

|    |                                                                                                                                                                                                                                                                                                     |  |                                |  |                                                     |  |  |  |  |  |                                                 |  |                                                                                                                                                                                                                                                                                                     |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      |                               |  |      |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|-----------------------------------------------------|--|--|--|--|--|-------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|-------------------------------|--|--------------------------------|------------------------------------------------|-------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------|------|-------------------------------|--|------|
| 96 | Page 1 of 3                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Fatal |  | <b>New Jersey Police Crash Investigation Report</b> |  |  |  |  |  |                                                 |  |                                                                                                                                                                                                                                                                                                     |  |                                        |  |                               |  |                                | <input checked="" type="checkbox"/> Reportable |                                                       | <input type="checkbox"/> Non-Reportable |                                                                                                                        | <input type="checkbox"/> Change Report |                                                    | 118a |                               |  |      |
| 05 | 1. Case Number<br><b>2021-00081786</b>                                                                                                                                                                                                                                                              |  |                                |  |                                                     |  |  |  |  |  | 10. Crash Occurred On: <b>FORT ST</b>           |  |                                                                                                                                                                                                                                                                                                     |  |                                        |  |                               |  |                                |                                                | 11. Speed Limit<br><b>2 5</b>                         |                                         |                                                                                                                        |                                        |                                                    |      | 00                            |  |      |
| 01 | 2. Police Dept. of<br><b>Brick Police</b>                                                                                                                                                                                                                                                           |  |                                |  |                                                     |  |  |  |  |  | Code<br><b>01</b>                               |  | Road Name<br><b>W</b>                                                                                                                                                                                                                                                                               |  |                                        |  |                               |  |                                |                                                |                                                       |                                         | Dir<br><b>2 5</b>                                                                                                      |                                        | 12. Route No. Suffix                               |      | 13. Milepost                  |  | 118b |
| 06 | 3. Station/Precinct                                                                                                                                                                                                                                                                                 |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | At Intersection with<br><input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles                                                                                                                                                                                                     |  |                                        |  |                               |  |                                |                                                |                                                       |                                         | <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W |                                        | of: <b>West Princeton Avenue</b>                   |      | 18. Speed Limit<br><b>2 5</b> |  | 119a |
| 07 | 4. Date of Crash<br>mm dd yy<br><b>1 2 0 7 2 1</b>                                                                                                                                                                                                                                                  |  |                                |  |                                                     |  |  |  |  |  | 5. Day of Week<br>Su M Tu W Th F Sa<br><b>1</b> |  | 6. Time (use 2400 hrs.)<br>mm hh<br><b>2 1 1 0</b>                                                                                                                                                                                                                                                  |  | 7. Municipality Code<br><b>1 5 0 6</b> |  | 8. Total Killed<br><b>- -</b> |  | 9. Total Injured<br><b>- -</b> |                                                | 19. To: 17. Cross Road Name/Route No.<br>Ramp From: - |                                         | <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB        |                                        | 21. Latitude 20 Route Name/Route No. 22. Longitude |      | 119b                          |  |      |
| 01 | 23. Veh. # 24. Policy No.<br><b>01</b>                                                                                                                                                                                                                                                              |  |                                |  |                                                     |  |  |  |  |  | 25. NJ Ins. Code                                |  | 53. Veh. # 54. Policy No.<br><b>02 939650625</b>                                                                                                                                                                                                                                                    |  |                                        |  |                               |  |                                |                                                |                                                       |                                         | 55. NJ Ins. Code<br><b>054</b>                                                                                         |                                        |                                                    |      | 120a                          |  |      |
| 04 | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input checked="" type="checkbox"/> Hit & Run                                                                                                        |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                                                                                        |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 120b                          |  |      |
| 01 | 26. Driver's First Name Initial Last Name<br><b>HIT AND RUN</b>                                                                                                                                                                                                                                     |  |                                |  |                                                     |  |  |  |  |  | 29. Sex<br><b>F</b>                             |  | 56. Driver's First Name Initial Last Name                                                                                                                                                                                                                                                           |  |                                        |  |                               |  |                                |                                                |                                                       |                                         | 59. Sex                                                                                                                |                                        |                                                    |      | 121a                          |  |      |
| 01 | 27. Number & Street                                                                                                                                                                                                                                                                                 |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 57. Number & Street                                                                                                                                                                                                                                                                                 |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 121b                          |  |      |
| 01 | 28. City State Zip                                                                                                                                                                                                                                                                                  |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 58. City State Zip                                                                                                                                                                                                                                                                                  |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      |                               |  |      |
| 02 | 30. Eyes DL Class Restrictions Endorsements 31. State                                                                                                                                                                                                                                               |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 60. Eyes DL Class Restrictions Endorsements 61. State                                                                                                                                                                                                                                               |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 122                           |  |      |
| 02 | 32. Driver's License Number 33. DOB mm dd yy 34. Expires mm yy                                                                                                                                                                                                                                      |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 62. Driver's License Number 63. DOB mm dd yy 64. Expires mm yy                                                                                                                                                                                                                                      |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 123                           |  |      |
| 02 | 35. Owner's First Name Initial Last Name                                                                                                                                                                                                                                                            |  |                                |  |                                                     |  |  |  |  |  | <input type="checkbox"/> Same as Driver         |  | 65. Owner's First Name Initial Last Name                                                                                                                                                                                                                                                            |  |                                        |  |                               |  |                                |                                                |                                                       |                                         | <input type="checkbox"/> Same as Driver                                                                                |                                        | <b>Quincy T Patterson</b>                          |      | 124                           |  |      |
| 02 | 36. Number & Street                                                                                                                                                                                                                                                                                 |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 66. Number & Street<br><b>1612 FORT ST</b>                                                                                                                                                                                                                                                          |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 125                           |  |      |
| 01 | 37. City State Zip                                                                                                                                                                                                                                                                                  |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 67. City State Zip<br><b>BRICK TOWNSHIP NJ 08724</b>                                                                                                                                                                                                                                                |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 126a                          |  |      |
