North Wildwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-522-2030 Fax: 6095226180

PUBLIC RECORDS

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 9/24/2017

End Date 9/30/2017

RECEIVED

OCT 3 - 2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

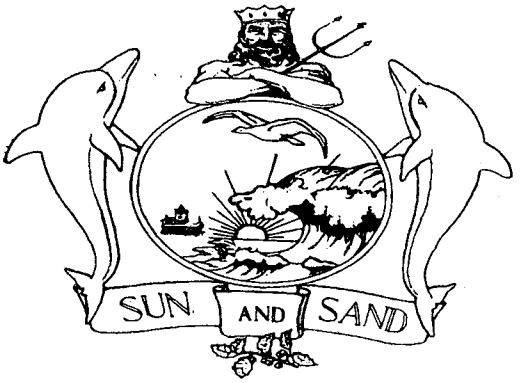
Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____



North Wildwood Police Department / Records Division
901 Atlantic Avenue North Wildwood, NJ 08260
609-522-2030 x 1505 Fax: 609-846-9960

Fax

To: ~~Christina~~ Jeffrey Devlin **From:** Chris Keefe

Fax: 609-961-6661 **Pages:** 4 (including cover sheet)

Re: MV accident reports 9/24/17 – 9/30/17

• **Comments**

See attached.

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 17-39468
2. Police Dept. of: North Wildwood — Code: 01
3. Station/Precinct:
4. Date of Crash (mm dd yy): 09 24 17
5. Day of Week: (Su) M Tu W Th F Sa
6. Time (use 2400 hrs.): 13 53
7. Municipality Code: 0507
8. Total Killed: - -
9. Total Injured: 0 1

10. Crash Occurred On: E 26th Avenue (Road Name) (Dir)
☐ At Intersection with
30 (14) ☒ Feet ☐ Miles (15)
☐N ☒E ☐S ☐W (16)
of: Atlantic Avenue
11. Speed Limit: 25
12. Route No. | Suffix | 13. Milepost
18. Speed Limit: 25
19. Ramp ☐To ☐From
17. Cross Road Name/Route No.
☐NB ☐EB ☐SB ☐WB
21. Latitude
20. Route Name/Route No.
22. Longitude

Vehicle 1

23. Veh. #: 1
24. Policy No.: 241870-3
25. NJ Ins. Code: 23469
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

26. Driver's First Name: Estefan — Initial: F — Last Name: Santiago — 29. Sex: F
27. Number & Street: 4432 Pennypack Street
28. City: Philadelphia, PA 19136 — State — Zip
30. Eyes: 02 — DL Class: C — Restrictions: ---- — Endorsements: ---- — 31. State: PA
32. Driver's License Number: 32337165
33. DOB (mm dd yy): 01 28 97
34. Expires (mm yy): 01/20
35. Owner's First Name — Initial — Last Name
☐ Same as Driver — LLC — GASM
36. Number & Street: 1169 So Spring Rd
37. City: Vineland, NJ 08361 — State — Zip
38. Make: DAI — 39. Model: MC — 40. Color: BLA — 41. Year: 16 — 42. Plate No.: 3MXR8 — 43. State: NJ
44. VIN: L37MMGFV7GZ010314 — 45. Expires: 08/18
46. Vehicle Removed to:
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☒ Left at Scene ☐ Towed Impounded
47. Authority: ☐ Owner ☒ Driver ☐ Police
48. Alcohol Drug Test: Given: ☒No ☐Yes ☐Refused — Type: ☐Breath ☐Blood ☐Urine — Results: 0. % ☐Pending
49. Hazardous Material: ☐None ☐On Board ☐Spill — Hazard Class — Placard No.
50. Carrier No.: ☐USDOT ☐None ☐MC/MX
51. GVWR / GCWR (trucks & buses only): ☐≤ 10,000 lbs. ☐10,001 - 26,000 lbs. ☐≥ 26,001 lbs.
52. Motor Carrier or Government Entity
Number & Street
City — State — Zip

