

96	PAGE 1 OF 2		New Jersey Police Crash Investigation Report		☒ Reportable ☐ Non-Reportable ☐ Change Report			
05	1 Case Number		10 Crash Occurred On: ROUTE 35 S		11 Speed Limit S 35		118a 03	
97	17-67648						118b 04	
01	2 Police Dept of		Code		12 Route No. 0035		119a 25	
98	TOMS RIVER POLICE DEPT 01				13 Milepost 25		119b 25	
01	3 Station/Precinct		14		15		120a -	
99	DISTRICT ONE						120b -	
02	4 Date of Crash		5 Day Of Week		6 Time (use 2400 hrs)		7 Municipality Code	
100a	12/02/17		SATURDAY		1228		1507	
01								
100b	23 Veh #		24 Policy No.		25 NJ Ins. Code		53 Veh #	
04	1		629 4308-E03-520		*		54 Policy No.	
101							PAC00001020814	
02							55 NJ Ins. Code	
102							017	
01	26 Driver's First Name		Initial Last Name		29 Sex		56 Driver's First Name	
103	AMANDA		M GERKENS		F		RAYMOND	
01	27 Number & Street		57 Number & Street				59 Sex	
104	82 EDMERE AVE		841 WESTMINSTER DR				M	
01	28 City		State Zip					
105	GREENWOOD LAKE		NY 10925				TOMS RIVER	
02							NJ 08753	
106	30 Eyes		DL Class		Restrictions		Endorsements	
03	05		D					
107	32 Driver's License Number		33 DOB		34 Expires		62 Driver's License Number	
01	313204839		02/03/1943		02 19		C20966438511565	
108	35 Owner's First Name		Initial Last Name				63 DOB	
01	AMANDA		M GERKENS				11/06/1956	
109	36 Number & Street		66 Number & Street				64 Expires	
01	82 EDMERE AVE		841 WESTMINSTER DR				04 18	
110	37 City		State Zip					
02	GREENWOOD LAKE		NY 10925				TOMS RIVER	
111	38 Make		39 Model		40 Color		41 Year	
03	TOYO		CAM		RD		2006	
112	42 Plate No.		43 State		44 VIN		45 Expires	
01	CVG2587		NY		4T1BA32K26U510448		03 18	
113	46 Vehicle Removed To		76 Vehicle Removed To					
02								
114	47 Authority		77 Authority					
01	Owner		Owner					
115	48 Alcohol/Drug Test		78 Alcohol/Drug Test					
03	No		No					
116	49 Hazardous Material		79 Hazardous Material					
01	None		None					
117	50 Carrier No.		80 Carrier No.					
03	USDOT		USDOT					
118	51 GVWR/GCWR		81 GVWR/GCWR					
01	Weight <= 10,000 lbs		Weight <= 10,000 lbs					
119	Weight 10,001-26,000 lbs		Weight 10,001-26,000 lbs					
02	Weight >= 26,001 lbs		Weight >= 26,001 lbs					
120	52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity					
03								
121	Number & Street		Number & Street					
01								
122	City		State Zip					
02								
123	135 Damage To Other Property		Yes (If Yes, describe) No					
03								
124	Oper.		136 Charge		137 Summons. No.		Oper.	
01							138 Charge	
125							139 Summons. No.	
02								
126	Oper.		140 Charge		141 Summons. No.		Oper.	
03							142 Charge	
127							143 Summons. No.	
01								
128	83		84		85		86	
02	01		-		74		F	
129	87		88		89		90	
03	03		-		54		M	
130	89		90		91		92	
01	01		-		61		M	
131	91		92		93		94	
02	01		-		04		04	
132	93		94		95		Names & Addresses of Occupants - If Deceased, Date & Time of Death	
03	01		-		04		AMANDA M GERKENS	
133	95		96		97		82 EDMERE AVE GREENWOOD LAKE NY 10925	
01	01		-		04		PAUL JEZINIK	
134	97		98		99		82 EDMERE AVENUE GREENWOOD LAKE NY 10925	
02	01		-		04		RAYMOND V CECERE	
135	99		00		01		841 WESTMINSTER DR TOMS RIVER NJ 08753	
03	01		-		04			

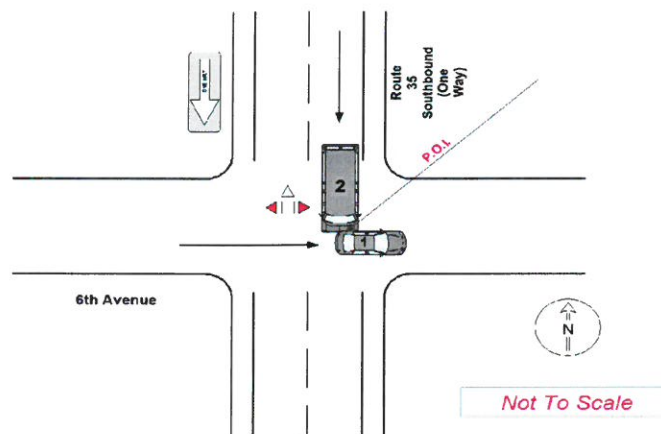
New Jersey Police Crash Investigation Report

Police Dept: **TOMS RIVER POLICE DEPT** Code: **01**
 Station: **DISTRICT ONE** Case No: **17-67648**

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL F I N V O L U N T A R Y	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #2 was traveling Southbound on Route 35 in the left lane approaching 6th Avenue intersection with flashing yellow traffic signal. Vehicle #1 was on 6th avenue eastbound, with flashing red signals at said intersection. Driver of Vehicle #1 stated she did not observe the flashing red traffic signal and proceeded through the intersection without looking, at which point she was struck by Vehicle #2, who did not have enough time to avoid the accident. No reported injuries on scene. Driver of Vehicle #1 contacted AAA for her disabled vehicle.

***25 - Code 328 - State Farm Mutual Automobile Insurance Company - PO Box 8000 - Ballston Spa, NY 12020**

Witness - Rob Marino (848-992-0474) - Driving behind Vehicle #2 and confirmed Vehicle #1 proceeded through the intersection without yielded / attempting to stop.

146 Officer's Signature
GANNON, A.

147 Badge #
0415

148 Reviewer
RJB

Badge #
313

149 Case Status
☐ Pending ☒ Complete