

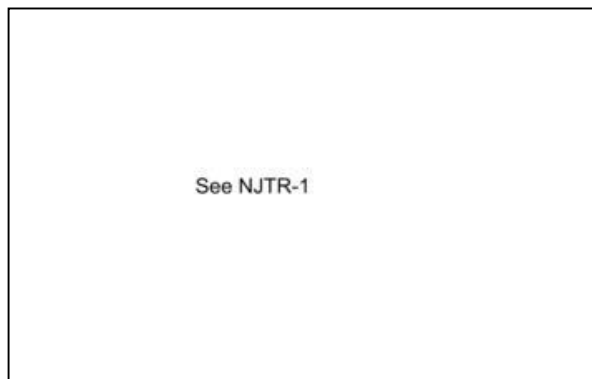
|      |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|--------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|
| 96   | Page 1 of 3 Pages Fatal                                                                                                                                                                                                                                                                |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | New Jersey Police Crash Investigation Report                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 118a |
| 05   | 1 Case Number                                                                                                                                                                                                                                                                          |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 10 Crash Occurred On : Lacey Road                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 11 Speed Limit 45 614                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04   |
| 97   | 18-034587                                                                                                                                                                                                                                                                              |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 118b |
| 01   | 2 Police Dept of Lacey Police Department Code 01                                                                                                                                                                                                                                       |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Road Name Dir of : Briggs Avenue N                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 119a |
| 06   | 3 Station/Precinct Forked River                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12 Route No. 25                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 25   |
| 99   |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 13 MilePost 25                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 119b |
| 05   | 4 Date of Crash 11/19/2018 5 Day of Week Monday                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 6 Time (use 2400 hrs) 17:48 7 Municipality Code 1512 8 Total Killed - 9 Total Injured 00                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 19 Ramp 21 Latitude 20 Route Name 22 Longitude                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  | -    |
| 100a |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 120a |
| 01   |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 01   |
| 100b | 23 Veh No 1 24 Policy No. 139 399 326 25 Ins Code 012                                                                                                                                                                                                                                  |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 53 Veh No 2 54 Policy No. 55 Ins Code                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 120b                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 04   | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                                                       |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input checked="" type="checkbox"/> Hit & Run                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | -                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 101  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 121a |
| 02   | 26 Driver's First Name BENJAMIN Initial F Last Name TENNY 29 Sex Male                                                                                                                                                                                                                  |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 56 Driver's First Name Initial Last Name 59 Sex                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 00                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 102  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 121b |
| 01   | 27 Number & Street 1416 FOCH AVE.                                                                                                                                                                                                                                                      |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 57 Number & Street                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  | -                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 103  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 01   | 28 City FORKED RIVER State NJ Zip 08731                                                                                                                                                                                                                                                |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 58 City State Zip                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 104  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 122  |
| 02   | 30 Eyes 2 DL Class D Restrictions - Endorsements - 31 State NJ                                                                                                                                                                                                                         |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 60 Eyes DL Class Restrictions Endorsements 61 State                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 01                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 105  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 123  |
| 03   | 32 Drivers License No T25670826611322 33 DOB mm dd yy 11/27/1932 34 Expires mm yy 04/2020                                                                                                                                                                                              |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 62 Drivers License No 63 DOB mm dd yy 64 Expires mm yy                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 01                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 106  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| -    | 35 Owner's First Name BENJAMIN Initial F Last Name TENNY 36 Number and Street 1416 FOCH AVE.                                                                                                                                                                                           |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 65 Owner's First Name Initial Last Name 66 Number and Street                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 124                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 107  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 08   |
| -    |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 125  |
| 04   | 37 City FORKED RIVER State NJ Zip 08731                                                                                                                                                                                                                                                |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 67 City State Zip                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 108  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 126a |
| 09   | 38 Make Nissan 39 Model XTERRA 40 Color Black 41 Year 2009 42 Plate No. A59DHA 43 State NJ                                                                                                                                                                                             |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 26                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 109  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 126b |
| -    |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | -    |
| 110  | 44 VIN 5N1AN08W39C514690 45 Expires 07/2019                                                                                                                                                                                                                                            |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 74 VIN 75 Expires                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 126c                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 01   |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | -    |
| 111  | 46 Vehicle Removed To -                                                                                                                                                                                                                                                                |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 76 Vehicle Removed To -                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 126d                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 112  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded                                                                 |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 126e                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| -    |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 26   |
| 113  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 127a |
| -    | 47 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                 |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 77 Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 26                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 114  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 127b |
| -    | 48 Alcohol Drug Test Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results : 0. % <input type="checkbox"/> Pending |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 49 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 127c                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 115  |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 78 Alcohol Drug Test Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results : 0. % <input type="checkbox"/> Pending |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 127d                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 03   |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 79 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | -                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 117  | 50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX                                                                                                                                                                             |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 51 GVWR / GCWR (trucks & buses only) <input type="checkbox"/> <= 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> >= 26,001 lbs                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 127e                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 04   |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 26                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 81 GVWR / GCWR (trucks & buses only) <input type="checkbox"/> <= 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> >= 26,001 lbs                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 128                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 26                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      | 52. Motor Carrier or Government Entity                                                                                                                                                                                                                                                 |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 82. Motor Carrier or Government Entity                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 129                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      | Number & Street                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | Number & Street                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      | City State Zip                                                                                                                                                                                                                                                                         |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | City State Zip                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 130                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      | 135. Damage To Other Property <input type="checkbox"/> Yes (If Yes,describe) <input checked="" type="checkbox"/> No                                                                                                                                                                    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 131                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 00                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      | Oper. 136. Charge                                                                                                                                                                                                                                                                      |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 137. Summons No.                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 133                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 03                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      | Oper. 140. Charge                                                                                                                                                                                                                                                                      |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  | 141. Summons No.                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 134                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 00                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      |                                                                                                                                                                                                                                                                                        |    |    |    |    |    |    |    |    |    |    |    |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| A    | 83                                                                                                                                                                                                                                                                                     | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Addresses of Occupants - If Deceased, Date & Time of Death |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
|      | 01                                                                                                                                                                                                                                                                                     | 01 | 01 | -  | 85 | M  | -  | -  | -  | 11 | -  | -  |    | TENNY, BENJAMIN F 1416 FOCH AVE., FORKED RIVER                     |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| B    |                                                                                                                                                                                                                                                                                        | -  | -  | -  |    |    | -  | -  | -  | -  | -  | -  |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| C    |                                                                                                                                                                                                                                                                                        | -  | -  | -  |    |    | -  | -  | -  | -  | -  | -  |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |
| D    |                                                                                                                                                                                                                                                                                        | -  | -  | -  |    |    | -  | -  | -  | -  | -  | -  |    |                                                                    |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |

**New Jersey Police**  
**Crash Investigation Report**

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|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 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

**V1 entered the intersection and was impacted by V2.**

The driver of V1 reported stopping at the stop sign of Briggs Avenue N. He was waiting for traffic on Lacey Road to slow or stop, so he could cross over Lacey Road to Briggs Avenue. He reported a vehicle traveling West in the outside lane slowed to allow him to enter the intersection and crossover Lacey Road. When he entered the roadway, V2, traveling West in the inside lane, collided with him. He reported V2 continued to drive before stopping several feet away. He exited his vehicle to inspect the damage and observed the driver of V2 walking towards him. V2's driver looked at him briefly before turning away and returning to his vehicle. There were no words exchanged, V2's driver entered his vehicle and drove away. He determined his vehicle was operational and returned home with the plan to contact his insurance company.

When I arrived debris from both vehicles was in the roadway. V1's front grill and bumper with its license plate attached was found at the scene. I used V1's license plate to locate the driver/owner and obtain his report. He was not aware of the extent of the damage to his vehicle.

The driver of V1's report indicates there was a high flow of traffic on Lacey Road. Rather than waiting for a proper and safe opportunity to cross through the intersection, he inched the front end of V1 into the roadway, obstructing the flow of traffic. The obstruction caused westbound traffic in Lacey Road's right lane to slow or stop. V2 traveling West in the left lane of Lacey Road proceeded on its path and impacted V1.