Vehicle 2

53. Veh. #: 2
54. Policy No.: 2435494P1938D
55. NJ Ins. Code: *
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

56. Driver's First Name: Tracey — Initial: A — Last Name: Brophy — 59. Sex: F
57. Number & Street: 611 Mansfield Road
58. City: Willow Grove, PA 19090 — State — Zip
60. Eyes: 02 — DL Class: C — Restrictions: ---- — Endorsements: ---- — 61. State: PA
62. Driver's License Number: 22635180
63. DOB (mm dd yy): 11 03 71
64. Expires (mm yy): 11/18
65. Owner's First Name — Initial — Last Name
☐ Same as Driver — Cab East LLC
66. Number & Street: 2975 Breckinridge Blvd
67. City: Duluth, GA 30096 — State — Zip
68. Make: Ford — 69. Model: Explorer — 70. Color: Gry — 71. Year: 2017 — 72. Plate No.: GPE2172 — 73. State: PA
74. VIN: 1FM5K8D82HGC17174 — 75. Expires: 08/19
76. Vehicle Removed to:
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☐ Left at Scene ☐ Towed Impounded
77. Authority: ☐ Owner ☒ Driver ☐ Police
78. Alcohol Drug Test: Given: ☒No ☐Yes ☐Refused — Type: ☐Breath ☐Blood ☐Urine — Results: 0. % ☐Pending
79. Hazardous Material: ☐None ☐On Board ☐Spill — Hazard Class — Placard No.
80. Carrier No.: ☐USDOT ☐None ☐MC/MX
81. GVWR / GCWR (trucks & buses only): ☐≤ 10,000 lbs. ☐10,001 - 26,000 lbs. ☐≥ 26,001 lbs.
82. Motor Carrier or Government Entity
Number & Street
City — State — Zip

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

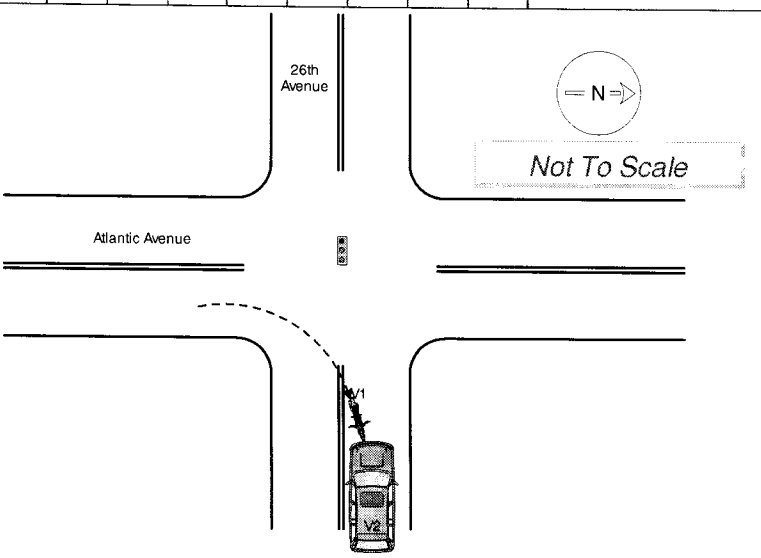
Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
----			----		
----			----		

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A	1	01	02	03	20	F	10	04	2	08	----	----	5501	Santiago, Estefan-4432 Pennypack Street, Philadelphia, PA 19136
B	1	99	01	----	15	F	----	----	1	08	----	----	----	Rondon, Yanisa-60218 Walker Street, Philadelphia, PA 19135
C	2	01	01	----	45	F	----	----	1	11	04	----	----	Brophy, Tracey-611 Mansfield Road, Willow Grove, PA 19090
D	2	03	01	----	73	F	----	----	1	11	04	----	----	Horvath, Patricia-35103 Delaire Landing Road, Philadelphia, PA 19114

New Jersey Police Crash Investigation Report

Case Number: 17-39468

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
E	2	04	01	----	78	M	----	----	1	11	04	----	----	Horvath, William-35103 Delaire Landing Road, Philadelphia, PA 19114
F	2	05	01	----	9	F	----	----	1	11	04	----	----	Brophy, Maggie-611 Mansfield Road, Willow Grove, PA 19090
G	2	06	01	----	13	F	----	----	1	11	04	----	----	Brophy, Sara G-611 Mansfield Road, Willow Grove, PA 19090
H	----	----	----	----	----	----	----	----	----	----	----	----	----	----------
I	----	----	----	----	----	----	----	----	----	----	----	----	----	----------
J	----	----	----	----	----	----	----	----	----	----	----	----	----	----------



