

|    |                                                                                                                                                                                                                                                                                                       |  |                                                     |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                      |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                                        |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|--|--|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|----------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|------|
| 96 | Page 1 of 3 <input type="checkbox"/> Fatal                                                                                                                                                                                                                                                            |  | <b>New Jersey Police Crash Investigation Report</b> |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                      |  |  |  |  |  |  | <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report |  |  | 118a                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                                        |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 05 | 1. Case Number<br><b>2018-00074673</b>                                                                                                                                                                                                                                                                |  |                                                     |  |  |  |  |  |  |  | 10. Crash Occurred On: <b>RT 88</b>                                                                                                                                                                                                                  |  |  |  |  |  |  |                                                                                                                               |  |  | 11. Speed Limit<br><b>3 5</b>                                                                                                                                                                                                                                                                         |  |  | 12. Route No. <b>8 8</b> Suffix <b>- - - -</b> 13. Milepost <b>- - - -</b>                                                                                                     |  |  | 09 |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                                        |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 01 | 2. Police Dept. of <b>Brick Police</b> Code <b>01</b>                                                                                                                                                                                                                                                 |  |                                                     |  |  |  |  |  |  |  | Road Name<br><b>Jefferson Dr</b>                                                                                                                                                                                                                     |  |  |  |  |  |  |                                                                                                                               |  |  | 18. Speed Limit<br><b>2 5</b>                                                                                                                                                                                                                                                                         |  |  | 19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB |  |  | 02 |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                                        |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 01 | 3. Station/Precinct                                                                                                                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W                                                                                                          |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  | 25 |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                                        |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 02 | 4. Date of Crash<br>mm dd yy<br><b>1 2 1 9 1 8</b>                                                                                                                                                                                                                                                    |  |                                                     |  |  |  |  |  |  |  | 5. Day of Week<br>Su M Tu We Th F Sa<br><b>W</b>                                                                                                                                                                                                     |  |  |  |  |  |  |                                                                                                                               |  |  | 6. Time (use 2400 hrs.)<br>mm dd yy<br><b>1 1 4 6</b>                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 7. Municipality Code<br><b>1 5 0 6</b>                                                                                                                                                        |  |  |  |  |  |  |  |  |  | 8. Total Killed<br><b>- -</b>          |  |  |  |  |  |  |  |  |  | 9. Total Injured<br><b>0 1</b>      |  |  |  |  |  |  |  |  |  | 119a |
| 01 | 23. Veh. # <b>01</b>                                                                                                                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  | 24. Policy No. <b>912953869</b>                                                                                                                                                                                                                      |  |  |  |  |  |  |                                                                                                                               |  |  | 25. NJ Ins. Code <b>135</b>                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 53. Veh. # <b>02</b>                                                                                                                                                                          |  |  |  |  |  |  |  |  |  | 54. Policy No. <b>9928502392061</b>    |  |  |  |  |  |  |  |  |  | 55. NJ Ins. Code <b>884</b>         |  |  |  |  |  |  |  |  |  | 119b |
| 04 | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                                                                                                     |  |                                                     |  |  |  |  |  |  |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                                                    |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 119b                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 02 | 26. Driver's First Name Initial Last Name<br><b>DINO IBELLI</b>                                                                                                                                                                                                                                       |  |                                                     |  |  |  |  |  |  |  | 29. Sex <b>M</b>                                                                                                                                                                                                                                     |  |  |  |  |  |  |                                                                                                                               |  |  | 56. Driver's First Name Initial Last Name<br><b>THOMAS C NEWSOME</b>                                                                                                                                                                                                                                  |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 59. Sex <b>M</b>                                                                                                                                                                              |  |  |  |  |  |  |  |  |  | 120a                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 01 | 27. Number & Street<br><b>1663 COPPERFIELD LN</b>                                                                                                                                                                                                                                                     |  |                                                     |  |  |  |  |  |  |  | 57. Number & Street<br><b>829 OCEAN VIEW DR</b>                                                                                                                                                                                                      |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 120a                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 01 | 28. City State Zip<br><b>TOMS RIVER TOWNSHIP NJ 08755</b>                                                                                                                                                                                                                                             |  |                                                     |  |  |  |  |  |  |  | 58. City State Zip<br><b>TOMS RIVER TOWNSHIP NJ 08753</b>                                                                                                                                                                                            |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 120b                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 02 | 30. Eyes DL Class Restrictions Endorsements<br><b>0 2 D - - - - -</b>                                                                                                                                                                                                                                 |  |                                                     |  |  |  |  |  |  |  | 31. State <b>NJ</b>                                                                                                                                                                                                                                  |  |  |  |  |  |  |                                                                                                                               |  |  | 60. Eyes DL Class Restrictions Endorsements<br><b>0 4 D - - - - -</b>                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 61. State <b>NJ</b>                                                                                                                                                                           |  |  |  |  |  |  |  |  |  | 121a                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | 32. Driver's License Number<br><b>1 1 0 2 0 1 7 0 0 0 1 1 6 4 2</b>                                                                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 33. DOB mm dd yy<br><b>1 1 1 5 6 4</b>                                                                                                                                                                                                               |  |  |  |  |  |  |                                                                                                                               |  |  | 34. Expires mm yy<br><b>0 1 2 1</b>                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 62. Driver's License Number<br><b>N 2 9 6 8 7 4 0 6 3 0 1 7 7 4</b>                                                                                                                           |  |  |  |  |  |  |  |  |  | 63. DOB mm dd yy<br><b>0 1 1 4 7 7</b> |  |  |  |  |  |  |  |  |  | 64. Expires mm yy<br><b>0 1 2 2</b> |  |  |  |  |  |  |  |  |  | 121b |
| 01 | 35. Owner's First Name Initial Last Name<br><input checked="" type="checkbox"/> Same as Driver <b>DINO IBELLI</b>                                                                                                                                                                                     |  |                                                     |  |  |  |  |  |  |  | 65. Owner's First Name Initial Last Name<br><input checked="" type="checkbox"/> Same as Driver <b>THOMAS C NEWSOME</b>                                                                                                                               |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 122                                    |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | 36. Number & Street<br><b>1663 COPPERFIELD LN</b>                                                                                                                                                                                                                                                     |  |                                                     |  |  |  |  |  |  |  | 66. Number & Street<br><b>829 OCEAN VIEW DR</b>                                                                                                                                                                                                      |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 123                                    |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | 37. City State Zip<br><b>TOMS RIVER TOWNSHIP NJ 08755</b>                                                                                                                                                                                                                                             |  |                                                     |  |  |  |  |  |  |  | 67. City State Zip<br><b>TOMS RIVER TOWNSHIP NJ 08753</b>                                                                                                                                                                                            |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 124                                    |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 04 | 38. Make <b>Chevrolet</b> 39. Model <b>TRAVERSE</b> 40. Color <b>BK</b> 41. Year <b>2018</b> 42. Plate No. <b>A31BWH</b> 43. State <b>NJ</b>                                                                                                                                                          |  |                                                     |  |  |  |  |  |  |  | 68. Make <b>Toyota</b> 69. Model <b>Highlander</b> 70. Color <b>BK</b> 71. Year <b>2006</b> 72. Plate No. <b>Y70HRM</b> 73. State <b>NJ</b>                                                                                                          |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 125                                    |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 01 | 44. VIN<br><b>1 G N E V G K W 6 J J 1 5 5 3 1 7</b>                                                                                                                                                                                                                                                   |  |                                                     |  |  |  |  |  |  |  | 45. Expires<br><b>03/19</b>                                                                                                                                                                                                                          |  |  |  |  |  |  |                                                                                                                               |  |  | 74. VIN<br><b>J T E E P 2 1 A 8 6 0 1 4 7 0 6 2</b>                                                                                                                                                                                                                                                   |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 75. Expires<br><b>03/19</b>                                                                                                                                                                   |  |  |  |  |  |  |  |  |  | 126a                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 01 | 46. Vehicle Removed to:<br><input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                  |  |                                                     |  |  |  |  |  |  |  | 76. Vehicle Removed to:<br><input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 126b                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | 47. Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                            |  |                                                     |  |  |  |  |  |  |  | 77. Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                           |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 126c                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | 48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: <b>0. - - %</b> <input type="checkbox"/> Pending |  |                                                     |  |  |  |  |  |  |  | 49. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class <b>- - - -</b> Placard No. <b>- - - -</b>                                                        |  |  |  |  |  |  |                                                                                                                               |  |  | 78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: <b>0. - - %</b> <input type="checkbox"/> Pending |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 79. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class <b>- - - -</b> Placard No. <b>- - - -</b> |  |  |  |  |  |  |  |  |  | 126e                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 02 | 50. Carrier No.<br><input type="checkbox"/> USDOT <b>- - - - -</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX <b>- - - - -</b>                                                                                                                                           |  |                                                     |  |  |  |  |  |  |  | 51. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                                                                                 |  |  |  |  |  |  |                                                                                                                               |  |  | 80. Carrier No.<br><input type="checkbox"/> USDOT <b>- - - - -</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX <b>- - - - -</b>                                                                                                                                           |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 81. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                          |  |  |  |  |  |  |  |  |  | 127a                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
| 02 | 52. Motor Carrier or Government Entity                                                                                                                                                                                                                                                                |  |                                                     |  |  |  |  |  |  |  | 82. Motor Carrier or Government Entity                                                                                                                                                                                                               |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 127b                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | Number & Street                                                                                                                                                                                                                                                                                       |  |                                                     |  |  |  |  |  |  |  | Number & Street                                                                                                                                                                                                                                      |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 127c                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | City State Zip                                                                                                                                                                                                                                                                                        |  |                                                     |  |  |  |  |  |  |  | City State Zip                                                                                                                                                                                                                                       |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 127d                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |  |                                                     |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                      |  |  |  |  |  |  |                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                |  |  |    |  |  |  |                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | 127e                                   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | Oper. 136. Charge                                                                                                                                                                                                                                                                                     |  |                                                     |  |  |  |  |  |  |  | 137. Summons No.                                                                                                                                                                                                                                     |  |  |  |  |  |  |                                                                                                                               |  |  | Oper. 138. Charge                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 139. Summons No.                                                                                                                                                                              |  |  |  |  |  |  |  |  |  | 128                                    |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |
|    | Oper. 140. Charge                                                                                                                                                                                                                                                                                     |  |                                                     |  |  |  |  |  |  |  | 141. Summons No.                                                                                                                                                                                                                                     |  |  |  |  |  |  |                                                                                                                               |  |  | Oper. 142. Charge                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                                                                |  |  |    |  |  |  | 143. Summons No.                                                                                                                                                                              |  |  |  |  |  |  |  |  |  | 129                                    |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |      |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------------------------------------------------|
| A | 01 | 01 | 01 | 04 | 54 | M  | 08 | 05 | 01 | 11 | 11 | 01 | —  | DINO IBELLI<br>1663 COPPERFIELD LN TOMS RIVER TOWNSHIP NJ 08755     |
| B | 02 | 01 | 01 | —  | 41 | M  | —  | —  | —  | 11 | 04 | —  | —  | THOMAS C NEWSOME<br>829 OCEAN VIEW DR TOMS RIVER TOWNSHIP NJ 08753  |
| C |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                     |
| D |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                     |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2018-00074673 |    |                                                                                | 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

