PAGE ___ OF ___

NEW JERSEY POLICE ACCIDENT REPORT

X REPORTABLE | NON-REPORTABLE

ROAD SYSTEM: 1 Interstate, 2 State Highway, 3 State, Interstate Authority, 4 State Park or Institution, 5 County, 6 Co. Auth. Park or Institution, 7 Municipal, 8 Private Prop. — 5

41 CASE NUMBER: 86498
42 POLICE DEPARTMENT OF: LAKEWOOD — CODE: 01
43 STATION – PRECINCT: LAKEWOOD

45 DATE OF COLLISION MONTH	DAY	YEAR	46 DAY OF COLLISION S	M	T	W	TH	F	S	47 TIME (USE 2400 HRS)	48 NO. OF VEHICLES	49 NUMBER KILLED	50 NUMBER INJURED	51 COUNTY
4	12	83			X					2233	1	1	0	OCEAN

52 MUNICIPALITY: LAKEWOOD
53 ROUTE NUMBER OR NAME OF STREET: NEW HAMPSHIRE AVENUE
54 MILE POST:
55 INTERSECTING STREET, ROAD OR RAILROAD:
56 IF NOT AT INTERSECTION & NOT MILE POSTED (IDENTIFY NEAREST INTERSECTING ROADS BETWEEN WHICH THE ACCIDENT OCCURED): 1 CEDARBRIDGE AVENUE 2 PINE STREET
57 DISTANCE FROM 1 OR 2 (DESIGNATE): 564' South of #1

VEHICLE 1	58 POLICY NO.	59 INS. CODE	VEHICLE 2	80 POLICY NO.	81 INS. CODE
	A333398	816			

PARKED VEH. | PEDESTRIAN | PEDALCYCLIST

60 DRIVER'S FIRST NAME	INITIAL	LAST NAME	82 DRIVER'S FIRST NAME	INITIAL	LAST NAME
ROBERT	C.	THOMPSON			

61 NUMBER AND STREET	83 NUMBER AND STREET
60 BELINDA COURT	

62 CITY	STATE	EXPIRES	84 CITY	STATE	EXPIRES
LAKEWOOD	N.J.	1-84			

63 DRIVER'S LICENSE NUMBER	64 STATE	65 DOB	66 EYES	67 SEX	85 DRIVER'S LICENSE NUMBER	86 STATE	87 DOB	88 EYES	89 SEX
T3601 65863 10506	NJ	10 50	6	M					

68 OWNER'S FIRST NAME: X SAME AS DRIVER — INITIAL — LAST NAME
90 OWNER'S FIRST NAME: ☐ SAME AS DRIVER — INITIAL — LAST NAME

69 NUMBER AND STREET	91 NUMBER AND STREET
320 – 3RD STREET	

70 CITY	STATE	EXPIRES	92 CITY	STATE	EXPIRES
LAKEWOOD	N.J.	12-83			

71 MAKE AND MODEL	72 YEAR	73 LICENSE PLATE NO.	74 STATE	93 MAKE AND MODEL	94 YEAR	95 LICENSE PLATE NO.	96 STATE
SAAB	83	996HWE	NJ				

75 VEHICLE REMOVED TO: BARNEY'S STATION
76 AUTHORITY: 1 OWNER 2 DRIVER 3 POLICE — 3
97 VEHICLE REMOVED TO:
98 AUTHORITY: 1 OWNER 2 DRIVER 3 POLICE

77 VIN NUMBER: YS3AT34S9D1010589

78 INITIAL IMPACT: V1 2 — FRONT 2, REAR 8, 1 3 4 5 6 7 9

AREAS DAMAGED

	V1	V2
10 UNDERCARR. DAMAGE		
11 OVERTURNED	12	
12 TOTALLED		
13 NONE OR UNKNOWN		
14 OTHER		

SPD. ZONED	V1 SPD.	V2 SPD.
50		

79 DIAGRAM — INDICATE NORTH

CHECK ONE OF THE 8 DIAGRAMS IF IT ADEQUATELY DESCRIBES THE ACCIDENT, OR DRAW YOUR OWN DIAGRAM IN SPACE BELOW.

1 REAR | 2 PASSING | 3 LEFT TURN | 4 INTERSECTION | 5 RIGHT TURN | 6 RIGHT TURN | 7 HEAD ON | 8 SIDESWIPE

99 VIN NUMBER:

100 ALCOHOL DATA

	TEST GIVEN	TEST TYPE	TEST RESULTS
DRIVER NO. 1	YES / NO / REFUSED	BLOOD / URINE / BREATH	
DRIVER NO. 2	YES / NO / REFUSED	BLOOD / URINE / BREATH	
PEDESTRIAN	YES / NO / REFUSED	BLOOD / URINE / BREATH	

101 ACCIDENT DESCRIPTION

VEHICLE #1 WAS TRAVELLING NORTH ON NEW HAMPSHIRE AVENUE CROSSED OVER INTO THE SOUTHBOUND LANE, LEFT THE ROADWAY INTO WOODED AREA.

102 DAMAGE TO PROPERTY OTHER THAN VEHICLE (GIVE OWNER'S NAME AND ADDRESS): TREES

103 SUMMONS TO	SUMMONS NUMBER	CHARGE	NAME OF COURT
NONE	–	–	–

104 OFFICER'S SIGNATURE	105 BADGE NUMBER	106 REVIEWED BY	(BADGE NUMBER)	107 STATUS
Lt. Bernard Gieslopf	219			COMPLETE

ALL INVOLVED

	14	15	16	17	18	19	20	21	22	23	24 NAMES – ADDRESSES OF INJURED – IF DECEASED ALSO INCLUDE DATE & TIME OF DEATH
A	1	1	1	3	32	M	12	2	1	NFL132	6502 Pronounced dead at 11:25 P.M. by
B											Dr. DelVecchio, on 4-12-83.
C											
D											
E											

NJTR-1 (REV. 5/79)

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