

|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|----------------------------------------------------|--|----------------------------------------|--|-------------------------------------------------------|--|----------------------|--|---------------|--|-----------|--|------|--|--|--|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|------------------------|--|--|--|--------------------------------------|--|--|--|-----------------------------------|--|--|--|--|--|--|--|
| 96   | Page 1 of 4                                                                                                                                                                       |  | <input type="checkbox"/> Fatal |  | New Jersey Police Crash Investigation Report                                                                                |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  | <input type="checkbox"/> Reportable |  | <input checked="" type="checkbox"/> Non-Reportable |  | <input type="checkbox"/> Change Report |  | 118a                                                  |  |                      |  |               |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 01   | 1. Case Number                                                                                                                                                                    |  |                                |  | 2018-00048886                                                                                                               |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  | 10. Crash Occurred On: RT 70        |  |                                                    |  | 11. Speed Limit                        |  | 4 0                                                   |  | 09                   |  |               |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 97   | 2. Police Dept. of                                                                                                                                                                |  |                                |  | Code                                                                                                                        |  | Brick Police 01         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  | Road Name                                          |  |                                        |  | Dir                                                   |  | 12. Route No. Suffix |  | 13. Milepost  |  | 118b      |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 01   | 3. Station/Precinct                                                                                                                                                               |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  | At Intersection with                               |  |                                        |  | of: RT 88                                             |  | 18. Speed Limit      |  | 02            |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 98   |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  | <input checked="" type="checkbox"/> Feet           |  |                                        |  | <input type="checkbox"/> N <input type="checkbox"/> E |  |                      |  |               |  | 119a      |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 01   |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  | <input type="checkbox"/> Miles                     |  |                                        |  | <input type="checkbox"/> S <input type="checkbox"/> W |  |                      |  |               |  | 25        |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 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.              |  |                                        |  | 18. Speed Limit                                       |  | 119b                 |  |               |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 02   | mm dd yy                                                                                                                                                                          |  |                                |  | Su M Tu W                                                                                                                   |  | 1 5 3 6                 |  |                                                                                                                                        |  | 1 5 0 6              |  |                                                                                                                                                                                   |  |                                     |  | Ramp From: Rt. 88                                  |  |                                        |  |                                                       |  | —                    |  |               |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 100a | 0 8 1 0 1 8                                                                                                                                                                       |  |                                |  | Th Sa                                                                                                                       |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  | 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                                                                                                                                                                                |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  | 02                                                                                                                                                                                |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  | —             |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 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                                               |  |                      |  | 01            |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 102  | Christopher                                                                                                                                                                       |  |                                |  | P                                                                                                                           |  | Scott                   |  | M                                                                                                                                      |  |                      |  | Teri                                                                                                                                                                              |  |                                     |  |                                                    |  | Murray                                 |  | F                                                     |  |                      |  | 121b          |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 103  | 27. Number & Street                                                                                                                                                               |  |                                |  | 211 BLITZ RD                                                                                                                |  |                         |  |                                                                                                                                        |  |                      |  | 57. Number & Street                                                                                                                                                               |  |                                     |  | 131 1ST ST 102                                     |  |                                        |  |                                                       |  |                      |  |               |  |           |  | —    |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 104  | 28. City                                                                                                                                                                          |  |                                |  | State                                                                                                                       |  | Zip                     |  | 28. City                                                                                                                               |  |                      |  | State                                                                                                                                                                             |  | Zip                                 |  | Tierra Verde FL 33715                              |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 122  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 02   | Cresco PA 18326                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  | Tierra Verde FL 33715                                                                                                                                                             |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 06   |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 30. Eyes                                                                                                                                                                          |  |                                |  | DL Class                                                                                                                    |  | Restrictions            |  | Endorsements                                                                                                                           |  | 31. State            |  | 60. Eyes                                                                                                                                                                          |  |                                     |  | DL Class                                           |  | Restrictions                           |  | Endorsements                                          |  | 61. State            |  | 123           |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 0 4                                                                                                                                                                               |  |                                |  | D                                                                                                                           |  | -                       |  | -                                                                                                                                      |  | PA                   |  | 0 2                                                                                                                                                                               |  |                                     |  | D                                                  |  | -                                      |  | -                                                     |  | FL                   |  | 08            |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 105  | 32. Driver's License Number                                                                                                                                                       |  |                                |  | 33. DOB                                                                                                                     |  |                         |  | 34. Expires                                                                                                                            |  |                      |  | 62. Driver's License Number                                                                                                                                                       |  |                                     |  | 63. DOB                                            |  |                                        |  | 64. Expires                                           |  |                      |  |               |  |           |  | 124  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 01   | 3 0 0 5 1 3 7 1                                                                                                                                                                   |  |                                |  | 0 4 1 4 9 3                                                                                                                 |  |                         |  | 0 4 2 1                                                                                                                                |  |                      |  | M 6 0 0 8 0 0 7 8 8 9 1 0                                                                                                                                                         |  |                                     |  | 1 0 3 1 7 8                                        |  |                                        |  | 1 0 2 2                                               |  |                      |  | 09            |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 106  | 35. Owner's First Name                                                                                                                                                            |  |                                |  | Initial                                                                                                                     |  | Last Name               |  | 65. Owner's First Name                                                                                                                 |  |                      |  | Initial                                                                                                                                                                           |  | Last Name                           |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 125  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| —    | <input type="checkbox"/> Same as Driver                                                                                                                                           |  |                                |  |                                                                                                                             |  | Carey Clark             |  | <input type="checkbox"/> Same as Driver                                                                                                |  |                      |  |                                                                                                                                                                                   |  | Paul Murray                         |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 09   |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 107  | 36. Number & Street                                                                                                                                                               |  |                                |  | 2013 HOWELLS LN                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  | 66. Number & Street                                                                                                                                                               |  |                                     |  | 131 1ST ST 102                                     |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 126a |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 108  | 37. City                                                                                                                                                                          |  |                                |  | State                                                                                                                       |  | Zip                     |  | 67. City                                                                                                                               |  |                      |  | State                                                                                                                                                                             |  | Zip                                 |  | Tierra Verde FL 33715                              |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 26   |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 01   | Tannersville PA 18372                                                                                                                                                             |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  | Tierra Verde FL 33715                                                                                                                                                             |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 126b |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 109  | 38. Make                                                                                                                                                                          |  |                                |  | 39. Model                                                                                                                   |  | 40. Color               |  | 41. Year                                                                                                                               |  | 42. Plate No.        |  | 43. State                                                                                                                                                                         |  | 68. Make                            |  |                                                    |  | 69. Model                              |  | 70. Color                                             |  | 71. Year             |  | 72. Plate No. |  | 73. State |  | 126c |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 01   | SL2                                                                                                                                                                               |  |                                |  | BL                                                                                                                          |  | 2002                    |  | —                                                                                                                                      |  | —                    |  | —                                                                                                                                                                                 |  | Chevrolet                           |  |                                                    |  | Corvette                               |  | BL                                                    |  | 2004                 |  | 735VAP        |  | FL        |  | —    |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 110  | 44. VIN                                                                                                                                                                           |  |                                |  | 45. Expires                                                                                                                 |  |                         |  | 74. VIN                                                                                                                                |  |                      |  | 75. Expires                                                                                                                                                                       |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 126d |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 01   | 1 G 8 Z H 5 2 8 3 2 Z 1 9 8 7 7 5                                                                                                                                                 |  |                                |  | —                                                                                                                           |  |                         |  | 1 G 1 4 Y 3 2 G X 4 5 1 1 2 2 8 1                                                                                                      |  |                      |  | 10/18                                                                                                                                                                             |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | —    |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 111  | 46. Vehicle Removed to:                                                                                                                                                           |  |                                |  | Route 88 Auto                                                                                                               |  |                         |  | 76. Vehicle Removed to:                                                                                                                |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 126e |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 112  | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                       |  |                                |  |                                                                                                                             |  |                         |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 26   |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 113  | <input type="checkbox"/> Left at Scene <input checked="" type="checkbox"/> Towed Impounded                                                                                        |  |                                |  |                                                                                                                             |  |                         |  | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 127a |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 114  | 47. Authority                                                                                                                                                                     |  |                                |  | <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police                   |  |                         |  | 77. Authority                                                                                                                          |  |                      |  | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                         |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 127b |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 115  | 48. Alcohol Drug Test                                                                                                                                                             |  |                                |  | 49. Hazardous Material                                                                                                      |  |                         |  | 78. Alcohol Drug Test                                                                                                                  |  |                      |  | 79. Hazardous Material                                                                                                                                                            |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 127c |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| —    | 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 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                                                                         |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 127d |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 116  | 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.                                           |  |                      |  |               |  |           |  | 127e |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 04   | Results: 0. — % <input type="checkbox"/> Pending                                                                                                                                  |  |                                |  | —                                                                                                                           |  |                         |  | —                                                                                                                                      |  |                      |  | Results: 0. — % <input type="checkbox"/> Pending                                                                                                                                  |  |                                     |  | —                                                  |  |                                        |  | —                                                     |  |                      |  |               |  |           |  | 26   |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 117  | 50. Carrier No.                                                                                                                                                                   |  |                                |  | 51. GVWR / GCWR (trucks & buses only)                                                                                       |  |                         |  | 80. Carrier No.                                                                                                                        |  |                      |  | 81. GVWR / GCWR (trucks & buses only)                                                                                                                                             |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 128  |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| 04   | <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.                                                       |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  | 26   |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | <input type="checkbox"/> MC/MX                                                                                                                                                    |  |                                |  |                                                                                                                             |  |                         |  | <input type="checkbox"/> MC/MX                                                                                                         |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 129 |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 52. Motor Carrier or Government Entity                                                                                                                                            |  |                                |  | 82. Motor Carrier or Government Entity                                                                                      |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 130 |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | Number & Street                                                                                                                                                                   |  |                                |  | Number & Street                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 131 |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | City                                                                                                                                                                              |  |                                |  | State                                                                                                                       |  | Zip                     |  | City                                                                                                                                   |  |                      |  | State                                                                                                                                                                             |  | Zip                                 |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 132 |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 135. Damage to Other Property                                                                                                                                                     |  |                                |  | <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                      |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 06  |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 06  |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | Oper. 136. Charge                                                                                                                                                                 |  |                                |  | 137. Summons No.                                                                                                            |  |                         |  | Oper. 138. Charge                                                                                                                      |  |                      |  | 139. Summons No.                                                                                                                                                                  |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 133 |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 01 39:3-4                                                                                                                                                                         |  |                                |  | 157393                                                                                                                      |  |                         |  | 01 39:3-33                                                                                                                             |  |                      |  | 157394                                                                                                                                                                            |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 02  |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | Oper. 140. Charge                                                                                                                                                                 |  |                                |  | 141. Summons No.                                                                                                            |  |                         |  | Oper. 142. Charge                                                                                                                      |  |                      |  | 143. Summons No.                                                                                                                                                                  |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 134 |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 01 39:4-97                                                                                                                                                                        |  |                                |  | 158899                                                                                                                      |  |                         |  | 01 39:3-29                                                                                                                             |  |                      |  | 158900                                                                                                                                                                            |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  | 02  |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 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                                                                                                                                     |  |                      |  | —                                                                                                                                                                                 |  |                                     |  | 25                                                 |  |                                        |  | M                                                     |  |                      |  | —             |  |           |  | —    |  |  |  | 11  |  |  |  | 04 |  |  |  | —  |  |  |  | —  |  |  |  | Christopher Paul Scott |  |  |  | 211 BLITZ RD Cresco PA 18326         |  |  |  |                                   |  |  |  |  |  |  |  |
| B    | 02                                                                                                                                                                                |  |                                |  | 01                                                                                                                          |  |                         |  | 01                                                                                                                                     |  |                      |  | —                                                                                                                                                                                 |  |                                     |  | 39                                                 |  |                                        |  | F                                                     |  |                      |  | —             |  |           |  | —    |  |  |  | 11  |  |  |  | 04 |  |  |  | —  |  |  |  | —  |  |  |  | Teri Murray            |  |  |  | 131 1ST ST 102 Tierra Verde FL 33715 |  |  |  |                                   |  |  |  |  |  |  |  |
| C    |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |
| D    |                                                                                                                                                                                   |  |                                |  |                                                                                                                             |  |                         |  |                                                                                                                                        |  |                      |  |                                                                                                                                                                                   |  |                                     |  |                                                    |  |                                        |  |                                                       |  |                      |  |               |  |           |  |      |  |  |  |     |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                        |  |  |  |                                      |  |  |  |                                   |  |  |  |  |  |  |  |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2018-00048886 |    |                                                                     | Page 2 of 4 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|-------------|--|
| E<br><br>F<br><br>G<br><br>H<br><br>I<br><br>J  | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |

144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

The driver of vehicle #2 stated she was stopped in traffic, attempting to yield from Rt. 88 on to Rt. 70 westbound, when vehicle #1 struck her from behind. She stated she was completely stopped, waiting for an opening in the traffic when she was struck.

The driver of vehicle #1 stated he was directly behind vehicle #2. He stated that he thought vehicle #2 proceeded through the yield sign and let off the brake to move forward. He advised that once he realized vehicle #2 was still directly in front of him, he did not have enough time to step on the brake to stop. He stated he lightly struck the rear of vehicle #2.

Based on both of the drivers statements as well as observing the damage to both vehicles, it is my determination that vehicle #1 caused the crash by failing to observe vehicle #2 stopped directly in front of him.

Vehicle #2 had the following out of state insurance:

Southern Owners Insurance

Insurance number 02954

Policy number 48-264-596-00

|                                               |                     |                                |                |                                                                                                   |
|-----------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Keith Prendeville | 147. Badge #<br>223 | 148. Reviewer<br>Robert A Hine | Badge #<br>158 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|-----------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash DescriptionPolice Dept: Brick Police Code: 01Station:      Case No: 2018-00048886

## 145 Crash Description

6101 Anacapri Blvd.

Lansing, MI 48917

517-323-1200

Vehicle #1 was not able to provide proof of insurance at the time of this report. The vehicle was  
unregistered. The driver of vehicle #1 received the following:

Careless Driving 39:4-97 T158899

Failure to Exhibit Insurance 39:3-29 T158900

Unregistered Motor Vehicle 39:4-97 T157393

Fictitious Plates 39:3-33 T157394

Keith Prendeville

223

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police

Code: 01

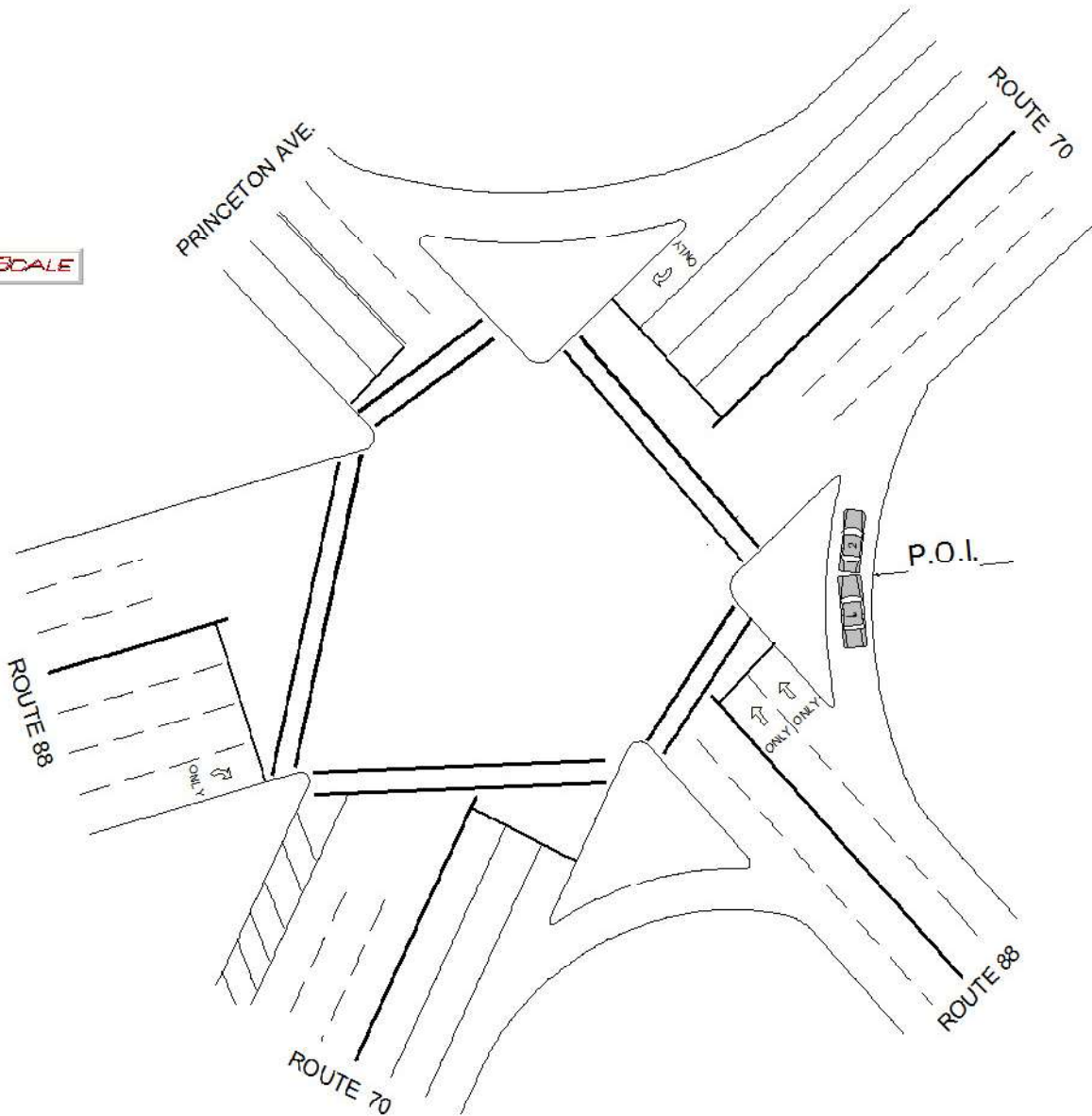
Station:     

Case No: 2018-00048886

144 Crash Diagram (NOT TO SCALE)



NOT TO SCALE



Keith Prendeville

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