

| 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                                                |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1. Case Number<br><b>2019-00013425</b>                                                                                                                                                                                                                                                                |    |                                                     |    |                        |    |                         |    |                                |    | 10. Crash Occurred On: <b>JACK MARTIN BLVD</b>                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  | 11. Speed Limit<br><b>4 5</b>                       |  |                                | 12. Route No. Suffix 13. Milepost |                                        |                                       | 08                                  |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. Police Dept. of<br><b>Brick Police</b>                                                                                                                                                                                                                                                             |    |                                                     |    |                        |    |                         |    |                                |    | Code<br><b>01</b>                                                                                                                                                                  |    | Road Name<br><b>BURRSVILLE RD</b>                                                                                                                                                                                                                                                                     |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  | 18. Speed Limit<br><b>4 0</b>  |                                   |                                        | 19. To: 17. Cross Road Name/Route No. |                                     |      | 02 |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. Station/Precinct                                                                                                                                                                                                                                                                                   |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | <input checked="" type="checkbox"/> At Intersection with<br><input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E<br><input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W                                                               |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      | 25 |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4. Date of Crash<br>mm dd yy<br><b>0 3 0 4 1 9</b>                                                                                                                                                                                                                                                    |    |                                                     |    |                        |    |                         |    |                                |    | 5. Day of Week<br>Su <input checked="" type="radio"/> M <input type="radio"/> Tu <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> F <input type="radio"/> Sa |    | 6. Time (use 2400 hrs.)<br><b>1 5 3 8</b>                                                                                                                                                                                                                                                             |                                                                   | 7. Municipality Code<br><b>1 5 0 6</b>                              |  | 8. Total Killed<br><b>- -</b> |                                                                                                                               | 9. Total Injured<br><b>0 2</b> |  | 21. Latitude 20. Route Name/Route No. 22. Longitude |  |                                |                                   |                                        |                                       | 119a                                |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 23. Veh. # 24. Policy No.<br><b>AQJ2386747877080</b>                                                                                                                                                                                                                                                  |    |                                                     |    |                        |    |                         |    |                                |    | 25. NJ Ins. Code<br><b>370</b>                                                                                                                                                     |    | 53. Veh. # 54. Policy No.<br><b>PAA80002080480</b>                                                                                                                                                                                                                                                    |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  | 55. NJ Ins. Code<br><b>963</b> |                                   |                                        |                                       |                                     | 119b |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run<br><b>NOAH S TEELING</b>                                                                                            |    |                                                     |    |                        |    |                         |    |                                |    | 29. Sex<br><b>M</b>                                                                                                                                                                |    | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run<br><b>STEPHANIE M KOMACK</b>                                                                                        |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  | 59. Sex<br><b>F</b>            |                                   |                                        |                                       |                                     | 119b |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 26. Driver's First Name Initial Last Name                                                                                                                                                                                                                                                             |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 56. Driver's First Name Initial Last Name                                                                                                                                                                                                                                                             |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 121a |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>NOAH S TEELING</b>                                                                                                                                                                                                                                                                                 |    |                                                     |    |                        |    |                         |    |                                |    | <b>M</b>                                                                                                                                                                           |    | <b>STEPHANIE M KOMACK</b>                                                                                                                                                                                                                                                                             |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  | <b>F</b>                       |                                   |                                        |                                       |                                     | 121b |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 27. Number & Street<br><b>13 WOODVIEW DR</b>                                                                                                                                                                                                                                                          |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 57. Number & Street<br><b>42 OLD QUEENS BLVD</b>                                                                                                                                                                                                                                                      |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 28. City State Zip<br><b>HOWELL TOWNSHIP NJ 07731</b>                                                                                                                                                                                                                                                 |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 58. City State Zip<br><b>MANALAPAN NJ 07726</b>                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 30. Eyes DL Class Restrictions Endorsements 31. State<br><b>0 4 D 1 - - DC</b>                                                                                                                                                                                                                        |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 60. Eyes DL Class Restrictions Endorsements 61. State<br><b>0 2 D - - - - NJ</b>                                                                                                                                                                                                                      |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 122  |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 32. Driver's License Number<br><b>T 2 1 8 2 5 9 4 8 2 0 6 0 0 4</b>                                                                                                                                                                                                                                   |    |                                                     |    |                        |    |                         |    |                                |    | 33. DOB mm dd yy<br><b>0 6 2 9 0 0</b>                                                                                                                                             |    | 34. Expires mm yy<br><b>0 8 2 1</b>                                                                                                                                                                                                                                                                   |                                                                   | 62. Driver's License Number<br><b>K 6 3 2 2 7 2 2 7 4 5 8 9 6 2</b> |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   | 63. DOB mm dd yy<br><b>0 8 1 9 9 6</b> |                                       | 64. Expires mm yy<br><b>0 8 2 1</b> |      |    |    |    | 123 |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 35. Owner's First Name Initial Last Name<br><input type="checkbox"/> Same as Driver <b>MARYLYNN TEELING</b>                                                                                                                                                                                           |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 65. Owner's First Name Initial Last Name<br><input type="checkbox"/> Same as Driver <b>ROSANNE KOMACK</b>                                                                                                                                                                                             |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 124  |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 36. Number & Street<br><b>13 WOODVIEW DR</b>                                                                                                                                                                                                                                                          |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 66. Number & Street<br><b>42 OLD QUEENS BLVD</b>                                                                                                                                                                                                                                                      |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 125  |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 37. City State Zip<br><b>HOWELL TOWNSHIP NJ 07731</b>                                                                                                                                                                                                                                                 |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 67. City State Zip<br><b>MANALAPAN NJ 07726</b>                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 126a |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 38. Make<br><b>Toyota</b>                                                                                                                                                                                                                                                                             |    | 39. Model<br><b>RAV4</b>                            |    | 40. Color<br><b>RD</b> |    | 41. Year<br><b>2012</b> |    | 42. Plate No.