PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	21-132402
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/21/21
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1045
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CENTRAL AVE
☐ At Intersection With	
☒ Feet ☐ Miles	45
☐ N ☒ E ☐ S ☐ W of:	FREEMAN RD
11 Speed Limit	35
12 Route No. / Dir / Suffix / 13 Milepost	- - - -
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.086830
22 Longitude	-74.218500

Vehicle 1

23 Veh #	1
24 Policy No.	4043-17-32-04
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHRISTOPH S HUGHES
29 Sex	M
27 Number & Street	1933 NEW CENTRAL AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	05 D - - NJ
32 Driver's License Number	H91381248212655
33 DOB (mm dd yyyy)	12/21/1965
34 Expires (mm yy)	12 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SUSAN M HUGHES
36 Number & Street	1933 NEW CENTRAL AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP WUS BLK 2014 J77ENB NJ
44 VIN	1C4HJWEG8EL261634
45 Expires	09 22
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	133 1048-C12-30
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ODALYS C MENDEZ
59 Sex	F
57 Number & Street	105 WALCHEST DR
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 D - - NJ
62 Driver's License Number	M25136026352042
63 DOB (mm dd yyyy)	02/05/2004
64 Expires (mm yy)	02 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ANA L NAVARRO
66 Number & Street	105 WALCHEST DR
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND CIV BLK 2014 P30PEL NJ
74 VIN	19XFB2F91EE263425
75 Expires	09 22
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	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	05	56	M	-	-	-	11	04	-	-	CHRISTOPH S HUGHES - 1933 NEW CENTRAL AVE LAKEWOOD NJ 08701 - -
B	02	01	01	05	17	F	-	-	-	11	04	-	-	ODALYS C MENDEZ - 105 WALCHEST DR TOMS RIVER NJ 08753 - -
C														
D														

New Jersey Police Crash Investigation Report

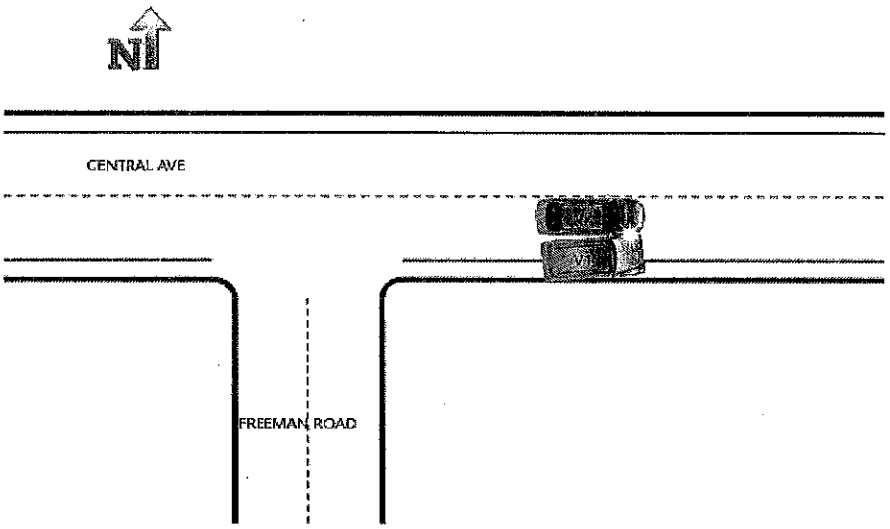
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132402

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED HE WAS HEADING EAST ON CENTRAL AVE BEHIND A VAN, WHEN VEHICLE 2 COLLIDED WITH HIS VEHICLE. D1 STATED HE WAS BEHIND A VAN AND D2 CAME UP BESIDE HIM ON HIS LEFT AND THAT IS WHEN HE PULLED TO THE SIDE BUT THEY STILL COLLIDED.

D2 STATED SHE WAS HEADING EAST ON CENTRAL AVE BEHIND A VAN WHEN VEH 1 ATTEMPTED TO CUT HER OFF BY PASSING HER ON THE RIGHT SIDE/SHOULDER AREA. THAT IS WHEN THEY COLLIDED. HER PASSENGER SIDE MIRROR, FENDER AND TIRE AREA STRUCK HIS FRONT TIRE. VEH 2's PASSENGER SIDE MIRROR WAS DAMAGED FROM THE CRASH. THE CASING TO VEH 2'S SIDE MIRROR WAS THROWN IN FRONT OF THE TWO VEHILCES, WHICH INDICATES TO ME THE MIRROR WAS STRUCK BY VEH 1. CONSISTANT WITH D2's STATEMENT.

VEH 1 IS AT FAULT.

NO REPORTED INJURIES.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MORGAN T	349	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	21-132990
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVE
11 Speed Limit	35
12 Route No.	0009
13 Milepost	-
18 Speed Limit	35
☒ At Intersection With	MAIN ST
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.089910
22 Longitude	-74.21627
4 Date of Crash (mm dd yy)	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0813
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	0000005312BE
25 NJ Ins. Code	168
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JASON
Initial	L
Last Name	BALL
29 Sex	M
27 Number & Street	206 WINDING WAY RD
28 City	STRATFORD
State	NJ
Zip	08084
30 Eyes	2
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	B02883887302782
33 DOB (mm dd yyyy)	02/08/1978
34 Expires (mm yy)	02 23
35 Owner's First Name	RYDER TRUCK REN -
Initial	-
Last Name	INC
☐ Same As Driver	
36 Number & Street	11690 NW 105 ST
37 City	MIAMI
State	FL
Zip	33178
38 Make	COV/FREI
39 Model	M2 106
40 Color	-
41 Year	2020
42 Plate No.	2924222
43 State	IN
44 VIN	3ALACXFC3LDLW5908
45 Expires	10 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☒ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	6049453415
55 NJ Ins. Code	639
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	SANTIAGO
Initial	-
Last Name	MORALES-RAMIRO -
59 Sex	M
57 Number & Street	197 BEACH 29TH ST;1
58 City	FAR ROCKAWAY
State	NY
Zip	11691
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	07/20/1985
64 Expires (mm yy)	- -
65 Owner's First Name	M
Initial	A
Last Name	CANTOSDEMIZHQU-
☐ Same As Driver	
66 Number & Street	995 SINGLETON AVE
67 City	WOODMERE
State	NY
Zip	11598
68 Make	FORD
69 Model	ECONOLIN
70 Color	-
71 Year	2006
72 Plate No.	KJH4309
73 State	NY
74 VIN	1FTSS34L46HA41394
75 Expires	01 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	43	M	-	-	-	11	04	-	-	JASON L BALL - 206 WINDING WAY RD STRATFORD NJ 08084
B	V2	01	01	05	36	M	-	-	-	11	04	-	-	SANTIAGO - MORALES-RAMIRO - 197 BEACH 29TH ST;1 FAR ROCKAWAY NY 11691
C	V2	03	01	05	43	M	-	-	-	11	04	-	-	MARTIN - ROMERO - 218 2ND ST LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

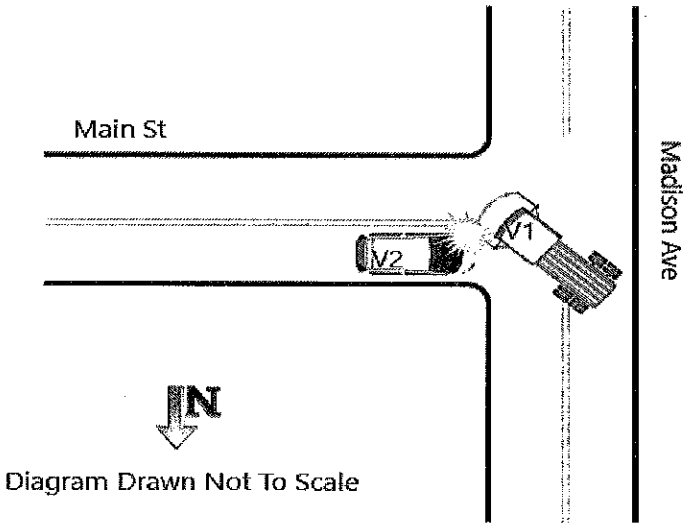
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132990

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated he was making a left turn from Madison Ave to Main St. As driver of V1 was turning left he noticed he collided into V2's drivers side door, causing moderate damage.

Driver of V2 stated he was stopped at the traffic light on Main St and Madison Ave. Driver of V2 stated he saw V1 turning left into Main St from Madison Ave, and saw V1 collided into the drivers side door of V2.

Based upon both parties statements and my observation, V1 is at fault for the crash.

No injuries were reported at the time of the crash.

End report

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RODRIGUEZ, B	424	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	21-132764
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MARC DR
At Intersection With / Road Name	
Dir	
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
☒ Feet ☐ Miles	20
☐ N ☐ E ☒ S ☐ W of:	PINE ST
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0617
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
20 Route/Name	
21 Latitude	40.076900
22 Longitude	-74.209990

Vehicle 1

23 Veh #	1
24 Policy No.	SELF INS ID #05-87
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	

26 Driver's First Name	Initial	Last Name	29 Sex
JOEL	E	GONZALEZ	M

27 Number & Street	100 DEE CT
28 City / State / Zip	LAKEWOOD / NJ / 08701

30 Eyes	DL Class	Restrictions	Endorsements	31 State
02	D	-	-	NJ

32 Driver's License Number	33 DOB (mm dd yyyy)	34 Expires (mm yy)	
G64594056511892	11/15/1989	11	23

35 Owner's	First Name	Initial	Last Name
☐ Same As Driver	LAKEWOOD	-	TOWNSHIP

36 Number & Street	231 3RD ST
37 City / State / Zip	LAKEWOOD / NJ / 08701

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
MACK	LR6	WHI	2020	34163MG	NJ

44 VIN	1M2LR2GC7LM003341
45 Expires	12 22

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☐ Left At Scene ☐ Towed Impounded

47 Authority

☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - %
☐ Pending

49 Hazardous Material

☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.

50 Carrier No.

☐ USDOT ☒ None
☐ MC/MX

51 GVWR/GCWR

☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs
☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City / State / Zip

Vehicle 2

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	

56 Driver's First Name	Initial	Last Name	59 Sex	
-	-	-	-	

57 Number & Street	-
58 City / State / Zip	- / - / -

60 Eyes	DL Class	Restrictions	Endorsements	61 State
-	-	-	-	-

62 Driver's License Number	63 DOB (mm dd yyyy)	64 Expires (mm yy)	
-	-	-	-

65 Owner's	First Name	Initial	Last Name
☐ Same As Driver	-	-	-

66 Number & Street	-
67 City / State / Zip	- / - / -

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
-	-	-	-	-	-

74 VIN	-
75 Expires	- -

76 Vehicle Removed To

- ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
- ☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - %
☐ Pending

79 Hazardous Material

☐ None ☐ On Board ☐ Spill
Hazard Class / Placard No.

80 Carrier No.

☐ USDOT - ☐ None
☐ MC/MX -

81 GVWR/GCWR

☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs
☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City / State / Zip

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

AMERICAN WATER FIRE HYDRANT #322

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	04	32	M	08	08	-	11	04	-	-	JOEL E GONZALEZ - 100 DEE CT LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

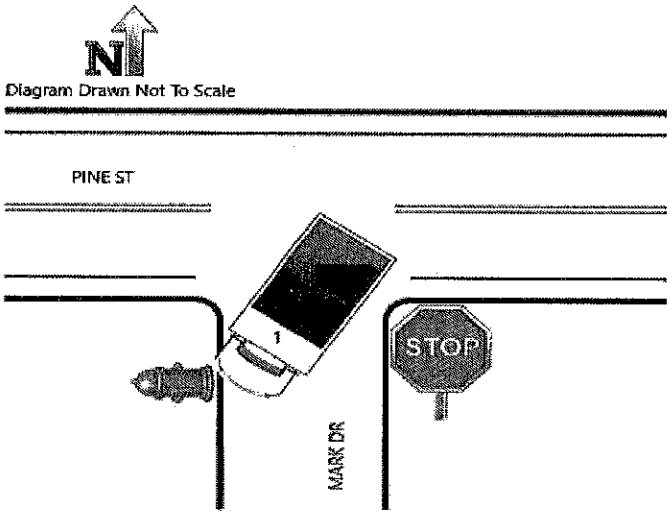
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132764

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling West on Pine St and made a left turn to travel South on Mark Dr. Vehicle #1 struck a fire hydrant knocking the hydrant from it's base. Driver #1 stated that he took his turn a little too wide, he hit the brakes but the truck did not stop in time to avoid hitting the hydrant.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	21-132819
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1242
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	E 5TH ST (Road Name) - (Dir)
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
At Intersection With	☐
☒ Feet / ☐ Miles	125
☐ N ☐ E ☐ S ☒ W of:	MANETTA AVE
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.09500
22 Longitude	-74.20144

Vehicle 1

23 Veh #	1
24 Policy No.	SELF INSURER
25 NJ Ins. Code	
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- / - / -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - / - / JERSEY CENTRAL P -
36 Number & Street	300 MADISON AVE
37 City / State / Zip	MORRISTOWN / NJ / 07960
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F150 / WHI / 2012 / XFYS24 / NJ
44 VIN / 45 Expires	1FTEX1EM1CFD01297 / 01 22
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	SLEF INSURER
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RALPH / A / BOVE JR JR
59 Sex	M
57 Number & Street	432 BROOKSIDE DR
58 City / State / Zip	OAKHURST / NJ / 07755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	B68466386107502
63 DOB (mm dd yyyy)	07/02/1950
64 Expires (mm yy)	07 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LAKEWOOD - / TOWNSHIP -
66 Number & Street	231 3RD ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / F150 / 1 / 2016 / 20569MG / NJ
74 VIN / 75 Expires	1FTEX1EFXGKF33847 / 08 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	40	M	-	-	-	11	04	-	-	RYAN M BECHTOLDT - / 276 LAKE SHORE DR BRICK NJ 08723
B	02	01	01	05	71	M	-	-	-	11	04	-	-	RALPH A BOVE JR JR / 432 BROOKSIDE DR OAKHURST NJ 07755
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132819

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

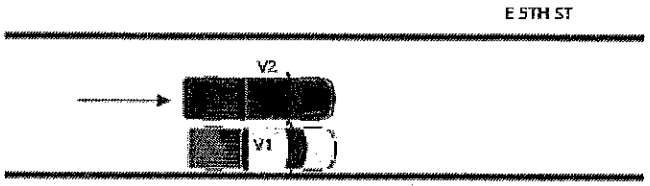


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Ryan Bechtold stated he was sitting in the driver seat of NJ, XFY-S24, 2012 Ford F-150, while it was parked in front of 414 East Fifth Street. His driver side mirror was then struck by the passenger side mirror of a pick up truck that passed by him traveling east on East Fifth Street.

Driver 2, Ralph Bove Jr. was operating a 2016 Ford F-150, NJ 20569-MG. Mr. Bove Jr. stated he was traveling east on East Fifth Street when a vehicle approached from the opposite direction. He moved over to the right and his passenger mirror struck the driver side mirror of a pick up truck parked along the south side of East Fifth Street. Damage to both vehicles was very minor. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132921
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RIVER AVE
At Intersection With	
Road Name	
Dir	S
11 Speed Limit	45
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	5
☐ N ☐ E ☒ S ☐ W of:	CHATEAU DR
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2315
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.06264
22 Longitude	-74.21929

Vehicle 1

23 Veh #	1
24 Policy No.	0939791206
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHAIM Y STEFANSKY -
29 Sex	M
27 Number & Street	38 IRENE CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	S81811208805976
33 DOB mm dd yyyy	05/26/1997
34 Expires mm yy	05 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM Y STEFANSKY -
36 Number & Street	38 IRENE CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / AVA / 4 / 2019 / S56MWV / NJ
44 VIN	4T1BZ1FB7KU009153
45 Expires	10 21
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	SELF INSURED
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YITZHAK A HESHIN -
59 Sex	M
57 Number & Street	1232 48TH ST
58 City / State / Zip	BROOKLYN NY 11219
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / - / - / - / IS
62 Driver's License Number	034338186
63 DOB mm dd yyyy	08/16/1977
64 Expires mm yy	08 27
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - WCR GROUP LLC -
66 Number & Street	209 2ND ST STE 46
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / SEN / 4 / 2020 / G97PCE / NJ
74 VIN	1N4BL4CV6LC196565
75 Expires	08 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	WCR GROUP LLC
Number & Street	209 2ND ST STE 46
City / State / Zip	LAKEWOOD / NJ / 08701

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	24	M	-	-	-	11	04	-	-	CHAIM Y STEFANSKY - / 38 IRENE CT LAKEWOOD NJ 08701
B	2	01	01	05	44	M	-	-	-	11	04	-	-	YITZHAK A HESHIN - / 1232 48TH ST BROOKLYN NY 11219
C	2	04	01	05	40	M	01	-	-	04	04	-	-	YISOREL - KALIKSHTEIN - / - - - -
D														

96	05
97	01
98	07
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03
118a	06
118b	-
119a	07
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	02
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	01
132	01
133	03
134	03

New Jersey Police Crash Investigation Report

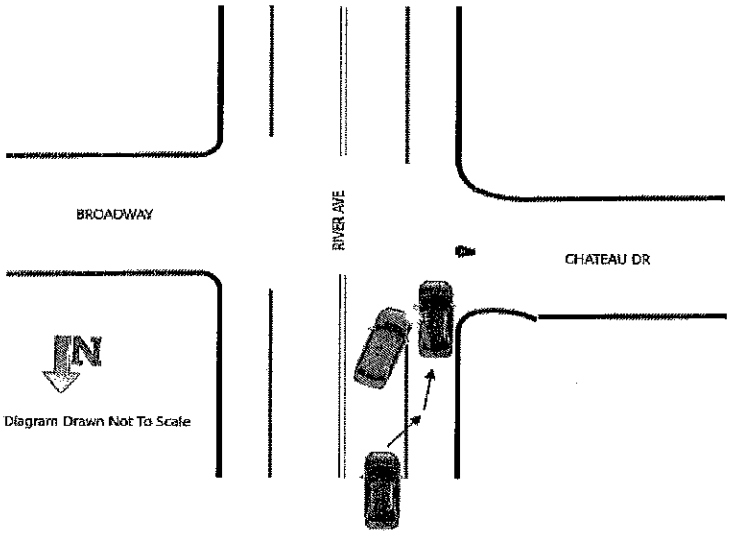
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132921

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Veh #1 was traveling South On River Ave (NJ RT 9). Veh #2 was traveling South on River Ave in front of Veh #1.

The driver of Veh #2 stated that he was making a right turn from River Ave to Chateau Dr and that he was utilizing his turn signal to do so.

The driver of Veh #1 stated that Veh #2 was slowing, for what he assumed was going to be a left hand turn, and as he went to go around him, Veh# 2 turn into him causing the crash.

Veh #1 was equipped with an in car dash camera. I was able to view this incident on a tablet. I observed Veh#2 slowing in the South bound lane of travel of River Ave with no turn signal. I then observed Veh#1 attempt to pass Veh#2 in the South bound shoulder lane of River Ave. As Veh #2 passed Veh #1, Veh#1 began to make a right hand turn.

Veh #2 is a self insured rental vehicle.
EZ Rental Co
4919 20th Ave Brooklyn NY 11204
347-704-3000

The passenger listed for Veh #2 is a visitor from out of country, unable to provide a local address.

No injuries were reported at the time of this report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DEBARTOLOMEIS J	358	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132909
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2206
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	DAVIS RD
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
	S LAKE DR
11 Speed Limit	25
12 Route No.	-
Dir	-
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.089060
22 Longitude	-74.220300

Vehicle 1

23 Veh #	1
24 Policy No.	909957426
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GITTEL - EHRENFELD
29 Sex	F
27 Number & Street	16 KLETSK HILL RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	E36372910062992
33 DOB (mm dd yyyy)	12/15/1999
34 Expires (mm yy)	12 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GITTEL - EHRENFELD
36 Number & Street	16 KLETSK HILL RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / ELN / GRY / 2020 / M48MAB / NJ
44 VIN	5NPD84LF7LH540907
45 Expires	12 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4604-95-58-25
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JACOB C BRENNER -
59 Sex	M
57 Number & Street	113 CARASALJO DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	06 / D / - / -
61 State	NJ
62 Driver's License Number	B73423816311946
63 DOB (mm dd yyyy)	11/06/1994
64 Expires (mm yy)	11 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JACOB C BRENNER -
66 Number & Street	113 CARASALJO DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / AVA / GRY / 2009 / L28LVR / NJ
74 VIN	4T1BK36B19U333788
75 Expires	09 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	22	F	-	-	-	11	04	-	-	GITTEL - EHRENFELD - 16 KLETSK HILL RD LAKEWOOD NJ 08701
B	V2	01	01	05	27	M	-	-	-	11	04	-	-	JACOB C BRENNER - 113 CARASALJO DR LAKEWOOD NJ 08701
C														
D														

96	05
97	01
98	07
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	02
118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	07
131	11
132	11
133	02
134	02

New Jersey Police Crash Investigation Report

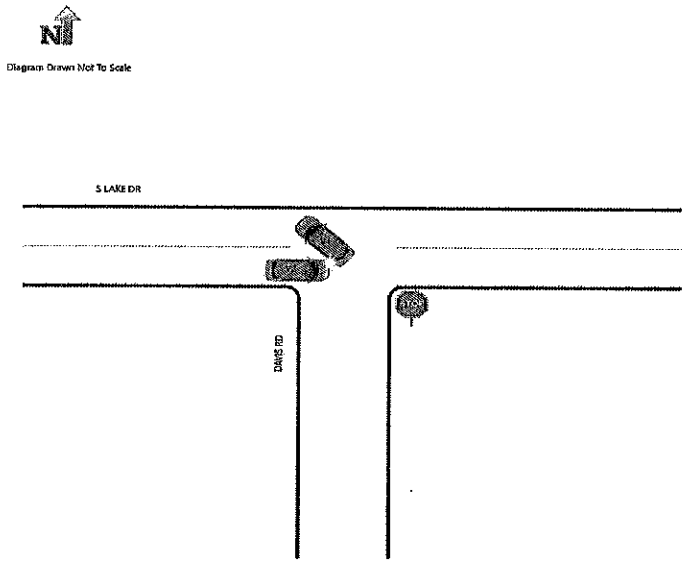
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132909

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF V1 STATED SHE WAS STOPPED AT THE STOP SIGN OF S LAKE DR AND DAVIS RD. SHE STATED SHE ATTEMPTED TO MAKE A LEFT TURN ONTO S LAKE DR TO TRAVEL WEST, BUT WAS STRUCK BY V2 DURING HER TURN. THE DRIVER OF V1 WAS OFFERED MEDICAL ATTENTION AND DECLINED.

