



|      |                                                                                                             |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|-------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------------------------------------------------|--|-----------|--|------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|---------------------------------|--|--------------|--|---------------------------------|--|-------------|--|------|--|-----|--|-------------|--|----|--|--|--|----|--|--|--|------------------|--|--|--|----|--|--|--|---------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 96   | Page 2 of 5                                                                                                 |  | <input type="checkbox"/> Fatal |  | New Jersey Police Crash Investigation Report                                                              |  |                 |  |                                                     |  |           |  |                                          |  | <input checked="" type="checkbox"/> Reportable                                                      |  | <input type="checkbox"/> Non-Reportable |  | <input type="checkbox"/> Change Report                                                         |  | 118a                                                |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 97   | 1. Case Number                                                                                              |  |                                |  | 2021-00025221                                                                                             |  |                 |  |                                                     |  |           |  |                                          |  | 11. Speed Limit                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  | 25                              |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 98   | 2. Police Dept. of                                                                                          |  |                                |  | Code                                                                                                      |  | Brick Police    |  |                                                     |  |           |  |                                          |  |                                                                                                     |  | 01                                      |  |                                                                                                |  |                                                     |  | 118b                            |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 99   | 3. Station/Precinct                                                                                         |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  | 119a                            |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 100a | 4. Date of Crash                                                                                            |  |                                |  | 5. Day of Week                                                                                            |  | 6. Time         |  | 7. Municipality                                     |  | 8. Total  |  | 9. Total                                 |  | 12. Route No.                                                                                       |  |                                         |  | 13. Milepost                                                                                   |  | 119b                                                |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 100b | mm dd yy                                                                                                    |  |                                |  | Su M Tu W                                                                                                 |  | (use 2400 hrs.) |  | Code                                                |  | Killed    |  | Injured                                  |  |                                                                                                     |  |                                         |  |                                                                                                |  | 01                                                  |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 101  | 23. Veh. #                                                                                                  |  |                                |  | 24. Policy No.                                                                                            |  |                 |  | 25. NJ Ins. Code                                    |  |           |  | 53. Veh. #                               |  |                                                                                                     |  | 54. Policy No.                          |  |                                                                                                |  | 55. NJ Ins. Code                                    |  |                                 |  | 120a         |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 102  | 03                                                                                                          |  |                                |  | 4618-14-58-76                                                                                             |  |                 |  | 100                                                 |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  | 120b         |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 103  | 26. Driver's First Name                                                                                     |  |                                |  | Initial                                                                                                   |  | Last Name       |  | 29. Sex                                             |  |           |  | 56. Driver's First Name                  |  |                                                                                                     |  | Initial                                 |  | Last Name                                                                                      |  | 59. Sex                                             |  |                                 |  | 121a         |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 104  | JACOB                                                                                                       |  |                                |  | P                                                                                                         |  | TEJADA          |  | M                                                   |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  | 121b         |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 27. Number & Street                                                                                         |  |                                |  | 1012 BARTON AVE                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  | 57. Number & Street                                                                                 |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  | 122         |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 28. City                                                                                                    |  |                                |  | State                                                                                                     |  | Zip             |  | Pt. Pleasant Boro                                   |  |           |  |                                          |  |                                                                                                     |  |                                         |  | NJ                                                                                             |  | 08742                                               |  |                                 |  |              |  | 01                              |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 30. Eyes                                                                                                    |  |                                |  | DL Class                                                                                                  |  | Restrictions    |  | Endorsements                                        |  | 31. State |  | 60. Eyes                                 |  |                                                                                                     |  | DL Class                                |  | Restrictions                                                                                   |  | Endorsements                                        |  | 61. State                       |  | 123          |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 0 5                                                                                                         |  |                                |  | D                                                                                                         |  | -               |  | -                                                   |  | NJ        |  | -                                        |  |                                                                                                     |  | -                                       |  | -                                                                                              |  | -                                                   |  | -                               |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 105  | 32. Driver's License Number                                                                                 |  |                                |  | 33. DOB                                                                                                   |  |                 |  | 34. Expires                                         |  |           |  | 62. Driver's License Number              |  |                                                                                                     |  | 63. DOB                                 |  |                                                                                                |  | 64. Expires                                         |  |                                 |  | 124          |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | T 2 3 2 6                                                                                                   |  |                                |  | 3 8 1 7 7                                                                                                 |  |                 |  | 0 8 9 6 5                                           |  |           |  | 0 8 1 1 9 6                              |  |                                                                                                     |  | 0 8 2 3                                 |  |                                                                                                |  |                                                     |  |                                 |  | 04           |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 106  | 35. Owner's First Name                                                                                      |  |                                |  | Initial                                                                                                   |  | Last Name       |  | 65. Owner's First Name                              |  |           |  |                                          |  |                                                                                                     |  |                                         |  | Initial                                                                                        |  | Last Name                                           |  |                                 |  |              |  | 125                             |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | <input checked="" type="checkbox"/> Same as Driver                                                          |  |                                |  | JACOB P                                                                                                   |  | TEJADA          |  | <input type="checkbox"/> Same as Driver             |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  | 126a                            |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 107  | 36. Number & Street                                                                                         |  |                                |  | 1012 BARTON AVE                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  | 66. Number & Street                                                                                 |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  | 126b        |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 108  | 37. City                                                                                                    |  |                                |  | State                                                                                                     |  | Zip             |  | 67. City                                            |  |           |  |                                          |  |                                                                                                     |  |                                         |  | State                                                                                          |  | Zip                                                 |  |                                 |  |              |  | 126c                            |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 01                                                                                                          |  |                                |  | NJ                                                                                                        |  | 08742           |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  | 126d                            |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 109  | 38. Make                                                                                                    |  |                                |  | 39. Model                                                                                                 |  |                 |  | 40. Color                                           |  | 41. Year  |  | 42. Plate No.                            |  | 43. State                                                                                           |  | 68. Make                                |  |                                                                                                |  | 69. Model                                           |  | 70. Color                       |  | 71. Year     |  | 72. Plate No.                   |  | 73. State   |  | 126e |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | Honda                                                                                                       |  |                                |  | Accord                                                                                                    |  |                 |  | GY                                                  |  | 2017      |  | P45MEP                                   |  | NJ                                                                                                  |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  | 26   |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 110  | 44. VIN                                                                                                     |  |                                |  | 45. Expires                                                                                               |  |                 |  |                                                     |  |           |  |                                          |  | 74. VIN                                                                                             |  |                                         |  | 75. Expires                                                                                    |  |                                                     |  |                                 |  |              |  |                                 |  | 127a        |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 1 H G C R 2 F 5 1 H A 1 0 7 9 0 7                                                                           |  |                                |  | 01/22                                                                                                     |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  | 127b        |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 111  | 46. Vehicle Removed to:                                                                                     |  |                                |  | Lepore Enterprises                                                                                        |  |                 |  |                                                     |  |           |  |                                          |  | 76. Vehicle Removed to:                                                                             |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  | 127c        |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 112  | <input type="checkbox"/> Driven                                                                             |  |                                |  | <input checked="" type="checkbox"/> Towed Disabled                                                        |  |                 |  | <input type="checkbox"/> Towed Disabled & Impounded |  |           |  | <input type="checkbox"/> Driven          |  |                                                                                                     |  | <input type="checkbox"/> Towed Disabled |  |                                                                                                |  | <input type="checkbox"/> Towed Disabled & Impounded |  |                                 |  |              |  |                                 |  | 127d        |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 113  | <input type="checkbox"/> Left at Scene                                                                      |  |                                |  | <input type="checkbox"/> Towed Impounded                                                                  |  |                 |  | <input type="checkbox"/> Left at Scene              |  |           |  | <input type="checkbox"/> Towed Impounded |  |                                                                                                     |  | <input type="checkbox"/> Left at Scene  |  |                                                                                                |  | <input type="checkbox"/> Towed Impounded            |  |                                 |  |              |  |                                 |  | 127e        |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 114  | 47. Authority                                                                                               |  |                                |  | <input type="checkbox"/> Owner                                                                            |  |                 |  |                                                     |  |           |  |                                          |  | <input checked="" type="checkbox"/> Driver                                                          |  |                                         |  | <input type="checkbox"/> Owner                                                                 |  |                                                     |  | <input type="checkbox"/> Driver |  |              |  | <input type="checkbox"/> Police |  |             |  | 128  |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 115  | 48. Alcohol Drug