |  |  | 61. City                                                                                        |  |            |  |                |  |               |  |      |  | 62. City                                                                                              |  |               |  |              |  |                       |  |    |  | 63. City                                                                                        |  |  |  |  |  |  |  |  |  | 126g                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 113         | 01 | 64. State                                                  |  |                                              |  |  |  |  |  |  |  | 65. State                                                                                       |  |            |  |                |  |               |  |      |  | 66. State                                                                                             |  |               |  |              |  |                       |  |    |  | 67. State                                                                                       |  |  |  |  |  |  |  |  |  | 126h                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 114         | 01 | 68. Zip                                                    |  |                                              |  |  |  |  |  |  |  | 69. Zip                                                                                         |  |            |  |                |  |               |  |      |  | 70. Zip                                                                                               |  |               |  |              |  |                       |  |    |  | 71. Zip                                                                                         |  |  |  |  |  |  |  |  |  | 126i                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 115         | 01 | 69. Damage to Other Property                               |  |                                              |  |  |  |  |  |  |  | 70. Damage to Other Property                                                                    |  |            |  |                |  |               |  |      |  | 71. Damage to Other Property                                                                          |  |               |  |              |  |                       |  |    |  | 72. Damage to Other Property                                                                    |  |  |  |  |  |  |  |  |  | 126j                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 116         | 02 | 135. Damage to Other Property                              |  |                                              |  |  |  |  |  |  |  | 136. Charge                                                                                     |  |            |  |                |  |               |  |      |  | 137. Summons No.                                                                                      |  |               |  |              |  |                       |  |    |  | 138. Charge                                                                                     |  |  |  |  |  |  |  |  |  | 139. Summons No.                     |  |  |  |  |  |  |  |  |  | 126k                                 |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| 117         | 03 | 140. Charge                                                |  |                                              |  |  |  |  |  |  |  | 141. Summons No.                                                                                |  |            |  |                |  |               |  |      |  | 142. Charge                                                                                           |  |               |  |              |  |                       |  |    |  | 143. Summons No.                                                                                |  |  |  |  |  |  |  |  |  | 126l                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
|             |    | 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                                                                                                    |  |               |  |              |  |                       |  |    |  | 22                                                                                              |  |  |  |  |  |  |  |  |  | F                                    |  |  |  |  |  |  |  |  |  | -                                    |  |  |  |  |  |  |  |  |  | -                                                                                                     |  |                          |  |              |  |               |  |      |  | 11                                                                        |  |  |  |  |  |  |  |  |  | 04                |  |  |  |  |  |  |  |  |  | -                |  |  |  |  |  |  |  |  |  | -                       |  |  |  |  |  |  |  |  |  | Susan Elisa Leos<br>1631 STATE HWY 71 4 Wall NJ 07719           |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| B           |    | 02                                                         |  |                                              |  |  |  |  |  |  |  | 01                                                                                              |  |            |  |                |  |               |  |      |  | 01                                                                                                    |  |               |  |              |  |                       |  |    |  | 40                                                                                              |  |  |  |  |  |  |  |  |  | F                                    |  |  |  |  |  |  |  |  |  | -                                    |  |  |  |  |  |  |  |  |  | -                                                                                                     |  |                          |  |              |  |               |  |      |  | 11                                                                        |  |  |  |  |  |  |  |  |  | 04                |  |  |  |  |  |  |  |  |  | -                |  |  |  |  |  |  |  |  |  | -                       |  |  |  |  |  |  |  |  |  | Koula Ann Scelfo<br>1506 L STREET West Belmar NJ 07718          |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| C           |    | 03                                                         |  |                                              |  |  |  |  |  |  |  | 01                                                                                              |  |            |  |                |  |               |  |      |  | -                                                                                                     |  |               |  |              |  |                       |  |    |  | 67                                                                                              |  |  |  |  |  |  |  |  |  | F                                    |  |  |  |  |  |  |  |  |  | -                                    |  |  |  |  |  |  |  |  |  | -                                                                                                     |  |                          |  |              |  |               |  |      |  | 11                                                                        |  |  |  |  |  |  |  |  |  | 04                |  |  |  |  |  |  |  |  |  | -                |  |  |  |  |  |  |  |  |  | -                       |  |  |  |  |  |  |  |  |  | Noreen Rossilli Baris<br>37 BRADLEY AVE BRICK TOWNSHIP NJ 08724 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |
| D           |    |                                                            |  |                                              |  |  |  |  |  |  |  |                                                                                                 |  |            |  |                |  |               |  |      |  |                                                                                                       |  |               |  |              |  |                       |  |    |  |                                                                                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |                          |  |              |  |               |  |      |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                                                                 |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |                                                                     |  |