THE DRIVER OF V2 STATED HE WAS TRAVELING EASTBOUND ON S LAKE DR. WHILE TRAVELING EASTBOUND, HE WAS STRUCK BY V1 WHO WAS ATTEMPTING TO MAKE A LEFT TURN ONTO S LAKE DR. THE DRIVER OF V2 WAS OFFERED MEDICAL ATTENTION AND DECLINED.

AFTER OBSERVING THE SCENE AND SPEAKING WITH BOTH PARTIES, I FIND V1 AT FAULT FOR FAILING TO YIELD TO V2 WHO HAD THE RIGHT OF WAY.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132890
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	7TH ST
☒ At Intersection With	Road Name
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ Feet ☐ Miles	of: MONMOUTH AVE
☐ N ☐ E ☐ S ☐ W	-
14	15
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1936
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.097530
22 Longitude	-74.211130

Vehicle 1

23 Veh #	1
24 Policy No.	246 1530-D0832
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ASHER Z BECKERMAN
29 Sex	M
27 Number & Street	132 VINTAGE CIR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	B21100638901992
33 DOB mm dd yyyy	01/09/1999
34 Expires mm yy	01 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NISSEN - BECKERMAN
36 Number & Street	1852 62ND ST
37 City / State / Zip	BROOKLYN NY 11204
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / - / 2016 / JJN6905 / NY
44 VIN / 45 Expires	4T4BF1FKXGR564569 / 07 23
46 Vehicle Removed To	HESHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4031-63-86-22
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANNA M FEINZEIG
59 Sex	F
57 Number & Street	42 SHERWOOD DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	F22950477454742
63 DOB mm dd yyyy	04/28/1974
64 Expires mm yy	04 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MENDEL B FEINZEIG
66 Number & Street	42 SHERWOOD DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / 3 / 2011 / Y28CTV / NJ
74 VIN / 75 Expires	5TDKK3DCXBS149332 / 01 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	22	M	-	-	-	11	04	-	-	ASHER Z BECKERMAN - 132 VINTAGE CIR LAKEWOOD NJ 08701
B	02	01	01	05	47	F	-	-	-	11	04	-	-	ANNA M FEINZEIG - 42 SHERWOOD DR LAKEWOOD NJ 08701
C														
D														

96 05 | 97 01 | 98 07 | 99 07 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 2 | 105 03 | 106 - | 107 - | 108 01 | 109 01 | 110 01 | 111 01 | 112 - | 113 - | 114 - | 115 - | 116 03 | 117 01 | 118a 04 | 118b 02 | 119a 04 | 119b 02 | 120a 01 | 120b - | 121a 01 | 121b - | 122 03 | 123 02 | 124 08 | 125 08 | 126a 26 | 126b - | 126c - | 126d - | 126e 26 | 127a 26 | 127b - | 127c - | 127d - | 127e 26 | 128 26 | 129 01 | 130 01 | 131 11 | 132 11 | 133 04 | 134 03

New Jersey Police Crash Investigation Report

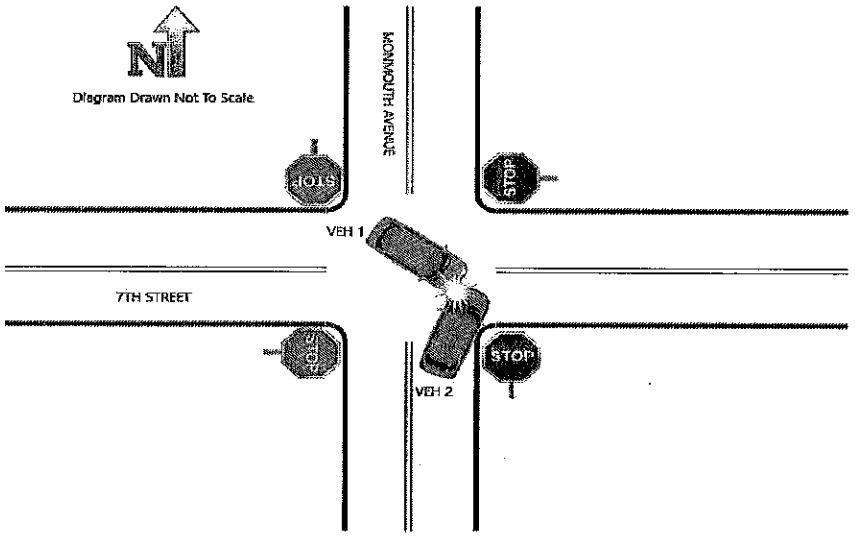
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132890

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was stopped at the stop sign on Monmouth Ave facing south, at the intersection with 7th St. He stated he came to a complete stop and thought it was his turn to go. He stated as he made the left turn onto 7th St, vehicle 2 made a right turn onto 7th St from Monmouth Ave and crash into his vehicle.

Driver of vehicle 2 stated she was stopped at the stop sign on Monmouth Ave facing north, at the intersection with 7th St. She stated she stopped completely, looked both ways and did not see any of vehicles at the intersection. She stated as she made the right turn onto 7th St, vehicle 1 crashed into her.

Vehicle 1 sustained disabling damage to the front passenger side wheel well and was towed by Heshy's Towing. Vehicle 2 sustained moderate but functional damage to the front drivers side wheel well and was driven from the scene. No injuries were reported at the scene.

Due to both vehicle inattention to the traffic around them, I find shared fault in this crash.

Vehicle 1's Insurance Information:

State Farm Mutual Automobile Insurance
Policy Number: 246 1530-D08-32
Company Code: 328

PO Box 89000
Atlanta Georgia 30358-9900

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VADINO, L	419	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132865
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
☒ At Intersection With	SPRUCE ST
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
11 Speed Limit	40
12 Route No.	0009
Dir / Suffix / 13 Milepost	- -
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1654
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.072350
22 Longitude	-74.217660

Vehicle 1

23 Veh #	1
24 Policy No.	V299987935
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SARAH - YELLIN
29 Sex	F
27 Number & Street	12 SHEMEN ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	Y24016910059922
33 DOB (mm dd yyyy)	09/01/1992
34 Expires (mm yy)	09 22
35 Owner's First Name / Initial / Last Name	☒ Same As Driver SARAH - YELLIN
36 Number & Street	12 SHEMEN ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / GRY / 2012 / V66DPS / NJ
44 VIN	4T1BF1FK2CU058254
45 Expires	10 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	954420940
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	EVELYSE I NEAL -
59 Sex	F
57 Number & Street	276 TABETHA COURT
58 City / State / Zip	BRICK NJ 08724
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	N20182546961002
63 DOB (mm dd yyyy)	11/22/2000
64 Expires (mm yy)	11 25
65 Owner's First Name / Initial / Last Name	☒ Same As Driver EVELYSE I NEAL -
66 Number & Street	276 TABETHA COURT
67 City / State / Zip	BRICK NJ 08724
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CIV / BLU / 2016 / J77PAB / NJ
74 VIN	19XFC2F53GE229287
75 Expires	07 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	29	F	-	-	-	11	04	-	-	SARAH - YELLIN - 12 SHEMEN ST LAKEWOOD NJ 08701 - -
B	01	04	01	05	1	F	-	-	-	06	06	-	-	RACHEL - YELLIN - 45 WESTLAKE CT JACKSON NJ 08527 - -
C	01	06	01	05	6	F	-	-	-	07	07	-	-	SHOSHANA - YELLIN - 45 WESTLAKE CT JACKSON NJ 08527 - -
D	02	01	01	05	21	F	-	-	-	11	04	-	-	EVELYSE I NEAL - 276 TABETHA COURT BRICK NJ 08724 - -

New Jersey Police Crash Investigation Report

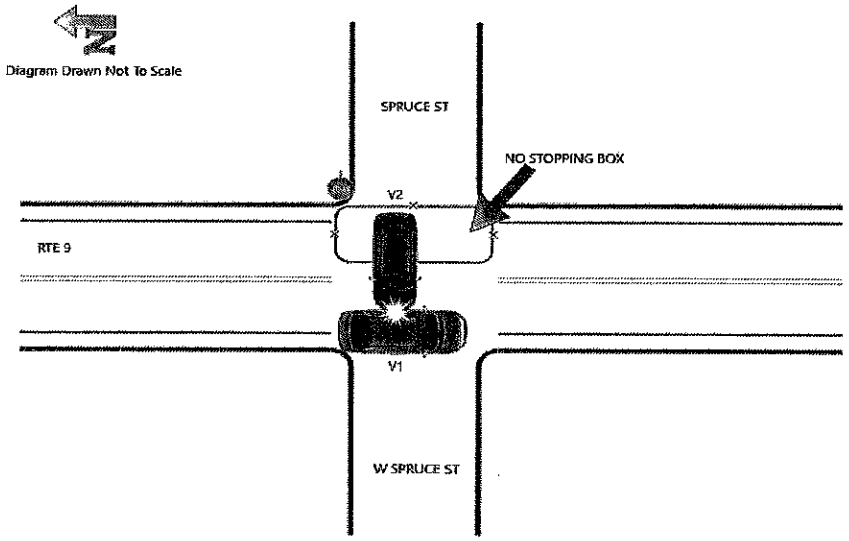
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132865

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On 12/23/2021 at approximately 1655hrs, I responded to River Ave. & Spruce St. in reference to a crash. Upon arrival, I met with the driver of vehicle 2 who was identified as Evelyse Neal. Ms. Neal reported that while she was traveling West on Spruce St., she approached the stop sign and made a complete stop. Ms. Neal continued and said that traffic had stopped in both the Southbound lane and Northbound lane to allow her to cross through the intersection and go West to W Spruce St. Ms. Neal stated that while she was traveling through the intersection, vehicle 1 passed multiple cars that were stopped to allow her to travel, and crashed into the driver side front and rear doors of vehicle 1.

I then spoke to the driver of vehicle 1 who was identified as Sarah Yellin. Ms. Yellin reported that while she was traveling South on Route 9, there were two vehicles in front of her that were stopped with their left turn signals on. Ms. Yellin continued and said that she then went around both vehicles, and vehicle 2 "flew" through the intersection and crashed into her vehicle.

There were no injuries reported at the scene of the crash.

Vehicle 1 sustained moderate damage to its driver side front and rear doors with scratching and dents.

Vehicle 2 sustained cracks, scratches and dents to the front bumper and headlights.

It is my conclusion that driver 1 is at fault due to her utilizing the shoulder to pass the two vehicles ahead of her and causing the crash to occur.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHEEHAN, M	423	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132856
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1615
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	GOLDCREST DR
At Intersection With Road Name	
☒ Feet ☐ Miles	800
N ☐ E ☐ S ☒ W of:	SWAN LN
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.072950
22 Longitude	-74.204270

Vehicle 1

23 Veh #	1
24 Policy No.	SELF INSURED FLEET COV.
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	RONTIK / R / WHITAKER / M
27 Number & Street	1452 NOTTINGHAM WAY APT 1
28 City / State / Zip	HAMILTON / NJ / 08609
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	W35116697911802
33 DOB (mm dd yyyy)	11/16/1980
34 Expires (mm yy)	11 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / BUDGET / - / TRUCK RENTAL LLC
36 Number & Street	4500 SOUTH 129TH EAST AVENUE
37 City / State / Zip	TULSA / OK / 74134
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / TK / WHI / 2015 / 2VU987 / OK
44 VIN / 45 Expires	1FDWE3FLXFDA21823 / 10 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.
50 Carrier No.	☒ USDOT 1092543 ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	BUDGET TRUCK RENTAL LLC
Number & Street	300 CENTER POINTE DR
City / State / Zip	VIRGINIA BEACH / VA / 23462

Vehicle 2

53 Veh #	2
54 Policy No.	0958724-A02-30B
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	ALBERT / - / SCHON / M
57 Number & Street	37 GOLDCREST DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / A / - / - / NJ
62 Driver's License Number	S14950170012472
63 DOB (mm dd yyyy)	12/13/1947
64 Expires (mm yy)	12 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / ALBERT / - / SCHON
66 Number & Street	37 GOLDCREST DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / 3 / 2012 / G58HRA / NJ
74 VIN / 75 Expires	4T4BF1FK2CR214749 / 03 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	41	M	-	-	-	11	04	-	-	RONTIK R WHITAKER - 1452 NOTTINGHAM WAY HAMILTON NJ 08609
B	V2	01	01	05	74	M	-	-	-	11	04	-	-	ALBERT - SCHON - 37 GOLDCREST DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

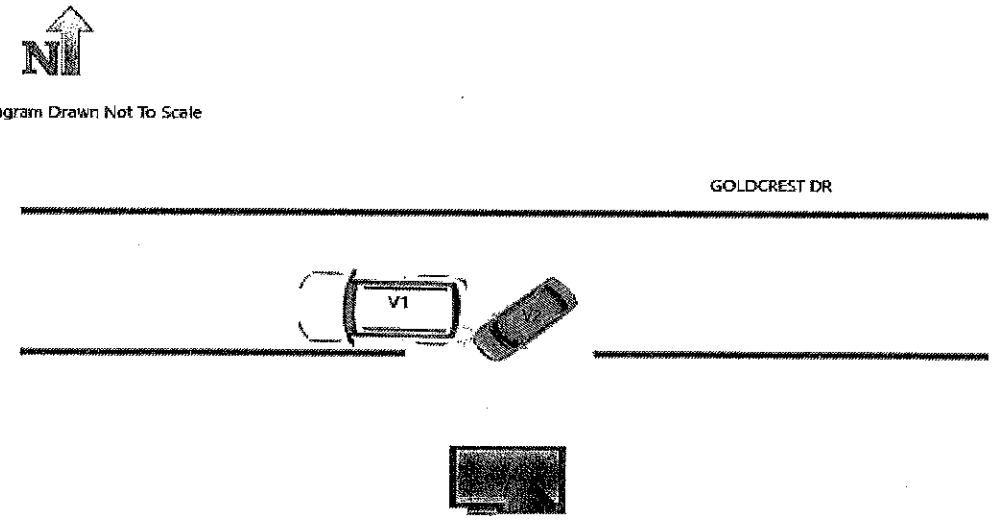
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132856

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF V1 STATED HE WAS BACKING HIS TRUCK IN AN EASTERN DIRECTION ON GOLDCREST DR. WHILE BACKING UP, HE STRUCK V2 WHO WAS ATTEMPTING TO MAKE A LEFT TURN INTO HIS DRIVEWAY.

THE DRIVER OF V2 STATED HE WAS TRAVELING WESTBOUND ON GOLDCREST DR. HE ATTEMPTED TO MAKE A LEFT TURN INTO HIS DRIVEWAY AND WAS STRUCK BY V1 WHO WAS BACKING UP HIS TRUCK.

NO INJURIES WERE REPORTED ON SCENE.

AFTER OBSERVING THE SCENE AND LISTENING TO BOTH PARTIES, I FIND V1 AT FAULT FOR BACKING UP UNSAFELY.

VEHICLE 1 INSURANCE INFORMATION:

BUDGET TRUCK RENTAL LLC
SEDGEWICK CLAIMS MANAGEMENT
PO BOX 94696
CLEVELAND, OH 44101
800-551-5998
EXP DATE 10/31/2022
F.R. REFERENCE NUMBER 8300092

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
96	01
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	04

1 Case Number: 21-132842
2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 12/23/21
5 Day Of Week: THURSDAY
6 Time (use 2400 hrs): 1509
7 Municipality Code: 1514
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: STATE HWY 70 W (Road Name) | Dir: W | 11 Speed Limit: 50 | 12 Route No.: 0070 | Suffix: - | 13 Milepost: -
☐ At Intersection With
14: 150 ☒ Feet ☐ Miles (15) | 16: ☐ N ☒ E ☐ S ☐ W of: TOWBIN AVE RAMP (17 Cross Road Name) | 18 Speed Limit: 35
19 Ramp: ☐ To ☐ From: -
20 Route/Name: | ☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude: 40.051910 | 22 Longitude: -74.187010

Field	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	03

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 954018079 | 25 NJ Ins. Code: 134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: RYAN | Initial: A | Last Name: RICCARDI - | 29 Sex: M
27 Number & Street: 203 TECUMSEH TRAIL
28 City: BROWNS MILLS | State: NJ | Zip: 08015
30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ
32 Driver's License Number: R40626826107942 | 33 DOB: 07/20/1994 | 34 Expires: 07 24
35 Owner's: ☐ Same As Driver | First Name: RYAN | Initial: A | Last Name: RICCARDI -
36 Number & Street: 203 TECUMSEH TRAIL
37 City: BROWNS MILLS | State: NJ | Zip: 08015
38 Make: CHEV | 39 Model: SC1 | 40 Color: BLK | 41 Year: 2007 | 42 Plate No.: X81PDR | 43 State: NJ
44 VIN: 1GCEC19X17Z125680 | 45 Expires: 12 22
46 Vehicle Removed To: -
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority: ☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -
50 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity: -
Number & Street: -
City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2 | 54 Policy No.: 950201621 | 55 NJ Ins. Code: 135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: MICHAEL | Initial: J | Last Name: ASCOLESE - | 59 Sex: M
57 Number & Street: 34 GREENWAYS LN
58 City: LAKEWOOD | State: NJ | Zip: 08701
60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ
62 Driver's License Number: A80145447107462 | 63 DOB: 07/25/1946 | 64 Expires: 07 23
65 Owner's: ☐ Same As Driver | First Name: MICHAEL | Initial: J | Last Name: ASCOLESE -
66 Number & Street: 34 GREENWAYS LN
67 City: LAKEWOOD | State: NJ | Zip: 08701
68 Make: PORS | 69 Model: BOX - BO | 70 Color: SIL | 71 Year: 2003 | 72 Plate No.: D43DZV | 73 State: NJ
74 VIN: WP0CA29833U621325 | 75 Expires: 01 23
76 Vehicle Removed To: -
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority: ☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -
80 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: - | State: - | Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No
-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	27	M	-	-	-	11	04	-	-	RYAN A RICCARDI - 203 TECUMSEH TRAIL BROWNS MILLS NJ 08015 - -
B	02	01	01	05	75	M	-	-	-	11	04	-	-	MICHAEL J ASCOLESE - 34 GREENWAYS LN LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

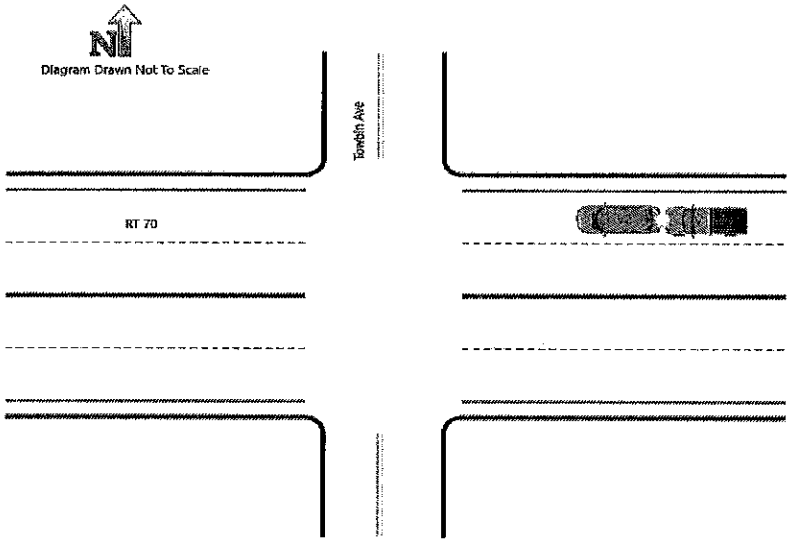
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132842

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated his truck tends to over heat so he was checking his temperature gauge on the dashboard. While he was doing so he crashed into vehicle 2.

Driver 2 stated he was just going with the flow of traffic when vehicle 1 struck the rear of his vehicle.

My investigation determined driver 1 is at fault due to being inattentive while driving.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132841
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1506
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	6TH ST
☒ At Intersection With	CLIFTON AVE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☒ W of:	
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	25
14 / 15 / 16	-
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.096030
22 Longitude	-74.215350

Vehicle 1

23 Veh #	1
24 Policy No.	036241509-205189
25 NJ Ins. Code	653
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MOSHE - EISEMANN
29 Sex	M
27 Number & Street	50 CEDAR LANE
28 City / State / Zip	MONSEY NY 10952
30 Eyes / DL Class / Restrictions / Endorsements	BL - - -
31 State	NY
32 Driver's License Number	632536719
33 DOB (mm dd yyyy)	03/07/1998
34 Expires (mm yy)	03 29
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - SERVICES FOR HDI-
36 Number & Street	345 OAK ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT CAM GRY 2014 V82PMG NJ
44 VIN	4T4BF1FK9ER436403
45 Expires	12 22
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority: ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	SERVICES FOR HIDDEN INTELEGENCE
Number & Street	345 OAK ST
City / State / Zip	LAKEWOOD NJ 08701

Vehicle 2

53 Veh #	2
54 Policy No.	1091770-C13-30B
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JESUS R PONCE-SAAVEDRA -
59 Sex	M
57 Number & Street	249 ALEXANDER AVE
58 City / State / Zip	HOWELL NJ 07731
60 Eyes / DL Class / Restrictions / Endorsements	02 A - -
61 State	NJ
62 Driver's License Number	P63814017911752
63 DOB (mm dd yyyy)	11/06/1975
64 Expires (mm yy)	11 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JESUS R PONCE-SAAVEDRA -
66 Number & Street	249 ALEXANDER AVE
67 City / State / Zip	HOWELL NJ 07731
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS MUR WHI 2007 G57PEP NJ
74 VIN	JN8AZ08W77W643198
75 Expires	09 22
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☐ Owner ☐ Driver ☒ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No
	-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-29	1514-A-291046	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	23	M	-	-	-	11	04	-	-	MOSHE - EISEMANN - 50 CEDAR LANE MONSEY NY 10952
B	02	01	01	05	46	M	-	-	-	11	04	-	-	JESUS R PONCE-SAAVEDRA - 249 ALEXANDER AVE HOWELL NJ 07731
C														
D														

New Jersey Police Crash Investigation Report

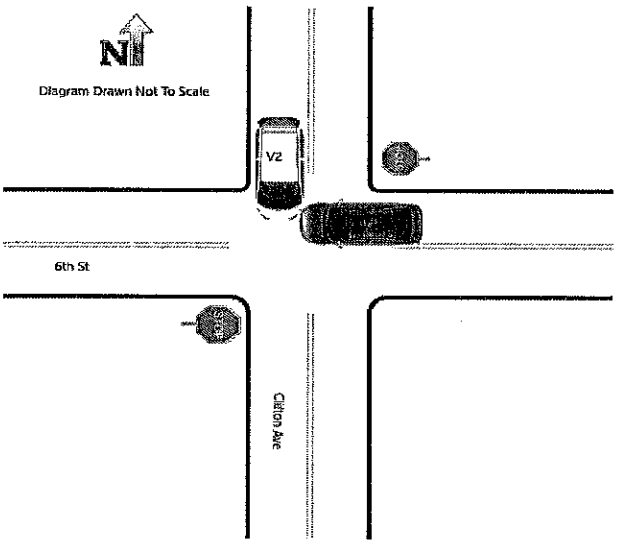
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: " Case No: 21-132841

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 was facing westbound at the stop sign on 6th St and Clifton Ave. He reported that he came to a complete stop and the continued to proceed onward after checking both ways for safety. As he approached the middle of the intersection, driver of vehicle 1 struck the front driver side of vehicle 2.

