

| PAGE 1 OF 2 |                                                                    | New Jersey Police Crash Investigation Report                                                                                                                                                                                                                           |                       | <input type="checkbox"/> Reportable <input checked="" type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report                                                                                                                                          |                 |            |
|-------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|
| 05          | 1 Case Number                                                      | 23NT19308                                                                                                                                                                                                                                                              |                       | 10 Crash Occurred On:                                                                                                                                                                                                                                                  | 11 Speed Limit  |            |
| 01          | 2 Police Dept of                                                   | NEPTUNE TOWNSHIP PD 01                                                                                                                                                                                                                                                 |                       | 12 Route No.                                                                                                                                                                                                                                                           | 13 Milepost     |            |
| 06          | 3 Station/Precinct                                                 | 30                                                                                                                                                                                                                                                                     |                       | 14                                                                                                                                                                                                                                                                     | 15              |            |
| 07          | 4 Date of Crash                                                    | 5 Day Of Week                                                                                                                                                                                                                                                          | 6 Time (use 2400 hrs) | 7 Municipality Code                                                                                                                                                                                                                                                    | 8 Total Killed  |            |
| 01          | 09/02/23                                                           | SATURDAY                                                                                                                                                                                                                                                               | 2259                  | 1334                                                                                                                                                                                                                                                                   | 9 Total Injured |            |
| 04          | 23 Veh #                                                           | 24 Policy No.                                                                                                                                                                                                                                                          | 25 NJ Ins. Code       | 53 Veh #                                                                                                                                                                                                                                                               | 54 Policy No.   |            |
| 01          | 01                                                                 | 1088254-B05 30A                                                                                                                                                                                                                                                        | 962                   | 02                                                                                                                                                                                                                                                                     | F272079-5       |            |
| 02          | 26 Driver's First Name                                             | Initial                                                                                                                                                                                                                                                                | Last Name             | 56 Driver's First Name                                                                                                                                                                                                                                                 | Initial         |            |
| 01          | JOSE                                                               | E                                                                                                                                                                                                                                                                      | CANJURA               | -                                                                                                                                                                                                                                                                      | -               |            |
| 01          | 27 Number & Street                                                 | 1215 11TH AVE                                                                                                                                                                                                                                                          |                       | 57 Number & Street                                                                                                                                                                                                                                                     | -               |            |
| 01          | 28 City                                                            | State                                                                                                                                                                                                                                                                  | Zip                   | 58 City                                                                                                                                                                                                                                                                | State           | Zip        |
| 01          | NEPTUNE                                                            | NJ                                                                                                                                                                                                                                                                     | 07753                 | -                                                                                                                                                                                                                                                                      | -               | -          |
| 02          | 30 Eyes                                                            | DL Class                                                                                                                                                                                                                                                               | Restrictions          | Endorsements                                                                                                                                                                                                                                                           | 31 State        | 60 Eyes    |
| 01          | 02                                                                 | D                                                                                                                                                                                                                                                                      | -                     | -                                                                                                                                                                                                                                                                      | NJ              | 61 State   |
| 06          | 32 Driver's License Number                                         | 33 DOB                                                                                                                                                                                                                                                                 | 34 Expires            | 62 Driver's License Number                                                                                                                                                                                                                                             | 63 DOB          | 64 Expires |
| 01          | C04344106508702                                                    | 08/29/1970                                                                                                                                                                                                                                                             | 08 25                 | -                                                                                                                                                                                                                                                                      | -               | -          |
| 01          | 35 Owner's First Name                                              | Initial                                                                                                                                                                                                                                                                | Last Name             | 65 Owner's First Name                                                                                                                                                                                                                                                  | Initial         | Last Name  |
| 01          | JOSE                                                               | E                                                                                                                                                                                                                                                                      | CANJURA               | TASSIE                                                                                                                                                                                                                                                                 | D               | YORK       |
| 01          | 36 Number & Street                                                 | 1215 11TH AVE                                                                                                                                                                                                                                                          |                       | 66 Number & Street                                                                                                                                                                                                                                                     | 1203 11TH AVE   |            |
| 01          | 37 City                                                            | State                                                                                                                                                                                                                                                                  | Zip                   | 67 City                                                                                                                                                                                                                                                                | State           | Zip        |
| 01          | NEPTUNE                                                            | NJ                                                                                                                                                                                                                                                                     | 07753                 | NEPTUNE                                                                                                                                                                                                                                                                | NJ              | 07753      |
| 01          | 38 Make                                                            | 39 Model                                                                                                                                                                                                                                                               | 40 Color              | 41 Year                                                                                                                                                                                                                                                                | 42 Plate No.    | 43 State   |
| 01          | CHEV                                                               | CAM                                                                                                                                                                                                                                                                    | BK                    | 2011                                                                                                                                                                                                                                                                   | W22JFK          | NJ         |
| 01          | 44 VIN                                                             | 45 Expires                                                                                                                                                                                                                                                             | 74 VIN                | 75 Expires                                                                                                                                                                                                                                                             |                 |            |
| 01          | 2G1FF1ED0B9211033                                                  | 09 24                                                                                                                                                                                                                                                                  | JTHFF2C20A2506692     | 08 24                                                                                                                                                                                                                                                                  |                 |            |
| 01          | 46 Vehicle Removed To                                              | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                                                                                                 |                       | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                                                                                                            |                 |            |
| 01          | 47 Authority                                                       | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                              |                       | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                              |                 |            |
| 04          | 48 Alcohol/Drug Test                                               | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0. - % <input type="checkbox"/> Pending |                       | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0. - % <input type="checkbox"/> Pending |                 |            |
| 04          | 50 Carrier No.                                                     | <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                |                       | <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                |                 |            |
| 04          | 51 GWR/GCWR                                                        | <input type="checkbox"/> Weight <= 10,000 lbs<br><input type="checkbox"/> Weight 10,001-26,000 lbs<br><input type="checkbox"/> Weight >= 26,001 lbs                                                                                                                    |                       | <input type="checkbox"/> Weight <= 10,000 lbs<br><input type="checkbox"/> Weight 10,001-26,000 lbs<br><input type="checkbox"/> Weight >= 26,001 lbs                                                                                                                    |                 |            |
| 04          | 52 Motor Carrier or Government Entity                              | <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                 |                       | <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                 |                 |            |
| 04          | 53 Damage To Other Property                                        | <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                 |                       | <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                 |                 |            |
| 04          | 136 Charge                                                         | 39:4-130                                                                                                                                                                                                                                                               |                       | 137 Summons No.                                                                                                                                                                                                                                                        | E23-002408      |            |
| 04          | 140 Charge                                                         | 39:4-129(B)                                                                                                                                                                                                                                                            |                       | 141 Summons No.                                                                                                                                                                                                                                                        | E23-002407      |            |
| 04          | 138 Charge                                                         | 39:4-97                                                                                                                                                                                                                                                                |                       | 139 Summons No.                                                                                                                                                                                                                                                        | E23-002424      |            |
| 04          | 142 Charge                                                         |                                                                                                                                                                                                                                                                        |                       | 143 Summons No.                                                                                                                                                                                                                                                        |                 |            |
| A           | 83                                                                 | 84                                                                                                                                                                                                                                                                     | 85                    | 86                                                                                                                                                                                                                                                                     | 87              | 88         |
| A           | 01                                                                 | 01                                                                                                                                                                                                                                                                     | 01                    | 05                                                                                                                                                                                                                                                                     | 53              | M          |
| B           | 89                                                                 | 90                                                                                                                                                                                                                                                                     | 91                    | 92                                                                                                                                                                                                                                                                     | 93              | 94         |
| B           | 00                                                                 | 01                                                                                                                                                                                                                                                                     | 04                    | 04                                                                                                                                                                                                                                                                     | -               | -          |
| C           | Names & Addresses of Occupants - If Deceased, Date & Time of Death |                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                                                        |                 |            |
| C           | JOSE E CANJURA                                                     |                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                                                        |                 |            |
| D           | 1215 11TH AVE NEPTUNE NJ 07753                                     |                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                                                        |                 |            |

