Rev. 7.6

Page 1 of 1 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100	01
101	02
102	01
103	01
104	2
105	02
106	--
107	00
108	2
109	00
110	01
111	00
112	--
113	00
114	--
115	00
116	04
117	04

1 Case Number: 14-041266

2 Police Department of: LAKEWOOD TOWNSHIP POLICE DEPT. Code: 01

3 Station/Precinct: -

10 Crash Occurred On: 2ND ST (Road Name) Dir

11 Speed Limit: 25

12 Route No. Suffix 13 Milepost

14: 300 ☐ At Intersection with ☒ Feet ☐ Miles 15

16: ☐ N ☐ E ☐ S ☐ W of: CLIFTON AVE

17 Cross Road Name

18 Speed Limit: 25

19 RAMP ☐ To: - ☐ From: 20 (Route No.) 20a ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude 22 Longitude

4 Date of Crash mm dd yy: 06/23/2014

5 Day of Week: Monday

6 Time (use 2400 hrs): 07:19

7 Municipality Code: 1514

8 Total Killed: -

9 Total Injured: -

23 Veh No.: 1 24 Policy No.: NJA8249420 25 Ins Code: 810

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

26 Driver's First Name: - Init. Last Name: - - 29 Sex: -

27 Number and Street: - 30 Eyes: -

28 City: - State: - Zip: -

31 State: - 32 Driver's License No.: - 33 DOB mm dd yy: - 34 Expires mm yy: -

35 Owner's First Name: SONYA Init. Last Name: M DELGADO ☐ Same As Driver

36 Number and Street: 1616 COMMONWEALTH BLVD

37 City: TOMS RIVER State: NJ Zip: 08757

38 Make: NIS 39 Model: ALT 40 Color: WT 41 Year: 2010 42 Plate No.: ZMU67S 43 State: NJ

44 VIN Number: 1N4AL2EP1AC117492 45 Expires: 01-15

46 Vehicle Removed To: - ☐ Driven ☒ Left at Scene ☐ Towed ☐ Impounded ☐ Disabled

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

49 Hazardous Material: On Board ☐ Spill ☐ Name or Placard No.

50 Carrier No. ☐ USDOT ☐ Other*

51 Commercial Vehicle Weight: ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,000 lbs

52 Carrier Name

134 Crash Diagram (NOT TO SCALE) Indicate North

53 Veh No.: 2 54 Policy No.: - 55 Ins Code: -

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

56 Driver's First Name: - Init. Last Name: - - 59 Sex: -

57 Number and Street: - 60 Eyes: -

58 City: - State: - Zip: -

61 State: - 62 Driver's License No.: - 63 DOB mm dd yy: - 64 Expires mm yy: -

65 Owner's First Name: - Init. Last Name: - - ☐ Same As Driver

66 Number and Street: -

67 City: - State: - Zip: -

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

74 VIN Number: - 75 Expires: -

76 Vehicle Removed To: - ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impounded ☐ Disabled

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

79 Hazardous Material: On Board ☐ Spill ☐ Name or Placard No.

80 Carrier No. ☐ USDOT ☐ Other*

81 Commercial Vehicle Weight: ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,000 lbs

82 Carrier Name

118a	25
118b	--
119a	00
119b	00
120	--
121	00
122	--
123	00
124	10
125	00
126	04
127	04
128a	26
128b	--
128c	--
128d	--
129a	28
129b	00
129c	00
129d	00
130	11
131	11
132	00
133	00

135 Crash Description

Owner of vehicle 1 stated that she had her vehicle parked in front of 321 2nd St . last night and this morning she saw that someone crashed into the front of her vehicle. A note was left on the windshield, the said "I damaged your car. Please call me @ 848-525-8594 Thank you" .

136 Damage To Other Property: none

Oper. 1 137 Charge ☐ Multiple Charges 138 Summons No.

Oper. 2 139 Charge ☐ Multiple Charges 140 Summons No.

141 Officer's Signature: PEDRE A

142 Badge No.: 269

143 Reviewed By: Lt J Goertz Badge No.: 251

144 Case Status: ☒ Pending ☐ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	00		U	00	00	00	00	00	00	00	- - - DRIVER VEHICLE 2 - - - -
B														
C														
D														
E														