

|      |                                                                                                                                                                                                                                                                                                            |  |      |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|
| 96   | Page 1 of 4 <input type="checkbox"/> Fatal <b>New Jersey Police Crash Investigation Report</b> <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report                                                                               |  | 118a |
| 05   | 1. Case Number<br><b>2019-00052822</b>                                                                                                                                                                                                                                                                     |  | 29   |
| 97   | 2. Police Dept. of<br><b>Brick Police</b> Code <b>01</b>                                                                                                                                                                                                                                                   |  | 118b |
| 98   | 3. Station/Precinct<br>_____                                                                                                                                                                                                                                                                               |  | 119a |
| 09   | 4. Date of Crash<br>mm dd yy    5. Day of Week<br>M Tu W Th F Sa    6. Time (use 2400 hrs.)<br>mm dd yy    7. Municipality Code<br>mm yy    8. Total Killed<br>mm yy    9. Total Injured<br>mm yy                                                                                                          |  | 25   |
| 100a | 10. Crash Occurred On: <b>101 JACK MARTIN BLVD</b> Road Name    Dir    11. Speed Limit<br>mm dd yy    12. Route No.    Suffix    13. Milepost    14.    15.    16.    17. Cross Road Name/Route No.    18. Speed Limit<br>mm dd yy    19. To:    20. Route Name/Route No.    21. Latitude    22. Longitude |  | 119b |
| 01   | 23. Veh. #    24. Policy No.<br><b>AO2-238-045055-00 9 1</b> 25. NJ Ins. Code<br><b>182</b>                                                                                                                                                                                                                |  | 120a |
| 100b | 53. Veh. #    54. Policy No.<br><b>02 F062395-9</b> 55. NJ Ins. Code<br><b>426</b>                                                                                                                                                                                                                         |  | 120b |
| 01   | 26. Driver's First Name    Initial    Last Name    29. Sex<br><b>HELEN H HERB F</b>                                                                                                                                                                                                                        |  | 121a |
| 02   | 56. Driver's First Name    Initial    Last Name    59. Sex<br><b>JASON B BERTA M</b>                                                                                                                                                                                                                       |  | 121b |
| 101  | 27. Number & Street<br><b>26 PIEDMONT COURT</b>                                                                                                                                                                                                                                                            |  | 122  |
| 102  | 57. Number & Street<br><b>576 FRANCIS RD</b>                                                                                                                                                                                                                                                               |  | 07   |
| 103  | 28. City    State    Zip<br><b>BRICK TOWNSHIP NJ 08724</b>                                                                                                                                                                                                                                                 |  | 123  |
| 01   | 58. City    State    Zip<br><b>BRICK TOWNSHIP NJ 08723</b>                                                                                                                                                                                                                                                 |  | 08   |
| 104  | 30. Eyes    DL Class    Restrictions    Endorsements    31. State<br><b>0 5 D - - - - NJ</b>                                                                                                                                                                                                               |  | 124  |
| 03   | 60. Eyes    DL Class    Restrictions    Endorsements    61. State<br><b>0 2 D - - - - NJ</b>                                                                                                                                                                                                               |  | 11   |
| 105  | 32. Driver's License Number    33. DOB    34. Expires<br>mm dd yy    mm dd yy    mm yy    62. Driver's License Number    63. DOB    64. Expires<br>mm dd yy    mm dd yy    mm yy                                                                                                                           |  | 125  |
| 01   | <b>H 2 6 5 1 3 2 2 6 8 5 6 2 5 5 0 6 0 9 2 5 0 6 2 3 B 2 7 7 1 3 8 8 6 2 0 9 7 3 2 0 9 2 2 7 3 0 9 2 2</b>                                                                                                                                                                                                 |  | 11   |
| 106  | 35. Owner's First Name    Initial    Last Name    65. Owner's First Name    Initial    Last Name<br><input type="checkbox"/> Same as Driver <b>STANLEY HERB</b> <input type="checkbox"/> Same as Driver <b>AMIE BERTA</b>                                                                                  |  | 126a |
| 107  | 36. Number & Street<br><b>26 PIEDMONT COURT</b>                                                                                                                                                                                                                                                            |  | 26   |
| 108  | 37. City    State    Zip<br><b>BRICK TOWNSHIP NJ 08724</b>                                                                                                                                                                                                                                                 |  | 126b |
| 01   | 67. City    State    Zip<br><b>BRICK TOWNSHIP NJ 08723</b>                                                                                                                                                                                                                                                 |  | 126c |
| 109  | 38. Make    39. Model    40. Color    41. Year    42. Plate No.    43. State<br><b>Chevrolet Malibu WT 2007 VBJ78U NJ</b>                                                                                                                                                                                  |  | 126d |
| 110  | 68. Make    69. Model    70. Color    71. Year    72. Plate No.    73. State<br><b>Kia Sorento SL 2013 Z61GFA NJ</b>                                                                                                                                                                                       |  | 126e |
| 01   | 44. VIN    45. Expires<br>mm yy    74. VIN    75. Expires<br>mm yy                                                                                                                                                                                                                                         |  | 26   |
| 111  | <b>2 G 1 W T 5 8 K 6 7 9 1 2 6 0 8 4 09/20 5 X Y K T D A 2 7 D G 4 1 3 2 1 7 12/19</b>                                                                                                                                                                                                                     |  | 127a |
| 01   | 46. Vehicle Removed to:<br><input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                       |  | 127b |
| 112  | 76. Vehicle Removed to:<br><input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                       |  | 127c |
| 113  | 47. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                                 |  | 127d |
| 114  | 77. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                                 |  | 127e |
| 115  | 48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: <b>0. - - %</b> <input type="checkbox"/> Pending      |  | 128  |
| 116  | 49. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class    Placard No.                                                                                                                                         |  | 26   |
| 02   | 78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: <b>0. - - %</b> <input type="checkbox"/> Pending      |  | 129  |
| 117  | 79. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class    Placard No.                                                                                                                                         |  | 130  |
| 02   | 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. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                                         |  | 131  |
| 02   | 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. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                                         |  | 06   |
| 118  | 52. Motor Carrier or Government Entity<br>_____                                                                                                                                                                                                                                                            |  | 06   |
| 119  | 82. Motor Carrier or Government Entity<br>_____                                                                                                                                                                                                                                                            |  | 03   |
| 120  | Number & Street<br>_____                                                                                                                                                                                                                                                                                   |  | 03   |
| 121  | City    State    Zip<br>_____                                                                                                                                                                                                                                                                              |  | 03   |
| 122  | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                       |  | 03   |
| 123  | Oper.    136. Charge    137. Summons No.    Oper.    138. Charge    139. Summons No.                                                                                                                                                                                                                       |  | 03   |
| 124  | Oper.    140. Charge    141. Summons No.    Oper.    142. Charge    143. Summons No.                                                                                                                                                                                                                       |  | 03   |
| 125  | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death                                                                                                                                                                                                                                        |  | 03   |
| 126  | 83    84    85    86    87    88    89    90    91    92    93    94    95                                                                                                                                                                                                                                 |  | 03   |
| 127  | A    01    01    01    -    94    F    -    -    -    11    04    -    -    HELEN H HERB<br>26 PIEDMONT COURT BRICK TOWNSHIP NJ 08724                                                                                                                                                                      |  | 03   |
| 128  | B    01    03    01    -    99    M    -    -    -    11    04    -    -    STANLEY HERB<br>26 PIEDMONT COURT BRICK TOWNSHIP NJ 08724                                                                                                                                                                      |  | 03   |
| 129  | C    02    01    01    -    45    M    -    -    -    11    04    -    -    JASON BARAY BERTA<br>576 FRANCIS RD BRICK TOWNSHIP NJ 08723                                                                                                                                                                    |  | 03   |
| 130  | D    02    03    01    -    42    F    -    -    -    11    04    -    -    AMIE BERTA<br>576 FRANCIS RD BRICK TOWNSHIP NJ 08723                                                                                                                                                                           |  | 03   |

