

NJTR-1 (Rev. 01/17)

96	Page 2 of 4 ☐ Fatal		New Jersey Police Crash Investigation Report															☐ Reportable ☐ Non-Reportable ☐ Change Report					118a																		
97	1. Case Number 2019-00047008										10. Crash Occurred On: _____										11. Speed Limit [][] [][] [][] [][] [][]					118b															
98	2. Police Dept. of _____ Code _____										Road Name _____ Dir _____										12. Route No. _____ Suffix _____ 13. Milepost _____					119a															
99	3. Station/Precinct _____										☐ At Intersection with ☐ N ☐ E ☐ Feet ☐ S ☐ W ☐ Miles										18. Speed Limit [][] [][]					119b															
100a	4. Date of Crash mm dd yy				5. Day of Week Su M Tu W Th F Sa				6. Time (use 2400 hrs.) [][] [][] [][] [][]				7. Municipality Code [][] [][] [][] [][]				8. Total Killed [][] [][]				9. Total Injured [][] [][]				19. ☐ To: 17. Cross Road Name/Route No. _____ Ramp ☐ From: _____					21. Latitude _____ 20 Route Name/Route No. _____ 22. Longitude _____					120a						
100b	23. Veh. # 24. Policy No. _____										25. NJ Ins. Code _____										53. Veh. # 54. Policy No. _____										55. NJ Ins. Code _____					120b					
101	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run 26. Driver's First Name Initial Last Name										29. Sex _____										☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run 56. Driver's First Name Initial Last Name										59. Sex _____					121a					
102	27. Number & Street _____										57. Number & Street _____															121b															
103	28. City _____ State _____ Zip _____										58. City _____ State _____ Zip _____															122															
104	30. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____ 31. State _____										60. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____ 61. State _____															123															
105	32. Driver's License Number _____ 33. DOB mm dd yy _____ 34. Expires mm yy _____										62. Driver's License Number _____ 63. DOB mm dd yy _____ 64. Expires mm yy _____															124															
106	35. Owner's First Name Initial Last Name _____ ☐ Same as Driver										65. Owner's First Name Initial Last Name _____ ☐ Same as Driver															125															
107	36. Number & Street _____										66. Number & Street _____															126a															
108	37. City _____ State _____ Zip _____										67. City _____ State _____ Zip _____															126b															
109	38. Make _____ 39. Model _____ 40. Color _____ 41. Year _____ 42. Plate No. _____ 43. State _____				68. Make _____ 69. Model _____ 70. Color _____ 71. Year _____ 72. Plate No. _____ 73. State _____													126c																							
110	44. VIN _____ 45. Expires _____										74. VIN _____ 75. Expires _____															126d															
111	46. Vehicle Removed to: _____										76. Vehicle Removed to: _____															126e															
112	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded										☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded															127a															
113	47. Authority _____ ☐ Owner ☐ Driver ☐ Police										77. Authority _____ ☐ Owner ☐ Driver ☐ Police															127b															
114	48. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. [][] % ☐ Pending										49. Hazardous Material ☐ None ☐ On Board ☐ Spill Hazard Class _____ Placard No. _____										78. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. [][] % ☐ Pending										79. Hazardous Material ☐ None ☐ On Board ☐ Spill Hazard Class _____ Placard No. _____										127c
115	50. Carrier No. _____ ☐ USDOT _____ ☐ None										51. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.										80. Carrier No. _____ ☐ USDOT _____ ☐ None										81. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.										127d
116	52. Motor Carrier or Government Entity _____										82. Motor Carrier or Government Entity _____																				127e										
117	Number & Street _____										Number & Street _____																				128										
	City _____ State _____ Zip _____										City _____ State _____ Zip _____																				129										
	135. Damage to Other Property ☐ Yes (If Yes, describe) ☐ No Brick Motor Inn. . 912 RT 70, BRICK TOWNSHIP, NJ 08724 Brick Motor Inn Sign and bushes																														130										
	Oper. 136. Charge _____										137. Summons No. _____										Oper. 138. Charge _____										139. Summons No. _____										131
	Oper. 140. Charge _____										141. Summons No. _____										Oper. 142. Charge _____										143. Summons No. _____										132
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New Jersey Police Crash Investigation Report												Case Number 2019-00047008			Page 3 of 4	
E F G H I J	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death		

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Vehicle #1 was traveling Westbound Rt. 70 in the area of Olden St. Vehicle #2 was traveling Eastbound Rt. 70 in the "Jug handle" to Olden St. While Vehicle #2 was crossing over Rt. 70 onto Olden St. with the green traffic signal, vehicle #1 disregarded the red traffic signal colliding with vehicle #2's front end. Vehicle #2 was sent into a 180 degree spin making a secondary contact with vehicle #1 at point 5 then coming to rest after hitting a utility pole also at point 5. Vehicle #1 veered off the road right running over a curb, shearing a crosswalk signal at the base and coming to rest after hitting the Brick Motor Inn sign.