Driver of vehicle 2 was travelling southbound on Clifton Ave approaching the intersection of 6th St. He reported that as he was driving, he observed a gray sedan (vehicle 1) come from his right side and crash into the front driver side area near his tire.

After my investigation, I determined that driver of vehicle 1 is at fault for failure to yield to oncoming traffic. Vehicle 1 sustained minor damage to the front passenger side area near the bumper and tire. Vehicle 2 sustained disabling damage to the front driver side tire and was towed by Barina's Towing. There were no injuries reported at the time of the crash. Driver of vehicle 1 was issued a summons for Failure to Exhibit Valid Insurance Card 39:3-29C.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132832
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SHORROCK ST
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	50
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	30
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W of:	LIONS HEAD BLVD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1352
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.04081
22 Longitude	-74.16045

Vehicle 1

23 Veh #	1
24 Policy No.	109 575 247
25 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	WILLIAM P DELISKY
29 Sex	M
27 Number & Street	1 ARCADIA DRIVE
28 City / State / Zip	MANCHESTER NJ 08759
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	D23857857707442
33 DOB mm dd yyyy	07/13/1944
34 Expires mm yy	07 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver WILLIAM P DELISKY
36 Number & Street	1 ARCADIA DRIVE
37 City / State / Zip	MANCHESTER NJ 08759
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / HIG / BGE / 2012 / A21CRU / NJ
44 VIN	5TDBK3EH4CS133736
45 Expires	11 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority: ☐ Owner ☐ Driver ☒ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4201-28-17-16
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHAEL J MORUZIN
59 Sex	M
57 Number & Street	26 W END AVE
58 City / State / Zip	FLORHAM PARK NJ 07932
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	M66805447104922
63 DOB mm dd yyyy	04/17/1992
64 Expires mm yy	04 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL J MORUZIN
66 Number & Street	26 W END AVE
67 City / State / Zip	FLORHAM PARK NJ 07932
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / FOC / GRY / 2017 / G58GPU / NJ
74 VIN	1FADP3K20HL232501
75 Expires	06 21
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☐ Owner ☐ Driver ☒ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	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	05	77	M	-	-	-	11	04	-	-	WILLIAM P DELISKY - 1 ARCADIA DRIVE MANCHESTER NJ 08759
B	02	01	01	05	29	M	-	-	-	11	04	-	-	MICHAEL J MORUZIN - 26 W END AVE FLORHAM PARK NJ 07932
C														
D														

New Jersey Police Crash Investigation Report

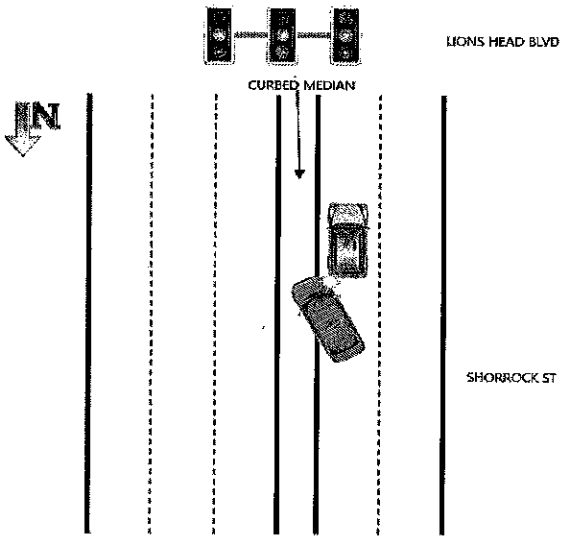
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132832

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ (83)	Pos In/On (84)	Eject (85)	Phys Cond (86)	Age (87)	Sex (88)	Loc Inj (89)	Type Inj (90)	Ref Med (91)	Equip Avail (92)	Equip Used (93)	Bag Dept (94)	Hosp Code (95)	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated he was stopped in traffic on Shorrock St heading north when he was struck from behind by Veh #2. Driver #2 stated he was behind Veh #1 and was unable to stop in time. This officers investigation finds Driver #2 at fault for failing to pay attention to the actions of Veh #1 in front of him.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132829
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1341
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	PEARL ST
☒ At Intersection With	BRUCE ST
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
14 / 15 / 16	- / - / -
17 Cross Road Name	-
19 Ramp ☐ To ☐ From	☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name	-
21 Latitude	40.09174
22 Longitude	-74.20461

Vehicle 1

23 Veh #	1
24 Policy No.	4294288404
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELCHONON - KLINGER
29 Sex	M
27 Number & Street	605 5TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	K53742020004872
33 DOB (mm dd yyyy)	04/04/1987
34 Expires (mm yy)	04 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELCHONON - KLINGER
36 Number & Street	605 5TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MAZD / CX3 / GRY / 2021 / K37PKE / NJ
44 VIN	3MVDMBDL5MM311348
45 Expires	11 24
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939860291
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	REUVEN - SHAPIRO
59 Sex	M
57 Number & Street	1230 ALDRICH ROAD
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	S32086510011882
63 DOB (mm dd yyyy)	11/08/1988
64 Expires (mm yy)	11 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BRACHA - SHAPIRO
66 Number & Street	1230 ALDRICH ROAD
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / IMP / SIL / 2011 / F57NYT / NJ
74 VIN	2G1WG5EKXB1111569
75 Expires	08 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	34	M	-	-	-	11	04	-	-	ELCHONON - KLINGER - 605 5TH ST LAKEWOOD NJ 08701
B	02	01	01	05	33	M	-	-	-	11	04	-	-	REUVEN - SHAPIRO - 1230 ALDRICH ROAD JACKSON NJ 08527
C														
D														

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	04
118a	25
118b	-
119a	04
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	11
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	01
132	01
133	03
134	03

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132829

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

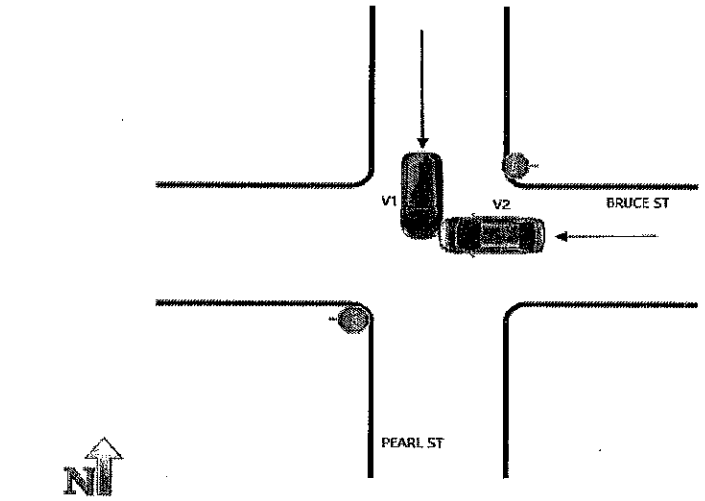


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver 1, Elchonon Klinger was operating a 2021 Mazda CX3, NJ K37-PKE. Mr. Klinger stated he was traveling south on Pearl Street approaching Bruce Street. As he neared the intersection a vehicle traveling west on Bruce Street attempted to cross over Pearl Street in front of him and struck the front driver side of his vehicle.

Driver 2, Reuven Shapiro was operating a 2011 Chevrolet Impala, NJ F57-NYT. Mr. Shapiro stated he was stopped at the stop sign traveling west on Bruce Street at Pearl Street. He didn't observe vehicle 1 traveling south on Pearl Street when he proceeded into the intersection and struck the front driver side of vehicle 1 with the front of his vehicle.

Driver 2 was determined to be at fault for failure to stop/yield for the right of way vehicle. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132827
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1330
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	☒ At Intersection With JAMES ST; ☐ Feet ☐ N ☐ E of: KYLE CT; ☐ Miles ☐ S ☐ W
11 Speed Limit	35
12 Route No. / Dir / Suffix	
13 Milepost	
14 / 15 / 16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp	☐ To ☐ From:
20 Route/Name	
21 Latitude	40.07671
22 Longitude	-74.24371

Vehicle 1

23 Veh #	1
24 Policy No.	2649682A0132
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YOOM / T / RAPHAEL -
29 Sex	M
27 Number & Street	473 LLOYD ROAD
28 City / State / Zip	ABERDEEN / NJ / 07747
30 Eyes / DL Class / Restrictions / Endorsements	6 / A / - / -
31 State	NJ
32 Driver's License Number	R05157908303586
33 DOB (mm dd yyyy)	03/06/1958
34 Expires (mm yy)	03 / 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - / - / PASKESZ CANDY C(-
36 Number & Street	4473 1 AVE
37 City / State / Zip	COV/ BROOKLYN / NY / 11232
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HINO / 999 / RD / 2017 / 72955MH / NY
44 VIN	5PVNE8JV5H4S55490
45 Expires	03 / 22
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☒ USDOT 672045 ☐ None; ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	PASKESZ CANDY COMPANY INC
Number & Street	4473 1 AVE
City / State / Zip	BROOKLY / NY / 11219

Vehicle 2

53 Veh #	2
54 Policy No.	5251162A3138
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARC / S / MAISUS -
59 Sex	M
57 Number & Street	5016 N CONVENT LN APT 1
58 City / State / Zip	PHILADELPHIA / PA / 19114
60 Eyes / DL Class / Restrictions / Endorsements	5 / B / - / -
61 State	PA
62 Driver's License Number	21403690
63 DOB (mm dd yyyy)	06/16/1966
64 Expires (mm yy)	06 / 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MARC / S / MAISUS -
66 Number & Street	5016 N CONVENT LN APT 1
67 City / State / Zip	PHILADELPHIA / PA / 19114
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / COA / WHI / 2013 / LBY5695 / PA
74 VIN	2T1BU4EE8DC056417
75 Expires	06 / 22
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ None; ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	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	05	63	M	-	-	-	11	04	-	-	YOOM T RAPHAEL - / 473 LLOYD ROAD ABERDEEN NJ 07747
B	02	03	01		41	M	-	-	-	11	04	-	-	FELICIANO - SILVESTRE - / 46 NORTH RIDGE DR BROOKLYN NY 11219
C	02	01	01	05	55	M	-	-	-	11	04	-	-	MARC S MAISUS - / 5016 N CONVENT LN APT PHILADELPHIA PA 19114
D														

New Jersey Police Crash Investigation Report

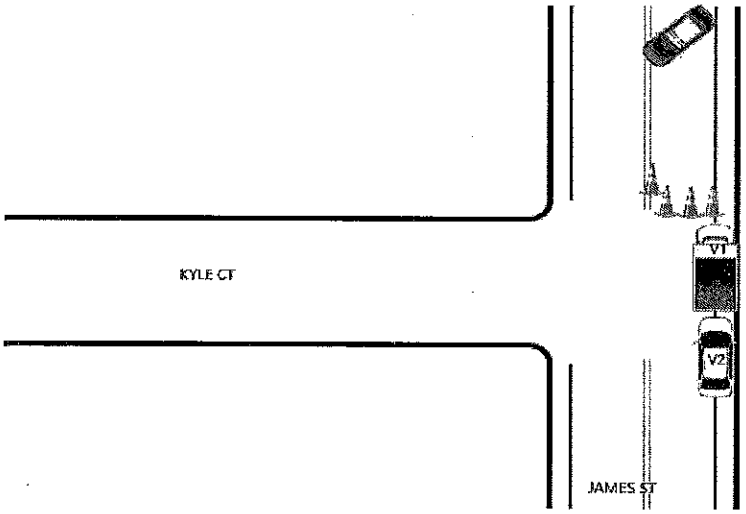
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132827

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 is insured by State Farm PO BOX 8000 Baliston Spa, NY 12020.

Vehicle #2 is insured by State Farm Mutual 1 State Farm Dr. Concordville, PA 19339.

The driver of vehicle #2 reported that he was stopped behind vehicle #1 as he thought vehicle #1 was stopped in traffic. Vehicle #1 then began to backup and struck vehicle #1.

The driver of vehicle #1 reported that he had parked his vehicle to speak with the officer working the road construction to figure out how he could get to his next delivery. When he returned to his vehicle he was unaware that vehicle #2 parked behind his vehicle and when he backed up his vehicle struck vehicle #2.

There were no injuries reported at the scene of the crash. Vehicle #1 had no visible signs of damage. Vehicle #2 sustained damage to the passenger side of the hood, the front fender, and the headlight. Both were driven from the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132825
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OCEAN AVENUE
Road Name	
Dir	W
11 Speed Limit	50
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	50
☐ At Intersection With	
☒ Feet ☐ Miles	500
☐ N ☒ E ☐ S ☐ W of:	NEW HAMPSHIRE AVENUE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1302
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.08399
22 Longitude	-74.17393

Vehicle 1

23 Veh #	1
24 Policy No.	950360940
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	COLE D RIBACK -
29 Sex	M
27 Number & Street	1216 REMSEN MILL RD
28 City / State / Zip	WALL NJ 07753
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 D - - NJ
32 Driver's License Number	R40321346402015
33 DOB mm dd yyyy	02/11/2001
34 Expires mm yy	02 26
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	COLE D RIBACK -
36 Number & Street	1216 REMSEN MILL RD
37 City / State / Zip	WALL NJ 07753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV SIL WHI 2018 V31PLK NJ
44 VIN	3GCUKREC9JG331904
45 Expires	11 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	2173602652
55 NJ Ins. Code	155
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DAVID E WAJSFELD -
59 Sex	M
57 Number & Street	1335 50TH ST APT 4J
58 City / State / Zip	BROOKLYN NY 11219
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 D - - NY
62 Driver's License Number	781922628
63 DOB mm dd yyyy	10/11/1998
64 Expires mm yy	10 22
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	CHESTER - LLC STREET -
66 Number & Street	2 ELM DRIVE
67 City / State / Zip	FALLSBURG NY 12779
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN SON - 2018 KNR7492 NY
74 VIN	5NPE24AF3JH681950
75 Expires	07 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136	-	2	138	-
Oper.	140	141	Oper.	142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	20	M	-	-	-	11	04	-	-	COLE D RIBACK - 1216 REMSEN MILL RD WALL NJ 07753
B	2	01	01	05	23	M	-	-	-	11	04	04	-	DAVID E WAJSFELD - 1335 50TH ST APT 4J BROOKLYN NY 11219
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132825

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

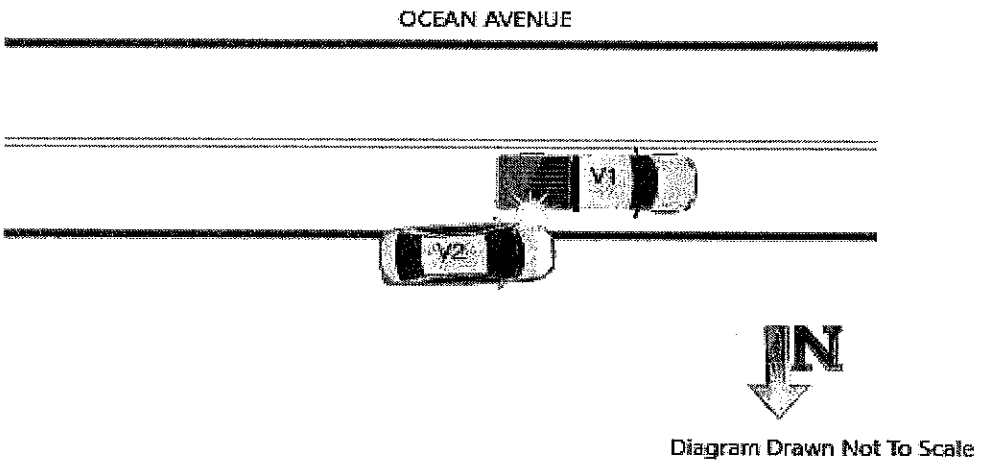


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of vehicle 1 stated he was travelling west on Ocean Avenue (Route 88) when he attempted to make a right hand turn when his vehicle was struck by vehicle 2 on the passenger side rear quarter panel who was travelling behind him and attempted to pass on his right.

Driver of vehicle 2 stated he was travelling behind vehicle 1 westbound on Ocean Avenue (Route 88) when vehicle 1 began to slow and appeared to be hugging the center lane markings as to make a left turn. Driver of vehicle 2 stated vehicle 1 then turned on their right turn signal as vehicle 2 attempted to pass on the right causing him to strike vehicle 1 on the passengers side rear quarter panel.

Through listening to statements made by both drivers and my observations I have determined that driver of vehicle 2 is at fault due to improper passing. There were no injuries and no summonses were issued at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 21-132822

97: 01

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

98: 01

3 Station/Precinct: -

99: 05

10 Crash Occurred On: SQUANKUM RD | 11 Speed Limit: 40 | 0547 - - | 118a: 25

☒ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit: 35 | 118b: -

☐ Feet ☐ N ☐ E of: E KENNEDY BLVD | 119a: 03

- ☐ Miles ☐ S ☐ W | 19 Ramp ☐ To ☐ From: - | 17 Cross Road Name | ☐ NB ☐ EB ☐ SB ☐ WB

14 15 16 | 20 Route/Name

100a: 01 — 4 Date of Crash mm dd yy: 12/23/21 | 5 Day Of Week: THURSDAY | 6 Time (use 2400 hrs): 1248 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: -- | 21 Latitude: 40.10617 | 22 Longitude: -74.20473 | 119b: -

120a: 01

100b: 04 — 23 Veh #: 1 | 24 Policy No.: 9970028652061 | 25 NJ Ins. Code: 884 | 53 Veh #: 2 | 54 Policy No.: 911561507 | 55 NJ Ins. Code: 134 | 120b: -

101: 02 — ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

	26 Driver's First Name	Initial	Last Name	29 Sex	56 Driver's First Name	Initial	Last Name	59 Sex	
102: 01	AZRIEL	-	FELDMAN	M	YEFIM	-	SHEKHTMAN	M	121a: 01
103: 01	27 Number & Street: 38 ENGLEBERG TER				57 Number & Street: 20 NATURE BLVD				121b: -
104: 2	28 City: LAKEWOOD		State: NJ	Zip: 08701	58 City: JACKSON		State: NJ	Zip: 08527	

	30 Eyes	DL Class	Restrictions	Endorsements	31 State	60 Eyes	DL Class	Restrictions	Endorsements	61 State	
	2	A	-	-	NJ	4	D	-	-	NJ	122: 01
105: 03	32 Driver's License Number	33 DOB mm dd yyyy	34 Expires mm yy			62 Driver's License Number	63 DOB mm dd yyyy	64 Expires mm yy			123: 01
	F23640710003992	03/23/1999	03 25			S33227890005644	05/06/1964	05 24			

	35 Owner's	First Name	Initial	Last Name		65 Owner's	First Name	Initial	Last Name	
106: -	☐ Same As Driver	CHAVI	-	FELDMAN	-	☒ Same As Driver	YEFIM	-	SHEKHTMAN	-
107: -	36 Number & Street: 38 ENGLEBERG TER					66 Number & Street: 20 NATURE BLVD				
108: 04	37 City: LAKEWOOD		State: NJ	Zip: 08701		67 City: JACKSON		State: NJ	Zip: 08527	

	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	
109: 05	ACUR	MDX	PLE	2022	J28NKP	NJ	CHEV	AVA	SIL	2007	Y60CUU	NJ	124: 03
110: 01	44 VIN: 5J8YE1H4XNL006297				45 Expires: 03 24		74 VIN: 3GNEK12307G103767				75 Expires: 01 23		125: 03
111: 01	46 Vehicle Removed To: ALLSTATE COLLISION						76 Vehicle Removed To						126a: 26
112: -	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded						☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded						126b: -
113: -	47 Authority: ☐ Owner ☒ Driver ☐ Police						77 Authority: ☒ Owner ☐ Driver ☐ Police						126c: -
114: -	48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending						78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending						126d: -
115: -	49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.						79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.						126e: 26
116: 01	50 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX						80 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX						127a: 26
117: 02	51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs						81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs						127b: -
	52 Motor Carrier or Government Entity						82 Motor Carrier or Government Entity						127c: -
	Number & Street						Number & Street						127d: -
	City		State	Zip			City		State	Zip			127e: 26
	135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No												128: 26
	Oper.	136 Charge		137 Summons. No.			Oper.	138 Charge		139 Summons. No.			129: 04
	Oper.	140 Charge		141 Summons. No.			Oper.	142 Charge		143 Summons. No.			130: 04

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	22	M	-	-	-	11	11	02	-	AZRIEL - FELDMAN - 38 ENGLEBERG TER LAKEWOOD NJ 08701
B	2	01	01	-	57	M	-	-	-	11	04	-	-	YEFIM - SHEKHTMAN - 20 NATURE BLVD JACKSON NJ 08527
C														
D														

131: 12

132: 12

133: 04

134: 03

New Jersey Police Crash Investigation Report

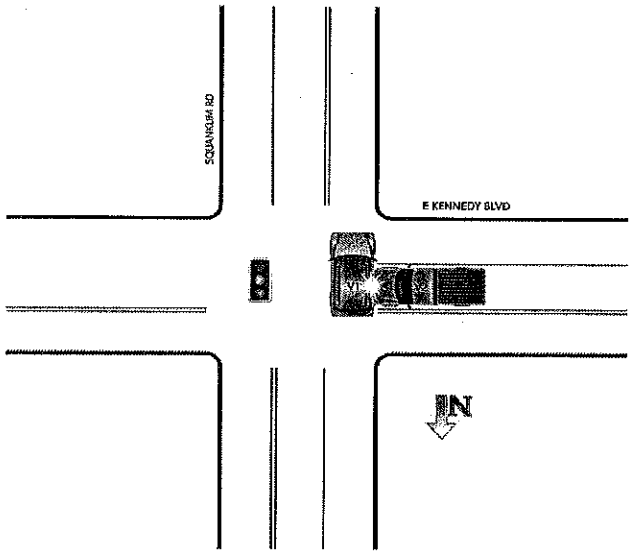
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132822

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 WAS TRAVELING SOUTH ON SQUANKUM RD APPROACHING E KENNEDY BLVD. VEHICLE 2 WAS TRAVELING EAST ON E KENNEDY BLVD APPROACHING SQUANKUM RD.

DRIVER 1 STATED THAT HE HAD A GREEN LIGHT AND VEHICLE 2 RAN THE RED LIGHT AND STRUCK HIS VEHICLE.

DRIVER 2 STATED THAT HE DID ACCIDENTALLY RUN THE RED LIGHT.