<br><b>F72KYN</b> |    | 43. State<br><b>NJ</b>                                                                                                                                                             |    | 68. Make<br><b>Nissan</b>                                                                                                                                                                                                                                                                             |                                                                   | 69. Model<br><b>Sentra</b>                                          |  | 70. Color<br><b>BK</b>        |                                                                                                                               | 71. Year<br><b>2016</b>        |  | 72. Plate No.<br><b>K25HFC</b>                      |  | 73. State<br><b>NJ</b>         |                                   | 126b                                   |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 44. VIN<br><b>J T M B F 4 D V 4 C 5 0 5 2 9 0 6</b>                                                                                                                                                                                                                                                   |    |                                                     |    |                        |    |                         |    |                                |    | 45. Expires<br><b>01/20</b>                                                                                                                                                        |    | 74. VIN<br><b>3 N 1 A B 7 A P 5 G L 6 8 1 0 6 4</b>                                                                                                                                                                                                                                                   |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  | 75. Expires<br><b>10/19</b>    |                                   |                                        |                                       |                                     | 126c |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 46. Vehicle Removed to:<br><b>Glen's Towing</b>                                                                                                                                                                                                                                                       |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 76. Vehicle Removed to:<br><b>Legacy Towing</b>                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 126d |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                             |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                             |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 126e |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 47. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                            |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 77. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                            |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 127a |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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 |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 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 |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 127b |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 49. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.                                                                                                                                       |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 79. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 127c |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 50. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                            |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 80. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                            |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 127d |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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.                                                                                                                            |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    | 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.                                                                                                                            |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 127e |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     | 131  |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Oper. 136. Charge<br><b>01 39:4-97</b>                                                                                                                                                                                                                                                                |    |                                                     |    |                        |    |                         |    |                                |    | 137. Summons No.<br><b>E19000930</b>                                                                                                                                               |    | Oper. 138. Charge                                                                                                                                                                                                                                                                                     |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  | 139. Summons No.               |                                   |                                        |                                       |                                     | 134  |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Oper. 140. Charge                                                                                                                                                                                                                                                                                     |    |                                                     |    |                        |    |                         |    |                                |    | 141. Summons No.                                                                                                                                                                   |    | Oper. 142. Charge                                                                                                                                                                                                                                                                                     |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  | 143. Summons No.               |                                   |                                        |                                       |                                     | 135  |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>83</th><th>84</th><th>85</th><th>86</th><th>87</th><th>88</th><th>89</th><th>90</th><th>91</th><th>92</th><th>93</th><th>94</th><th>95</th> <th colspan="10">Names &amp; Addresses of Occupants<br/>If Deceased, Date &amp; Time of Death</th> </tr> </thead> <tbody> <tr> <td rowspan="2">A</td> <td>01</td> <td>01</td><td>01</td><td>04</td><td>18</td><td>M</td><td>10</td><td>08</td><td>01</td><td>11</td><td>11</td> <td>01</td> <td>-</td> <td colspan="10">NOAH SEBASTIAN TEELING<br/>13 WOODVIEW DR HOWELL TOWNSHIP NJ 07731</td> </tr> <tr> <td>02</td> <td>01</td><td>01</td><td>04</td><td>22</td><td>F</td><td>12</td><td>08</td><td>02</td><td>11</td><td>11</td> <td>04</td> <td>6505</td> <td colspan="10">STEPHANIE MARIA KOMACK<br/>42 OLD QUEENS BLVD MANALAPAN NJ 07726</td> </tr> <tr> <td rowspan="2">C</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> <td colspan="10"></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> <td colspan="10"></td> </tr> <tr> <td rowspan="2">D</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> <td colspan="10"></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> <td colspan="10"></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                       |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       | 83                                  | 84   | 85 | 86 | 87 | 88  | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |  |  |  |  |  |  |  |  |  | A | 01 | 01 | 01 | 04 | 18 | M | 10 | 08 | 01 | 11 | 11 | 01 | - | NOAH SEBASTIAN TEELING<br>13 WOODVIEW DR HOWELL TOWNSHIP NJ 07731 |  |  |  |  |  |  |  |  |  | 02 | 01 | 01 | 04 | 22 | F | 12 | 08 | 02 | 11 | 11 | 04 | 6505 | STEPHANIE MARIA KOMACK<br>42 OLD QUEENS BLVD MANALAPAN NJ 07726 |  |  |  |  |  |  |  |  |  | C |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                       | 83 | 84                                                  | 85 | 86                     | 87 | 88                      | 89 | 90                             | 91 | 92                                                                                                                                                                                 | 93 | 94                                                                                                                                                                                                                                                                                                    | 95                                                                | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01                                                                                                                                                                                                                                                                                                    | 01 | 01                                                  | 04 | 18                     | M  | 10                      | 08 | 01                             | 11 | 11                                                                                                                                                                                 | 01 | -                                                                                                                                                                                                                                                                                                     | NOAH SEBASTIAN TEELING<br>13 WOODVIEW DR HOWELL TOWNSHIP NJ 07731 |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 02                                                                                                                                                                                                                                                                                                    | 01 | 01                                                  | 04 | 22                     | F  | 12                      | 08 | 02                             | 11 | 11                                                                                                                                                                                 | 04 | 6505                                                                                                                                                                                                                                                                                                  | STEPHANIE MARIA KOMACK<br>42 OLD QUEENS BLVD MANALAPAN NJ 07726   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                       |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                       |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                       |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                       |    |                                                     |    |                        |    |                         |    |                                |    |                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                     |  |                               |                                                                                                                               |                                |  |                                                     |  |                                |                                   |                                        |                                       |                                     |      |    |    |    |     |    |    |    |    |    |    |    |                                                                     |  |  |  |  |  |  |  |  |  |   |    |    |    |    |    |   |    |    |    |    |    |    |   |                                                                   |  |  |  |  |  |  |  |  |  |    |    |    |    |    |   |    |    |    |    |    |    |      |                                                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2019-00013425 |    |                                                                     | Page <u>2</u> of <u>4</u> |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|---------------------------|--|
|                                                 | 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