|      |                                                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |                                                                     |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  |                                                                |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|----------------------------------------------|--|--|--|--|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|------------------------------|-----------------------------------------|-----------------------------|--|----------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------|--|--------------|--|-------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|----------------|--|-----------------|--|---------------|--|-----------|-----|------------------|--|------------------|--|-------|--|-----|--|------|--|------|--|------|
| 96   | Page 2 of 5                                                                                                                                                                                                                                                                                    |  | <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 |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 97   | 1. Case Number<br>2020-00035623                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |                                                                     | 10. Crash Occurred On:                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | 11. Speed Limit                                                |  |                                                                                                                                                                            |      |                                                         |  |              |  | 12. Route No.           |  | Suffix                                                                                                                     |  | 13. Milepost   |  | 18. Speed Limit |  | 118b          |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 98   | 2. Police Dept. of<br>Brick Police                                                                                                                                                                                                                                                             |  |                                |  |                                              |  |  |  |  |                                                                     | Code<br>01                                                                                                                                                                 |  | Road Name                                                                                                                                                                                                                                                                           |  |                                                |  |                              |                                         |                             |  |                                                                |  | Dir                                                                                                                                                                        |      |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  | 119a          |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 99   | 3. Station/Precinct                                                                                                                                                                                                                                                                            |  |                                |  |                                              |  |  |  |  |                                                                     |                                                                                                                                                                            |  | <input type="checkbox"/> At Intersection with                                                                                                                                                                                                                                       |  |                                                |  |                              |                                         |                             |  |                                                                |  | <input type="checkbox"/> N <input type="checkbox"/> E                                                                                                                      |      | of:                                                     |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  | 119b          |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 100a | 4. Date of Crash<br>mm dd yy<br>06 05 20                                                                                                                                                                                                                                                       |  |                                |  |                                              |  |  |  |  |                                                                     | 5. Day of Week<br>Su M Tu W Th <b>F</b> Sa                                                                                                                                 |  | 6. Time (use 2400 hrs.)<br>11 31                                                                                                                                                                                                                                                    |  | 7. Municipality Code<br>1506                   |  | 8. Total Killed              |                                         | 9. Total Injured            |  | 19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. |  | <input type="checkbox"/> NB <input type="checkbox"/> EB                                                                                                                    |      | <input type="checkbox"/> SB <input type="checkbox"/> WB |  | 21. Latitude |  | 20 Route Name/Route No. |  | 22. Longitude                                                                                                              |  | 120a           |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 100b | 23. Veh. #<br>03                                                                                                                                                                                                                                                                               |  |                                |  |                                              |  |  |  |  |                                                                     | 24. Policy No.<br>939066265                                                                                                                                                |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | 25. NJ Ins. Code<br>054                                        |  | 53. Veh. #                                                                                                                                                                 |      |                                                         |  |              |  |                         |  |                                                                                                                            |  | 54. Policy No. |  |                 |  |               |  |           |     |                  |  | 55. NJ Ins. Code |  |       |  |     |  |      |  |      |  | 120b |
| 101  | 26. Driver's First Name<br>Noreen                                                                                                                                                                                                                                                              |  |                                |  |                                              |  |  |  |  |                                                                     | Initial<br>R                                                                                                                                                               |  | Last Name<br>Baris                                                                                                                                                                                                                                                                  |  | 29. Sex<br>F                                   |  | 56. Driver's First Name      |                                         |                             |  |                                                                |  |                                                                                                                                                                            |      |                                                         |  | Initial      |  | Last Name               |  | 59. Sex                                                                                                                    |  |                |  |                 |  |               |  |           |     | 121a             |  |                  |  |       |  |     |  |      |  |      |  |      |
| 102  | 27. Number & Street<br>37 BRADLEY AVE                                                                                                                                                                                                                                                          |  |                                |  |                                              |  |  |  |  |                                                                     | 28. City<br>BRICK TOWNSHIP                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | State<br>NJ                                                    |  | Zip<br>08724                                                                                                                                                               |      | 57. Number & Street                                     |  |              |  |                         |  |                                                                                                                            |  |                |  | 58. City        |  |               |  |           |     |                  |  |                  |  | State |  | Zip |  | 121b |  |      |  |      |
| 103  | 30. Eyes<br>02                                                                                                                                                                                                                                                                                 |  |                                |  |                                              |  |  |  |  |                                                                     | DL Class<br>D                                                                                                                                                              |  | Restrictions<br>-                                                                                                                                                                                                                                                                   |  | Endorsements<br>-                              |  | 31. State<br>NJ              |                                         | 60. Eyes                    |  |                                                                |  |                                                                                                                                                                            |      |                                                         |  |              |  | DL Class                |  | Restrictions                                                                                                               |  | Endorsements   |  | 61. State       |  | 122           |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 104  | 32. Driver's License Number<br>B0604                                                                                                                                                                                                                                                           |  |                                |  |                                              |  |  |  |  |                                                                     | 59779                                                                                                                                                                      |  | 58522                                                                                                                                                                                                                                                                               |  | 33. DOB<br>mm dd yy<br>082452                  |  | 34. Expires<br>mm yy<br>1120 |                                         | 62. Driver's License Number |  |                                                                |  |                                                                                                                                                                            |      |                                                         |  |              |  | 63. DOB<br>mm dd yy     |  | 64. Expires<br>mm yy                                                                                                       |  | 123            |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 105  | 35. Owner's First Name<br>Same as Driver                                                                                                                                                                                                                                                       |  |                                |  |                                              |  |  |  |  |                                                                     | Initial                                                                                                                                                                    |  | Last Name<br>Noreen R Baris                                                                                                                                                                                                                                                         |  | 65. Owner's First Name                         |  |                              |                                         |                             |  |                                                                |  |                                                                                                                                                                            |      | Initial                                                 |  | Last Name    |  | 124                     |  |                                                                                                                            |  |                |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 106  | 36. Number & Street<br>37 BRADLEY AVE                                                                                                                                                                                                                                                          |  |                                |  |                                              |  |  |  |  |                                                                     | 37. City<br>BRICK TOWNSHIP                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | State<br>NJ                                                    |  | Zip<br>08724                                                                                                                                                               |      | 66. Number & Street                                     |  |              |  |                         |  |                                                                                                                            |  |                |  | 67. City        |  |               |  |           |     |                  |  |                  |  | State |  | Zip |  | 125  |  |      |  |      |
