

|    |                                                                                                                                                                                                                                                                                                       |  |                                                     |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |      |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------|--|--|--|--|-----|
| 96 | Page 1 of 4 <input type="checkbox"/> Fatal                                                                                                                                                                                                                                                            |  | <b>New Jersey Police Crash Investigation Report</b> |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  | <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report |  |  |                                                                                                                                                                                                                                                                                                       |  | 118a |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 05 | 1. Case Number<br><b>2020-00038741</b>                                                                                                                                                                                                                                                                |  |                                                     |  |  |  |  |  |  |  | 10. Crash Occurred On: <b>OLDEN ST</b>                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  | 11. Speed Limit<br><b>3 5</b>                                                                                          |  |  |  |  | 12. Route No. <b>- - - -</b> Suffix <b>- - - -</b> 13. Milepost <b>- - - -</b>                                                                                             |  |                                                                                                                               |  |  | 09                                                                                                                                                                                                                                                                                                    |  |      |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 01 | 2. Police Dept. of <b>Brick Police</b> Code <b>01</b>                                                                                                                                                                                                                                                 |  |                                                     |  |  |  |  |  |  |  | Road Name <b>Dir</b>                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 18. Speed Limit<br><b>4 0</b>                                                                                          |  |  |  |  | 02                                                                                                                                                                         |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |      |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 01 | 3. Station/Precinct                                                                                                                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | <input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input checked="" type="checkbox"/> E<br><input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W<br><input type="checkbox"/> Miles                                                                     |  |  |  |  |  |  |  |  |  | of: <b>Rt. 88</b>                                                                                                      |  |  |  |  | 25                                                                                                                                                                         |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |      |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 05 | 4. Date of Crash<br>mm dd yy<br><b>0 6 2 1 2 0</b>                                                                                                                                                                                                                                                    |  |                                                     |  |  |  |  |  |  |  | 5. Day of Week<br>M Tu W Th F Sa<br><b>5</b>                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  | 6. Time (use 2400 hrs.)<br><b>1 6 1 1</b>                                                                              |  |  |  |  | 7. Municipality Code<br><b>1 5 0 6</b>                                                                                                                                     |  |                                                                                                                               |  |  | 8. Total Killed<br><b>- -</b>                                                                                                                                                                                                                                                                         |  |      |  |  | 9. Total Injured<br><b>0 1</b>                                                                                                                                                                                                                                                                              |  |  |  |  | 19a                                                                                                                    |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 01 | 23. Veh. # <b>6022426752061</b>                                                                                                                                                                                                                                                                       |  |                                                     |  |  |  |  |  |  |  | 24. Policy No. <b>884</b>                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  | 25. Veh. # <b>02</b>                                                                                                   |  |  |  |  | 26. Policy No. <b>4518-46-67-52</b>                                                                                                                                        |  |                                                                                                                               |  |  | 27. NJ Ins. Code<br><b>148</b>                                                                                                                                                                                                                                                                        |  |      |  |  | 19b                                                                                                                                                                                                                                                                                                         |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 06 | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                                                                                                     |  |                                                     |  |  |  |  |  |  |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                                                                                                           |  |  |  |  |  |  |  |  |  | 19. To: <b>-</b> 17. Cross Road Name/Route No. <b>-</b>                                                                |  |  |  |  | 18. NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB                                                                                 |  |                                                                                                                               |  |  | 20a                                                                                                                                                                                                                                                                                                   |  |      |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 02 | 26. Driver's First Name <b>Cheskel</b> Initial <b>S</b> Last Name <b>Sonenblick</b>                                                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 29. Sex <b>M</b>                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  | 56. Driver's First Name <b>Kristen</b> Initial <b>A</b> Last Name <b>Stirtz</b>                                        |  |  |  |  | 59. Sex <b>F</b>                                                                                                                                                           |  |                                                                                                                               |  |  | 20b                                                                                                                                                                                                                                                                                                   |  |      |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 01 | 27. Number & Street<br><b>746 SOMERSET AVE</b>                                                                                                                                                                                                                                                        |  |                                                     |  |  |  |  |  |  |  | 28. City <b>Lakewood</b> State <b>NJ</b> Zip <b>08701</b>                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  | 57. Number & Street<br><b>701 TALL OAKS DR</b>                                                                         |  |  |  |  | 58. City <b>BRICK TOWNSHIP</b> State <b>NJ</b> Zip <b>08724</b>                                                                                                            |  |                                                                                                                               |  |  | 21a                                                                                                                                                                                                                                                                                                   |  |      |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 01 | 30. Eyes <b>0 2</b> DL Class <b>D</b> Restrictions <b>- - - -</b> Endorsements <b>- -</b>                                                                                                                                                                                                             |  |                                                     |  |  |  |  |  |  |  | 31. State <b>NJ</b>                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 60. Eyes <b>0 2</b> DL Class <b>D</b> Restrictions <b>- - - -</b> Endorsements <b>- -</b>                              |  |  |  |  | 61. State <b>NJ</b>                                                                                                                                                        |  |                                                                                                                               |  |  | 21b                                                                                                                                                                                                                                                                                                   |  |      |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 02 | 32. Driver's License Number<br><b>S 6 3 9 3 1 2 2 8 2 0 4 9 0 2</b>                                                                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 33. DOB mm dd yy<br><b>0 4 2 7 9 0</b>                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  | 34. Expires mm yy<br><b>0 1 2 2</b>                                                                                    |  |  |  |  | 62. Driver's License Number<br><b>S 8 2 6 4 4 3 7 6 1 6 1 8 5 2</b>                                                                                                        |  |                                                                                                                               |  |  | 63. DOB mm dd yy<br><b>1 1 1 9 8 5</b>                                                                                                                                                                                                                                                                |  |      |  |  | 64. Expires mm yy<br><b>1 1 2 3</b>                                                                                                                                                                                                                                                                         |  |  |  |  | 122                                                                                                                    |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 01 | 35. Owner's First Name <b>Jacob Frommer</b>                                                                                                                                                                                                                                                           |  |                                                     |  |  |  |  |  |  |  | 36. Number & Street<br><b>929 W KENNEDY BLVD</b>                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  | 37. City <b>Lakewood</b> State <b>NJ</b> Zip <b>08701</b>                                                              |  |  |  |  | 65. Owner's First Name <b>Kristen A Stirtz</b>                                                                                                                             |  |                                                                                                                               |  |  | 66. Number & Street<br><b>701 TALL OAKS DR</b>                                                                                                                                                                                                                                                        |  |      |  |  | 67. City <b>BRICK TOWNSHIP</b> State <b>NJ</b> Zip <b>08724</b>                                                                                                                                                                                                                                             |  |  |  |  | 123                                                                                                                    |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 01 | 38. Make <b>Toyota</b> 39. Model <b>Camry</b> 40. Color <b>GY</b> 41. Year <b>2011</b> 42. Plate No. <b>R36EBB</b> 43. State <b>NJ</b>                                                                                                                                                                |  |                                                     |  |  |  |  |  |  |  | 44. VIN<br><b>4 T 4 B F 3 E K 4 B R 1 1 7 1 3 0</b>                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 45. Expires<br><b>03/21</b>                                                                                            |  |  |  |  | 68. Make <b>Ford</b> 69. Model <b>Focus</b> 70. Color <b>WT</b> 71. Year <b>2014</b> 72. Plate No. <b>F70KNG</b> 73. State <b>NJ</b>                                       |  |                                                                                                                               |  |  | 74. VIN<br><b>1 F A D P 3 E 2 5 E L 4 3 5 0 3 5</b>                                                                                                                                                                                                                                                   |  |      |  |  | 75. Expires<br><b>09/20</b>                                                                                                                                                                                                                                                                                 |  |  |  |  | 124                                                                                                                    |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 01 | 46. Vehicle Removed to:                                                                                                                                                                                                                                                                               |  |                                                     |  |  |  |  |  |  |  | 47. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  | 76. Vehicle Removed to:                                                                                                |  |  |  |  | 77. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                 |  |                                                                                                                               |  |  | 78. Alcohol Drug Test 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: <b>0. - - %</b> <input type="checkbox"/> Pending |  |      |  |  | 79. Hazardous Material Given: <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: <b>0. - - %</b> <input type="checkbox"/> Pending |  |  |  |  | 80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX <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. |  |  |  |  | 82. Motor Carrier or Government Entity |  |  |  |  | 125 |