146 Officer's Signature

**Elton Copes**

147 Badge #

**0101**

148 Reviewer

**Ronald Buxton**

Badge #

**0065**

149 Case Status

☐ Pending☒ Complete

# New Jersey Police Crash Investigation Report

## Motor Vehicle Crash Diagram

Police Dept: Lacey Police Department

Code: 01

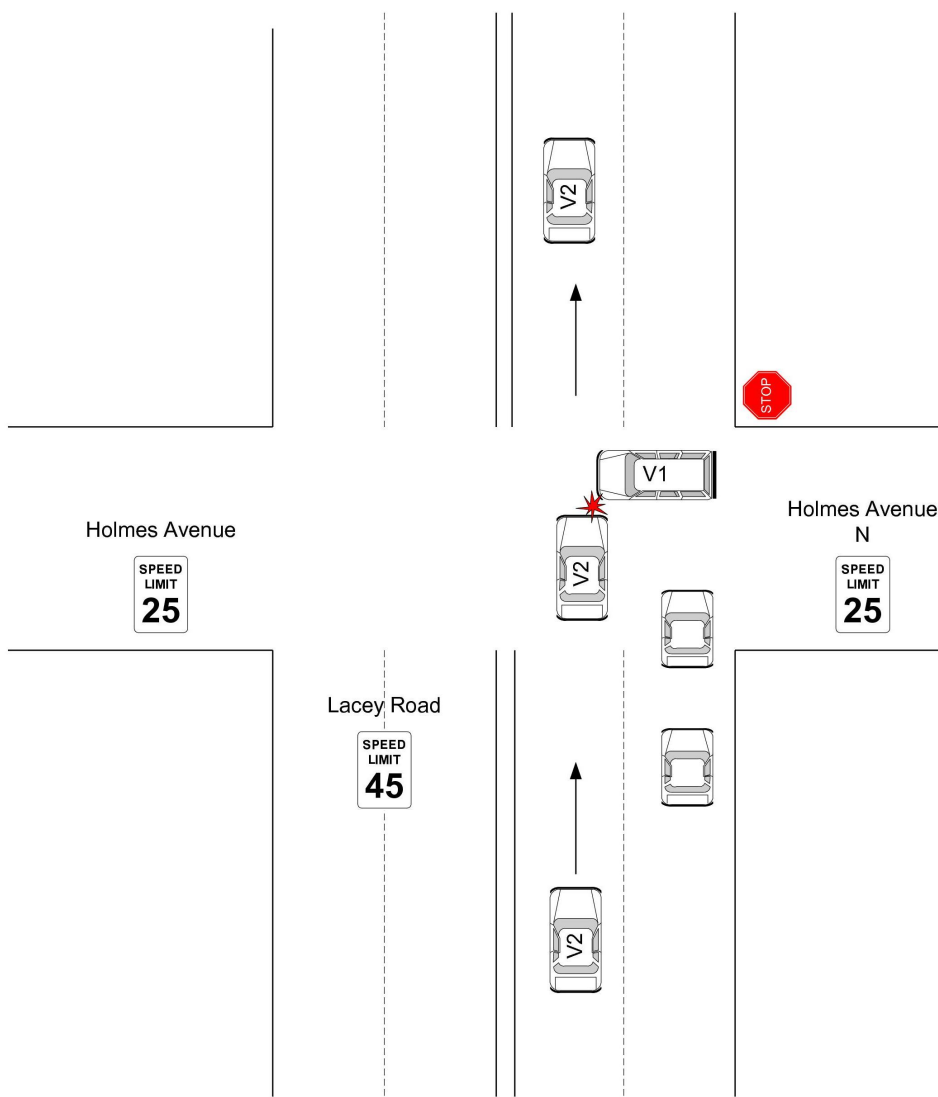
Station: Forked River

Case No: 18-034587

134 Crash Diagram (NOT TO SCALE)



Not to Scale



Copes, Elton

0101