IT APPEARS THAT DRIVER 2 FAILED TO OBEY THE TRAFFIC SIGNAL AND CAUSED THE CRASH. DRIVER 2 IS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05		
97	01	1 Case Number: 21-132796	
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P / Code: 01	
99	07	3 Station/Precinct: -	
100a	01	4 Date of Crash mm dd yy: 12/23/21	5 Day Of Week: THURSDAY
100b	04	6 Time (use 2400 hrs): 1010	7 Municipality Code: 1514
101	02	8 Total Killed: --	9 Total Injured: --
102	01	10 Crash Occurred On: WHISPERING PINES LN (Road Name) - (Dir)	11 Speed Limit: 15
103	01	☐ At Intersection With	12 Route No. - / Suffix - / 13 Milepost -
104	2	☒ Feet ☐ Miles (14 / 15)	18 Speed Limit: 40
		☐ N ☒ E ☐ S ☐ W of: SQUANKUM RD	17 Cross Road Name
		16	19 Ramp ☐ To ☐ From: -
			20 Route/Name
			21 Latitude: 40.107870
			22 Longitude: -74.20076

118a	25		
118b	-		
119a	00	☐ NB ☐ EB	
119b	00	☐ SB ☐ WB	
120a	-		
120b	-		
121a	00		
121b	00		
122	10		
123	01		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	28		
127b	-		
127c	-		
127d	-		
127e	28		
128	28		
129	11		
130	11		
131	00		
132	00		
133	02		
134	00		

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4270-27-14-57 — 25 NJ Ins. Code: 148

☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name / Initial / Last Name: - - - — 29 Sex: -

27 Number & Street: -

28 City: - — State: - — Zip: -

30 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 31 State: -

32 Driver's License Number: - — 33 DOB mm dd yyyy: - — 34 Expires mm yy: - -

35 Owner's First Name / Initial / Last Name: ☐ Same As Driver — SARAH - PRESS

36 Number & Street: 57 WHISPERING PINES LN

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
HOND	PIL	GRY	2021	D94PJC	NJ

44 VIN: 5FNYF6H58MB102061 — 45 Expires: 10 24

46 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☒ Left At Scene ☐ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No. — 55 NJ Ins. Code

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run

56 Driver's First Name / Initial / Last Name — 59 Sex

57 Number & Street

58 City — State — Zip

60 Eyes — DL Class — Restrictions — Endorsements — 61 State

62 Driver's License Number — 63 DOB mm dd yyyy — 64 Expires mm yy

65 Owner's First Name / Initial / Last Name: ☐ Same As Driver

66 Number & Street

67 City — State — Zip

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State

74 VIN — 75 Expires

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

80 Carrier No.: ☐ USDOT ☐ MC/MX ☐ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01				00	00	00	00	00			
B														
C														
D														

New Jersey Police Crash Investigation Report

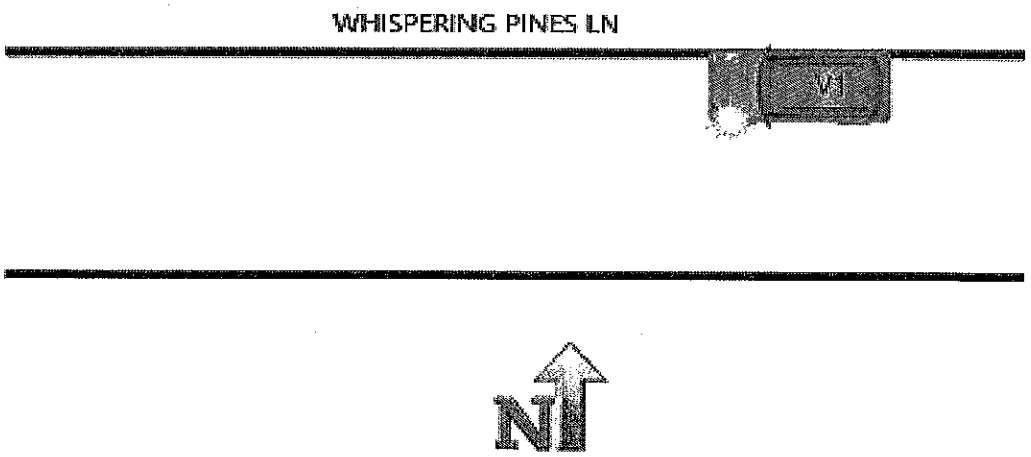
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132796

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

OWNER OF VEHICLE 1 STATED THAT HE PARKED THE VEHICLE HERE ON THE SIDE OF THE ROAD OF WHISPERING PINES LN, FACING WESTBOUND. HE STATED THAT HE WAS ADVISED BY A WITNESS THAT AT APPROXIMATELY 2015 HRS, A BUS SIDESWIPED HIS VEHICLE AND THEN LEFT THE AREA. I DID OBSERVE YELLOW PAINT TRANSFER IN A DENT ON THE DRIVER SIDE FRONT OF HIS VEHICLE. THE WITNESS STATED THE BUS WAS A KLARR BUS WITH A NJ REGISTRATION OF A259S1 WHICH DOES COME BACK TO A SCHOOL BUS REGISTERED TO KLARR. THE WITNESS PROVIDED A PICTURE OF THE BUS. BOTH THE PICTURE AND REGISTRATION ARE ATTACHED TO THIS REPORT. I WAS ABLE TO SPEAK WITH THE WITNESS VIA TELEPHONE, MORDECHAI WINKLER, WHO ADVISED THAT THE BUS STRUCK VEHICLE 1 BECAUSE THE ROAD IS VERY TIGHT AND HE DOES NOT THINK THE DRIVER REALIZED IT. HE STATED THE REAR PASSENGER SIDE STRUCK VEHICLE 1. WINKLER DID NOT WISH TO GIVE ALL OF HIS INFORMATION FOR THIS REPORT. THE OWNER OF VEHICLE 1, EZEKIAL PRESS, ADVISED THAT HE CALLED KLARR AND THEY HAVE ALREADY DENIED THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
M RIVERA	327	MY	329	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132787
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RIVER AVE
☒ At Intersection With	ROOSEVELT AVE
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	40
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0852
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.059280
22 Longitude	-74.219850

Vehicle 1

23 Veh #	1
24 Policy No.	4342064815
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NACHUM Z SZANZER -
29 Sex	M
27 Number & Street	25 FORD AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	S97095768903744
33 DOB (mm dd yyyy)	03/03/1974
34 Expires (mm yy)	03 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NACHUM Z SZANZER -
36 Number & Street	25 FORD AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / GV8 / BLK / 2021 / H81NRH / NJ
44 VIN	KMUHCESC6MU038665
45 Expires	04 24
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939636512
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YISROEL M MANIES -
59 Sex	M
57 Number & Street	1152 COUGHLIN ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	M04327907403792
63 DOB (mm dd yyyy)	03/03/1979
64 Expires (mm yy)	03 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YISROEL M MANIES -
66 Number & Street	1152 COUGHLIN ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ROG / BLK / 2019 / W71LGT / NJ
74 VIN	5N1AT2MV4KC803730
75 Expires	05 22
76 Vehicle Removed To	MOSHE'S
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	47	M	-	-	-	11	04	-	-	NACHUM Z SZANZER - 25 FORD AVE LAKEWOOD NJ 08701
B	2	01	01	-	42	M	-	-	-	11	04	-	-	YISROEL M MANIES - 1152 COUGHLIN ST LAKEWOOD NJ 08701
C	2	03	01	-	12	F	-	-	-	11	04	-	-	LIBBY MAINES 1152 COUGHLIN ST LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

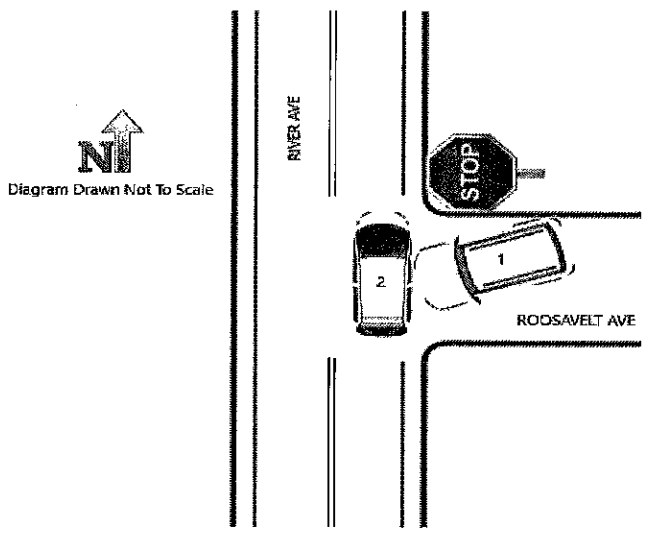
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132787

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling West on Roosevelt Ave at the intersection with River Ave. Vehicle #2 was traveling North on River Ave at the intersection with Roosevelt Ave. Vehicle #1 stopped at the stop sign and was waiting to make a left turn to travel South on River Ave. Vehicle #2 had it's right turn signal on and was slowing down to make a right turn onto Roosevelt Ave. Vehicle #1 began to make a left turn. Vehicle #2 accelerated and went straight instead of turning. The vehicles collided in the intersection. Driver #1 stated that he was waiting to make a left turn, he saw that vehicle #2 had it's right turn signal on and had slowed down. Driver #1 further stated that as he was making his turn vehicle #2 accelerated and continued straight. Driver #2 stated that he was driving North on River Ave, he activated his right turn signal and slowed to make a right turn onto Roosevelt Ave, then instead decided to proceed straight. Driver #2 further stated that vehicle #1 then entered the intersection and struck his vehicle. Driver #1 had a stop sign and failed to yield the right of way to vehicle #2. Vehicle #2 used his turn signal improperly indicating that he was turning and instead proceeding straight. Both drivers are responsible for the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133283
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/25/21
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2128
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	E COUNTY LINE RD
At Intersection With	
☒ Feet / ☐ Miles	20
☐ N ☐ E ☒ S ☒ W of:	LUCERNE DR
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	0526 / - / -
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.105360
22 Longitude	-74.188720

Vehicle 1

23 Veh #	1
24 Policy No.	PANJ- 007677 521
25 NJ Ins. Code	071
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LORI / A / MANFREDI
29 Sex	F
27 Number & Street	162 ESMERALDA CT.
28 City / State / Zip	BRICK / NJ / 08724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	M04184856152632
33 DOB (mm dd yyyy)	02/12/1963
34 Expires (mm yy)	02 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / LORI / A / MANFREDI
36 Number & Street	162 ESMERALDA CT.
37 City / State / Zip	BRICK / NJ / 08724
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / EQX / SIL / 2016 / E82MFX / NJ
44 VIN	2GNFLGEK3G6341518
45 Expires	02 / 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	109 303 264
55 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ALLAN / F / GILE
59 Sex	M
57 Number & Street	416 MACARTHUR DR
58 City / State / Zip	BRICKTOWN / NJ / 08724
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	G43150266607372
63 DOB (mm dd yyyy)	07/23/1937
64 Expires (mm yy)	07 / 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / ALLAN / F / GILE
66 Number & Street	416 MACARTHUR DR
67 City / State / Zip	BRICKTOWN / NJ / 08724
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BUIC / LAC / TN / 2005 / NLZ64N / NJ
74 VIN	2G4WC532X51316217
75 Expires	12 / 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136 NO STATUTE	-	-	138 NO STATUTE	-
-	140 NO STATUTE	-	-	142 NO STATUTE	-

	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	05	58	F	-	-	-	11	04	-	-	LORI A MANFREDI - 162 ESMERALDA CT. BRICK NJ 08724 - -
B	02	01	01	05	84	M	-	-	-	11	04	-	-	ALLAN F GILE - 416 MACARTHUR DR BRICKTOWN NJ 08724 - -
C														
D														

New Jersey Police Crash Investigation Report

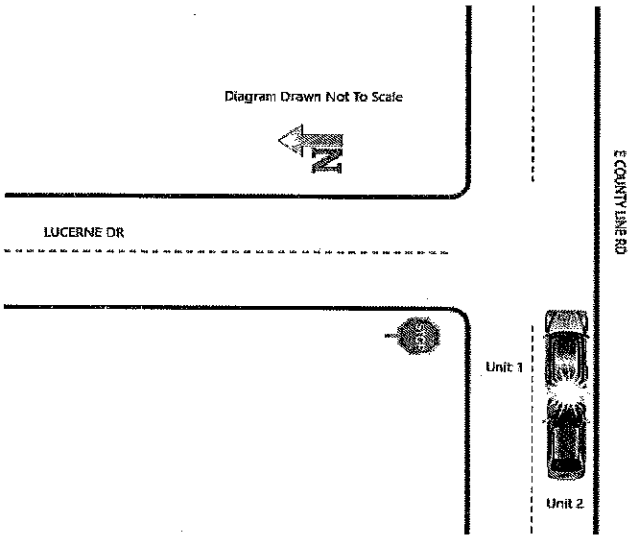
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-133283

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 AND V2 WERE LOCATED ON THE SIDE ON E COUNTY LINE RD FACING EASTBOUND.
V1 HAD MINOR REAR END DAMAGE.
V2 HAD MODERATE FRONT END DAMAGE.

AS PER DRIVER OF V1, SHE WAS TRAVELING EASTBOUND WHEN THE VEHICLE DIRECTLY IN FRONT OF HER STOPPED ABRUPTLY TO MAKE A LEFT TURN ONTO LUCERNE DR. SHE STATED THAT AS SHE CAME TO A STOP THE VEHICLE DIRECTLY BEHIND HER COLLIDED INTO HER VEHICLE.

AS PER DRIVER OF V2 HE WAS TRAVELING EASTBOUND WHEN THE VEHICLE DIRECTLY IN FRONT OF HIS STOPPED ABRUPTLY. HE STATED HE ATTEMPTED TO BRAKE HOWEVER HIS VEHICLE SKID DUE TO THE WET ROADWAY CAUSING HIM TO STRIKE THE VEHICLE IN FRONT OF HIM.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BANUELOS M	398	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133280
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CENTRAL AVE
☒ At Intersection With	Road Name
☐ Feet ☒ N ☐ E of:	MYRTLE PL
☐ Miles ☐ S ☐ W	
11 Speed Limit	40
12 Route No.	0528
Suffix	
13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	12/25/21
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2103
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.08843
22 Longitude	-74.22580

Vehicle 1

23 Veh #	1
24 Policy No.	X6260073
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MEYER - LABIN
29 Sex	M
27 Number & Street	40 WILSHIRE DR ENT
28 City / State / Zip	CHESTNUT RIDGE NY 10977
30 Eyes / DL Class / Restrictions / Endorsements	2 - - -
31 State	NY
32 Driver's License Number	859577321
33 DOB mm dd yyyy	02/14/1987
34 Expires mm yy	02 29
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MEYER - LABIN
36 Number & Street	40 WILSHIRE DR ENT
37 City / State / Zip	CHESTNUT RIDGE NY 10977
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / KONA / WHI / 2019 / 5ET1297 / MD
44 VIN	KM8K12AAXKU296063
45 Expires	08 23
46 Vehicle Removed To	SMART TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	A01 0992737
55 NJ Ins. Code	633
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LEVI - NETZER
59 Sex	M
57 Number & Street	156 GLEN AVE S
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	4 D - -
61 State	NJ
62 Driver's License Number	N28914650008044
63 DOB mm dd yyyy	08/10/2004
64 Expires mm yy	08 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL - NETZER
66 Number & Street	156 GLEN AVE S
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / BLK / 2019 / P22LNH / NJ
74 VIN	5FNRL6H73KB125095
75 Expires	07 22
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	04	34	M	05	08	02	11	04	01	6502	MEYER - LABIN - 40 WILSHIRE DR ENT CHESTNUT RIDGE NY 10977
B	1	03	01	04	26	F	02	08	02	11	04	01	6502	MALKA - SVEI - 808 N CALVERT ST APT 4 BALTIMORE MD -
C	2	01	01	05	17	M	-	-	-	11	04	-	-	LEVI - NETZER - 156 GLEN AVE S LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

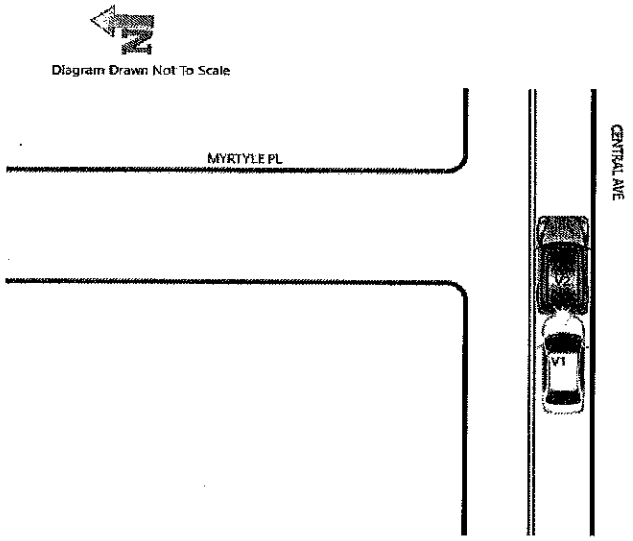
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-133280

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was heading East on Central Ave when vehicle 2 in front of him stopped short to make a left turn and he crashed into the rear of this vehicle.

Driver 2 stated he was headed East on Central Ave and stopped to make a left turn onto Myrtle when he was suddenly hit from behind by D1.

Upon my arrival, I spoke with all parties involved in this accident. Driver 1 is at fault for following to closely to vehicle 2. Driver 1 had complaint of pain to his chest and P1 had a nose bleed. Both parties were brought to MMCSC as a precaution. No other injuries at this time.

Driver 1 insurance:
Jerry Insurance Agency LLC- 650-753-7799
430 Sherman Ave ste 305, Palp ALto CA 94306

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIANOULIS J	410	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133274
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MILLER RD
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	GUDZ RD
☐ Miles ☐ S ☒ W	Dir
11 Speed Limit	40
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
14	
15	
16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	12/25/21
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2024
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.09581
22 Longitude	-74.24540

Vehicle 1

23 Veh #	1
24 Policy No.	909895795
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHAIM - BRONSPIGEL
29 Sex	M
27 Number & Street	322 FOREST AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	B75541200001682
33 DOB mm dd yyyy	01/11/1968
34 Expires mm yy	01 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM - BRONSPIGEL
36 Number & Street	322 FOREST AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / RD / 2004 / E45BRG / NJ
44 VIN	5TDZA23CX4S166373
45 Expires	12 21
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority: ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	5129J007598
55 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YONAH - BURSTEIN
59 Sex	M
57 Number & Street	1048 E 31ST ST
58 City / State / Zip	BROOKLYN NY 11210
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NY
62 Driver's License Number	463355900
63 DOB mm dd yyyy	10/03/2000
64 Expires mm yy	10 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YONAH - BURSTEIN
66 Number & Street	1048 E 31ST ST
67 City / State / Zip	BROOKLYN NY 11210
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ACC / WHI / 2017 / H92NPY / NJ
74 VIN	1HGCR2F76HA179705
75 Expires	04 22
76 Vehicle Removed To	MOSHIEY TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	53	M	-	-	-	11	04	-	-	CHAIM - BRONSPIGEL - 322 FOREST AVE LAKEWOOD NJ 08701
B	1	03	01	05	13	M	-	-	-	11	04	-	-	MOSHE - BRONSPIGEL - 322 FOREST AVE LAKEWOOD NJ 08701
C	2	01	01	05	21	M	-	-	-	11	04	-	-	YONAH - BURSTEIN - 1048 E 31ST ST BROOKLYN NY 11210
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-133274

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

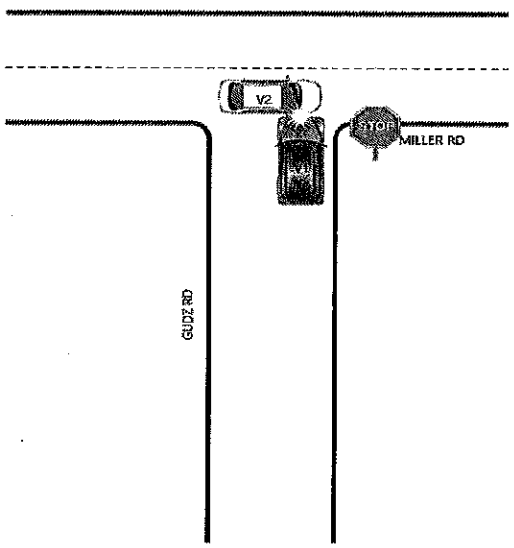


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver 1 stated he was headed East on Gudz Rd and stopped at the stop sign and thought he was clear to turn onto Miller Rd. When driver 1 attempted to turn, he did not see V2 coming down South on Miller Rd and was crashed into.

Driver 2 stated he was headed South on Miller Rd when suddenly V1 pulled out in front of him and he collided into this vehicle.

Upon my arrival, I spoke with all parties involved in this accident. Driver 1 is at fault for not yielding the right of way to driver 2. No injuries reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIANOULIS J	410	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133209
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/25/21
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0955
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	STATE HWY 70 E
At Intersection With	
Road Name	
Dir	E
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	100
☐ N ☒ E ☐ S ☐ W of:	BUCKINGHAM DR
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	6081431482061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MARGUERIT P PERRY
29 Sex	F
27 Number & Street	31 CAMBRIDGE CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number	P27595187759586
33 DOB (mm dd yyyy)	09/25/1958
34 Expires (mm yy)	09 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MARGUERIT P PERRY -
36 Number & Street	31 CAMBRIDGE CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV - CI / SIL / 2015 / U86NCP / NJ
44 VIN	19XFB2F82FE247310
45 Expires	02 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4568-38-52-82
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	KEVIN A BIALECKI
59 Sex	M
57 Number & Street	834 MILLER AVE
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	B40054336104024
63 DOB (mm dd yyyy)	04/26/2002
64 Expires (mm yy)	04 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BRIAN D BIALECKI -
66 Number & Street	834 MILLER AVE
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / FOR / BLK / 2021 / A32NPX / NJ
74 VIN	3KPF34AD1ME331323
75 Expires	04 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	63	F	-	-	-	11	04	-	-	MARGUERIT P PERRY - 31 CAMBRIDGE CT LAKEWOOD NJ 08701
B	V2	01	01	05	19	M	-	-	-	11	04	-	-	KEVIN A BIALECKI - 834 MILLER AVE JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-133209

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

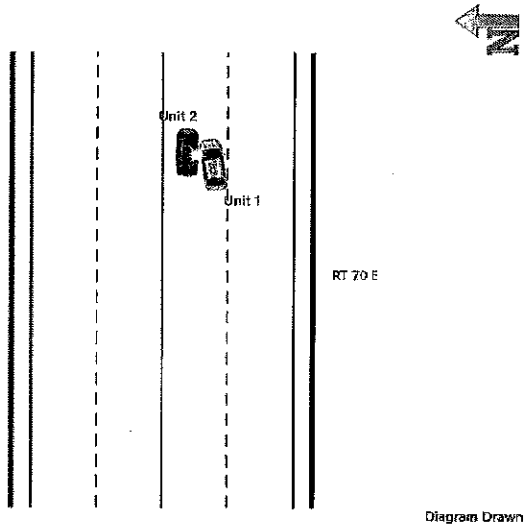


Diagram Drawn Not To Scale

145 Crash Description/Narrative

D1 OF V1 STATED TO ME THAT SHE WAS TRAVELING EAST ON RT 70 WHEN SHE COMPLETED THE MERGE IN TO THE LEFT LANE AND THAT IS WHEN HER VEHICLE WAS STRUCK BY V2 ON THE LEFT SIDE. D1 INSISTED ON THE FACT THAT SHE WAS ALREADY IN THE LEFT LANE AND D2 OF V2 ATTEMPTED TO PASS HER ON THE LEFT SIDE.