| 01 | 48. Alcohol Drug Test 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: <b>0. - - %</b> <input type="checkbox"/> Pending |  |                                                     |  |  |  |  |  |  |  | 49. Hazardous Material Given: <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: <b>0. - - %</b> <input type="checkbox"/> Pending |  |  |  |  |  |  |  |  |  | 50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX <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. |  |                                                                                                                               |  |  | 52. Motor Carrier or Government Entity                                                                                                                                                                                                                                                                |  |      |  |  | 126                                                                                                                                                                                                                                                                                                         |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 53. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 54. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 55. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |  |  |  | 56. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                        |  |                                                                                                                               |  |  | 57. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |      |  |  | 126b                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 58. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 59. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 60. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |  |  |  | 61. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                        |  |                                                                                                                               |  |  | 62. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |      |  |  | 126c                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 63. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 64. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 65. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |  |  |  | 66. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                        |  |                                                                                                                               |  |  | 67. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |      |  |  | 126d                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 68. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 69. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 70. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |  |  |  | 71. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                        |  |                                                                                                                               |  |  | 72. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |      |  |  | 126e                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 73. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 74. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 75. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |  |  |  | 76. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                        |  |                                                                                                                               |  |  | 77. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |      |  |  | 126f                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 78. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 79. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 80. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |  |  |  | 81. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                        |  |                                                                                                                               |  |  | 82. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |      |  |  | 126g                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 83. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 84. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 85. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |  |  |  | 86. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                        |  |                                                                                                                               |  |  | 87. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |      |  |  | 126h                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 88. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 89. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 90. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |  |  |  | 91. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                        |  |                                                                                                                               |  |  | 92. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |      |  |  | 126i                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 93. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 94. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 95. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No    |  |  |  |  | 96. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                        |  |                                                                                                                               |  |  | 97. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |      |  |  | 126j                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 98. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 99. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  | 100. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 101. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 102. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126k                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 103. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 104. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 105. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 106. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 107. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126l                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 108. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 109. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 110. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 111. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 112. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126m                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 113. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 114. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 115. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 116. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 117. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126n                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 118. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 119. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 120. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 121. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 122. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126o                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 123. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 124. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 125. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 126. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 127. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126p                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 128. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 129. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 130. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 131. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 132. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126q                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 133. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 134. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 136. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 137. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126r                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 138. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 139. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 140. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 141. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 142. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126s                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 143. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 144. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 145. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 146. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 147. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126t                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 148. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 149. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 150. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 151. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 152. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126u                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 153. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 154. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 155. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 156. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 157. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126v                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 158. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 159. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 160. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 161. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 162. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126w                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 163. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 164. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 165. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 166. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 167. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126x                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 168. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 169. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 170. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 171. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 172. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126y                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 173. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 174. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 175. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 176. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 177. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 126z                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 178. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 179. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 180. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 181. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 182. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127a                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 183. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 184. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 185. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 186. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 187. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127b                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 188. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 189. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 190. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 191. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 192. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127c                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 193. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 194. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 195. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 196. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 197. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127d                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 198. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 199. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 200. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 201. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 202. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127e                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 203. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 204. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 205. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 206. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 207. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127f                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 208. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 209. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 210. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 211. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 212. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127g                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 213. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 214. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 215. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 216. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 217. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127h                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 218. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 219. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 220. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 221. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 222. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127i                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 223. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 224. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 225. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 226. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 227. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127j                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 228. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 229. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 230. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 231. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 232. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127k                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 233. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 234. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 235. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 236. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 237. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127l                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 238. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 239. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 240. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  | 241. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                       |  |                                                                                                                               |  |  | 242. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |      |  |  | 127m                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |
| 04 | 243. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 244. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 245. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No   |  |  |  |  |                                                                                                                                                                            |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |      |  |  |                                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                        |  |  |  |  |                                                                                                                                                                            |  |  |  |  |                                        |  |  |  |  |     |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2020-00038741 |    |                                                                                | Page 2 of 4 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|--------------------------------------------------------------------------------|-------------|--|
|                                                 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br><i>If Deceased, Date &amp; Time of Death</i> |             |  |
| E                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| F                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| G                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| H                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| I                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| J                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Vehicle 2 was stopped at the traffic signal for the intersection of Olden Street and Rt. 88. Vehicle 2 was in the right lane of travel on Olden Street just prior to Rt. 88. Vehicle 1 was directly behind Vehicle 2. Vehicle 2 started moving forward when Vehicle 1 struck the rear of Vehicle 2 with Vehicle 1's lower front right portion causing moderate but functional damage to the lower rear left portion of Vehicle 2.