|      |                                                  |  |                                |  |                                                                                                           |  |                                        |  |                                                  |  |                                                                                                     |  |                                                                                                           |  |                                                                                                |  |                                                                                                             |  |                                                                                                |  |        |  |      |
|------|--------------------------------------------------|--|--------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|--------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|--------|--|------|
| 96   | Page 2 of 4                                      |  | <input type="checkbox"/> Fatal |  | New Jersey Police Crash Investigation Report                                                              |  |                                        |  |                                                  |  |                                                                                                     |  |                                                                                                           |  | <input type="checkbox"/> Reportable                                                            |  | <input type="checkbox"/> Non-Reportable                                                                     |  | <input type="checkbox"/> Change Report                                                         |  | 118a   |  |      |
| 97   | 1. Case Number                                   |  |                                |  | 2019-00052822                                                                                             |  |                                        |  |                                                  |  |                                                                                                     |  |                                                                                                           |  | 10. Crash Occurred On:                                                                         |  |                                                                                                             |  | 11. Speed Limit                                                                                |  |        |  | 118b |
| 98   | 2. Police Dept. of                               |  |                                |  | Code                                                                                                      |  | Road Name                              |  |                                                  |  |                                                                                                     |  |                                                                                                           |  |                                                                                                |  | Dir                                                                                                         |  | 12. Route No.                                                                                  |  | Suffix |  | 119a |
| 99   | 3. Station/Precinct                              |  |                                |  |                                                                                                           |  | At Intersection with                   |  |                                                  |  |                                                                                                     |  |                                                                                                           |  |                                                                                                |  | <input type="checkbox"/> N <input type="checkbox"/> E                                                       |  | 18. Speed Limit                                                                                |  |        |  | 119b |
| 100a | 4. Date of Crash                                 |  |                                |  | 5. Day of Week                                                                                            |  | 6. Time (use 2400 hrs.)                |  | 7. Municipality Code                             |  | 8. Total Killed                                                                                     |  | 9. Total Injured                                                                                          |  | 19. To: 17. Cross Road Name/Route No.                                                          |  | 21. Latitude                                                                                                |  | 22. Longitude                                                                                  |  | 120a   |  |      |
| 100b | 23. Veh. #                                       |  |                                |  | 24. Policy No.                                                                                            |  | 25. NJ Ins. Code                       |  | 53. Veh. #                                       |  | 54. Policy No.                                                                                      |  | 55. NJ Ins. Code                                                                                          |  | 26. Driver's First Name                                                                        |  | 27. Number & Street                                                                                         |  | 28. City                                                                                       |  | 120b   |  |      |
| 101  | 03                                               |  |                                |  | F406540-5                                                                                                 |  | 426                                    |  |                                                  |  |                                                                                                     |  |                                                                                                           |  | 29. Sex                                                                                        |  | 56. Driver's First Name                                                                                     |  | 57. Number & Street                                                                            |  | 121a   |  |      |
| 102  | MATTHEW                                          |  |                                |  | KLEINER                                                                                                   |  | M                                      |  |                                                  |  |                                                                                                     |  |                                                                                                           |  | 58. City                                                                                       |  | 59. Sex                                                                                                     |  | 60. Eyes                                                                                       |  | 121b   |  |      |
| 103  | 141 RAINBOW DR                                   |  |                                |  |                                                                                                           |  |                                        |  |                                                  |  |                                                                                                     |  |                                                                                                           |  | 61. State                                                                                      |  | 62. Driver's License Number                                                                                 |  | 63. DOB                                                                                        |  | 122    |  |      |
| 104  | BRICK TOWNSHIP                                   |  |                                |  | NJ                                                                                                        |  | 08724                                  |  |                                                  |  |                                                                                                     |  |                                                                                                           |  | 64. Expires                                                                                    |  | 65. Owner's First Name                                                                                      |  | 66. Number & Street                                                                            |  | 123    |  |      |
