

|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|-------------------------------------------------------|--|----------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|--------------|--|------------------------------------------------------------------------------------------------|--|-----------|--|------------------------------------------------------------------------------------------------|--|----|--|------|--|--|--|-----|--|--|--|----|--|--|--|----|--|--|--|-----------------|--|--|--|------------------------------------------|--|--|--|
| 96   | Page 1 of 3                                                                                                                                                                       |  | <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                                                                                                                        |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 05   | 1. Case Number                                                                                                                                                                    |  |                                |  | 2019-00002597                                                                                                               |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  | 11. Speed Limit                                |  |                                                       |  | 4 5                                    |  | 12. Route No.                                                                                                               |  | 13. Milepost |  | 08                                                                                             |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 97   | 2. Police Dept. of                                                                                                                                                                |  |                                |  | Code                                                                                                                        |  | 10. Crash Occurred On: 425 JACK MARTIN BLVD                                         |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  | Dir                                                   |  |                                        |  |                                                                                                                             |  | 118b         |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 01   | Brick Police                                                                                                                                                                      |  |                                |  | 01                                                                                                                          |  | Road Name                                                                           |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 98   | 3. Station/Precinct                                                                                                                                                               |  |                                |  |                                                                                                                             |  | At Intersection with                                                                |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  | <input type="checkbox"/> N <input type="checkbox"/> E |  | of:                                    |  | 18. Speed Limit                                                                                                             |  | 119a         |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 06   |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  | <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 99   | 4. Date of Crash                                                                                                                                                                  |  |                                |  | 5. Day of Week                                                                                                              |  | 6. Time (use 2400 hrs.)                                                             |  |                                                                                                                                                                                   |  | 7. Municipality Code |  | 8. Total Killed                                                                                                             |  | 9. Total Injured                               |  | 19. To: 17. Cross Road Name/Route No.                 |  |                                        |  | 119b                                                                                                                        |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 05   | mm dd yy                                                                                                                                                                          |  |                                |  | M Tu W Th F Sa                                                                                                              |  | mm dd yy                                                                            |  |                                                                                                                                                                                   |  | 1 5 0 6              |  | -                                                                                                                           |  | -                                              |  | Ramp From: -                                          |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 100a | 0 1 1 3 1 9                                                                                                                                                                       |  |                                |  | M Tu W Th F Sa                                                                                                              |  | 0 7 1 7                                                                             |  |                                                                                                                                                                                   |  | 1 5 0 6              |  | -                                                                                                                           |  | -                                              |  | 21. Latitude 20 Route Name/Route No. 22. Longitude    |  |                                        |  | 120a                                                                                                                        |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 01   |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  | 01                                                                                                                          |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 100b | 23. Veh. #                                                                                                                                                                        |  |                                |  | 24. Policy No.                                                                                                              |  |                                                                                     |  | 25. NJ Ins. Code                                                                                                                                                                  |  |                      |  | 53. Veh. #                                                                                                                  |  |                                                |  | 54. Policy No.                                        |  |                                        |  | 55. NJ Ins. Code                                                                                                            |  |              |  | 120b                                                                                           |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 04   | 01                                                                                                                                                                                |  |                                |  | PANJ-007517090                                                                                                              |  |                                                                                     |  | 071                                                                                                                                                                               |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 101  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run |  |                                |  |                                                                                                                             |  |                                                                                     |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  | 121a                                                                                           |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 02   | 26. Driver's First Name                                                                                                                                                           |  |                                |  | Initial                                                                                                                     |  | Last Name                                                                           |  | 29. Sex                                                                                                                                                                           |  |                      |  | 56. Driver's First Name                                                                                                     |  |                                                |  | Initial                                               |  | Last Name                              |  | 59. Sex                                                                                                                     |  |              |  | 121b                                                                                           |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 102  | JENSSE                                                                                                                                                                            |  |                                |  |                                                                                                                             |  | MARTINEZ                                                                            |  | F                                                                                                                                                                                 |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 04   | 27. Number & Street                                                                                                                                                               |  |                                |  | 28. City                                                                                                                    |  |                                                                                     |  | State                                                                                                                                                                             |  |                      |  | Zip                                                                                                                         |  |                                                |  | 57. Number & Street                                   |  |                                        |  | 58. City                                                                                                                    |  |              |  | State                                                                                          |  |           |  | Zip                                                                                            |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 103  | 262 WESTWOOD AVENUE                                                                                                                                                               |  |                                |  | LONG BRANCH                                                                                                                 |  |                                                                                     |  | NJ                                                                                                                                                                                |  |                      |  | 07740                                                                                                                       |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 03   |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 104  | 30. Eyes                                                                                                                                                                          |  |                                |  | DL Class                                                                                                                    |  | Restrictions                                                                        |  | Endorsements                                                                                                                                                                      |  | 31. State            |  |                                                                                                                             |  | 60. Eyes                                       |  |                                                       |  | DL Class                               |  | Restrictions                                                                                                                |  | Endorsements |  | 61. State                                                                                      |  |           |  | 122                                                                                            |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 01   | 0 2                                                                                                                                                                               |  |                                |  | D                                                                                                                           |  | -                                                                                   |  | -                                                                                                                                                                                 |  | NJ                   |  |                                                                                                                             |  | -                                              |  |                                                       |  | -                                      |  | -                                                                                                                           |  | -            |  | -                                                                                              |  | -         |  |                                                                                                |  | 02 |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 105  | 32. Driver's License Number                                                                                                                                                       |  |                                |  | 33. DOB                                                                                                                     |  |                                                                                     |  | 34. Expires                                                                                                                                                                       |  |                      |  | 62. Driver's License Number                                                                                                 |  |                                                |  | 63. DOB                                               |  |                                        |  | 64. Expires                                                                                                                 |  |              |  |                                                                                                |  |           |  | 123                                                                                            |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 11   | M 0 6 9 1 3 9 5 0 0 5 8 8 9 2                                                                                                                                                     |  |                                |  | 0 8 0 6 8 9                                                                                                                 |  |                                                                                     |  | 0 4 2 1                                                                                                                                                                           |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 106  | 35. Owner's First Name                                                                                                                                                            |  |                                |  | Initial                                                                                                                     |  | Last Name                                                                           |  | 65. Owner's First Name                                                                                                                                                            |  |                      |  | Initial                                                                                                                     |  | Last Name                                      |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  | 124                                                                                            |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | <input checked="" type="checkbox"/> Same as Driver                                                                                                                                |  |                                |  |                                                                                                                             |  | JENSSE MARTINEZ                                                                     |  | <input type="checkbox"/> Same as Driver                                                                                                                                           |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  | 11                                                                                             |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 107  | 36. Number & Street                                                                                                                                                               |  |                                |  | 37. City                                                                                                                    |  |                                                                                     |  | State                                                                                                                                                                             |  |                      |  | Zip                                                                                                                         |  |                                                |  | 66. Number & Street                                   |  |                                        |  | 67. City                                                                                                                    |  |              |  | State                                                                                          |  |           |  | Zip                                                                                            |  |    |  | 125  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | 262 WESTWOOD AVENUE                                                                                                                                                               |  |                                |  | LONG BRANCH                                                                                                                 |  |                                                                                     |  | NJ                                                                                                                                                                                |  |                      |  | 07740                                                                                                                       |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 126a |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 108  | 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 |  | 126b                                                                                           |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | Mazda                                                                                                                                                                             |  |                                |  | MAZDA 3                                                                                                                     |  | SL                                                                                  |  | 2016                                                                                                                                                                              |  | U38JWP               |  | NJ                                                                                                                          |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  | 56                                                                                             |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 110  | 44. VIN                                                                                                                                                                           |  |                                |  | 45. Expires                                                                                                                 |  |                                                                                     |  | 74. VIN                                                                                                                                                                           |  |                      |  | 75. Expires                                                                                                                 |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  | 126c                                                                                           |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 01   | J M 1 B M 1 U 7 0 G 1 3 3 3 8 7 7                                                                                                                                                 |  |                                |  | 03/19                                                                                                                       |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 111  | 46. Vehicle Removed to:                                                                                                                                                           |  |                                |  | 47. Authority                                                                                                               |  |                                                                                     |  | 48. Alcohol Drug Test                                                                                                                                                             |  |                      |  | 49. Hazardous Material                                                                                                      |  |                                                |  | 76. Vehicle Removed to:                               |  |                                        |  | 77. Authority                                                                                                               |  |              |  | 78. Alcohol Drug Test                                                                          |  |           |  | 79. Hazardous Material                                                                         |  |    |  | 126d |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | Andrew's Auto Body                                                                                                                                                                |  |                                |  | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                   |  |                                                                                     |  | <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                   |  |                                                |  |                                                       |  |                                        |  | <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                              |  |              |  | <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 |  |    |  | 126e |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 112  | <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                            |  |                                |  | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                             |  |                                                                                     |  | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                       |  |                      |  | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                             |  |                                                |  |                                                       |  |                                        |  | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded |  |              |  | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                |  |           |  |                                                                                                |  |    |  | 56   |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 113  | 48. Alcohol Drug Test                                                                                                                                                             |  |                                |  | 49. Hazardous Material                                                                                                      |  |                                                                                     |  | 78. Alcohol Drug Test                                                                                                                                                             |  |                      |  | 79. Hazardous Material                                                                                                      |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 127a |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | 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                              |  |                                                |  |                                                       |  |                                        |  | <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 |  |           |  |                                                                                                |  |    |  | 127b |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 114  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                                                               |  |                                |  | Hazard Class                                                                                                                |  |                                                                                     |  | Placard No.                                                                                                                                                                       |  |                      |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                         |  |                                                |  | Hazard Class                                          |  |                                        |  | Placard No.                                                                                                                 |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 127c |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | Results: 0. - % <input type="checkbox"/> Pending                                                                                                                                  |  |                                |  | Placard No.                                                                                                                 |  |                                                                                     |  | Results: 0. - % <input type="checkbox"/> Pending                                                                                                                                  |  |                      |  | Placard No.                                                                                                                 |  |                                                |  |                                                       |  |                                        |  | <input type="checkbox"/> Pending                                                                                            |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 127d |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 115  |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 116  | 50. Carrier No.                                                                                                                                                                   |  |                                |  | 51. GVWR / GCWR (trucks & buses only)                                                                                       |  |                                                                                     |  | 80. Carrier No.                                                                                                                                                                   |  |                      |  | 81. GVWR / GCWR (trucks & buses only)                                                                                       |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 127e |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 03   | <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                           |  |                                |  | <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs. |  |                                                                                     |  | <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                           |  |                      |  | <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs. |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| 117  | <input type="checkbox"/> MC/MX                                                                                                                                                    |  |                                |  |                                                                                                                             |  |                                                                                     |  | <input type="checkbox"/> MC/MX                                                                                                                                                    |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | 52. Motor Carrier or Government Entity                                                                                                                                            |  |                                |  | 53. Motor Carrier or Government Entity                                                                                      |  |                                                                                     |  | 54. Motor Carrier or Government Entity                                                                                                                                            |  |                      |  | 55. Motor Carrier or Government Entity                                                                                      |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 128  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 26   |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | Number & Street                                                                                                                                                                   |  |                                |  | Number & Street                                                                                                             |  |                                                                                     |  | Number & Street                                                                                                                                                                   |  |                      |  | Number & Street                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 129  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 10   |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | City                                                                                                                                                                              |  |                                |  | State                                                                                                                       |  |                                                                                     |  | Zip                                                                                                                                                                               |  |                      |  | City                                                                                                                        |  |                                                |  | State                                                 |  |                                        |  | Zip                                                                                                                         |  |              |  | City                                                                                           |  |           |  | State                                                                                          |  |    |  | Zip  |  |  |  | 130 |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  | 10  |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | 135. Damage to Other Property                                                                                                                                                     |  |                                |  | <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                      |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 131  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  | 132 |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | Oper.                                                                                                                                                                             |  |                                |  | 136. Charge                                                                                                                 |  |                                                                                     |  | 137. Summons No.                                                                                                                                                                  |  |                      |  | Oper.                                                                                                                       |  |                                                |  | 138. Charge                                           |  |                                        |  | 139. Summons No.                                                                                                            |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 133  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  | 04  |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | Oper.                                                                                                                                                                             |  |                                |  | 140. Charge                                                                                                                 |  |                                                                                     |  | 141. Summons No.                                                                                                                                                                  |  |                      |  | Oper.                                                                                                                       |  |                                                |  | 142. Charge                                           |  |                                        |  | 143. Summons No.                                                                                                            |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  | 134  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
|      | 83                                                                                                                                                                                |  |                                |  | 84                                                                                                                          |  |                                                                                     |  | 85                                                                                                                                                                                |  |                      |  | 86                                                                                                                          |  |                                                |  | 87                                                    |  |                                        |  | 88                                                                                                                          |  |              |  | 89                                                                                             |  |           |  | 90                                                                                             |  |    |  | 91   |  |  |  | 92  |  |  |  | 93 |  |  |  | 94 |  |  |  | 95              |  |  |  | Names & Addresses of Occupants           |  |  |  |
|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  | If Deceased, Date & Time of Death        |  |  |  |
| A    | 01                                                                                                                                                                                |  |                                |  | 01                                                                                                                          |  |                                                                                     |  | 01                                                                                                                                                                                |  |                      |  | -                                                                                                                           |  |                                                |  | 29                                                    |  |                                        |  | F                                                                                                                           |  |              |  | -                                                                                              |  |           |  | -                                                                                              |  |    |  | 11   |  |  |  | 04  |  |  |  | -  |  |  |  | -  |  |  |  | JENSSE MARTINEZ |  |  |  |                                          |  |  |  |
| B    |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  | 262 WESTWOOD AVENUE LONG BRANCH NJ 07740 |  |  |  |
| C    |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |
| D    |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                                                                                     |  |                                                                                                                                                                                   |  |                      |  |                                                                                                                             |  |                                                |  |                                                       |  |                                        |  |                                                                                                                             |  |              |  |                                                                                                |  |           |  |                                                                                                |  |    |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |                 |  |  |  |                                          |  |  |  |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2019-00002597 |    |                                                                                | Page 2 of 3 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|--------------------------------------------------------------------------------|-------------|--|
|                                                 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br><i>If Deceased, Date &amp; Time of Death</i> |             |  |
| E                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| F                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| G                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| H                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| I                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| J                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Vehicle 1 was traveling South on Jack Martin Blvd. Vehicle 1 attempted to make a right turn into the parking lot