Driver 2 stated she was stopped at the traffic signal on Olden Street, slowly moving forward, to make a right turn onto Rt. 88. As she was moving forward, Vehicle 1 struck the rear portion of her vehicle. Driver 2 stated she had a complaint of pain to her neck. Brick Police EMS arrived on scene to treat Driver 2. Driver 2 refused further medical treatment and transport to Ocean Medical Center.

Driver 1 stated he was behind Vehicle 2. Driver 1 believed Vehicle 2 was moving forward to make the right turn. As Driver 1 believed that, he looked left to see if the traffic on Rt. 88 was clear for him to make the right turn. While looking left he stated he started moving forward and struck the rear of Vehicle 2 with the front right portion of his vehicle.

|                                             |                     |                                 |                |                                                                                                   |
|---------------------------------------------|---------------------|---------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Mark M Catalina | 147. Badge #<br>263 | 148. Reviewer<br>Daniel Waleski | Badge #<br>157 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|---------------------------------------------|---------------------|---------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash DescriptionPolice Dept: Brick Police Code: 01Station:      Case No: 2020-00038741

## 145 Crash Description

Both Vehicle 1 and Vehicle 2 were driven from the scene.

Upon conclusion of my investigation, I determined Vehicle 1 to be at fault for the crash. Vehicle 1 failed to make sure the roadway in front of the vehicle was clear prior to moving forward coupled with Driver 1 stating it was his fault due to him looking left. Driver 1 was issued a motor vehicle summons for careless driving, 39:4-97, on summons number E20 001975.

Mark M Catalina

263

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police

Code: 01

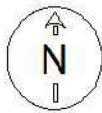
Station:     

Case No: 2020-00038741

144 Crash Diagram (NOT TO SCALE)

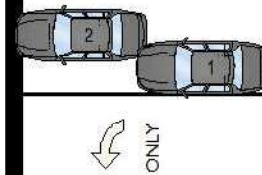


OLDEN STREET



*NOT TO SCALE*

STATE HWY 88



Mark M Catalina

Officer's Signature

263

Badge Number