D2 OF V2 STATED TO ME THAT HE WAS TRAVELING EAST ON RT 70 IN THE LEFT LANE AND V2 MERGED IN TO HIS LANE STRIKING HIS VEHILCE.

NO WITNESSES WERE PRESENT AT THE TIME OF THIS REPORT. NO INJURIES WERE REPORTED. BASED ON THE CONFLICTING STATEMENTS OF BOTH DRIVERS I WAS NOT ABLE TO DETERMINE WHO WAS AT FAULT FOR THE CRASH. AT THE SCENE, BOTH DRIVERS WERE ADVISED OF MY DETERMINATION.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ZAVALNYUK T	359	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133177
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/25/21
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0428
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	LANES MILL RD
☒ At Intersection With / Road Name	LANES MILL RD
☐ Feet / ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	0549 / - / -
14 / 15 / 16	- / -
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.101680
22 Longitude	-74.171580

Vehicle 1

23 Veh #	1
24 Policy No.	4276 284 108
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GRACILIAN - OXTE-EK
29 Sex	M
27 Number & Street	1228 CONDOR STREET
28 City / State / Zip	TOMS RIVER / NJ / 08753
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number	O96223000008636
33 DOB (mm dd yyyy)	08/12/1963
34 Expires (mm yy)	08 / 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GRACILIAN - OXTE-EK
36 Number & Street	1228 CONDOR STREET
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / CRU / WHI / 2018 / K75LFP / NJ
44 VIN	1G1BE5SM8J7113753
45 Expires	05 / 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	-
54 Policy No. / 55 NJ Ins. Code	- / -
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
66 Number & Street	-
67 City / State / Zip	- / - / -
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	- / - / - / - / - / -
74 VIN	-
75 Expires	- / -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

GUARDRAIL LOCATED AT LANES MILL AND LANES MILL

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	NO STATUTE	-	-	NO STATUTE	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	NO STATUTE	-	-	NO STATUTE	-

	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	05	58	M	-	-	-	11	11	-	-	GRACILIAN - OXTE-EK - 1228 CONDOR STREET TOMS RIVER NJ 08753 - -
B	01	03	01	04	62	F	05	08	01	04	11	-	-	AMELIA - VEGA-VELEZ - 1228 CONDOR STREET TOMS RIVER NJ 08755 - -
C														
D														

New Jersey Police Crash Investigation Report

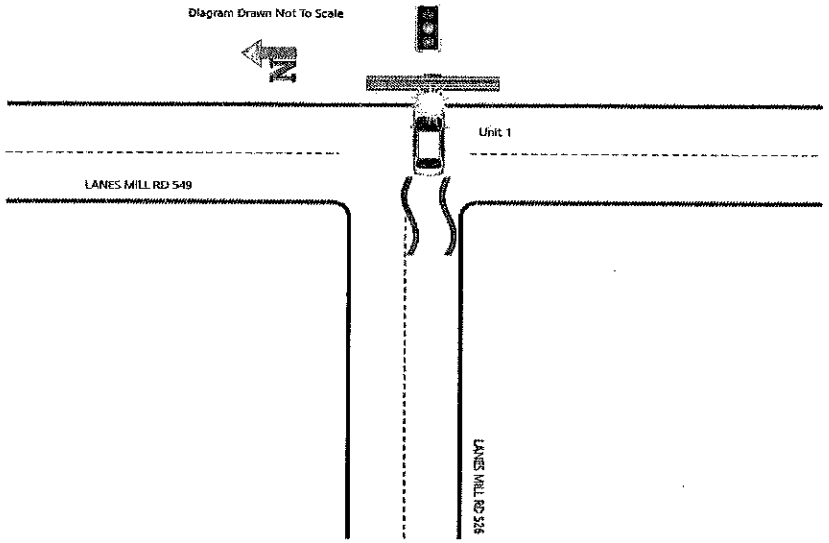
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-133177

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 WAS FOUND UP AGAINST THE GUARDRAIL ON LANES MILL AND LANES MILL WITH SEVERE FRONT-END DAMAGE AND AIRBAG DEPLOYMENT.

AS PER DRIVER OF V1, HE IS UNFAMILIAR WITH THE AREA AND HIS WIFE WAS GIVING HIM DRIVING DIRECTIONS. HE STATED HE HAD TO MAKE A RIGHT HAND TURN ONTO LANES MILLS HOWEVER WAS DISTRACTED BY HIS WIFE. HE STATED THAT ONCE HE ATTEMPTED TO BRAKE/STOP THE VEHICLE, THE VEHICLE SKID AND COLLIDED INTO THE GUARDRAIL.

PASSENGER OF V1 GAVE THE SAME STORY. SHE STATED SHE DID NOT REALIZE THE ROAD REACHED A DEAD END CAUSING A COLLISION.

BARINA'S TOWED THE VEHICLE DUE TO BEING DISABLED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BANUELOS M	398	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133035
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1443
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	NEW HAMPSHIRE AVE
At Intersection With Road Name	CORBIN CT
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W of:	
11 Speed Limit	45
Dir	-
12 Route No.	0623
Suffix	-
13 Milepost	-
14	14
15	15
16	16
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.047040
22 Longitude	-74.197270

Vehicle 1

23 Veh #	1
24 Policy No.	606624127
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JOSE
Initial	M
Last Name	MERCADO JR
	JR
29 Sex	M
27 Number & Street	488 MASSACHUSETTS AVE # A
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M26574107403012
33 DOB (mm dd yyyy)	03/15/2001
34 Expires (mm yy)	03 24
35 Owner's First Name	JOSE
Initial	M
Last Name	MERCADO JR
	JR
☐ Same As Driver	
36 Number & Street	488 MASSACHUSETTS AVE # A
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	CHEV
39 Model	IMP
40 Color	GRY
41 Year	2012
42 Plate No.	K28NVM
43 State	NJ
44 VIN	2G1WC5E39C1194952
45 Expires	05 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	F840289-3
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	DIANA
Initial	Q
Last Name	CHENG-YEUNG
	-
59 Sex	F
57 Number & Street	1418 OAKWOOD HOLLOW LANE
58 City	TOMS RIVER
State	NJ
Zip	08755
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	C33511677858682
63 DOB (mm dd yyyy)	08/03/1968
64 Expires (mm yy)	08 24
65 Owner's First Name	PO
Initial	S
Last Name	YEUNG
	-
☐ Same As Driver	
66 Number & Street	1418 OAKWOOD HOLLOW LANE
67 City	TOMS RIVER
State	NJ
Zip	08755
68 Make	TOYT
69 Model	RAV
70 Color	SIL
71 Year	2018
72 Plate No.	G68NNJ
73 State	NJ
74 VIN	JTMRFREV9JJ229044
75 Expires	03 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	20	M	-	-	-	11	04	-	-	JOSE M MERCADO JR JR 488 MASSACHUSETTS AV LAKEWOOD NJ 08701 - -
B	2	01	01	05	53	F	-	-	-	11	04	-	-	DIANA Q CHENG-YEUNG - 1418 OAKWOOD HOLLO\ TOMS RIVER NJ 08755 - -
C	2	03	01	05	24	F	-	-	-	11	04	-	-	MICHELLE - YEUNG - 1418 OAKWOOD AVE TOMS RIVER NJ 08755 - -
D														

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03
118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	02

New Jersey Police Crash Investigation Report

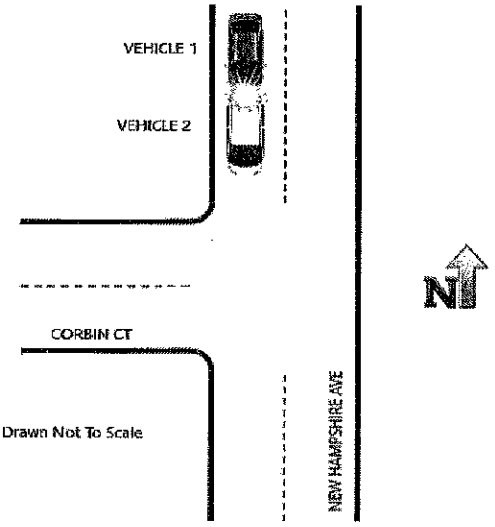
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-133035

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 stated he was travelling south behind Vehicle 2 when Vehicle 2 began stopping. Driver of Vehicle 1 stated he was unable to stop in time, resulting in him striking the back of Vehicle 2. Driver of Vehicle 2 stated she was travelling south on New Hampshire Ave when she began stopping due to traffic. While stopping, Vehicle 2 was struck from behind by Vehicle 1.

Vehicle 1 sustained damages consisting of scratches and chipping to the paint on the front bumper area. Vehicle 2 sustained damages consisting of scratches and minor denting to the rear bumper, as well as the undercarriage.

From my investigation, I concluded that driver of Vehicle 1 was at fault for following too closely behind Vehicle 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133034
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	207 1ST ST
☐ At Intersection With Road Name	
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ Feet ☐ N ☐ E of:	-
☐ Miles ☐ S ☐ W	-
14	15
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1437
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.091690
22 Longitude	-74.212600

Vehicle 1

23 Veh #	1
24 Policy No.	CAA4510175
25 NJ Ins. Code	177
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	NICHOLAS
Initial	A
Last Name	MATICHUK
29 Sex	M
27 Number & Street	2912 GRANT ST
28 City	WALL
State	NJ
Zip	07719
30 Eyes	05
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M08185906107975
33 DOB mm dd yyyy	07/09/1997
34 Expires mm	07
yy	23
35 Owner's First Name	-
Initial	-
Last Name	AMERIFLEET TRAN
☐ Same As Driver	
36 Number & Street	1360 UNION HILL RD; STE 2A
37 City	ALPHARETTA
State	GA
Zip	30004
38 Make	FORD
39 Model	-
40 Color	4
41 Year	2021
42 Plate No.	30986R
43 State	VA
44 VIN	1FTBR3X86MKA83178
45 Expires	01 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm	-
yy	-
65 Owner's First Name	-
Initial	-
Last Name	-
☐ Same As Driver	
66 Number & Street	-
67 City	-
State	-
Zip	-
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☐ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☐ None
☐ MC/MX -	
81 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

MINIMAL DAMAGE TO THE BUILDING.

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	24	M	-	-	-	11	04	-	-	NICHOLAS A MATICHUK - 2912 GRANT ST WALL NJ 07719
B														
C														
D														

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	1
105	11
106	-
107	-
108	03
109	-
110	02
111	-
112	-
113	-
114	03
115	-
116	03
117	-
118a	02
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	03
123	-
124	11
125	-
126a	69
126b	-
126c	-
126d	-
126e	69
127a	-
127b	-
127c	-
127d	-
127e	-
128	69
129	10
130	10
131	-
132	-
133	03
134	-

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-133034

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

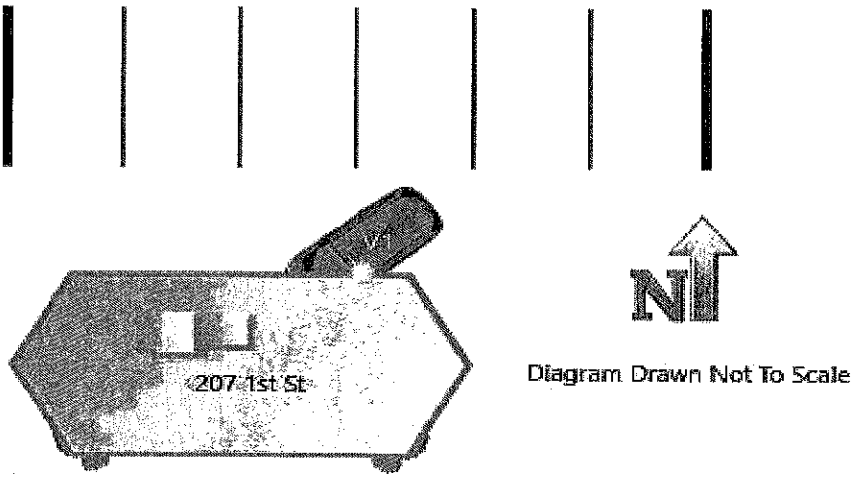


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver 1 stated he was in the parking lot doing deliveries and attempted to drive under the building which covered the parking lot. He did not realize how low the building was and the roof of his van struck the building. The building manager was on site and stated the damage did not appear to negatively impact the building structurally.

No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133030
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
At Intersection With	☐
Road Name	NEW HAMPSHIRE AVE
Dir	-
11 Speed Limit	45
12 Route No.	0623
Suffix	-
13 Milepost	-
18 Speed Limit	45
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W	of: CEDARBRIDGE AVE
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1348
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.075810
22 Longitude	-74.184470

Vehicle 1

23 Veh #	1
24 Policy No.	050316916C71011
25 NJ Ins. Code	823
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YERDI A PINEDAHOYOS
29 Sex	F
27 Number & Street	2434 DWIGHT AVE
28 City / State / Zip	POINT PLEASANT NJ 08742
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	P44817896156012
33 DOB mm dd yyyy	06/01/2001
34 Expires mm yy	06 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YERDI A PINEDAHOYOS
36 Number & Street	2434 DWIGHT AVE
37 City / State / Zip	POINT PLEASANT NJ 08742
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / ROG / BLK / 2008 / W11NBS / NJ
44 VIN	JN8AS58VX8W122227
45 Expires	12 21
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	SELF INSURED
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHAEL Y HORNSTEIN
59 Sex	M
57 Number & Street	1050 E 18TH STREET
58 City / State / Zip	BROOKLYN NY 11230
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / - / - / - / NY
62 Driver's License Number	111245790
63 DOB mm dd yyyy	06/25/1983
64 Expires mm yy	06 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - PV HOLDING CORP -
66 Number & Street	151 N DUPONT PKWY
67 City / State / Zip	NEW CASTLE DE 19720
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / FORTE / SIL / 2021 / 729368 / DE
74 VIN	3KPF24AD8ME326459
75 Expires	03 23
76 Vehicle Removed To	WAYNE'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136 Charge	137 Summons. No. -	-	138 Charge	139 Summons. No. -
-	140 Charge	141 Summons. No. -	-	142 Charge	143 Summons. No. -

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	20	F	-	-	-	11	11	02	-	YERDI A PINEDAHOYOS - 2434 DWIGHT AVE POINT PLEASANT NJ 08742 - -
B	V2	01	01	05	38	M	-	-	-	11	11	01	-	MICHAEL Y HORNSTEIN - 1050 E 18TH STREET BROOKLYN NY 11230 - -
C														
D														

New Jersey Police Crash Investigation Report

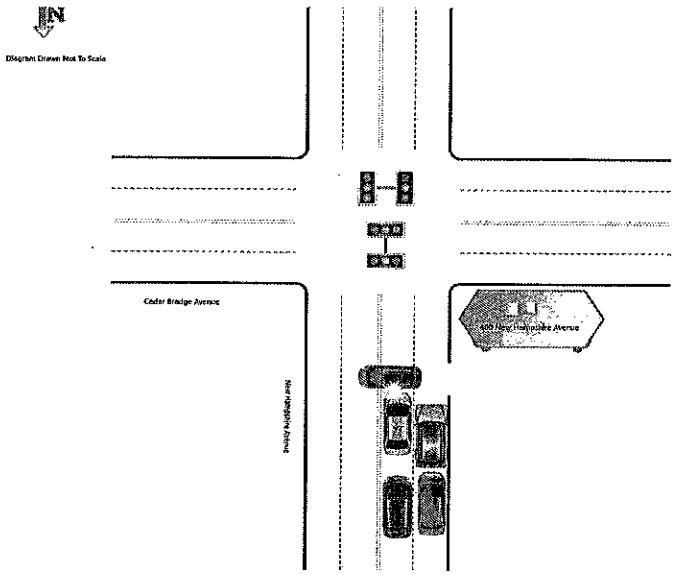
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: " Case No: 21-133030

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The Driver of Vehicle #1 stated that prior to the crash she was in the parking lot of 400 New Hampshire Avenue. The Driver of Vehicle #1 stated that she attempted to exit the parking lot on the New Hampshire Avenue side and make a left onto the north bound lane of New Hampshire Avenue. The Driver of Vehicle #1 stated that the vehicles in the first 2 lanes allowed her to pass through and she did not see anyone coming into the left turning lane south bound on New Hampshire Avenue. The Driver of Vehicle #1 stated that just after clearing the first 2 lanes she was struck by Vehicle #2. The Driver of Vehicle #1 did not report any injuries as a result of crash.

The Driver of Vehicle #2 stated that prior to the crash he was traveling south bound on New Hampshire Avenue in the far left lane. The Driver of Vehicle # 2 stated that the turn lane traffic signal was green and he accelerated to make the light. The Driver of Vehicle #2 stated that Vehicle #1 popped out in front of him and he could not stop in time. The Driver of Vehicle #2 did not report any injury as a result of the crash.

The crash was captured on marked Police vehicle #3355 front camera. I find the Driver of Vehicle #1 to be at fault.

END OF REPORT

Submitted by: Ptl. R. Ingram #408

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
INGRAM R	408	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133027
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OCEAN AVE
At Intersection With	☐
Road Name	OCEAN AVE
Dir	-
11 Speed Limit	45
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	15
☒ Feet ☐ Miles	5
☐ N ☐ E ☐ S ☒ W of:	SEAPOINT DR
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1302
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.087060
22 Longitude	-74.179830

Vehicle 1

23 Veh #	1
24 Policy No.	PAA80002110172
25 NJ Ins. Code	963
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YEHUDA
Initial	-
Last Name	FISCHER
29 Sex	M
27 Number & Street	514 STIRLING AVE
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	F46347890007872
33 DOB mm dd yyyy	07/05/1987
34 Expires mm yy	07 24
35 Owner's First Name	YEHUDA
Initial	-
Last Name	FISCHER
☐ Same As Driver	
36 Number & Street	514 STIRLING AVE
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SNA
40 Color	GRY
41 Year	2012
42 Plate No.	U15FXP
43 State	NJ
44 VIN	5TDKK3DCXCS247374
45 Expires	10 22
46 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	4544-21-77-40
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	REUVAIN
Initial	-
Last Name	MAGID
59 Sex	M
57 Number & Street	1209 MONMOUTH AVE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	M01426510011994
63 DOB mm dd yyyy	11/03/1999
64 Expires mm yy	11 22
65 Owner's First Name	YECHEZKIE
Initial	-
Last Name	MAGID
☐ Same As Driver	
66 Number & Street	1209 MONMOUTH AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HOND
69 Model	ODY
70 Color	GRY
71 Year	2021
72 Plate No.	G10MZB
73 State	NJ
74 VIN	5FNRL6H5XMB011886
75 Expires	10 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136 Charge	137 Summons. No. -	-	138 Charge	139 Summons. No. -
-	140 Charge	141 Summons. No. -	-	142 Charge	143 Summons. No. -

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police Crash Investigation Report

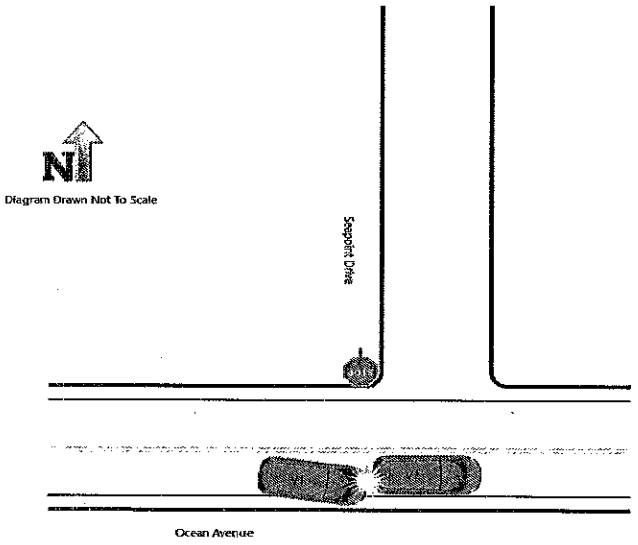
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-133027

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deploy	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The Driver of Vehicle #1 stated that prior to the crash he was traveling east bound on Ocean Avenue. The Driver of Vehicle #1 stated that as he approached Sea Point Drive he did not see Vehicle #2 in front of him. The Driver of Vehicle #1 stated that he drove into the rear of Vehicle #2. The Driver of Vehicle #1 did not report any injuries as a result of the crash.

The Driver of Vehicle #2 stated that prior to the crash he was traveling east bound on Ocean Avenue. The Driver of Vehicle #2 stated that he turned on his left turn signal and began slowing as he approached Sea Point Drive. The Driver of Vehicle #2 stated that before he could make the left turn onto Sea Point Drive, the rear of his Vehicle was struck by Vehicle #1. The Driver of Vehicle #2 did not report any injury as a result of the crash.

I find the Driver of Vehicle #1 to be at fault for the crash.