145. Crash Description/Narrative

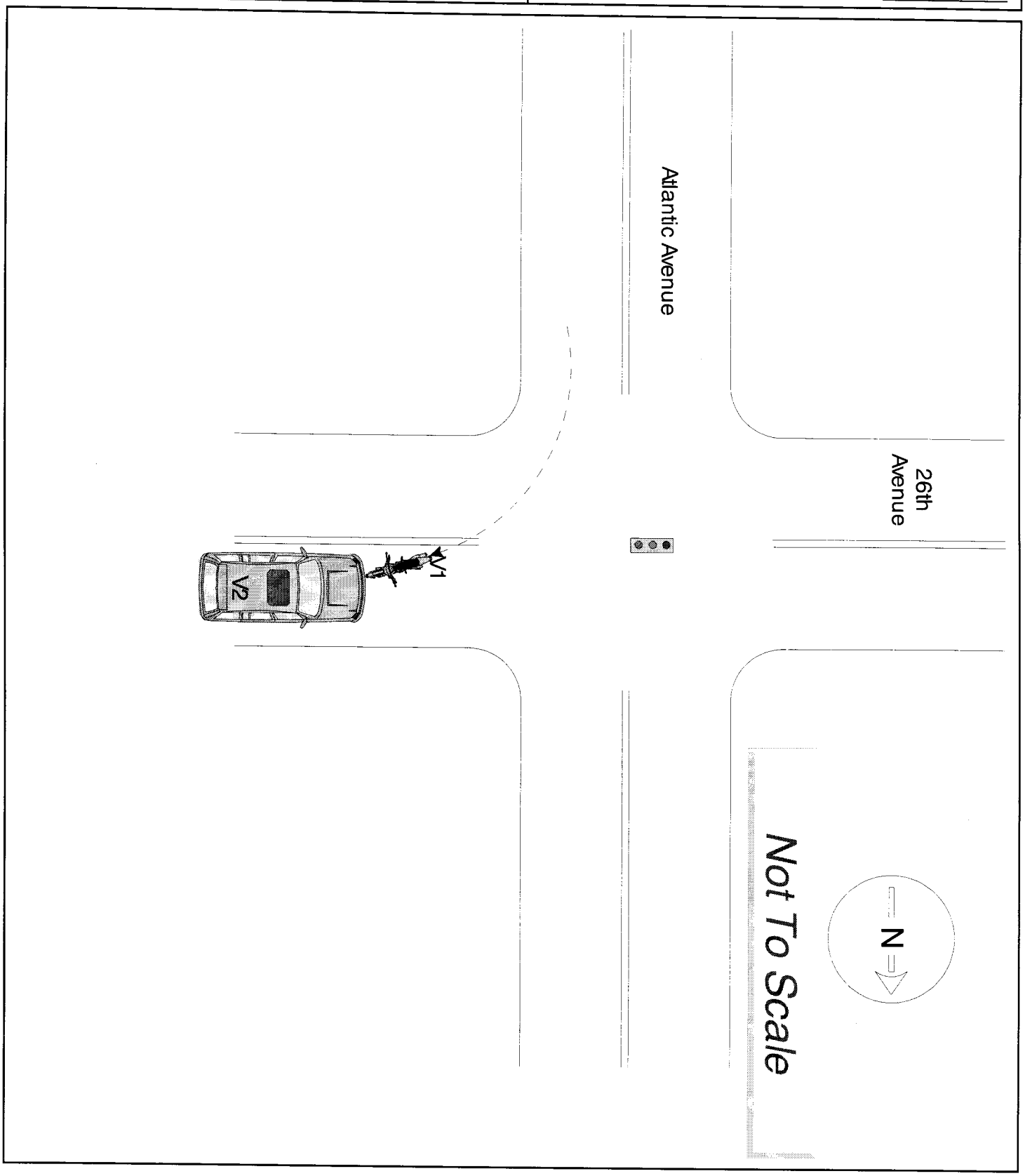
V1 was turning right onto 26th Avenue from Atlantic Avenue and lost control while turning. The loss of control resulted in V1 crashing head on with V2.

Box 55: PA Insurance- State Farm

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
PO Steven Ransom 261	261	MJM/235		☐Pending ☒Complete

NJTR-1 (Rev. 01/17)

New Jersey Police Crash Investigation Report	Police Dept. North Wildwood	Code 01
Motor Vehicle Crash Description	Station	Case No. 17-39468



NJTR-1B (rev. 01/17)

PO Steven Ransom 261
Officer's Signature

261
Badge Number

TRANSMISSION VERIFICATION REPORT

TIME : 10/17/2017 13:45
NAME : NORTH WILDWOOD PD
FAX : 6095222531
TEL : 6095222531
SER.# : BROH4J824932

DATE,TIME	10/17 13:44
FAX NO./NAME	9616661
DURATION	00:01:26
PAGE(S)	04
RESULT	OK
MODE	STANDARD

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