Investigation at the scene revealed the following: Vehicles # 1 and # 2 were traveling E/B on Route 88 going straight. An unknown vehicle (small, gold colored vehicle) made a left turn from Jefferson Dr onto Route 88 E/B in front of Vehicle # 2. This caused Vehicle # 2 to stop quickly and then Vehicle # 1's front struck Vehicle # 2's rear. Both vehicles had moved off the road prior to police arrival.

Driver of Vehicle # 1 stated "a car pulled out of the side street in front of the car in front of me and we both slammed on our brakes. I tried to avoid hitting the car in front of me, but I didn't."

Driver of Vehicle # 2 stated "I was driving on Route 88 and a small, gold car, possible a Toyota Corolla, pulled out of the side street in front of me. I slammed on my brakes and stopped and that's when the truck behind me hit me."

Driver of Vehicle # 1 was found to be at fault for this crash, due to it following to close and not having enough time to react without hitting the car in front of it.

|                                           |                     |                                 |                |                                                                                                   |
|-------------------------------------------|---------------------|---------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Vincenzo Rosa | 147. Badge #<br>171 | 148. Reviewer<br>Austin E Kenny | Badge #<br>224 | 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

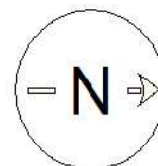
Code: 01

Station:       

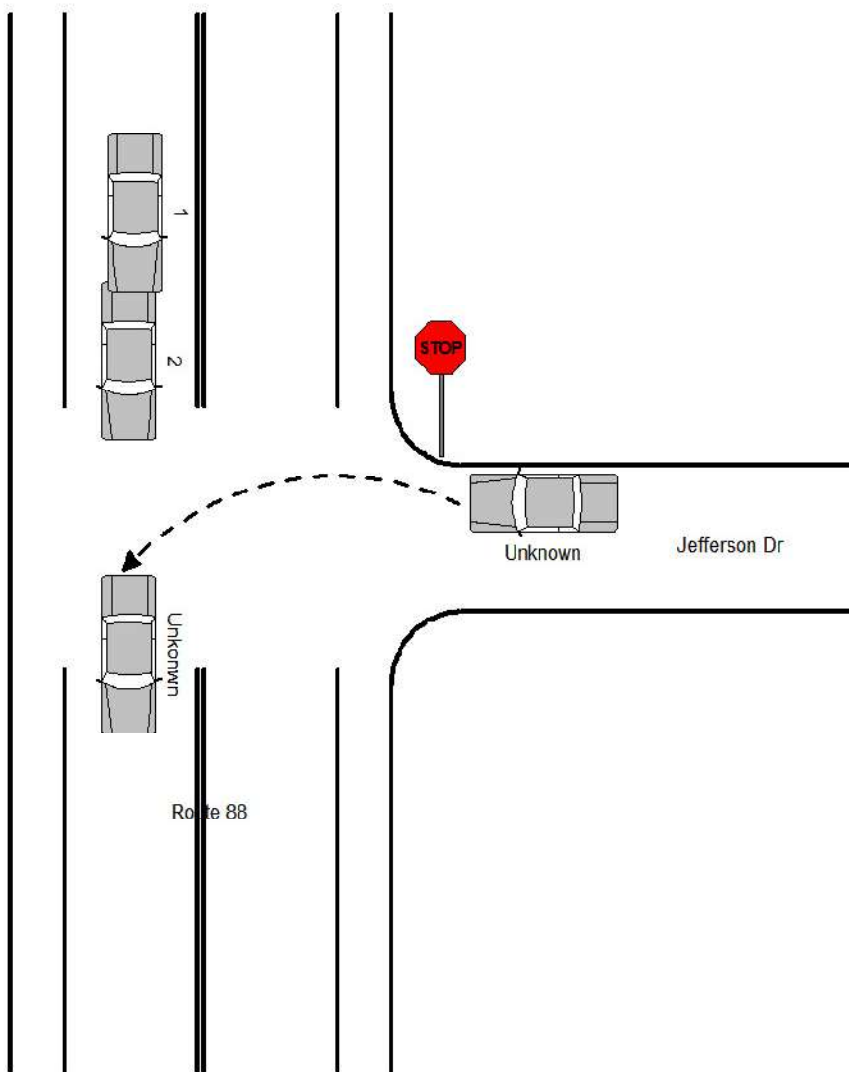
Case No: 2018-00074673

144 Crash Diagram (NOT TO SCALE)

○ Indicate  
North



Shore Restaurant  
Supply



Vincenzo Rosa

Officer's Signature

171

Badge Number