END OF REPORT

Submitted By: Ptl. R. Ingram #408

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
INGRAM R	408	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133018
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SQUANKUM RD
At Intersection With	☒
Road Name	MILTON ST
Dir	-
11 Speed Limit	40
12 Route No.	0547
Suffix	-
13 Milepost	-
14 Feet	-
15 Miles	☐
16 N ☐ E ☐ S ☐ W of:	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1154
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.106800
22 Longitude	-74.203710

Vehicle 1

23 Veh #	1
24 Policy No.	919893574
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GITTY - GUTMAN
29 Sex	F
27 Number & Street	34 WHISPERING PINES LN
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	G94892910058022
33 DOB mm dd yyyy	08/22/2002
34 Expires mm yy	08 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - KEEP GARDENS -
36 Number & Street	34 WHISPERING PINES LN
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / AVA / SIL / 2011 / U36AKV / NJ
44 VIN	4T1BK3DBXBU399443
45 Expires	11 22
46 Vehicle Removed To	PRIVATE TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939917341
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LEIBY - WAJNSZTOK
59 Sex	M
57 Number & Street	14 MILANO DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	W02064530004012
63 DOB mm dd yyyy	04/08/2001
64 Expires mm yy	04 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MALYA R WAJNSZTOK -
66 Number & Street	14 MILANO DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	ACUR / RDX / WHI / 2019 / E15LLF / NJ
74 VIN	5J8TC2H38KL034558
75 Expires	06 22
76 Vehicle Removed To	PRIVATE TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
			2	39:4-97	A-291444
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	19	F	-	-	-	11	11	01	-	GITTY - GUTMAN - 34 WHISPERING PINES | LAKEWOOD NJ 08701
B	2	01	01	05	20	M	-	-	-	11	11	02	-	LEIBY - WAJNSZTOK - 14 MILANO DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

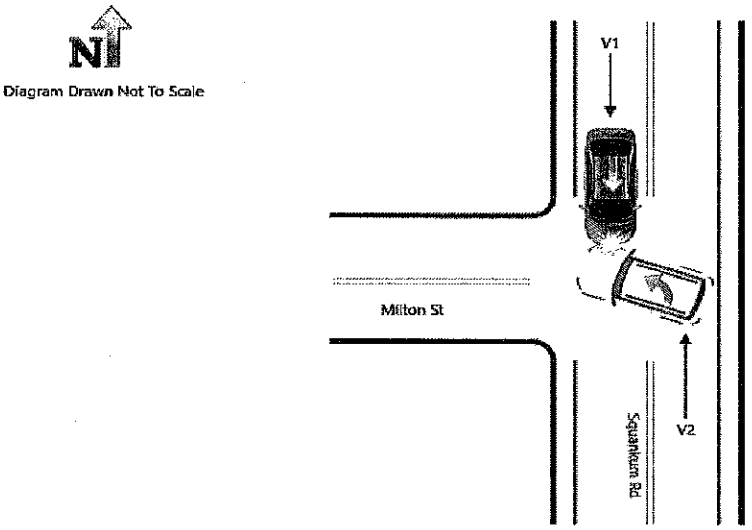
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-133018

(Refer to vehicle by number)

	Veh Occ	Pos In/Out	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling south on Squankum Rd when vehicle 2 turned in front of her, resulting in the crash.

Driver 2 stated he really did not recall what happened, but he was making a left turn from Squankum Rd, onto Milton Rd. As driver 2 was making the turn, he stated he was crashed into by vehicle 1.

As a result of my investigation, I, Ptl. Livingston #373 determined driver 2 is at fault for this crash. Driver 2 failed to yield the right of way to vehicle 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133012
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	PRINCETON AVE
At Intersection With Road Name	4TH ST
Dir	☒ N ☐ E ☐ S ☐ W
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	250
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
NB EB SB WB	
4 Date of Crash mm dd yy	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1100
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.09481
22 Longitude	-74.20852

Vehicle 1

23 Veh #	1
24 Policy No.	4279674040
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MOSHE - MERMELSTEIN
29 Sex	M
27 Number & Street	104 ELM ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	M27135670004892
33 DOB mm dd yyyy	04/06/1989
34 Expires mm yy	09 21
35 Owner's ☒ Same As Driver / First Name / Initial / Last Name	MOSHE - MERMELSTEIN
36 Number & Street	104 ELM ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / GENESIS / BLK / 2022 / ZHZ6543 / NY
44 VIN / 45 Expires	KMTF54PH3NU093869 / 01 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
50 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4321278659
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MENACHEM M FEDER
59 Sex	M
57 Number & Street	176 COLES WAY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	5 / D / - / -
61 State	NJ
62 Driver's License Number	F21295397401845
63 DOB mm dd yyyy	01/21/1984
64 Expires mm yy	01 22
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	MENACHEM M FEDER
66 Number & Street	176 COLES WAY
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SNA / 6 / 2010 / T36FGC / NJ
74 VIN / 75 Expires	5TDKK4CC9AS325888 / 04 19
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
80 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	32	M	-	-	-	11	04	-	-	MOSHE - MERMELSTEIN - 104 ELM ST LAKEWOOD NJ 08701
B	V2	01	01	05	37	M	-	-	-	11	04	-	-	MENACHEM M FEDER - 176 COLES WAY LAKEWOOD NJ 08701
C	V2	03	01	05	12	F	-	-	-	11	04	-	-	BAYA - FEDER - 176 COLES WAY LAKEWOOD NJ 08701
D	V2	04	01	05	11	F	-	-	-	11	04	-	-	SARAH - FEDER - 176 COLES WAY LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

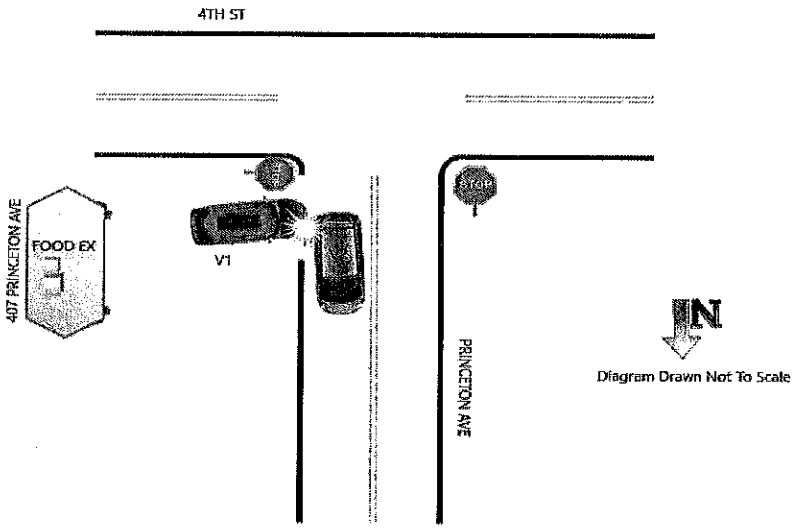
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-133012

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E	V2	05	01	05	4	F	-	-	-	11	04	-	-	CHAYA - FEDER - 176 COLES WAY LAKEWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated he was turning left from the parking lot of 407 Princeton Ave (Food Ex) to turn onto 4th St. As Driver of V1 was turning he noticed he hit the right rear side of V2 who was turning from 4th St to Princeton Ave.

Driver of V2 stated he was turning right from Princeton Ave to 4th St. As driver of V2 turned onto 4th St heading Northbound he noticed V1 collided into his back right rear side.

Based upon both parties statements and my observation, V1 is at fault for the crash.

No injuries were reported at the time of the scene.

End report

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RODRIGUEZ, B	424	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133002
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OAK ST
☒ At Intersection With	☐ Feet ☐ Miles
Road Name	
Dir	
11 Speed Limit	40
12 Route No.	
Suffix	
13 Milepost	
14	
15	
16	
☐ N ☐ E of:	TOWBIN AVE
☐ S ☐ W	
17 Cross Road Name	
18 Speed Limit	30
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0911
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.05992
22 Longitude	-74.19043

Vehicle 1

23 Veh #	1
24 Policy No.	AOS-221-575342-40 1
25 NJ Ins. Code	192
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	STERLING A DAVIS MORRISON -
29 Sex	M
27 Number & Street	87 HARMONY LN APT 5
28 City / State / Zip	MONTICELLO NY 12701
30 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
31 State	NY
32 Driver's License Number	619184370
33 DOB mm dd yyyy	12/09/1997
34 Expires mm yy	12 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver STERLING A DAVIS MORRISON -
36 Number & Street	87 HARMONY LN APT 5
37 City / State / Zip	MONTICELLO NY 12701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	BMW / 535 / - / 2008 / KRZ9718 / NY
44 VIN	WBANV93518C131464
45 Expires	11 23
46 Vehicle Removed To	
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939 937 950
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RACHEL - FRIEDMAN -
59 Sex	F
57 Number & Street	3 HOPE TERRACE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	F74026370057022
63 DOB mm dd yyyy	07/29/2002
64 Expires mm yy	07 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JACOB - FRIEDMAN -
66 Number & Street	3 HOPE TER
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM - CA / BLK / 2011 / S46PFL / NJ
74 VIN	4T4BF3EK8BR150325
75 Expires	10 22
76 Vehicle Removed To	MOISHE TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	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	05	24	M	-	-	-	11	04	-	-	STERLING A DAVIS MORRISON - 87 HARMONY LN APT 5 MONTICELLO NY 12701
B	02	01	01	05	19	F	-	-	-	11	04	-	-	RACHEL - FRIEDMAN - 3 HOPE TERRACE LAKEWOOD NJ 08701
C														
D														

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	05
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	01
118a	25
118b	-
119a	04
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	01
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	12
131	07
132	06
133	04
134	04

New Jersey Police Crash Investigation Report

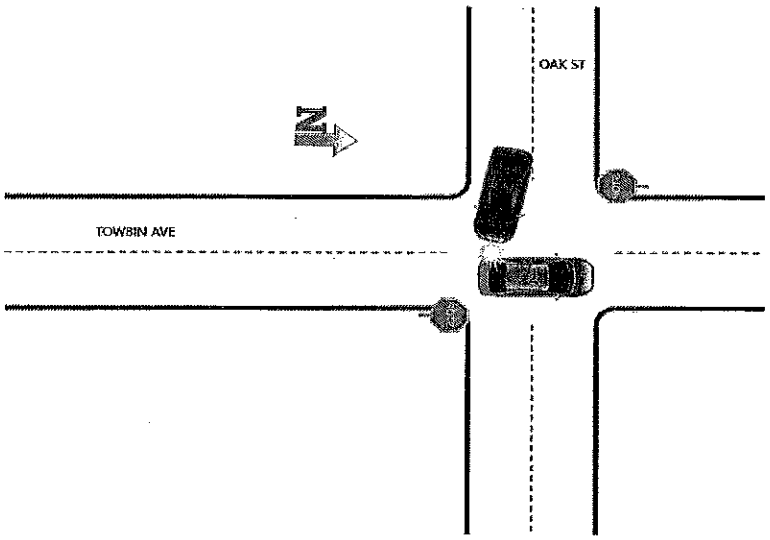
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-133002

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated he was traveling east on Oak St when Veh #2 never stopped at the stop sign (he described it as she yielded) and pulled out in front of him causing him to hit it. Driver #2 stated that she stopped at the stop sign and thought she could make it across but Veh #1 was speeding and hit her. This officers investigation finds Driver #2 at fault for the crash as she failed to yield the right of way to Veh #1. She entered into a controlled intersection prior to making sure it was safe to do so Veh #1 had the right of way.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133001
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW HAMPSHIRE AVE
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	CHESTNUT ST
☐ Miles ☐ S ☐ W	
11 Speed Limit	50
12 Route No.	
Dir	
Suffix	
13 Milepost	
18 Speed Limit	40
14	
15	
16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0910
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.051700
22 Longitude	-74.196470

Vehicle 1

23 Veh #	1
24 Policy No.	TCA00002027031
25 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YECHIEL - WEINBERG
29 Sex	M
27 Number & Street	6A EDEN COURT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	W22807890001964
33 DOB mm dd yyyy	01/18/1996
34 Expires mm yy	01 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RIVKAH - WEINBERG
36 Number & Street	6 EDEN CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / BLU / 2021 / B49NKY / NJ
44 VIN	5TDJRKEC3MS016866
45 Expires	01 25
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	5129J014828
55 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MORIYA - TOPOROWITCH
59 Sex	F
57 Number & Street	530 ARLINGTON AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	T65385640057042
63 DOB mm dd yyyy	07/27/2004
64 Expires mm yy	07 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YEHUDA - TOPOROWITCH
66 Number & Street	530 ARLINGTON AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / GRY / 2012 / T75GVP / NJ
74 VIN	5FNRL5H67CB117844
75 Expires	07 22
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	25	M	-	-	-	11	04	-	-	YECHIEL - WEINBERG - 6A EDEN COURT LAKEWOOD NJ 08701
B	2	01	01	-	17	F	-	-	-	11	04	-	-	MORIYA - TOPOROWITCH - 530 ARLINGTON AVE LAKEWOOD NJ 08701
C	2	03	01	-	6	F	-	-	-	07	07	-	-	CHANA TOPOROWITCH 530 ARLINGTON AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

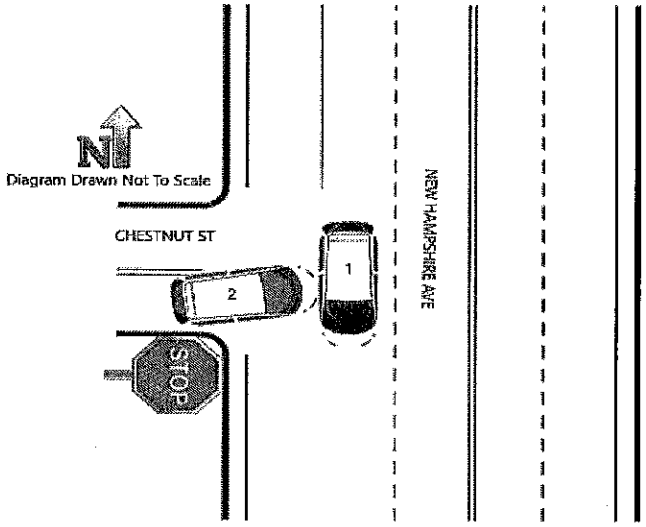
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-133001

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling South on New Hampshire Ave at the intersection with Chestnut St in the right hand Lane. Vehicle #2 was traveling East on Chestnut St at the intersection with New Hampshire Ave and began making a left turn to travel North on New Hampshire Ave. the vehicles collided in the intersection. Driver #1 stated that he was driving South on New Hampshire Ave and vehicle #2 pulled out and struck his vehicle. Driver #2 stated that she stopped at the stop sign, she did not see vehicle #1 and she began making her left turn when the crash happened. Driver #2 failed to yield the right of way to vehicle #1 causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132999
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	E COUNTY LINE RD
☒ At Intersection With	SOMERSET AVE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	35
14 / 15 / 16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0909
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10528
22 Longitude	-74.19498

Vehicle 1

23 Veh #	1
24 Policy No.	930613202
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MORDECHAI - DAYAN
29 Sex	M
27 Number & Street	951 E COUNTY LINE RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	D09535630004992
33 DOB (mm dd yyyy)	04/30/1999
34 Expires (mm yy)	04 28
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDECHAI - DAYAN
36 Number & Street	951 E COUNTY LINE RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / 150 / WHI / 1994 / H34LKT / NJ
44 VIN	1FTEF15Y2RNB32959
45 Expires	06 22
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	909753477
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DEVORA - MARKS
59 Sex	F
57 Number & Street	3507 SHELBURNE ROAD
58 City / State / Zip	BALTIMORE MD 21208
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / MD
62 Driver's License Number	M620139022153
63 DOB (mm dd yyyy)	02/28/2000
64 Expires (mm yy)	02 29
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL M LEHMANN
66 Number & Street	182 SPRUCE ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / AVA / GRY / 2009 / V87PAZ / NJ
74 VIN	4T1BK36B59U342218
75 Expires	08 22
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	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	05	22	M	-	-	-	11	04	-	-	MORDECHAI - DAYAN - 951 E COUNTY LINE RD LAKEWOOD NJ 08701
B	02	01	01	05	21	F	-	-	-	11	04	-	-	DEVORA - MARKS - 3507 SHELBURNE ROAD BALTIMORE MD 21208
C														
D														

New Jersey Police Crash Investigation Report

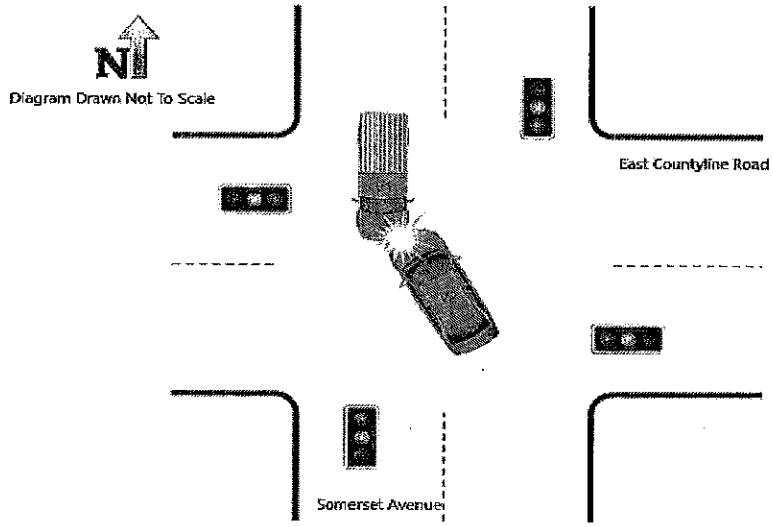
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132999

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was traveling South on Somerset Avenue. Driver of vehicle 1 stated vehicle 2 attempted to make a left turn in front of him striking the front driver side of vehicle 1. Vehicle 1 had minor damage. Driver of vehicle 1 had no complaint of pain.

Driver of vehicle 2 stated she was attempting to make a left turn onto East Countyline street from Somerset Avenue. Driver of vehicle 2 stated she was already in the intersection and the traffic signal turned yellow. Driver of vehicle 2 attempted to make a left turn striking the front driver side of vehicle 1. Vehicle 2 had moderate front end damage. Driver of vehicle 2 had no complaint of pain. It should be noted that vehicle 2 was parked on Somerset Avenue legally.

Based on my observations and statements given by both drivers, I determined the driver of vehicle 2 to be at fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132951
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On	NEW CENTRAL AVE
At Intersection With / Road Name	
☒ Feet ☐ Miles	50
☐ N ☐ E ☐ S ☒ W of:	MILLER ROAD
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To ☐ From	44
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0211
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09233
22 Longitude	-74.24356

Vehicle 1

23 Veh #	1
24 Policy No.	SEE NARRATIVE
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AVROHOM - COHEN
29 Sex	M
27 Number & Street	37 FOREST PARK CIR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	C61610710011002
33 DOB (mm dd yyyy)	11/27/2000
34 Expires (mm yy)	11 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JASON D COHEN -
36 Number & Street	37 FOREST PARK CIR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / ION / SIL / 2020 / Y63NNE / NJ
44 VIN / 45 Expires	KMHC75LJ7LU076432 / 04 24
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4512-01-64-39
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	EITAY E KASBERG -
59 Sex	M
57 Number & Street	3900 CITY AVE APT J703
58 City / State / Zip	PHILIADELPHIA PA 19131
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / I / - / - / PA
62 Driver's License Number	33936118
63 DOB (mm dd yyyy)	08/19/1999
64 Expires (mm yy)	08 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - KASBERG -
66 Number & Street	1159 COUNTY LINE RD E
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CADI / ESC / BLK / 2021 / Z66PDH / NJ
74 VIN / 75 Expires	1GYS4RKL3MR479132 / 10 25
76 Vehicle Removed To	FREEDOM TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	290509	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	21	M	-	-	-	11	04	-	-	AVROHOM - COHEN - 37 FOREST PARK CIR LAKEWOOD NJ 08701
B	V1	03	01	05	19	M	-	-	-	11	04	-	-	SAMMY MARKOVITS 123 REGENT DRIVE LAKEWOOD NJ 08701
C	V2	01	01	05	22	M	-	-	-	11	04	-	-	EITAY E KASBERG - 3900 CITY AVE APT J703 PHILIADELPHIA PA 19131
D														

New Jersey Police Crash Investigation Report

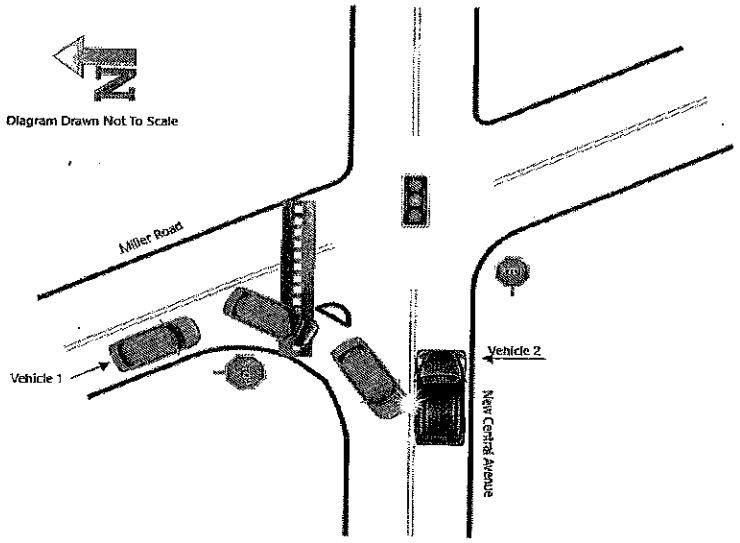
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132951

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated he was driving in a southern direction on Miller Road and as he was attempting to make the right hand turn on to New Central Avenue he was traveling too fast to negotiate the turn and went into the eastbound lane of New Central Avenue causing him to crash into Vehicle 2 which was in that eastbound lane. Vehicle 1 sustained disabling damage to the drivers side front of the vehicle.

The driver of Vehicle 2 stated he was slowing down for the traffic signal at the intersection of Miller Road and New Central Road facing east when Vehicle 1 uncontrollably made a right hand turn off of Miller Road on to New Central Road and struck the drivers side rear door and wheel area resulting in disabling damage.

No injuries were reported at the scene.

Based on my observations and statements provided by both drivers, Vehicle 1 is at fault for the crash.

