

|                                                                     |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                            |  |                                                                                            |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|----------------------------------------------|--|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|
| 96                                                                  | Page 1 of 3                                                                                                             |  | <input type="checkbox"/> Fatal |  | New Jersey Police Crash Investigation Report |  |  |  |  |  |                                                                                                                                                                            |  |                                                                                            |  | <input type="checkbox"/> Reportable                                                                                                                                        |  | <input checked="" type="checkbox"/> Non-Reportable                                                                                                                                                                                                            |  | <input type="checkbox"/> Change Report                                                                                                                                                                                                                        |  | 118a                                                                                                                             |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 05                                                                  | 1. Case Number<br>2020-00066393                                                                                         |  |                                |  |                                              |  |  |  |  |  | 10. Crash Occurred On: RT 88                                                                                                                                               |  |                                                                                            |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  | 11. Speed Limit<br>3 5                                                                                                           |  | 12. Route No. Suffix                                                                                                             |  | 13. Milepost                                                                                                                                                                                                                                                                                    |      | 02                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 01                                                                  | 2. Police Dept. of<br>Brick Police                                                                                      |  |                                |  |                                              |  |  |  |  |  | Code<br>01                                                                                                                                                                 |  | Road Name<br>Dir                                                                           |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  | 18. Speed Limit<br>3 5                                                                                                           |  | 19. To: 17. Cross Road Name/Route No.                                                                                                                                                                                                                                                           |      | 20. Route Name/Route No.                                                                                                                                           |  | 04                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                    |  |     |
| 07                                                                  | 3. Station/Precinct                                                                                                     |  |                                |  |                                              |  |  |  |  |  | 300.0                                                                                                                                                                      |  | <input checked="" type="checkbox"/> Feet<br><input type="checkbox"/> Miles                 |  | <input type="checkbox"/> N <input type="checkbox"/> E<br><input type="checkbox"/> S <input checked="" type="checkbox"/> W                                                  |  | of: Van Zile Road                                                                                                                                                                                                                                             |  | 19. Ramp                                                                                                                                                                                                                                                      |  | 21. Latitude                                                                                                                     |  | 22. Longitude                                                                                                                    |  | 119a                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 02                                                                  | 4. Date of Crash<br>mm dd yy<br>1 1 1 0 2 0                                                                             |  |                                |  |                                              |  |  |  |  |  | 5. Day of Week<br>Su M Tu W Th F Sa<br>1 7 1 8                                                                                                                             |  | 6. Time (use 2400 hrs.)<br>1 7 1 8                                                         |  | 7. Municipality Code<br>1 5 0 6                                                                                                                                            |  | 8. Total Killed                                                                                                                                                                                                                                               |  | 9. Total Injured                                                                                                                                                                                                                                              |  | 23. Veh. #<br>01                                                                                                                 |  | 24. Policy No.<br>4618-79-97-14                                                                                                  |  | 25. NJ Ins. Code<br>100                                                                                                                                                                                                                                                                         |      | 119b                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 100a                                                                | 26. Driver's First Name<br>KAYE                                                                                         |  |                                |  |                                              |  |  |  |  |  | Initial<br>F                                                                                                                                                               |  | Last Name<br>WATTS                                                                         |  | 29. Sex<br>F                                                                                                                                                               |  | 53. Veh. #<br>02                                                                                                                                                                                                                                              |  | 54. Policy No.<br>F893044-8                                                                                                                                                                                                                                   |  | 55. NJ Ins. Code<br>426                                                                                                          |  | 56. Driver's First Name<br>THOMAS                                                                                                |  | 57. Initial<br>D                                                                                                                                                                                                                                                                                |      | 58. Last Name<br>BOSS                                                                                                                                              |  | 120a                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                    |  |     |
| 01                                                                  | 27. Number & Street<br>285 KENTWOOD BLVD                                                                                |  |                                |  |                                              |  |  |  |  |  | 28. City<br>BRICK TOWNSHIP                                                                                                                                                 |  | State<br>NJ                                                                                |  | Zip<br>08724                                                                                                                                                               |  | 57. Number & Street<br>20 LAURELHURST DR                                                                                                                                                                                                                      |  | 58. City<br>BRICK TOWNSHIP                                                                                                                                                                                                                                    |  | State<br>NJ                                                                                                                      |  | Zip<br>08724                                                                                                                     |  | 59. Sex<br>M                                                                                                                                                                                                                                                                                    |      | 120b                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 100b                                                                | 30. Eyes<br>0 2                                                                                                         |  |                                |  |                                              |  |  |  |  |  | DL Class<br>D                                                                                                                                                              |  | Restrictions<br>-                                                                          |  | Endorsements<br>-                                                                                                                                                          |  | 31. State<br>NJ                                                                                                                                                                                                                                               |  | 60. Eyes<br>0 4                                                                                                                                                                                                                                               |  | DL Class<br>D                                                                                                                    |  | Restrictions<br>K                                                                                                                |  | Endorsements<br>N                                                                                                                                                                                                                                                                               |      | 61. State<br>NJ                                                                                                                                                    |  | 121a                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                    |  |     |