| 107  | 38. Make<br>Honda                                                                                                                                                                                                                                                                              |  |                                |  |                                              |  |  |  |  |                                                                     | 39. Model<br>Ridgeline                                                                                                                                                     |  | 40. Color<br>GY                                                                                                                                                                                                                                                                     |  | 41. Year<br>2019                               |  | 42. Plate No.<br>U69LGE      |                                         | 43. State<br>NJ             |  | 68. Make                                                       |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  | 69. Model                                                                                                                  |  | 70. Color      |  | 71. Year        |  | 72. Plate No. |  | 73. State |     | 126a             |  |                  |  |       |  |     |  |      |  |      |  |      |
| 108  | 44. VIN<br>5FPYK3F65KB029161                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |                                                                     | 45. Expires<br>04/23                                                                                                                                                       |  | 74. VIN                                                                                                                                                                                                                                                                             |  |                                                |  |                              |                                         |                             |  |                                                                |  | 75. Expires                                                                                                                                                                |      | 126b                                                    |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 109  | 46. Vehicle Removed to:                                                                                                                                                                                                                                                                        |  |                                |  |                                              |  |  |  |  |                                                                     | 47. Authority<br><input checked="" type="checkbox"/> Driver                                                                                                                |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | 76. Vehicle Removed to:                                        |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  | 77. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police |  |                |  |                 |  |               |  |           |     | 126c             |  |                  |  |       |  |     |  |      |  |      |  |      |
| 110  | 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<br>Placard No.         |  | 78. Alcohol Drug Test<br>Given: <input 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 type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No.                    |      | 126d                                                    |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 111  | 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. |      | 126e                                                    |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 112  | 52. Motor Carrier or Government Entity                                                                                                                                                                                                                                                         |  |                                |  |                                              |  |  |  |  |                                                                     | 82. Motor Carrier or Government Entity                                                                                                                                     |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | 126f                                                           |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 113  | Number & Street                                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |                                                                     | Number & Street                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | 127a                                                           |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 114  | City                                                                                                                                                                                                                                                                                           |  |                                |  |                                              |  |  |  |  |                                                                     | State                                                                                                                                                                      |  | Zip                                                                                                                                                                                                                                                                                 |  | City                                           |  |                              |                                         |                             |  |                                                                |  |                                                                                                                                                                            |      | State                                                   |  | Zip          |  | 127b                    |  |                                                                                                                            |  |                |  |                 |  |               |  |           |     |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| 115  | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No                                                                                                                                                                                      |  |                                |  |                                              |  |  |  |  |                                                                     | 136. Charge                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | 137. Summons No.                                               |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  | 138. Charge                                                                                                                |  |                |  |                 |  |               |  |           |     | 139. Summons No. |  |                  |  |       |  |     |  |      |  | 127c |  |      |
| 116  | 140. Charge                                                                                                                                                                                                                                                                                    |  |                                |  |                                              |  |  |  |  |                                                                     | 141. Summons No.                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | 142. Charge                                                    |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  | 143. Summons No.                                                                                                           |  |                |  |                 |  |               |  |           |     | 127d             |  |                  |  |       |  |     |  |      |  |      |  |      |
| 117  | 144. Charge                                                                                                                                                                                                                                                                                    |  |                                |  |                                              |  |  |  |  |                                                                     | 145. Summons No.                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  | 146. Charge                                                    |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  | 147. Summons No.                                                                                                           |  |                |  |                 |  |               |  |           |     | 127e             |  |                  |  |       |  |     |  |      |  |      |  |      |
|      |                                                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  |                                                                |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           | 128 |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| A    |                                                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |                                                                     |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  |                                                                |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           | 129 |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| B    |                                                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |                                                                     |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  |                                                                |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           | 130 |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| C    |                                                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |                                                                     |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  |                                                                |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           | 131 |                  |  |                  |  |       |  |     |  |      |  |      |  |      |
| D    |                                                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |                                                                     |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                     |  |                                                |  |                              |                                         |                             |  |                                                                |  |                                                                                                                                                                            |      |                                                         |  |              |  |                         |  |                                                                                                                            |  |                |  |                 |  |               |  |           | 132 |                  |  |                  |  |       |  |     |  |      |  |      |  |      |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2020-00035623 |    |                                                                     | Page 3 of 5 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|-------------|--|
|                                                 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br>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