Test                                                                                       |  |                                |  | 49. Hazardous Material                                                                                    |  |                 |  |                                                     |  |           |  |                                          |  | 78. Alcohol Drug Test                                                                               |  |                                         |  | 79. Hazardous Material                                                                         |  |                                                     |  |                                 |  |              |  |                                 |  | 129         |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                |  | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                 |  |                                                     |  |           |  |                                          |  | Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused    |  |                                         |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                                                     |  |                                 |  |              |  |                                 |  | 130         |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  | 131         |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 116  | Results: 0. - %                                                                                             |  |                                |  | <input type="checkbox"/> Pending                                                                          |  |                 |  | Hazard Class                                        |  |           |  | Placard No.                              |  |                                                                                                     |  | Results: 0. - %                         |  |                                                                                                |  | <input type="checkbox"/> Pending                    |  |                                 |  | Hazard Class |  |                                 |  | Placard No. |  |      |  | 132 |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 03                                                                                                          |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  | 133         |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 117  | 50. Carrier No.                                                                                             |  |                                |  | 51. GVWR / GCWR (trucks & buses only)                                                                     |  |                 |  |                                                     |  |           |  |                                          |  | 80. Carrier No.                                                                                     |  |                                         |  | 81. GVWR / GCWR (trucks & buses only)                                                          |  |                                                     |  |                                 |  |              |  |                                 |  | 134         |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | <input type="checkbox"/> USDOT                                                                              |  |                                |  | <input checked="" type="checkbox"/> None                                                                  |  |                 |  |                                                     |  |           |  |                                          |  | <input type="checkbox"/> USDOT                                                                      |  |                                         |  | <input type="checkbox"/> None                                                                  |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  | 04  |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | <input type="checkbox"/> MC/MX                                                                              |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  | <input type="checkbox"/> MC/MX                                                                      |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 52. Motor Carrier or Government Entity                                                                      |  |                                |  | 82. Motor Carrier or Government Entity                                                                    |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | Number & Street                                                                                             |  |                                |  | Number & Street                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | City                                                                                                        |  |                                |  | State                                                                                                     |  | Zip             |  | City                                                |  |           |  |                                          |  |                                                                                                     |  |                                         |  | State                                                                                          |  | Zip                                                 |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 135. Damage to Other Property                                                                               |  |                                |  | <input type="checkbox"/> Yes (If Yes, describe)                                                           |  |                 |  |                                                     |  |           |  |                                          |  | <input type="checkbox"/> No                                                                         |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | Oper.                                                                                                       |  |                                |  | 136. Charge                                                                                               |  |                 |  |                                                     |  |           |  |                                          |  | 137. Summons No.                                                                                    |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  | Oper.        |  |                                 |  |             |  |      |  |     |  | 138. Charge |  |    |  |  |  |    |  |  |  | 139. Summons No. |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |                                                                                                             |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | Oper.                                                                                                       |  |                                |  | 140. Charge                                                                                               |  |                 |  |                                                     |  |           |  |                                          |  | 141. Summons No.                                                                                    |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  | Oper.        |  |                                 |  |             |  |      |  |     |  | 142. Charge |  |    |  |  |  |    |  |  |  | 143. Summons No. |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |                                                                                                             |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | 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    |                                                                                                             |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| B    |                                                                                                             |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C    |                                                                                                             |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D    |                                                                                                             |  |                                |  |                                                                                                           |  |                 |  |                                                     |  |           |  |                                          |  |                                                                                                     |  |                                         |  |                                                                                                |  |                                                     |  |                                 |  |              |  |                                 |  |             |  |      |  |     |  |             |  |    |  |  |  |    |  |  |  |                  |  |  |  |    |  |  |  |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2021-00025221 |    |                                                                     | Page <u>3</u> of <u>5</u> |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|---------------------------|--|
| E<br><br>F<br><br>G<br><br>H<br><br>I<br><br>J  | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Vehicle #1 was traveling northbound on Jack Martin Blvd. passing the intersection of Frank Neri Drive. Vehicle #2 was traveling directly in front of Vehicle #1. Vehicle # 3 was traveling the opposite way of Vehicle #1 and Vehicle #2 on Jack Martin Blvd.

