

|                                                                                                             |  |                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PAGE 1 OF 2                                                                                                 |  | New Jersey Police Crash Investigation Report                                                                                                                                                                                                                                                   |  | <input checked="" type="checkbox"/> Reportable                                                                                                                                              |  | <input type="checkbox"/> Non-Reportable                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> Change Report                                                                                                                            |  |
| 1 Case Number<br>17-67214                                                                                   |  | 10 Crash Occurred On: 15 COLLEGE DRIVE                                                                                                                                                                                                                                                         |  | 11 Speed Limit<br>10                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| 2 Police Dept of<br>TOMS RIVER POLICE DEPT 01                                                               |  | Code                                                                                                                                                                                                                                                                                           |  | 12 Route No.                                                                                                                                                                                |  | Suffix                                                                                                                                                                                                                                                                                         |  | 13 Milepost                                                                                                                                                       |  |
| 3 Station/Precinct<br>DISTRICT 1                                                                            |  | 14                                                                                                                                                                                                                                                                                             |  | 15                                                                                                                                                                                          |  | 16                                                                                                                                                                                                                                                                                             |  | 17 Cross Road Name                                                                                                                                                |  |
| 4 Date of Crash<br>mm dd yy<br>11/29/17                                                                     |  | 5 Day Of Week<br>WEDNESDAY                                                                                                                                                                                                                                                                     |  | 6 Time (use 2400 hrs)<br>1430                                                                                                                                                               |  | 7 Municipality Code<br>1507                                                                                                                                                                                                                                                                    |  | 8 Total Killed<br>--                                                                                                                                              |  |
| 9 Total Injured<br>--                                                                                       |  | 21 Latitude<br>39.986680                                                                                                                                                                                                                                                                       |  | 22 Longitude<br>-74.183450                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| 23 Veh #<br>1                                                                                               |  | 24 Policy No.<br>-                                                                                                                                                                                                                                                                             |  | 25 NJ Ins. Code<br>-                                                                                                                                                                        |  | 53 Veh #<br>2                                                                                                                                                                                                                                                                                  |  | 54 Policy No.<br>191603755                                                                                                                                        |  |
| 55 NJ Ins. Code<br>170                                                                                      |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input checked="" type="checkbox"/> Hit & Run                                                                                                    |  | <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run |  |                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| 26 Driver's First Name<br>-                                                                                 |  | Initial<br>-                                                                                                                                                                                                                                                                                   |  | Last Name<br>HIT & RUN                                                                                                                                                                      |  | 29 Sex<br>-                                                                                                                                                                                                                                                                                    |  | 56 Driver's First Name<br>-                                                                                                                                       |  |
| 57 Number & Street<br>-                                                                                     |  | State<br>-                                                                                                                                                                                                                                                                                     |  | Zip<br>-                                                                                                                                                                                    |  | 58 City<br>-                                                                                                                                                                                                                                                                                   |  | State<br>-                                                                                                                                                        |  |
| 59 Sex<br>-                                                                                                 |  | 30 Eyes<br>-                                                                                                                                                                                                                                                                                   |  | DL Class<br>-                                                                                                                                                                               |  | Restrictions<br>-                                                                                                                                                                                                                                                                              |  | Endorsements<br>-                                                                                                                                                 |  |
| 31 State<br>-                                                                                               |  | 60 Eyes<br>-                                                                                                                                                                                                                                                                                   |  | DL Class<br>-                                                                                                                                                                               |  | Restrictions<br>-                                                                                                                                                                                                                                                                              |  | Endorsements<br>-                                                                                                                                                 |  |
| 32 Driver's License Number<br>-                                                                             |  | 33 DOB<br>mm dd yyyy<br>-                                                                                                                                                                                                                                                                      |  | 34 Expires<br>mm yy<br>-                                                                                                                                                                    |  | 62 Driver's License Number<br>-                                                                                                                                                                                                                                                                |  | 63 DOB<br>mm dd yyyy<br>-                                                                                                                                         |  |
| 64 Expires<br>mm yy<br>-                                                                                    |  | 35 Owner's First Name<br>-                                                                                                                                                                                                                                                                     |  | Initial<br>-                                                                                                                                                                                |  | Last Name<br>HIT & RUN                                                                                                                                                                                                                                                                         |  | 65 Owner's First Name<br>-                                                                                                                                        |  |
| 66 Number & Street<br>-                                                                                     |  | 67 City<br>-                                                                                                                                                                                                                                                                                   |  | State<br>-                                                                                                                                                                                  |  | Zip<br>-                                                                                                                                                                                                                                                                                       |  | 68 Make<br>-                                                                                                                                                      |  |
| 69 Model<br>-                                                                                               |  | 70 Color<br>-                                                                                                                                                                                                                                                                                  |  | 71 Year<br>-                                                                                                                                                                                |  | 72 Plate No.<br>-                                                                                                                                                                                                                                                                              |  | 73 State<br>-                                                                                                                                                     |  |
| 44 VIN<br>-                                                                                                 |  | 45 Expires<br>-                                                                                                                                                                                                                                                                                |  | 74 VIN<br>1J4GA39168L575989                                                                                                                                                                 |  | 75 Expires<br>06 18                                                                                                                                                                                                                                                                            |  | 76 Vehicle Removed To<br>-                                                                                                                                        |  |
| 46 Vehicle Removed To<br>-                                                                                  |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                                                                                                                         |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                      |  | <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded                                                                                                                                                                                                                |  | 77 Authority<br>-                                                                                                                                                 |  |
| 47 Authority<br>-                                                                                           |  | 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. - % <input type="checkbox"/> Pending |  | 49 Hazardous Material<br><input 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 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. - % <input type="checkbox"/> Pending |  | 79 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No. |  |
| 50 Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                   |  | 51 GVWR/GCWR<br><input type="checkbox"/> Weight <= 10,000 lbs<br><input type="checkbox"/> Weight 10,001-26,000 lbs<br><input type="checkbox"/> Weight >= 26,001 lbs                                                                                                                            |  | 80 Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                   |  | 81 GVWR/GCWR<br><input type="checkbox"/> Weight <= 10,000 lbs<br><input type="checkbox"/> Weight 10,001-26,000 lbs<br><input type="checkbox"/> Weight >= 26,001 lbs                                                                                                                            |  | 82 Motor Carrier or Government Entity<br>-                                                                                                                        |  |
| 52 Motor Carrier or Government Entity<br>-                                                                  |  | Number & Street<br>-                                                                                                                                                                                                                                                                           |  | City<br>-                                                                                                                                                                                   |  | State<br>-                                                                                                                                                                                                                                                                                     |  | Zip<br>-                                                                                                                                                          |  |
| 135 Damage To Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No |  | 136 Charge<br>-                                                                                                                                                                                                                                                                                |  | 137 Summons. No.<br>-                                                                                                                                                                       |  | 138 Charge<br>-                                                                                                                                                                                                                                                                                |  | 139 Summons. No.<br>-                                                                                                                                             |  |
| 140 Charge<br>-                                                                                             |  | 141 Summons. No.<br>-                                                                                                                                                                                                                                                                          |  | 142 Charge<br>-                                                                                                                                                                             |  | 143 Summons. No.<br>-                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                   |  |
| 83                                                                                                          |  | 84                                                                                                                                                                                                                                                                                             |  | 85                                                                                                                                                                                          |  | 86                                                                                                                                                                                                                                                                                             |  | 87                                                                                                                                                                |  |
| 88                                                                                                          |  | 89                                                                                                                                                                                                                                                                                             |  | 90                                                                                                                                                                                          |  | 91                                                                                                                                                                                                                                                                                             |  | 92                                                                                                                                                                |  |
| 93                                                                                                          |  | 94                                                                                                                                                                                                                                                                                             |  | 95                                                                                                                                                                                          |  | Names & Addresses of Occupants - If Deceased, Date & Time of Death                                                                                                                                                                                                                             |  |                                                                                                                                                                   |  |
| A                                                                                                           |  | B                                                                                                                                                                                                                                                                                              |  | C                                                                                                                                                                                           |  | D                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                   |  |