| 04                                                                  | 32. Driver's License Number<br>W0 8 5 3 4 2 9 6 6 5 1 5 3 2                                                             |  |                                |  |                                              |  |  |  |  |  | 33. DOB<br>mm dd yy<br>0 1 0 4 5 3                                                                                                                                         |  | 34. Expires<br>mm yy<br>0 1 5 3                                                            |  | 62. Driver's License Number<br>B 6 7 2 6 7 4 0 6 4 0 1 5 6 4                                                                                                               |  | 63. DOB<br>mm dd yy<br>0 1 0 2 5 6                                                                                                                                                                                                                            |  | 64. Expires<br>mm yy<br>0 1 2 3                                                                                                                                                                                                                               |  | 65. Owner's First Name<br>KAYE F WATTS                                                                                           |  | 66. Initial<br>F                                                                                                                 |  | 67. Last Name<br>WATTS                                                                                                                                                                                                                                                                          |      | 121b                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 101                                                                 | 35. Owner's First Name<br>KAYE F WATTS                                                                                  |  |                                |  |                                              |  |  |  |  |  | Initial<br>F                                                                                                                                                               |  | Last Name<br>WATTS                                                                         |  | 65. Owner's First Name<br>THOMAS D BOSS                                                                                                                                    |  | Initial<br>D                                                                                                                                                                                                                                                  |  | Last Name<br>BOSS                                                                                                                                                                                                                                             |  | 66. Number & Street<br>20 LAURELHURST DR                                                                                         |  | 67. City<br>BRICK TOWNSHIP                                                                                                       |  | State<br>NJ                                                                                                                                                                                                                                                                                     |      | Zip<br>08724                                                                                                                                                       |  | 122                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                    |  |     |
| 02                                                                  | 36. Number & Street<br>285 KENTWOOD BLVD                                                                                |  |                                |  |                                              |  |  |  |  |  | 37. City<br>BRICK TOWNSHIP                                                                                                                                                 |  | State<br>NJ                                                                                |  | Zip<br>08724                                                                                                                                                               |  | 68. Make<br>Nissan                                                                                                                                                                                                                                            |  | 69. Model<br>Versa                                                                                                                                                                                                                                            |  | 70. Color<br>SL                                                                                                                  |  | 71. Year<br>2015                                                                                                                 |  | 72. Plate No.<br>N14GWN                                                                                                                                                                                                                                                                         |      | 73. State<br>NJ                                                                                                                                                    |  | 123                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                    |  |     |
| 105                                                                 | 44. VIN<br>3 N 1 C N 7 A P 6 F L 8 3 1 6 0 3                                                                            |  |                                |  |                                              |  |  |  |  |  | 45. Expires<br>09/20                                                                                                                                                       |  | 74. VIN<br>1 G C G T B E 3 3 G 1 3 8 3 9 5 7                                               |  | 75. Expires<br>11/21                                                                                                                                                       |  | 46. Vehicle Removed to:<br><input checked="" type="checkbox"/> Driven<br><input type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene<br><input type="checkbox"/> Towed Impounded |  | 76. Vehicle Removed to:<br><input checked="" type="checkbox"/> Driven<br><input type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene<br><input type="checkbox"/> Towed Impounded |  | 47. Authority<br><input type="checkbox"/> Owner<br><input checked="" type="checkbox"/> Driver<br><input type="checkbox"/> Police |  | 77. Authority<br><input type="checkbox"/> Owner<br><input checked="" type="checkbox"/> Driver<br><input type="checkbox"/> Police |  | 48. Alcohol Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0.00 % <input type="checkbox"/> Pending |      | 49. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No. |  | 78. Alcohol Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0.00 % <input type="checkbox"/> Pending |  | 79. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No. |  | 124 |
| 03                                                                  | 50. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                              |  |                                |  |                                              |  |  |  |  |  | 51. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs. |  | 80. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None |  | 81. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs. |  | 52. Motor Carrier or Government Entity                                                                                                                                                                                                                        |  | 82. Motor Carrier or Government Entity                                                                                                                                                                                                                        |  | Number & Street                                                                                                                  |  | City                                                                                                                             |  | State                                                                                                                                                                                                                                                                                           |      | Zip                                                                                                                                                                |  | 125                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                    |  |     |
| 106                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 107                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126b                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 108                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126c                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 109                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126d                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 110                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126e                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 111                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126f                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 112                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126g                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 113                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126h                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 114                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126i                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 115                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126j                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 116                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126k                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 117                                                                 | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126l                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| 02                                                                  | 135. Damage to Other Property<br><input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No |  |                                |  |                                              |  |  |  |  |  | 136. Charge                                                                                                                                                                |  | 137. Summons No.                                                                           |  | 138. Charge                                                                                                                                                                |  | 139. Summons No.                                                                                                                                                                                                                                              |  | 140. Charge                                                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                 |  | 142. Charge                                                                                                                      |  | 143. Summons No.                                                                                                                                                                                                                                                                                |      | 126m                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                            |  | KAYE F WATTS<br>285 KENTWOOD BLVD BRICK TOWNSHIP NJ 08724                                  |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 | 127a |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
| THOMAS D BOSS<br>20 LAURELHURST DR BRICK TOWNSHIP NJ 08724          |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                            |  | THOMAS D BOSS<br>20 LAURELHURST DR BRICK TOWNSHIP NJ 08724                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 | 127b |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
|                                                                     |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                            |  |                                                                                            |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 | 127c |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
|                                                                     |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                            |  |                                                                                            |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 | 127d |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
|                                                                     |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                            |  |                                                                                            |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 | 127e |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
|                                                                     |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                            |  |                                                                                            |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 | 127f |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
|                                                                     |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                            |  |                                                                                            |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 | 127g |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
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|                                                                     |                                                                                                                         |  |                                |  |                                              |  |  |  |  |  |                                                                                                                                                                            |  |                                                                                            |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 | 127i |                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |  |     |
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| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2020-00066393 |    |                                                                     | Page 2 of 3 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|-------------|--|
|                                                 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |             |  |
| E                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| F                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| G                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| H                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| I                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| J                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |

144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Vehicle 2 traveling eastbound on Route 88, approaching the entrance/exit of Laurel Square Shopping Center.

1930 Route 88. Vehicle 1 traveling southbound, exiting the parking lot of Laurel Square Shopping Center.

attempting a left turn onto Route 88 eastbound.

Driver 2 stated he was traveling eastbound on Route 88 and approaching the entrance/exit of Laurel Square.

Driver 2 stated as he reached the driveway area, Vehicle 1 began making a left turn into his lane of travel.

Driver 2 swerved to the right and was struck on the driver's side middle by Vehicle 1.

Driver 1 stated she was exiting the parking lot of Laurel Square and attempting to make a left turn onto

Route 88 eastbound. Driver 1 stated that she thought Vehicle 2 had passed before she started pulling out and

that she did not see him.

Driver 1 was found to be at fault for failing to yield the right of way to Vehicle 2 and for failing to see

the vehicle prior to the collision.

No traffic control devices were present at the intersection.

|                                             |                     |                                 |                |                                                                                                   |
|---------------------------------------------|---------------------|---------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>John C Boronkas | 147. Badge #<br>165 | 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 Diagram

Police Dept: Brick Police Code: 01  
Station:        Case No: 2020-00066393

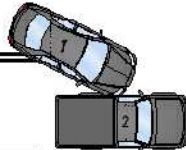
144 Crash Diagram (NOT TO SCALE)



Entrance/Exit of  
Laurel Square Shopping Center  
1930 Route 88



Route 88



John C Boronkas

Officer's Signature

165

Badge Number