A motor vehicle crash occurred on Jack Martin Blvd at the intersection with Burrsville Road.

Driver of Vehicle #1 advised was traveling south on Burrsville Road towards the intersection of Jack Martin Blvd.

Driver #1 advised he thought the intersection was clear when he began to turn left onto Jack Martin Blvd. Driver #1 stated he did not observe Vehicle #2 traveling north on Burrsville Road and struck Vehicle #2 while turning left.

Driver of Vehicle #2 advised she was traveling north on Burrsville Road towards the intersection of Jack Martin Blvd. Driver #2 advised Vehicle #1 turned left in front of her causing a collision.

Driver #1 had complaint of pain in his upper legs (scratches) and refused further medical treatment.

Driver #2 had complaint of pain in her head, stomach, pelvis, shin and chest. Brick Township Police EMS responded to the scene and transported Driver #2 to Ocean Medical Center for further treatment.

|                                           |                     |                                  |                |                                                                                                   |
|-------------------------------------------|---------------------|----------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Brian R Foley | 147. Badge #<br>247 | 148. Reviewer<br>Neal R Pedersen | Badge #<br>160 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|-------------------------------------------|---------------------|----------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash DescriptionPolice Dept: Brick Police Code: 01Station:      Case No: 2019-00013425

## 145 Crash Description

While turning left, Vehicle #1 did not observe Vehicle #2 traveling straight on Burrsville Road causing a collision. Driver #1 is the at fault driver for improper turning and driver inattention.

Driver #1 received the following summons. 1506 E19 000930 for 39.4-97, careless driving.

There was a witness to the crash, Robert Keegan. Robert completed a Brick Township Police Department Motor Vehicle Crash Witness Statement Form.

Brian R Foley

Officer's Signature

247

Badge Number

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police

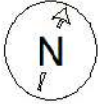
Code: 01

Station:     

Case No: 2019-00013425

144 Crash Diagram (NOT TO SCALE)

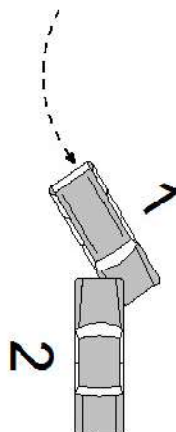
○ Indicate  
North



*NOT TO SCALE*

JACK MARTIN BLVD

BURRSVILLE ROAD



Brian R Foley

Officer's Signature

247

Badge Number