| 01 | 38. Make 39. Model 40. Color 41. Year 42. Plate No. 43. State                                                                                                                                                                                                                                       |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 68. Make 69. Model 70. Color 71. Year 72. Plate No. 73. State<br><b>Mazda MAZDA 3 BK 2006 X51KHY NJ</b>                                                                                                                                                                                             |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 126b                          |  |      |
| 00 | 44. VIN 45. Expires                                                                                                                                                                                                                                                                                 |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 74. VIN 75. Expires<br><b>J M 1 B K 3 2 F 8 6 1 4 1 6 5 0 2 08/22</b>                                                                                                                                                                                                                               |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 126c                          |  |      |
| 01 | 46. Vehicle Removed to:                                                                                                                                                                                                                                                                             |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 76. Vehicle Removed to:                                                                                                                                                                                                                                                                             |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 126d                          |  |      |
| 00 | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                           |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                           |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 126e                          |  |      |
| 00 | 47. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                          |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 77. Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                          |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 127a                          |  |      |
| 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: <b>0.00</b> % <input type="checkbox"/> Pending |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 78. 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: <b>0.00</b> % <input type="checkbox"/> Pending |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 127b                          |  |      |
| 04 | 49. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.                                                                                                                                     |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 79. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.                                                                                                                                     |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 127c                          |  |      |
| 04 | 50. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX                                                                                                                                                                           |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 80. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX                                                                                                                                                                           |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 127d                          |  |      |
| 04 | 51. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs.                                                                                                                          |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 81. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs.                                                                                                                          |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 127e                          |  |      |
| 04 | 52. Motor Carrier or Government Entity                                                                                                                                                                                                                                                              |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | 82. Motor Carrier or Government Entity                                                                                                                                                                                                                                                              |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 128                           |  |      |
| 04 | Number & Street                                                                                                                                                                                                                                                                                     |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | Number & Street                                                                                                                                                                                                                                                                                     |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 129                           |  |      |
| 04 | City State Zip                                                                                                                                                                                                                                                                                      |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | City State Zip                                                                                                                                                                                                                                                                                      |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 130                           |  |      |
| 04 | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                |  |                                |  |                                                     |  |  |  |  |  |                                                 |  |                                                                                                                                                                                                                                                                                                     |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      | 131                           |  |      |
| 04 | Oper. 136. Charge                                                                                                                                                                                                                                                                                   |  |                                |  |                                                     |  |  |  |  |  | 137. Summons No.                                |  | Oper. 138. Charge                                                                                                                                                                                                                                                                                   |  |                                        |  |                               |  |                                |                                                |                                                       |                                         | 139. Summons No.                                                                                                       |                                        |                                                    |      | 133                           |  |      |
| 04 | Oper. 140. Charge                                                                                                                                                                                                                                                                                   |  |                                |  |                                                     |  |  |  |  |  | 141. Summons No.                                |  | Oper. 142. Charge                                                                                                                                                                                                                                                                                   |  |                                        |  |                               |  |                                |                                                |                                                       |                                         | 143. Summons No.                                                                                                       |                                        |                                                    |      | 134                           |  |      |
| 04 | 83 84 85 86 87 88 89 90 91 92 93 94 95                                                                                                                                                                                                                                                              |  |                                |  |                                                     |  |  |  |  |  |                                                 |  | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death                                                                                                                                                                                                                                 |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      |                               |  |      |
| A  | 01 01 01 00 0 F 00 00                                                                                                                                                                                                                                                                               |  |                                |  |                                                     |  |  |  |  |  | 00 00                                           |  | 00 0                                                                                                                                                                                                                                                                                                |  |                                        |  |                               |  |                                |                                                |                                                       |                                         | HIT AND RUN<br>0                                                                                                       |                                        |                                                    |      |                               |  |      |
| B  |                                                                                                                                                                                                                                                                                                     |  |                                |  |                                                     |  |  |  |  |  |                                                 |  |                                                                                                                                                                                                                                                                                                     |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      |                               |  |      |
| C  |                                                                                                                                                                                                                                                                                                     |  |                                |  |                                                     |  |  |  |  |  |                                                 |  |                                                                                                                                                                                                                                                                                                     |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      |                               |  |      |
| D  |                                                                                                                                                                                                                                                                                                     |  |                                |  |                                                     |  |  |  |  |  |                                                 |  |                                                                                                                                                                                                                                                                                                     |  |                                        |  |                               |  |                                |                                                |                                                       |                                         |                                                                                                                        |                                        |                                                    |      |                               |  |      |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2021-00081786 |    |                                                                     | Page <u>2</u> of <u>3</u> |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|---------------------------|--|
| E<br><br>F<br><br>G<br><br>H<br><br>I<br><br>J  | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |                           |  |