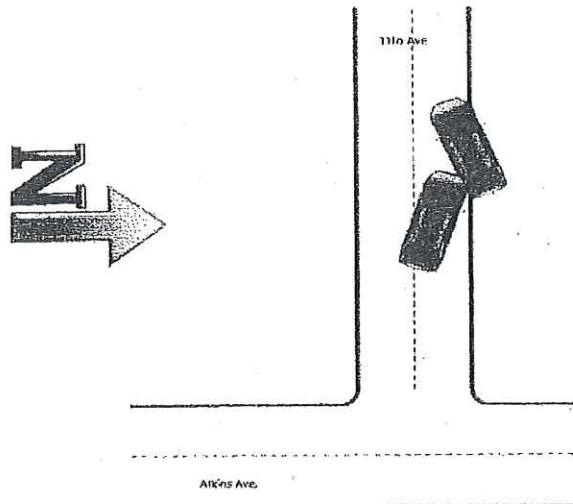
ORIGINAL

New Jersey Police  
Crash Investigation ReportPolice Dept: **NEPTUNE TOWNSHIP P** Code: **01**Station: \_\_\_\_\_ Case No: **23NT19308**

(Refer to vehicle by number)

|   | Veh<br>Occ | Pos<br>In/On | Eject | Phys<br>Cond | Age | Sex | Loc<br>Inj | Type<br>Inj | Ref<br>Med | Equip<br>Avail | Equip<br>Used | Reg<br>Dept | Hosp<br>Code |                                                                    |
|---|------------|--------------|-------|--------------|-----|-----|------------|-------------|------------|----------------|---------------|-------------|--------------|--------------------------------------------------------------------|
|   | 83         | 84           | 85    | 86           | 87  | 88  | 89         | 90          | 91         | 92             | 93            | 94          | 95           | Names & Addresses of Occupants - If Deceased, Date & Time of Death |
| A |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| I |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| L |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| E |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| F |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| I |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| N |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| V |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| O |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| L |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| V |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| E |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| D |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| I |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| J |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

I responded to the above location for a report of a hit-n-run motor vehicle crash. Upon arrival I spoke with the owner of vehicle 2 who advised her vehicle was parked on the north west side of the street facing west. She indicated an unknown vehicle struck her vehicle and left the scene.

PO Kontogiannis responded to 1203 11th Avenue on 9/4/2023 to follow up the investigation. While on scene, talking to the owner of Vehicle 2, PO Kontogiannis indicated Driver 1 approached him advising he was involved in the collision and left the scene without reporting it. Driver 1 did not provide any additional information about the collision at this time. He did provide his valid license, registration and insurance. PO Kontogiannis then responded to Driver 1's vehicle and confirmed the damage was consistent with striking Vehicle 2. See BWC for details.

Driver 1 is at fault for this collision and was issued three summonses.

146 Officer's Signature

ROGERS, JAVAUGHN

147 Badge #

34150

148 Reviewer

[Signature]

Badge #

159

149 Case Status

☐ Pending ☒ Complete

ORIGINAL