| 105  | 32. Driver's License Number                      |  |                                |  | 33. DOB                                                                                                   |  | 34. Expires                            |  | 62. Driver's License Number                      |  | 63. DOB                                                                                             |  | 64. Expires                                                                                               |  | 35. Owner's First Name                                                                         |  | 36. Number & Street                                                                                         |  | 37. City                                                                                       |  | 124    |  |      |
| 106  | K 5 2 3 6                                        |  |                                |  | 5 2 9 7 5                                                                                                 |  | 0 5 9 3 2                              |  | 0 5 1 7 9 3                                      |  | 0 5 2 2 2                                                                                           |  |                                                                                                           |  | LAURA J KLEINER                                                                                |  | 141 RAINBOW DR                                                                                              |  | BRICK TOWNSHIP                                                                                 |  | 125    |  |      |
| 107  | 38. Make                                         |  |                                |  | 39. Model                                                                                                 |  | 40. Color                              |  | 41. Year                                         |  | 42. Plate No.                                                                                       |  | 43. State                                                                                                 |  | 68. Make                                                                                       |  | 69. Model                                                                                                   |  | 70. Color                                                                                      |  | 126a   |  |      |
| 108  | Hyundai                                          |  |                                |  | Sonata                                                                                                    |  | GY                                     |  | 2013                                             |  | D27KAF                                                                                              |  | NJ                                                                                                        |  |                                                                                                |  |                                                                                                             |  |                                                                                                |  | 126b   |  |      |
| 109  | 44. VIN                                          |  |                                |  | 45. Expires                                                                                               |  | 74. VIN                                |  | 75. Expires                                      |  | 46. Vehicle Removed to:                                                                             |  | 47. Authority                                                                                             |  | 77. Authority                                                                                  |  | 78. Alcohol Drug Test                                                                                       |  | 79. Hazardous Material                                                                         |  | 126c   |  |      |
| 110  | 5 N P E B 4 A C 3 D H 7 6 2 3 8 9                |  |                                |  | 05/20                                                                                                     |  |                                        |  |                                                  |  |                                                                                                     |  | <input checked="" type="checkbox"/> Driver                                                                |  | <input type="checkbox"/> Owner                                                                 |  | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  | 126d   |  |      |
| 111  | 46. Vehicle Removed to:                          |  |                                |  | 47. Authority                                                                                             |  | 74. VIN                                |  | 75. Expires                                      |  | 48. Alcohol Drug Test                                                                               |  | 49. Hazardous Material                                                                                    |  | 77. Authority                                                                                  |  | 78. Alcohol Drug Test                                                                                       |  | 79. Hazardous Material                                                                         |  | 126e   |  |      |
| 112  |                                                  |  |                                |  | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police |  |                                        |  |                                                  |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  | <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  | 126f   |  |      |
| 113  | Results: 0.00 % <input type="checkbox"/> Pending |  |                                |  | Hazard Class                                                                                              |  | Placard No.                            |  | Results: 0.00 % <input type="checkbox"/> Pending |  | Hazard Class                                                                                        |  | Placard No.                                                                                               |  | Results: 0.00 % <input type="checkbox"/> Pending                                               |  | Hazard Class                                                                                                |  | Placard No.                                                                                    |  | 127a   |  |      |
| 114  | 50. Carrier No.                                  |  |                                |  | 51. GVWR / GCWR (trucks & buses only)                                                                     |  | 80. Carrier No.                        |  | 81. GVWR / GCWR (trucks & buses only)            |  | 52. Motor Carrier or Government Entity                                                              |  | 53. Motor Carrier or Government Entity                                                                    |  | 80. Carrier No.                                                                                |  | 81. GVWR / GCWR (trucks & buses only)                                                                       |  | 52. Motor Carrier or Government Entity                                                         |  | 127b   |  |      |
| 115  | <input type="checkbox"/> USDOT                   |  |                                |  | <input type="checkbox"/> ≤ 10,000 lbs.                                                                    |  | <input type="checkbox"/> USDOT         |  | <input type="checkbox"/> ≤ 10,000 lbs.           |  |                                                                                                     |  |                                                                                                           |  | <input type="checkbox"/> USDOT                                                                 |  | <input type="checkbox"/> ≤ 10,000 lbs.                                                                      |  |                                                                                                |  | 127c   |  |      |
| 116  | <input type="checkbox"/> MC/MX                   |  |                                |  | <input type="checkbox"/> 10,001 - 26,000 lbs.                                                             |  | <input type="checkbox"/> MC/MX         |  | <input type="checkbox"/> 10,001 - 26,000 lbs.    |  |                                                                                                     |  |                                                                                                           |  | <input type="checkbox"/> MC/MX                                                                 |  | <input type="checkbox"/> 10,001 - 26,000 lbs.                                                               |  |                                                                                                |  | 127d   |  |      |