144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Investigation revealed Vehicle 2 was parked legally, and unoccupied, in front of 1612 Front Street (approximately 140 feet east of West Princeton Avenue). Vehicle 1 was traveling westbound on Front Street, toward West Princeton Avenue, when its passenger side struck the driver side of Vehicle 2. Vehicle 2 sustained minor damage (broken side view mirror; scratches on door). Vehicle 1 continued traveling westbound on Fort Street to an unknown location.

The owner of vehicle 2 has "Ring" camera footage of the crash. On the footage, Vehicle 1 was observed crashing into Vehicle 2 at 1806 hours. Vehicle 1's make and model could not be determined, but from the footage it was a coupe, white in color.

|                                            |                     |                                   |                |                                                                                                   |
|--------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Kyle W Patrick | 147. Badge #<br>296 | 148. Reviewer<br>Anthony S DeMaio | Badge #<br>194 | 149. Case Status<br><input checked="" type="checkbox"/> Pending <input type="checkbox"/> Complete |
|--------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01  
Station:        Case No: 2021-00081786

144 Crash Diagram (NOT TO SCALE)

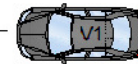
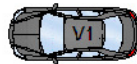
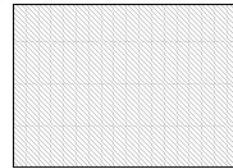
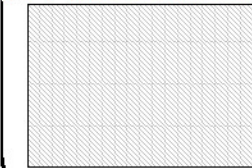
○ Indicate  
North

West Princeton Avenue

State Highway 88

1612 West Princeton

1612 Fort St



Fort Street

*Not To Scale*



Kyle W Patrick

Officer's Signature

296

Badge Number