Driver #1 stated he was driving straight and began looking at his GPS on his phone. When he looked back up at the road, he saw Vehicle #2 stopped in front of him. He stated it was too late and the front of his vehicle struck the rear of Vehicle #2. His vehicle continued into the shoulder, up the curb, and finally coming to rest in the grass.

Driver #2 stated he was traveling northbound on Jack Martin Blvd. when he stopped in the lane to make a left turn into the parking lot of 455 Jack Martin Blvd. While he was stopped waiting for traffic to clear in the opposite direction, he was struck by Vehicle #1. The impact of Vehicle #1 caused his vehicle to go into the oncoming traffic and the front of his vehicle struck the front of Vehicle #3.

Driver #3 stated he was driving southbound on Jack Martin Blvd. approaching Frank Neri Drive, when he saw Vehicles

|                                              |                     |                                  |                |                                                                                                   |
|----------------------------------------------|---------------------|----------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Joseph W McGrath | 147. Badge #<br>277 | 148. Reviewer<br>Paul J Catalina | Badge #<br>229 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|----------------------------------------------|---------------------|----------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Description

Police Dept: Brick Police Code: 01

Station:        Case No: 2021-00025221

145 Crash Description

#1 and #2 get into a crash. He then saw Vehicle #2 roll into his lane of travel and before he could avoid the crash, the front of his vehicle made contact with Vehicle #2.

Based on my observations and statements made by all drivers, I determined Vehicle #1 to be at fault for the crash.

Joseph W McGrath

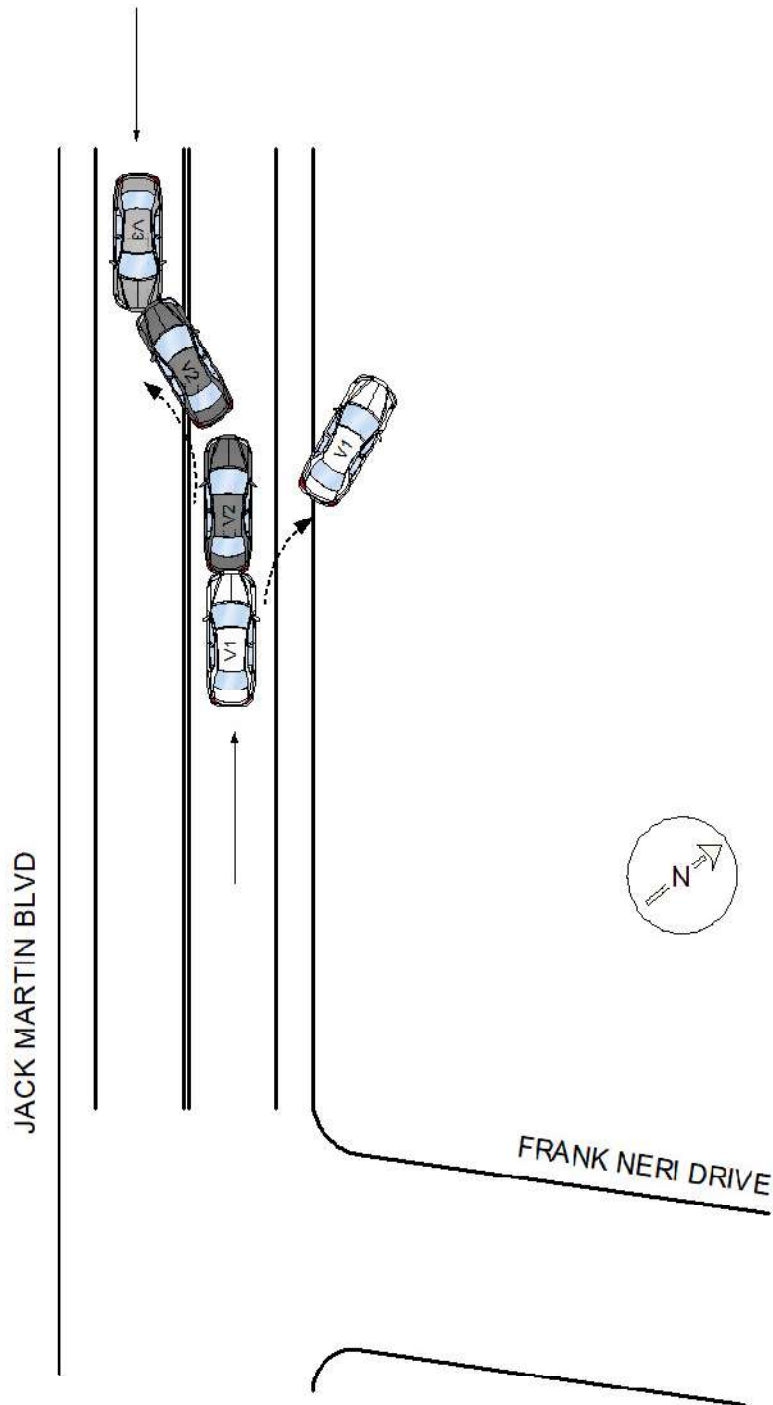
277

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01  
Station:        Case No: 2021-00025221

144 Crash Diagram (NOT TO SCALE)

○ Indicate North



Joseph W McGrath

Officer's Signature

277

Badge Number