| 117  | <input type="checkbox"/> ≥ 26,001 lbs.           |  |                                |  | <input type="checkbox"/> ≥ 26,001 lbs.                                                                    |  | <input type="checkbox"/> ≥ 26,001 lbs. |  | <input type="checkbox"/> ≥ 26,001 lbs.           |  |                                                                                                     |  |                                                                                                           |  | <input type="checkbox"/> ≥ 26,001 lbs.                                                         |  | <input type="checkbox"/> ≥ 26,001 lbs.                                                                      |  |                                                                                                |  | 127e   |  |      |
| 118  | 135. Damage to Other Property                    |  |                                |  | <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No                               |  | 136. Charge                            |  | 137. Summons No.                                 |  | 138. Charge                                                                                         |  | 139. Summons No.                                                                                          |  | 135. Damage to Other Property                                                                  |  | <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No                                 |  |                                                                                                |  | 128    |  |      |
| 119  | Oper.                                            |  |                                |  | 136. Charge                                                                                               |  | 137. Summons No.                       |  | Oper.                                            |  | 138. Charge                                                                                         |  | 139. Summons No.                                                                                          |  | Oper.                                                                                          |  | 136. Charge                                                                                                 |  | 137. Summons No.                                                                               |  | 129    |  |      |
| 120  | Oper.                                            |  |                                |  | 140. Charge                                                                                               |  | 141. Summons No.                       |  | Oper.                                            |  | 142. Charge                                                                                         |  | 143. Summons No.                                                                                          |  | Oper.                                                                                          |  | 140. Charge                                                                                                 |  | 141. Summons No.                                                                               |  | 130    |  |      |
| 121  | 83                                               |  |                                |  | 84                                                                                                        |  | 85                                     |  | 86                                               |  | 87                                                                                                  |  | 88                                                                                                        |  | 89                                                                                             |  | 90                                                                                                          |  | 91                                                                                             |  | 131    |  |      |
| 122  | A                                                |  |                                |  |                                                                                                           |  |                                        |  |                                                  |  |                                                                                                     |  |                                                                                                           |  |                                                                                                |  |                                                                                                             |  |                                                                                                |  | 132    |  |      |
| 123  | B                                                |  |                                |  |                                                                                                           |  |                                        |  |                                                  |  |                                                                                                     |  |                                                                                                           |  |                                                                                                |  |                                                                                                             |  |                                                                                                |  | 133    |  |      |
| 124  | C                                                |  |                                |  |                                                                                                           |  |                                        |  |                                                  |  |                                                                                                     |  |                                                                                                           |  |                                                                                                |  |                                                                                                             |  |                                                                                                |  | 134    |  |      |
| 125  | D                                                |  |                                |  |                                                                                                           |  |                                        |  |                                                  |  |                                                                                                     |  |                                                                                                           |  |                                                                                                |  |                                                                                                             |  |                                                                                                |  | 135    |  |      |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2019-00052822 |    |                                                                                | Page 3 of 4 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|--------------------------------------------------------------------------------|-------------|--|
|                                                 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br><i>If Deceased, Date &amp; Time of Death</i> |             |  |
| E                                               | 03 | 01 | 01 | —  | 26 | M  | —  | —  | —  | 11 | 04 | —                            | —  | MATTHEW KLEINER<br>141 RAINBOW DR BRICK TOWNSHIP NJ 08724                      |             |  |
| F                                               | 03 | 03 | 01 | —  | 66 | F  | —  | —  | —  | 11 | 04 | —                            | —  | LAURA Jean KLEINER<br>141 RAINBOW DR BRICK TOWNSHIP NJ 08724                   |             |  |
| G                                               | 03 | 04 | 01 | —  | 91 | F  | —  | —  | —  | 11 | 04 | —                            | —  | ELIZABETH DAVIS<br>35 PATMORE RD BRICK TOWNSHIP NJ 08724                       |             |  |
| H                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| I                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| J                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Vehicle 2 was stopped behind Vehicle 3 in the drive through lane of Wendy's (101 Jack Martin Blvd). Vehicle 1 pulled into the Wendy's drive through lane behind Vehicle 2, failed to stop, and rear ended Vehicle 2. As a result of being rear ended by Vehicle 1, Vehicle 2 was jolted forward into the rear of Vehicle 3.