Vehicle 1 Insurance Information:

AUTO INJURY SOLUTIONS
ATTN: USAA MEDICAL MAIL DEPT
P.O. BOX 5000
DAPHNE, AL 36526
POLICY #01534 20 00U
EXPIRATION: 03/31/2022

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132925
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0001
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	CLIFTON AVE
At Intersection With Road Name	MAIN ST
Dir	-
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
14 Feet / 15 Miles	15
N ☐ E ☐ S ☒ W of:	S
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From	
NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.090060
22 Longitude	-74.214220

Vehicle 1

23 Veh #	1
24 Policy No.	HPA00002610606
25 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	FREDY - TORRES-MENDOZA
29 Sex	M
27 Number & Street	419 CEDARBRIDGE AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	01 / D / - / - / NJ
32 Driver's License Number	T66462680004951
33 DOB (mm dd yyyy)	04/12/1995
34 Expires (mm yy)	04 / 25
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	FREDY - TORRES-MENDOZA
36 Number & Street	419 CEDARBRIDGE AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / RD / 2021 / L50PDZ / NJ
44 VIN / 45 Expires	1HGCV1F18MA103592 / 09 24
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority: ☐ Owner ☐ Driver ☒ Police	
48 Alcohol/Drug Test: Given ☐ No ☒ Yes ☐ Refused; Type ☒ Breath ☐ Blood ☐ Urine; Results: 0. 19 %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939725573
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BARUCH D BROG
59 Sex	M
57 Number & Street	123 RIDGE AVE UNIT 4
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	B75270776411992
63 DOB (mm dd yyyy)	11/30/1999
64 Expires (mm yy)	11 / 23
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	BARUCH D BROG
66 Number & Street	123 RIDGE AVE UNIT 4
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	LEXU / 350 / 4 / 2016 / LEUT75 / NJ
74 VIN / 75 Expires	58ABK1GG4GU014745 / 12 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-50	1514-A-291534	01	39:4-96	1514-A-291535
01	39:4-97	1514-A-291536			

	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	05	26	M	-	-	-	11	04	-	-	FREDY - TORRES-MENDOZA - 419 CEDARBRIDGE AVE LAKEWOOD NJ 08701 - -
B	02	01	01	05	22	M	-	-	-	11	04	-	-	BARUCH D BROG - 123 RIDGE AVE UNIT 4 LAKEWOOD NJ 08701 - -
C	03	01	01	04	-	U	00	00	00	00	00	-	-	- - - - - - - - - - - - - -
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132925
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CLIFTON AVE
At Intersection With / Road Name	
☒ Feet ☐ Miles	15
☐ N ☐ E ☒ S ☐ W of:	MAIN ST
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	12/24/21
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0001
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.090060
22 Longitude	-74.214220

Vehicle 3

23 Veh #	3
24 Policy No.	-
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SHMUEL T BENDER
36 Number & Street	42 ENGLEBERG TER
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	TOYT
39 Model	SIE
40 Color	1
41 Year	2018
42 Plate No.	R49LXP
43 State	NJ
44 VIN	5TDYZ3DCXJS936625
45 Expires	10 21
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 1

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- - - -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - - -
66 Number & Street	-
67 City / State / Zip	- - -
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☐ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons. No.	Oper.	Charge	Summons. No.
Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

96	05
97	01
98	07
99	07
100a	01
100b	06
101	02
102	01
103	01
104	3
105	01
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	01
117	-
118a	25
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	08
123	-
124	03
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	-
128	26
129	06
130	06
131	-
132	-
133	00
134	-

New Jersey Police Crash Investigation Report

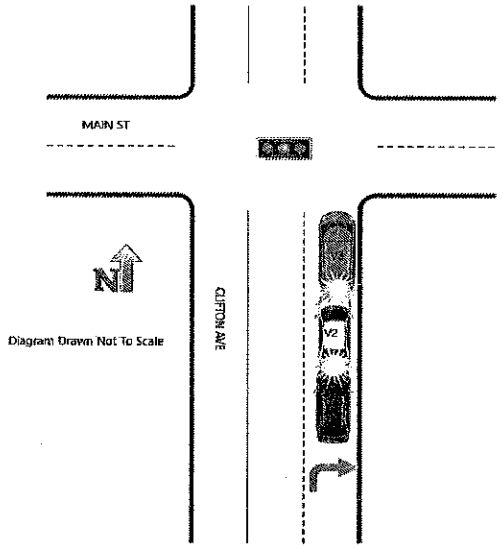
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132925

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 WAS INTOXICATED AND WAS UNABLE TO GIVE AN ACCOUNT OF WHAT HAPPENED DURING THE MOTOR VEHICLE CRASH.

DRIVER OF VEHICLE 2 STATED THAT HE WAS FACING NORTH ON CLIFTON AVE IN THE AREA OF MAIN ST IN THE RIGHT TURN LANE STOPPED IN TRAFFIC. HE STATED THAT HE WAS THE SECOND VEHICLE IN LINE WAITING FOR THE LIGHT TO TURN FROM RED TO GREEN WHEN HE WAS STRUCK FROM BEHIND BY VEHICLE 1. THIS CAUSED HIM TO STRIKE VEHICLE 3 WHICH WAS IN FRONT OF HIM. DRIVER 2 GAVE ME A PLATE OF R49LXP FOR VEHICLE 3 WHICH LEFT THE SCENE PRIOR TO POLICE ARRIVAL.

DRIVER OF VEHICLE 3 WAS UNABLE TO GIVE AN ACCOUNT OF THE MOTOR VEHICLE CRASH BECAUSE HE/SHE LEFT THE SCENE PRIOR TO POLICE ARRIVAL. CONTACT WAS ATTEMPTED TO BE MADE OVER THE PHONE BUT YIELDED NEGATIVE RESULTS.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JACOBS, K	414	LNJ	322	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132617
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	12/22/21
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1242
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CEDAR BRIDGE AVENUE
☒ At Intersection With	ARLINGTON AVENUE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.08529
22 Longitude	-74.20792

Vehicle 1

23 Veh #	1
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DEBORAH - MARKOVIC
29 Sex	F
27 Number & Street	50 CORWIN CRESCENT
28 City / State / Zip	TORONTO ON M3H 2
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	ON
32 Driver's License Number	M0617-15809-35630
33 DOB (mm dd yyyy)	06/30/1993
34 Expires (mm yy)	06 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID Y MARKOVIC
36 Number & Street	50 CORWIN CRES, NORTH YORK
37 City / State / Zip	OTTAWA CD -
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND CRV WHI 2018 CFAC898 ON
44 VIN / 45 Expires	2HKRW2H91JH138087 07 21
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	5082-0173-02
55 NJ Ins. Code	068
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	REBECCA L IFRAH
59 Sex	F
57 Number & Street	300 OLD WHITESVILLE RD
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	BR D - -
61 State	NJ
62 Driver's License Number	I30446457361772
63 DOB (mm dd yyyy)	11/22/1977
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LLC - BUGGIES CAR REN -
66 Number & Street	PO BOX 1168
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT CAM WHI 2020 V62PGU NJ
74 VIN / 75 Expires	4T1C11AK0LU347417 11 22
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	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	05	28	F	-	-	-	11	04	-	-	DEBORAH - MARKOVIC - 50 CORWIN CRESCENT TORONTO ON M3H 2
B	02	01	01	05	44	F	-	-	-	11	04	-	-	REBECCA L IFRAH - 300 OLD WHITESVILLE R LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

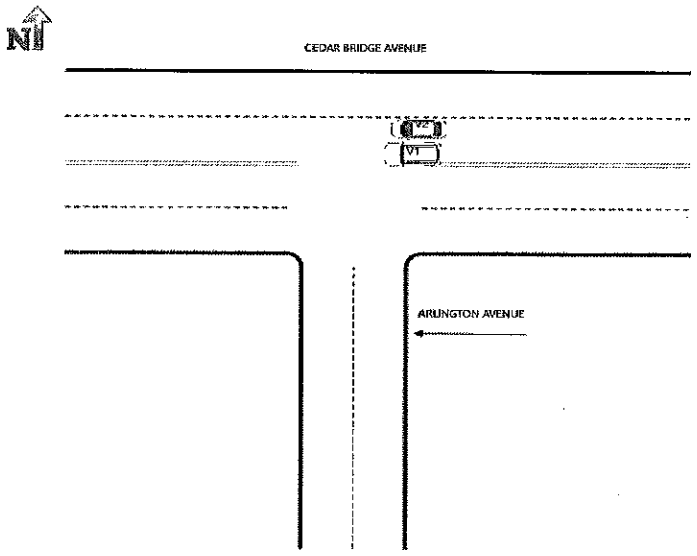
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132617

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

INSURANCE INFORMATION V1- PAISLEY WARNER INSURANCE COMPANY, NORTHRIDGE INSURANCE CORP POLICY # 1045632. NO NAIC CODE ON CARD. DRIVER OF V1 STATED THAT THERE WAS A CAR IN FRONT OF HER, AND SHE(DRIVER 1) WAS ATTEMPTING TO MAKE A LEFT TURN BUT SAW AN ONCOMING VEHICLE GOING REALLY FAST SO SHE TURNED BACK INTO HER LANE (THE LEFT LANE) AND THE CRASH HAPPENED. DRIVER OF V2 STATED THAT SHE WAS DRIVING IN THE LEFT LANE AND THE SUV(V1) HAD COMPLETED MOST OF HER TURN BUT TURNED BACK INTO THE LANE AND HIT HER. V2 HAD THE RIGHT OF WAY AT THE TIME OF THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132570
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	12/22/21
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0838
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	MADISON AVENUE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	125
☒ N ☐ E ☐ S ☐ W of:	2ND STREET
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.09190
22 Longitude	-74.21666

Vehicle 1

23 Veh #	1
24 Policy No.	939 692 633
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	FAYE
Initial	T
Last Name	SCHECHTER
29 Sex	F
27 Number & Street	14 FORDHAM RD
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S13402598353872
33 DOB (mm dd yyyy)	03/22/1987
34 Expires (mm yy)	03 24
35 Owner's First Name	ASHER
Initial	-
Last Name	SCHECHTER
☐ Same As Driver	
36 Number & Street	14 FORDHAM ROAD
37 City	JACKSON
State	NJ
Zip	08527
38 Make	TOYT
39 Model	COR
40 Color	BGE
41 Year	2010
42 Plate No.	C58KLT
43 State	NJ
44 VIN	2T1BU4EE2AC263588
45 Expires	11 22
46 Vehicle Removed To	YITZ AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
50 Carrier No.	☐ USDOT ☐ None
☐ MC/MX	
51 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	*
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	ATTILA
Initial	-
Last Name	DEAK
59 Sex	M
57 Number & Street	386 NEW CENTRAL AVE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	D20160650004834
63 DOB (mm dd yyyy)	04/25/1983
64 Expires (mm yy)	- -
65 Owner's First Name	ATTILA
Initial	-
Last Name	DEAK
☐ Same As Driver	
66 Number & Street	386 NEW CENTRAL AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	FORD
69 Model	XST
70 Color	1
71 Year	2005
72 Plate No.	KRRA96
73 State	FL
74 VIN	1FMZU77K55UB18892
75 Expires	- -
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
80 Carrier No.	☐ USDOT ☐ None
☐ MC/MX	
81 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	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	05	34	F	-	-	-	11	04	-	-	FAYE T SCHECHTER - 14 FORDHAM RD JACKSON NJ 08527
B	01	06	01	05	03	F	-	-	-	05	05	-	-	BAILA SCHECHTER 14 FORDHAM RD JACKSON NJ 08527
C	02	01	01	-	38	M	-	-	-	11	04	-	-	ATTILA - DEAK - 386 NEW CENTRAL AVE LAKEWOOD NJ 08701
D	02	03	01	04	53	M	04	08	01	11	04	-	-	ATILA - KARSAI - 1622 MONMOUTH AVE A LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

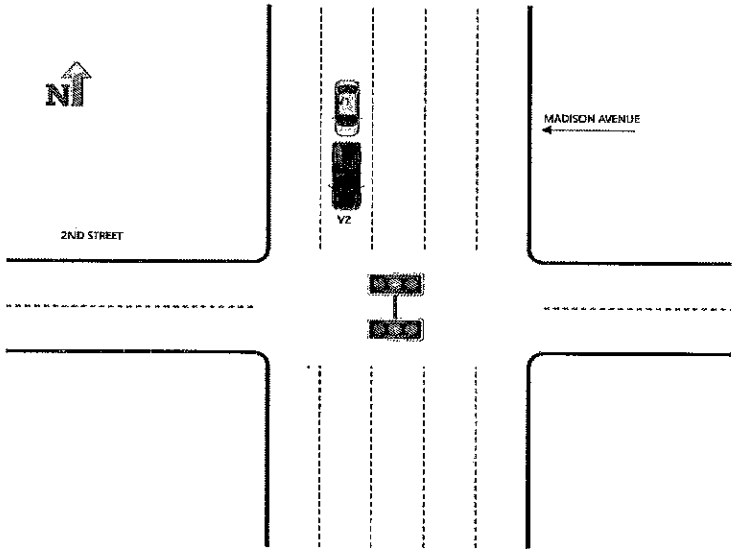
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132570

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

INSURANCE INFORMATION V2- POLICY # G00960316302 NAIC CODE 01952. DRIVER OF V1 STATED THAT SHE WAS DRIVING AND THAT HER BRAKES FAILED. V2 WAS STOPPED IN THE LEFT LANE ON MADISON AVENUE WHEN IT WAS STRUCK BY V1. DRIVER OF V2 HAS A HUNGARIAN DRIVER LICENSE WITH A HUNGARIAN PASSPORT. V1 AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132706
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OAK ST
☒ At Intersection With	Road Name: PACO WAY
☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☒ W	
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	12/22/21
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2311
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.05797
22 Longitude	-74.18010

Vehicle 1

23 Veh #	1
24 Policy No.	5219J105199
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JONAH - SPERLING
29 Sex	M
27 Number & Street	6300 LINCOLN AVE
28 City / State / Zip	BALTIMORE MD 21209
30 Eyes / DL Class / Restrictions / Endorsements	BR - - -
31 State	MD
32 Driver's License Number	S164435454467
33 DOB (mm dd yyyy)	06/18/1998
34 Expires (mm yy)	06 28
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MEREDITH - SPERLING
36 Number & Street	6300 LINCOLN AVE
37 City / State / Zip	BALTIMORE MD 21209
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND ACC GRY 2015 1DY2734 MD
44 VIN	1HGCR2F35FA272161
45 Expires	03 22
46 Vehicle Removed To	HESHY'S
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939560889
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ARON - BESANCON
59 Sex	M
57 Number & Street	39 BROADWAY AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 D - -
61 State	NJ
62 Driver's License Number	B27890610001992
63 DOB (mm dd yyyy)	01/30/1999
64 Expires (mm yy)	01 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver NACHMAN - BESANCON
66 Number & Street	251 ELM ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA FOR GRY 2020 X46LXX NJ
74 VIN	3KPF44AC0LE160986
75 Expires	10 22
76 Vehicle Removed To	HESHY'S
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01			02		
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	23	M	-	-	-	11	11	01	-	JONAH - SPERLING - 6300 LINCOLN AVE BALTIMORE MD 21209
B	01	02	01	05	29	M	-	-	-	11	04	-	-	YONAH - SCHUSTER - 16 MEADOW BROOK LN MONSEY NY 10952
C	02	01	01	05	22	M	-	-	-	11	11	02	-	ARON - BESANCON - 39 BROADWAY AVE LAKEWOOD NJ 08701
D	02	02	01	05	55	M	-	-	-	11	04	-	-	ISRAEL - ZOBERMAN - 1761 53RD ST BROOKLYN NY 11204

New Jersey Police Crash Investigation Report

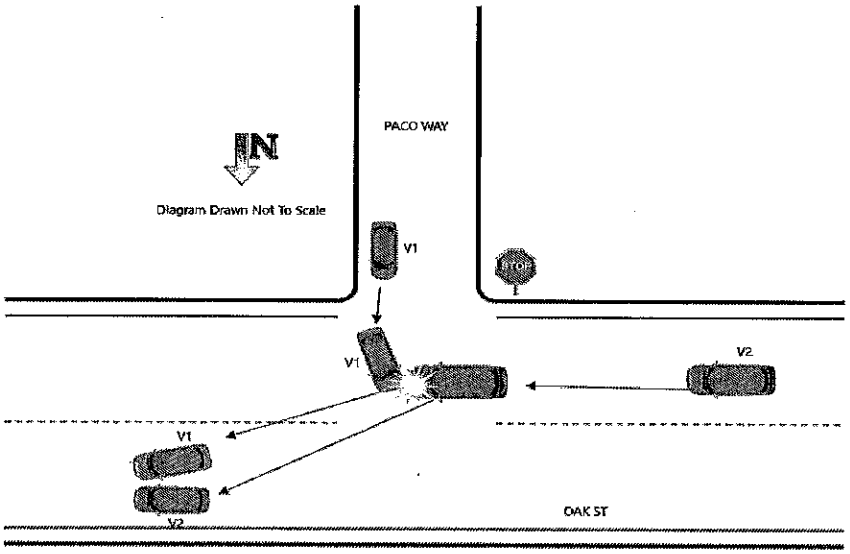
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132706

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1: STATED THAT HE WAS TRAVELING NORTH ON PACO WAY WHEN HE STOPPED AT THE STOP SIGN TO MAKE A LEFT TURN ON TO OAK ST. THE DRIVER OF V1 STATED THAT WHILE STOPPED HE DID NOT SEE ANY VEHICLES APPROACHING. THE DRIVER OF V1 STATED THAT AS HE PROCEEDED TO MAKE THE LEFT TURN ON TO OAK ST, HE WAS STRUCK BY V2 ON THE FRONT DRIVER SIDE BUMPER OF HIS VEHICLE. THE DRIVER OF V1 STATED THAT HE WAS NOT INJURED AND HIS VEHICLE WAS REMOVED FROM THE SCENE BY HESHY'S TOWING.

V2: STATED THAT HE WAS TRAVELING EAST ON OAK ST WHEN V1 PULLED OUT TO MAKE A LEFT TURN. THE DRIVER OF V2 STATED THAT HE WAS UNABLE TO AVOID THE CRASH AND STRUCK V1 ON THE FRONT DRIVER SIDE BUMPER OF HIS VEHICLE. THE DRIVER OF V2 AND HIS PASSENGER WERE NOT INJURED AND HIS VEHICLE WAS REMOVED FROM THE SCENE BY HESHY'S TOWING.

V1 INSURANCE INFO:
NATIONWIDE INSURANCE AFFINITY CO
417 HARFORD RD BALTIMORE, MD 21214
PH:(800)421-3535

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DANCEY R	360	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132692
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	E COUNTY LINE ROAD
☒ At Intersection With	MONMOUTH AVENUE
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	12/22/21
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2013
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.105730
22 Longitude	-74.212660

Vehicle 1

23 Veh #	1
24 Policy No.	4492-23-53-48
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	AVROHOM
Initial	C
Last Name	REIDLER
29 Sex	M
27 Number & Street	157 RIDGE AVE
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R22610716305012
33 DOB mm dd yyyy	05/16/2001
34 Expires mm yy	05 25
35 Owner's First Name	MORDECHAI
Initial	
Last Name	WEINBERG
☐ Same As Driver	
36 Number & Street	63 HILLSIDE BOULEVARD
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HONDA
39 Model	4DR
40 Color	BK
41 Year	2020
42 Plate No.	D67KRC
43 State	NJ
44 VIN	1 5KBCP3F81AB003792
45 Expires	10 21
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	12-2236261-03
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	JULIO
Initial	C
Last Name	MEMIJE-GARCIA
59 Sex	M
57 Number & Street	698 RIVER AVENUE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	
Restrictions	
Endorsements	
61 State	NJ
62 Driver's License Number	-
63 DOB mm dd yyyy	03/07/1983
64 Expires mm yy	- -
65 Owner's First Name	BESSY
Initial	M
Last Name	MURILLO
☐ Same As Driver	
66 Number & Street	614 DON AVENUE
67 City	DANVILLE
State	IL
Zip	61832
68 Make	HYUNDAI
69 Model	UTILITY
70 Color	WT
71 Year	2007
72 Plate No.	AX3141
73 State	IL
74 VIN	5NMSG13D17H068052
75 Expires	08 22
76 Vehicle Removed To	PRIVATE TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:4-97	291298	2	39:3-76.2F	291299
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
2	39:3-10	291298	-		-

	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	05	20	M	08	08	-	11	11	01	6303	AVROHOM C REIDLER - 157 RIDGE AVE LAKEWOOD NJ 08701
B	01	03	01	05	20	M	02	04	-	11	11	01	6303	TZVI UNGAR 146 LIBERTY DRIVE LAKEWOOD NJ 08701
C	02	01	01	04	33	M	10	08	01	11	04	01	-	JULIO C MEMIJE-GARCIA 698 RIVER AVENUE LAKEWOOD NJ 08701
D	02	03	01	05	44	M	-	-	-	11	00	-	-	JOSE CABELLOS 698 RIVER AVENUE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

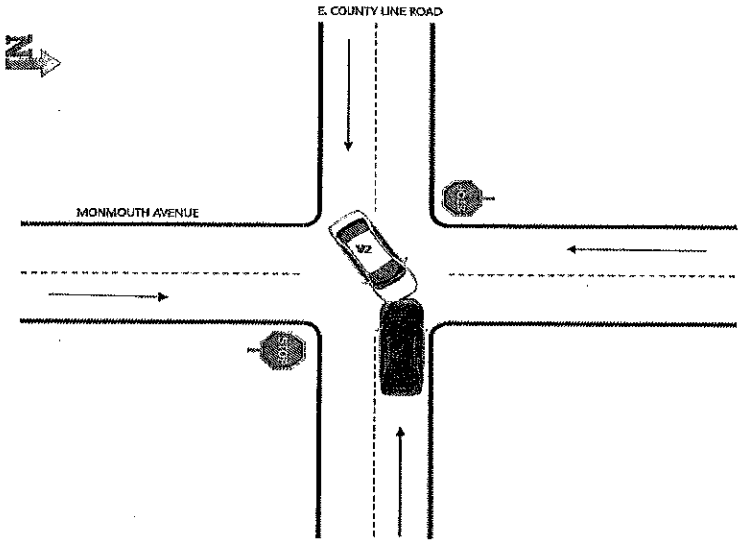
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132692

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING WEST ON E. COUNTY LINE ROAD WHEN VEHICLE 2 MADE A LEFT TURN IN FRONT OF VEHICLE 1.

DRIVER OF VEHICLE 2 STATED HE WAS DRIVING "STRAIGHT." HE WAS THEN PLACED ONTO AN AMBULANCE AND TRANSPORTED TO MONMOUTH MEDICAL SOUTH CAMPUS (600 RIVER AVENUE) FOR LEFT LEG PAIN. ONCE AT THE HOSPITAL, DRIVER 2 EXITED FROM THE AMBULANCE AND FLED ON FOOT. MOMENTS LATER, OFFICER SOLOMON #380 LOCATED DRIVER 2 AT HIS RESIDENCE (698 RIVER AVENUE). DRIVER 2 INFORMED OFFICER SOLOMON THAT HE THOUGHT THE AMBULANCE WAS JUST GIVING HIM A RIDE HOME. HE THEN REFUSED TO GIVE A MORE SPECIFIC STATEMENT REGARDING THE CRASH AND PROCEEDED TO WALK INTO HIS HOME AND CLOSE THE FRONT ENTRY DOOR BEHIND HIM.

THIS INVESTIGATION DETERMINED DRIVER 2 MADE AN UNSAFE LEFT TURN.