Driver #1 stated he was passing in the right lane when he entered the intersection vehicle #2 hit him.

Driver #2 stated while she was crossing the intersection with the green light vehicle #1 hit her. It should be noted, two independent witnesses came forward and stated vehicle #1 disregarded the red traffic signal and collided with vehicle #2 (see BTPD Motor Vehicle Crash Statement Forms)

The conclusion of the investigation revealed driver #1 was at fault for the accident.

146. Officer's Signature Daniel W Fogarty	147. Badge # 211	148. Reviewer James L Bartolucci	Badge # 183	149. Case Status ☐ Pending ☒ Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: Brick Police

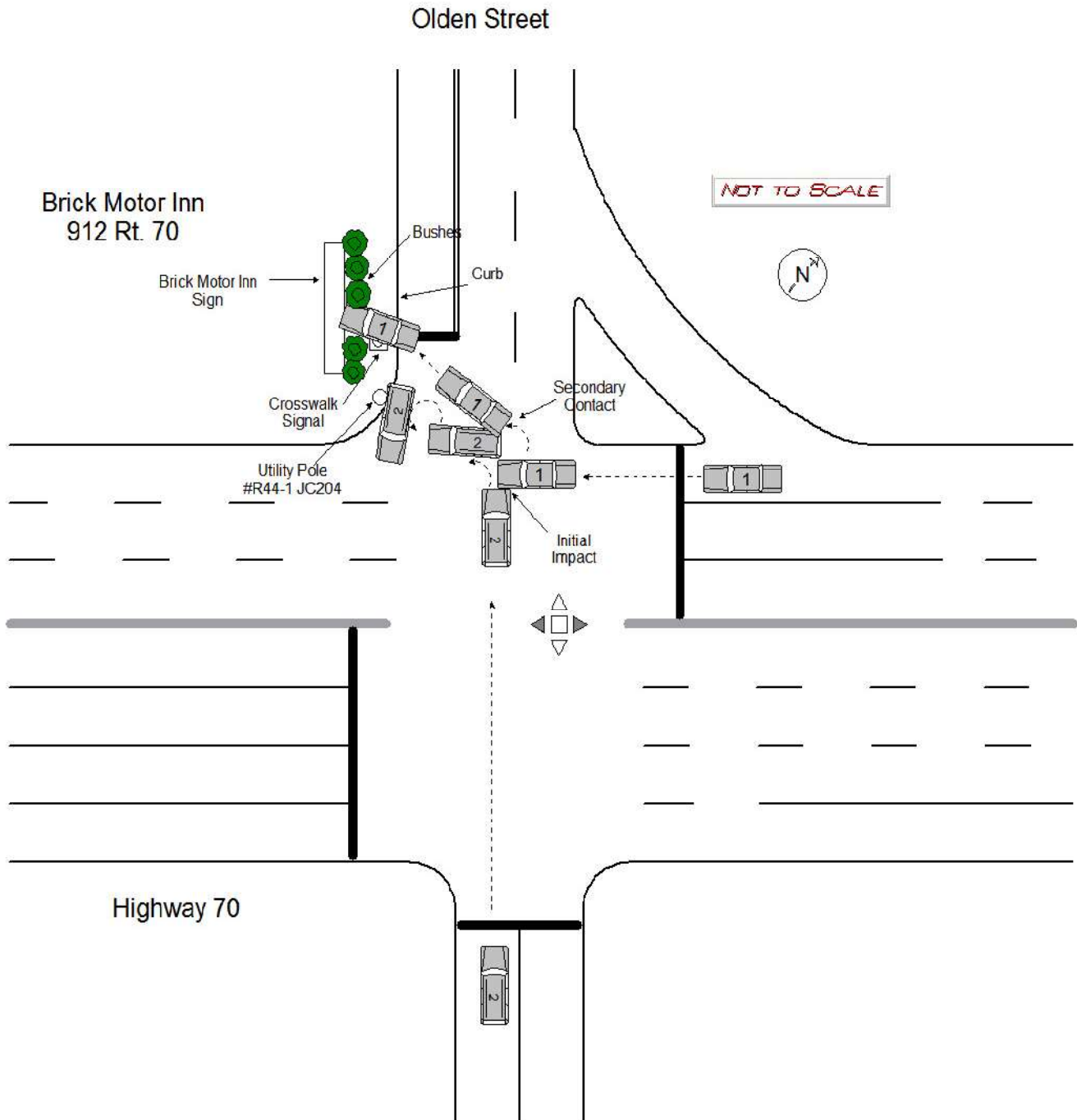
Code: 01

Station:

Case No: 2019-00047008

144 Crash Diagram (NOT TO SCALE)

○ Indicate North



Daniel W Fogarty

Officer's Signature

211

Badge Number