Driver 1 and Driver 2 stated same as above.

Driver 1 admitted fault and apologized, relaying as she pulled into the drive through lane and began to slow down, her foot slipped off of the break pedal and her vehicle continued forward into the rear of Vehicle 2.

Driver 2 then advised me, following the crash, Driver 3 determined his vehicle(#3) had no signs of damaged and left the scene, wishing no report. Driver 2 provided me with Vehicle 3's license plate number and I made contact with Driver 3 a short time later. Driver 3 provided all proper documents and was advised of proper crash reporting procedures going forward.

No injuries were reported by any involved persons and no motor vehicle summonses were issued.

|                                            |                     |                                   |                |                                                                                                   |
|--------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Daniel P Testa | 147. Badge #<br>265 | 148. Reviewer<br>Lawrence Petrola | Badge #<br>201 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|--------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|

## New Jersey Police Crash Investigation Report

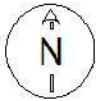
### Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01

Station:                      Case No: 2019-00052822

144 Crash Diagram (NOT TO SCALE)

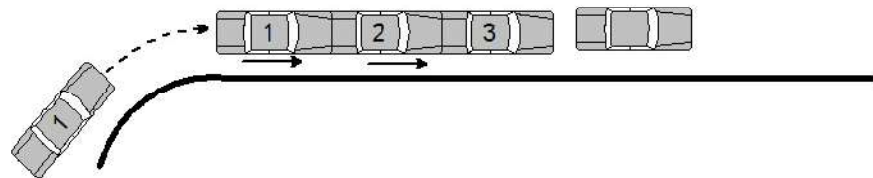
 Indicate North



NOT TO SCALE

Wendy's  
101 Jack Martin Blvd

### Drive Through Window

[illegible]

Daniel P Testa

Officer's Signature

265

Badge Number