BOX 55... AMERICAN FREEDOM INSURANCE COMPANY #10864
1699 WALL STREET SUITE 600 MOUNT PROSPECT, IL. 60056
AGENT/PRODUCER: AMIGO INSURANCE AGENCY INC.
5900 W. CERMAK ROAD, CIDERO, IL 60804
708-484-6300

BOX 62, 64... UNLICENSED DRIVER

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132664
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/22/21
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1654
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	1328 RIVER AVE
At Intersection With / Road Name / Dir	-
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
14 Feet / 15 Miles	-
16 N E S W of:	-
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp To / From	-
20 Route/Name	-
21 Latitude	40.051150
22 Longitude	-74.223100

Vehicle 1

23 Veh #	1
24 Policy No.	939900352
25 NJ Ins. Code	012
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☐ ☐ ☐ ☐ ☐

Driver

26 Driver's First Name / Initial / Last Name	LEAH - GELB
29 Sex	F
27 Number & Street	36 FOXWOOD RD
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	G23544500055542
33 DOB (mm dd yyyy)	05/20/1954
34 Expires (mm yy)	05 25

Owner

35 Owner's First Name / Initial / Last Name	☐ Same As Driver MILTON - GELB
36 Number & Street	6107 BILTMORE AVE
37 City / State / Zip	BALTIMORE / MD / 21215

Vehicle

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
HYUN	SON	WHI	2010	K37NWX	NJ

44 VIN	5NPET4ACXAH657437
45 Expires	06 22
46 Vehicle Removed To	-
☒ Driven / ☐ Towed Disabled / ☐ Towed Disabled & Impounded / ☐ Left At Scene / ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police

Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0.- % ☐ Pending

Hazardous Material

☒ None ☐ On Board ☐ Spill
Hazard Class: - Placard No.:

50 Carrier No.	☐ USDOT - ☒ None / ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs / ☐ Weight 10,001-26,000 lbs / ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	NJSS204962958
55 NJ Ins. Code	217
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☐ ☐ ☐ ☐ ☐

Driver

56 Driver's First Name / Initial / Last Name	FELIPE - MEJIA-CORONA
59 Sex	M
57 Number & Street	532 GILFORD AVENUE
58 City / State / Zip	TOMS RIVER / NJ / 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	M23262590005982
63 DOB (mm dd yyyy)	05/01/1998
64 Expires (mm yy)	05 25

Owner

65 Owner's First Name / Initial / Last Name	☐ Same As Driver FELIPE - MEJIA-CORONA
66 Number & Street	532 GILFORD AVENUE
67 City / State / Zip	TOMS RIVER / NJ / 08753

Vehicle

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
TOYT	CAM	WHI	2021	V71NDZ	NJ

74 VIN	4T1R11BK3MU023890
75 Expires	12 24
76 Vehicle Removed To	-
☒ Driven / ☐ Towed Disabled / ☐ Towed Disabled & Impounded / ☐ Left At Scene / ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police

Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0.- % ☐ Pending

Hazardous Material

☒ None ☐ On Board ☐ Spill
Hazard Class: - Placard No.:

80 Carrier No.	☐ USDOT - ☒ None / ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs / ☐ Weight 10,001-26,000 lbs / ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136 Charge	137 Summons. No. -	-	138 Charge	139 Summons. No. -
-	140 Charge	141 Summons. No. -	-	142 Charge	143 Summons. No. -

	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	05	67	F	-	-	-	11	04	-	-	LEAH - GELB - 36 FOXWOOD RD LAKEWOOD NJ 08701 - -
B	02	01	01	05	23	M	-	-	-	11	04	-	-	FELIPE - MEJIA-CORONA - 532 GILFORD AVENUE TOMS RIVER NJ 08753 - -
C														
D														

New Jersey Police Crash Investigation Report

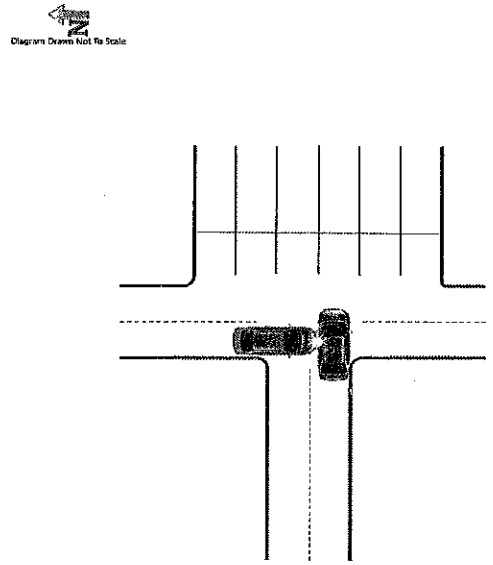
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132664

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was driving straight ahead to go to the exit of the parking lot when vehicle 2 struck her on her driver side door.

Driver 2 stated vehicle 1 just drove in front of him to drive across the parking spaces to his left.

There was no stop sign at the intersection in the parking lot for vehicle's 1 or 2 but under further investigation I noticed there were stops signs all along the parking lot to stop vehicles traveling east towards the exit.

My investigation determined driver 1 is at fault due to not yielding the right of way to driver 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132845
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/23/21
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1520
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	LOIS LN
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	50
☐ N ☐ E ☐ S ☒ W of:	ARLINGTON AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.08170
22 Longitude	-74.21108

Vehicle 1

23 Veh #	1
24 Policy No.	BA2997BD
25 NJ Ins. Code	237
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LINDA S BRAGG
29 Sex	F
27 Number & Street	912 STATE HWY 70 E
28 City / State / Zip	BRICK NJ 08723
30 Eyes / DL Class / Restrictions / Endorsements	5 / B / - / -
31 State	NJ
32 Driver's License Number	B71514738260555
33 DOB (mm dd yyyy)	10/15/1955
34 Expires (mm yy)	10 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - JAYS BUS SERVICE -
36 Number & Street	672 CROSS ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	BLUE / BUS / YEL / 2015 / J505S1 / NJ
44 VIN	1BAKFCPHXFF311231
45 Expires	10 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
50 Carrier No.	☒ USDOT 1926134 ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	JAYS BUS SERVICE INC
Number & Street	672 CROSS ST
City / State / Zip	LAKEWOOD NJ 08701

Vehicle 2

53 Veh #	2
54 Policy No.	SELF INSURED
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	TEMPESTT - THOMPSON -
59 Sex	F
57 Number & Street	291 SMITH ST APT 4
58 City / State / Zip	NEWARK NJ 07106
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NY
62 Driver's License Number	365695609
63 DOB (mm dd yyyy)	06/17/1987
64 Expires (mm yy)	06 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - UNITED STATES PO -
66 Number & Street	1820 SWARTHMORE AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GRUM / LLV / WHI / 2000 / 0229586 / NJ
74 VIN	1FCMU69K7YZC47374
75 Expires	- -
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	UNITED STATES POSTAL SERVICE
Number & Street	1820 SWARTHMORE AVE
City / State / Zip	LAKEWOOD NJ 08701

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136	-	-	138	-
-	140	-	-	142	-

	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	05	66	F	-	-	-	11	04	-	-	LINDA S BRAGG - 912 STATE HWY 70 E BRICK NJ 08723 - -
B	02	01	01	05	34	F	-	-	-	04	04	-	-	TEMPESTT - THOMPSON - 291 SMITH ST APT 4 NEWARK NJ 07106 - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132845

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
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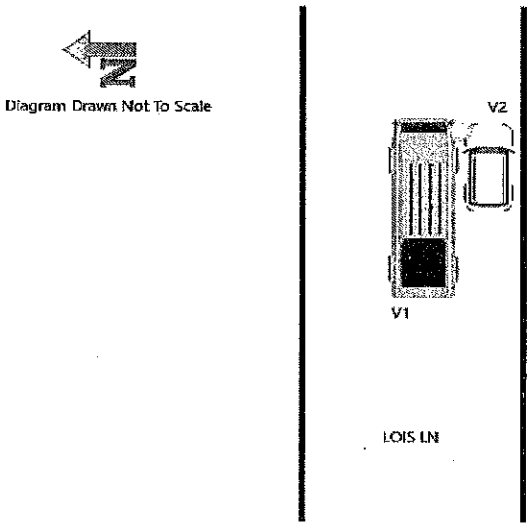
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On 12/23/2021 at approximately 1521hrs, I was dispatched to Lois Ln. in reference to a crash. Upon arrival, I met with the driver of vehicle 1 who was identified as Linda Bragg. Ms. Bragg reported that while she was traveling East on Lois Ln., she was attempting to pass vehicle 2 which was stopped on the side of the road. Ms. Bragg continued and said that while she was passing vehicle 2, the front passenger side mirror clipped the front diver side mirror of vehicle 2 causing it to break off.

I then spoke with the driver of vehicle 2 who was identified as Tempestt Thompson. Ms. Thompson reported that while she was stopped on the side of the road to deliver mail to a nearby house, her driver side mirror was hit and broken off by vehicle 1.

There were no injuries reported at the scene of the crash.

Vehicle 1 sustained minor scratches on the passenger side mirror.

Vehicle 2 sustained a broken driver side mirror.

Vehicle 2 is self insured by USPS.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHEEHAN, M	423	JP	290	☐ Pending ☒ Complete

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station " Case No. 21-132845

1.	ELI	SCHWARTZ
2.	MATTIS	MEIGELS
3.	YOSEF	COHEN
4.	MOSHE	MILLER
5.	YEHUDA	CHARISH
6.	SHLOMO	NUSSHAUM
7.	YEHUDA	ROBERTS
8.	YOSSI	STEINBURG
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53.		
54.		

SCHOOL BUS
(full size)

● DRIVER				DOOR →	
1	2	3		4	5
6	7	8		9	10
11	12	13		14	15
16	17	18		19	20
21	22	23		24	25
26	27	28		29	30
31	32	33		34	35
36	37	38		39	40
41	42	43		44	45
46	47	48		49	50
51	52			53	54

MINIBUS

● DRIVER			DOOR →	
1	2		3	4
5	6		7	8
9	10		11	12
13	14		15	16

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132557
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/22/21
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0559
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	JOHN ST
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
☒ Feet ☐ Miles	500
☐ N ☒ E ☐ S ☐ W of:	RIVER AVENUE
14	15
16	
17 Cross Road Name	
18 Speed Limit	45
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.083750
22 Longitude	-74.213580

Vehicle 1

23 Veh #	1
24 Policy No.	4381652272
25 NJ Ins. Code	100
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- - - - -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSE R GARCIA -
36 Number & Street	141 JOHN ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	FORD
39 Model	F25
40 Color	RD
41 Year	1997
42 Plate No.	C65EZA
43 State	NJ
44 VIN	3FTHF26H2VMA21205
45 Expires	02 22
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority: ☐ Owner ☐ Driver ☒ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	957977463
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JACINTA - AGUILAR
59 Sex	F
57 Number & Street	23 LAKEVIEW PL
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- - - - -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	08/17/1978
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHELE - RAMIREZ-AGUILAR-
66 Number & Street	23 LAKEVIEW PL
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make	FORD
69 Model	EXP
70 Color	BLK
71 Year	2006
72 Plate No.	G66MVW
73 State	NJ
74 VIN	1FMFU16536LA40888
75 Expires	09 22
76 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☐ Owner ☐ Driver ☒ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

DAMAGE TO FENCE AT 141 JOHN STREET AND UTILITY POLE AT THE CURB IN FRONT OF SAME

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
02	39:3-10	291107	02	39:4-96	291109
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	-	20	F	-	-	-	11	11	-	-	MICHELE - RAMIREZ-AGUILAR - 23 LAKEVIEW PL LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

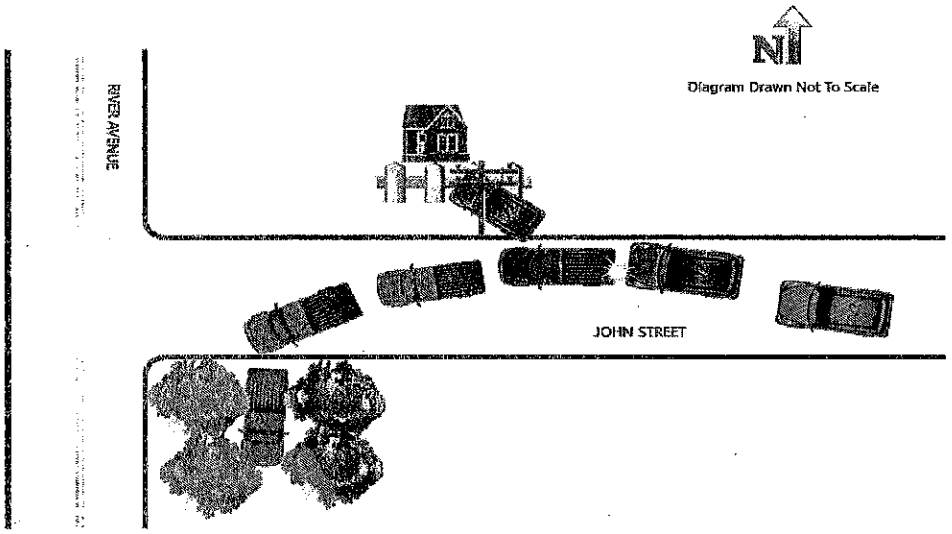
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-132557

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle two stated she was traveling West on John Street. Furthermore she stated she had fallen asleep while driving causing her to lose control, and added she had taken a sleep aid earlier in the night before going to bed. Upon falling asleep while driving, her vehicle ran off the road to the right, colliding with vehicle one. She then struck the curb in front of 141 John Street, a utility pole, then the fence on the property of John Street.

Vehicle one was parked just East of 141 John Street and set in motion by the impact from vehicle two, traveled approximately 200 feet west and off the road to the south side of the roadway striking a tree. Final resting place for vehicle one was off the roadway.

As a result of my investigation, I have determined the driver of vehicle two to be at fault due to falling asleep while driving and crashing in to vehicle two.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCMILLAN, P	426	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-132484
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	12/21/21
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1908
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	2ND STREET
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14	☒ Feet ☐ Miles
15	15
16	☐ N ☐ E ☐ S ☒ W
of:	LEXINGTON AVE
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.092400
22 Longitude	-74.212190

Vehicle 1

23 Veh #	1
24 Policy No.	4587822372
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name	RICARDO
Initial	-
Last Name	RESENDIZ-HERNANI-
29 Sex	M
27 Number & Street	1500 LONG BEACH AVE
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	-
Restrictions	-
Endorsements	-
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	02/08/1997
34 Expires (mm yy)	- -
35 Owner's	☐ Same As Driver
First Name	ROMAN
Initial	-
Last Name	SANCHEZ-GOMEZ -
36 Number & Street	748 E VETERANS HWY
37 City	JACKSON
State	NJ
Zip	08527
38 Make	NISS
39 Model	ARM
40 Color	GRY
41 Year	2005
42 Plate No.	R84MFF
43 State	NJ
44 VIN	5N1AA08A85N702295
45 Expires	02 22
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	AOJ-231-604989-40 0 0
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	JOSE
Initial	D
Last Name	SANTAMARIAHIDAL(-
59 Sex	M
57 Number & Street	835 HERBERTSVILLE RD
58 City	BRICK
State	NJ
Zip	08724
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S04804106404682
63 DOB (mm dd yyyy)	04/03/1968
64 Expires (mm yy)	04 25
65 Owner's	☐ Same As Driver
First Name	MARIA
Initial	E
Last Name	TORRES -
66 Number & Street	835 HERBERTSVILLE ROAD
67 City	BRICK
State	NJ
Zip	08724
68 Make	TOYT
69 Model	COR
70 Color	RD
71 Year	2016
72 Plate No.	WVT19R
73 State	NJ
74 VIN	2T1BURHEXGC522748
75 Expires	03 22
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:4-97	291263	1	39:4-129	291264
1	39:4-130	291265	1	39:3-10	291266

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	24	M	-	-	-	11	04	-	-	RICARDO - RESENDIZ-HERNANDEZ - 1500 LONG BEACH AVE LAKEWOOD NJ 08701
B	2	01	01	05	53	M	-	-	-	11	04	-	-	JOSE D SANTAMARIAHIDALGO - 835 HERBERTSVILLE RD BRICK NJ 08724
C	2	03	01	05	15	F	-	-	-	11	04	-	-	CHELSEA - SANTAMARIA - 835 HERBERSTVILLE RD BRICK NJ 08724
D														

New Jersey Police Crash Investigation Report

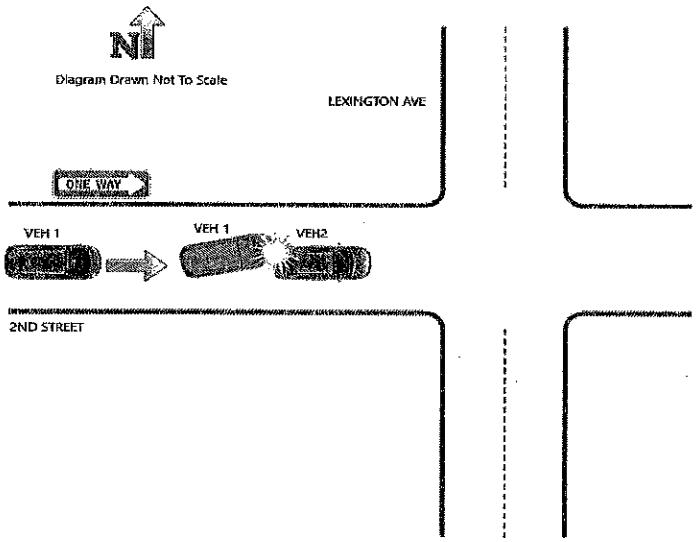
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 21-132484

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE ONE WAS PARKED IN THE PARKING LOT OF 220 2ND STREET. LAKEWOOD POLICE DETECTIVE BUREAU APPROACHED VEHICLE ONE IN A ATTEMPT TO SPEAK WITH THE DRIVER PENDING A CRIMINAL INVESTIGATION. VEHICLE ONE FLED EAST ON 2ND STREET BEFORE GETTING STOPPED IN TRAFFIC BEHIND VEHICLE TWO. DRIVER ONE EXITED THE VEHICLE, DID NOT PUT VEHICLE ONE IN PARK, AND CONTINUED TO FLEE THE SCENE ON FOOT. VEHICLE ONE,WHICH WAS UNOCCUPIED BUT STILL IN DRIVE, CONTINUED INTO THE REAR OF VEHICLE TWO.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR FAILING TO PLACE VEHICLE ONE IN PARK PRIOR TO EXITING THE VEHICLE, WHICH RESULTED IN VEHICLE ONE STRIKING THE REAR OF VEHICLE TWO.DRIVER ONE WAS ISSUED SUMMONS FOR BEING AN UNLICENSED DRIVER, CARELESS DRIVING, FAILURE TO REPORT AN ACCIDENT, AND LEAVING THE SCENE OF AN ACCIDENT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-133281
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/25/21
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2116
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On:	HOPE CHAPEL RD
☒ At Intersection With	W COUNTY LINE RD
☐ Feet ☐ Miles	☐ N ☐ E ☒ S ☐ W of:
11 Speed Limit	45
12 Route No.	0526
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	45
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.110800
22 Longitude	-74.239210

Vehicle 1

23 Veh #	1
24 Policy No.	943670702
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MACKENZIE
Initial	N
Last Name	GRAD
29 Sex	F
27 Number & Street	30 MELODY LANE 28L
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	02
DL Class	I
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G71345037560942
33 DOB (mm dd yyyy)	10/08/1994
34 Expires (mm yy)	10 25
35 Owner's Name	☐ Same As Driver MACKENZIE N GRAD -
36 Number & Street	30 MELODY LANE 28L
37 City	JACKSON
State	NJ
Zip	08527
38 Make	HYUN
39 Model	ELA
40 Color	GRY
41 Year	2018
42 Plate No.	C79NCU
43 State	NJ
44 VIN	5NPD84LF7JH367385
45 Expires	11 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	4455-94-60-22
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	RIVKA
Initial	-
Last Name	BIRNBAUM
59 Sex	F
57 Number & Street	230 OAK KNOLL RD
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	B46136580055994
63 DOB (mm dd yyyy)	05/17/1999
64 Expires (mm yy)	05 25
65 Owner's Name	☐ Same As Driver ELIMELECH - SCHWAB -
66 Number & Street	147 LIBERTY DR
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	CAM
70 Color	SIL
71 Year	2020
72 Plate No.	L54MDL
73 State	NJ
74 VIN	4T1F11AK8LU909903
75 Expires	02 23
76 Vehicle Removed To	MOISHYS
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	291421	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	02	27	F	07	07	02	11	04	04	6502	MACKENZIE N GRAD - 30 MELODY LANE 28L JACKSON NJ 08527 - -
B	V2	01	01	04	22	F	11	08	02	11	04	-	6505	RIVKA - BIRNBAUM - 230 OAK KNOLL RD LAKEWOOD NJ 08701 - -
C	V2	03	01	05	22	F	-	-	-	11	04	-	-	SHEINDEL - DICKER - 12 BRISK LN LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

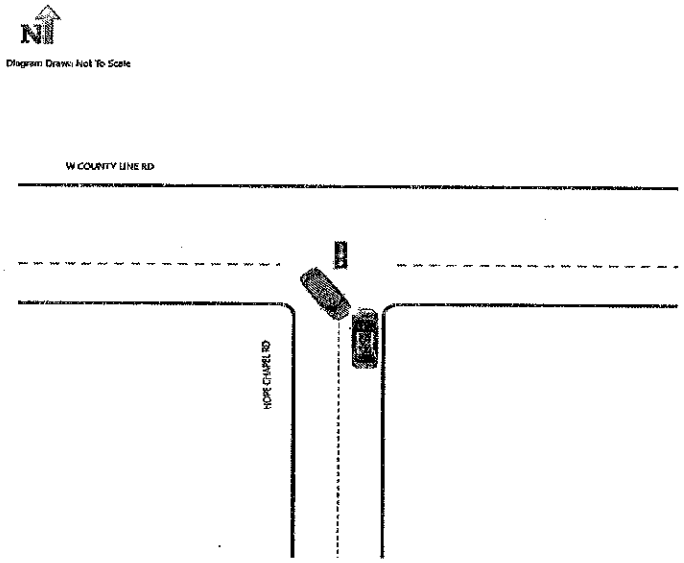
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-133281

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF V1 STATED SHE WAS TRAVELING EASTBOUND ON W COUNTY LINE RD. WHILE TRAVELING EASTBOUND, SHE ATTEMPTED TO MAKE A RIGHT TURN ONTO HOPE CHAPEL RD. THE DRIVER OF V1 STATED THAT SHE LOST CONTROL OF HER VEHICLE WHILE MAKING THE TURN DUE TO THE ROAD BEING WET. SHE WAS TRANSPORTED TO MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS TO TREAT AN INJURY TO HER LEFT ARM.

THE DRIVER OF V2 STATED SHE WAS TRAVELING NORTHBOUND ON HOPE CHAPEL RD. WHILE TRAVELING NORTHBOUND, SHE CAME TO A COMPLETE STOP AT THE TRAFFIC LIGHT AT THE INTERSECTION OF W COUNTY LINE RD AND HOPE CHAPEL RD. AS SHE WAS WAITING FOR THE LIGHT TO TURN GREEN, SHE FELT V1 CRASH INTO HER VEHICLE. THE DRIVER OF V2 WAS TRANSPORTED TO OCEAN MEDICAL CENTER TO TREAT A POSSIBLE FOOT INJURY AND TO CHECK ON HER VITALS BECAUSE SHE IS FIVE MONTHS PREGNANT.

AFTER OBSERVING THE SCENE AND SPEAKING WITH BOTH PARTIES, I FIND V1 AT FAULT FOR IMPROPERLY TURNING CAUSING HER TO CRASH INTO V2.

END OF REPORT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	E. MIICK	307	☐ Pending ☒ Complete