# New Jersey Police Crash Investigation Report

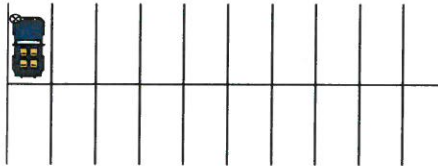
Police Dept: **TOMS RIVER POLICE D** Code: **01**  
 Station: **DISTRICT 1** Case No: **17-67214**

(Refer to vehicle by number)

|                     | Veh<br>Occ | Pos<br>In/On | Eject | Phys<br>Cond | Age | Sex | Loc<br>Inj | Type<br>Inj | Ref<br>Med | Equip<br>Avail | Equip<br>Used | Bag<br>Dept | Hosp<br>Code | Names & Addresses of Occupants - If Deceased, Date & Time of Death |
|---------------------|------------|--------------|-------|--------------|-----|-----|------------|-------------|------------|----------------|---------------|-------------|--------------|--------------------------------------------------------------------|
| ALL<br>IN<br>VOLVED | 83         | 84           | 85    | 86           | 87  | 88  | 89         | 90          | 91         | 92             | 93            | 94          | 95           |                                                                    |
|                     |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                     |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                     |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                     |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                     |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |

144 Crash Diagram (NOT TO SCALE)

Ocean County College  
15 College Drive



Not To Scale

## 145 Crash Description/Narrative

The Registered Owner of Vehicle 1 stated that she went to class at OCC between 1030 and 1430 hours on the date of this report and left her vehicle in parking lot 3. The R/O of Vehicle 1 stated that when she arrived at her vehicle there was minor damage to her drivers side front bumper. It should be noted that there was a dent on the front drivers side bumper, but no paint transfer.

At this time I contacted OCC security in an attempt to see if there was any video surveillance footage. I spoke with OCC Security Officer Moser #101 who advised that the cameras in parking lot 3 were not functioning. There are no known witnesses of the incident or suspects at this time.

146 Officer's Signature

ELWOOD, B.

147 Badge #

0425

148 Reviewer

WM

Badge #

267

149 Case Status

☐ Pending ☒ Complete