425 Jack Martin Blvd, thus striking the curbed divider. Vehicle 1 suffered front left wheel damage disabling the

vehicle. Vehicle 1 was towed from the scene by Andrew's Auto Body.

The driver of vehicle 1 sustained no injuries.

|                                            |                     |                                   |                |                                                                                                   |
|--------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>John C Rotondo | 147. Badge #<br>252 | 148. Reviewer<br>Joshua A Jenssen | Badge #<br>225 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|--------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police

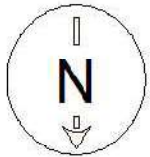
Code: 01

Station: —

Case No: 2019-00002597

144 Crash Diagram (NOT TO SCALE)

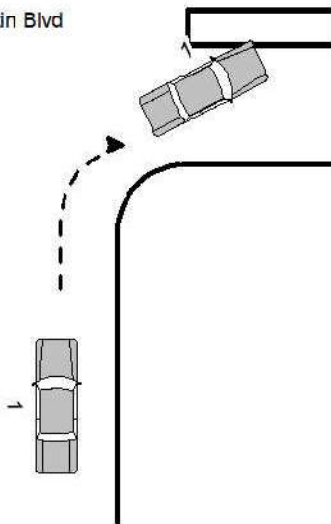
○ Indicate  
North



*NOT TO SCALE*

Jack Martin Blvd

425 Jack Martin Blvd  
Ocean Medical Center



John C Rotondo

Officer's Signature

252

Badge Number