Vehicle 3 was stopped at the red traffic signal, Jack Martin Blvd. e/b. prior to Burrsville Road. Vehicle 2 was stopped behind Vehicle 3. Vehicle 1 was stopped behind Vehicle 2. All vehicles were in the left through lane. The traffic signal turned from red to green. Vehicle 3 did not move, Vehicle 2 attempted to pass Vehicle 3 on the right, and Vehicle 1 started forward. Vehicle 1 struck Vehicle 2 in the rear. Impact from being struck in the rear caused Vehicle 2 to strike Vehicle 3. No injuries were reported on location.

Driver of Vehicle 3 advised that prior to the crash, she was stopped at the red traffic signal, in the left through lane, Jack Martin Blvd., prior to Burrsville Road. Driver 3 stated that when the traffic signal turned green, the vehicle in front of Vehicle 3 did not move. Driver 3 stated that she remained stopped until she was struck by Vehicle 2.

Driver of Vehicle 2 stated that prior to the crash, she was stopped behind Vehicle 3. Driver 2 stated that when the traffic signal turned from red to green, she observed that Vehicle 3 did not move. Driver 2 stated that she attempted to go around Vehicle 3, for she assumed Vehicle 3 was making a left turn onto Burrsville Road north. As she began to go around Vehicle 3, she was struck in the rear by Vehicle 1. After being struck by Vehicle 1,

|                                           |                     |                                 |                |                                                                                                   |
|-------------------------------------------|---------------------|---------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>John E Turrin | 147. Badge #<br>199 | 148. Reviewer<br>Michael N Drew | Badge #<br>169 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|-------------------------------------------|---------------------|---------------------------------|----------------|---------------------------------------------------------------------------------------------------|

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Motor Vehicle Crash DescriptionPolice Dept: Brick Police Code: 01  
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## 145 Crash Description

her vehicle traveled forward and struck Vehicle 3.

Driver of Vehicle 1 advised that prior to the crash, she was stopped behind Vehicle 2. Driver 1 advised that when the traffic signal turned from red to green, she assumed all vehicles were going to proceed straight. Driver of Vehicle 1 stated further that she accelerated her vehicle and struck the rear of Vehicle 2.

Based on evidence presented on location, this accident was caused by Driver of Vehicle 1.

John E Turrin

199

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01  
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144 Crash Diagram (NOT TO SCALE)

○ Indicate  
North



*NOT TO SCALE*

JACK MARTIN BLVD

BURRSVILLE ROAD



John E Turrin

Officer's Signature

199

Badge Number