Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: **2022001845**

2. Police Dept. of: **Galloway Township Police Departme** Code: **01**

3. Station/Precinct: -

10. Crash Occurred On: **1 S New York Rd** (Road Name) - (Dir)

☐ At Intersection with
☐ Feet ☐ N ☐ E
☐ Miles ☐ S ☐ W
- (14) (15) (16)

of: -

11. Speed Limit: - -

12. Route No.: - - - -

Suffix: -

13. Milepost: - - - . - -

18. Speed Limit: - -

19. Ramp ☐ To: ☐ From:

17. Cross Road Name/Route No.: -

☐ NB ☐ EB ☐ SB ☐ WB

4. Date of Crash mm dd yy: 01 17 22

5. Day of Week: Su M Tu W Th F Sa

6. Time (use 2400 hrs.): 1417

7. Municipality Code: 0111

8. Total Killed: 00

9. Total Injured: 00

20 Route Name/Route No.

21. Latitude: 39.493340

22. Longitude: 74.458650

Driver 1

23. Veh. #: 1

24. Policy No.: 00482393U71016

25. NJ Ins. Code: 355

☐ Parked ☐ Ped ☐ Pedalcylist ☐ Resp. to Emergency ☐ Hit & Run

26. Driver's First Name: **Donald** Initial: **S** Last Name: **Cleary**

29. Sex: **M**

27. Number & Street: **10 Wicklow Ter**

28. City: **Galloway** State: **NJ** Zip: **08205**

30. Eyes: 04 DL Class: -D Restrictions: ---0 Endorsements: -0

31. State: **NJ**

32. Driver's License Number: **C5210 17382 04374**

33. DOB mm dd yy: 04 03 37

34. Expires mm yy: 04 22

35. Owner's First Name Initial Last Name

☒ Same as Driver — **SAME AS DRIVER**

36. Number & Street:

37. City State Zip:

38. Make: **LEXS** 39. Model: **ES3** 40. Color: **TAN** 41. Year: **11** 42. Plate No.: **KC1061** 43. State: **NJ**

44. VIN: **JTHBK1EG8B2431450**

45. Expires: 05 22

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: -

Driver 2

53. Veh. #: 2

54. Policy No.: 942819385

55. NJ Ins. Code: 134

☒ Parked ☐ Ped ☐ Pedalcylist ☐ Resp. to Emergency ☐ Hit & Run

56. Driver's First Name: - Initial: - Last Name: -

59. Sex: -

57. Number & Street: -

58. City: - State: - Zip: -

60. Eyes: -- DL Class: -- Restrictions: ---- Endorsements: --

61. State:

62. Driver's License Number:

63. DOB mm dd yy: ------

64. Expires mm yy:

65. Owner's First Name: **Kourtney** Initial: **M** Last Name: **Kachnic**

☐ Same as Driver

66. Number & Street: **201 4th Street North**

67. City: **Brigantine** State: **NJ** Zip: **08203**

68. Make: **NISS** 69. Model: **ALT** 70. Color: **RED** 71. Year: **12** 72. Plate No.: **V96NPY** 73. State: **NJ**

74. VIN: **1N4AL2EP0CC102436**

75. Expires: 04 22

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.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
1	-	-	2	-	-
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.
1	-	-	2	-	-

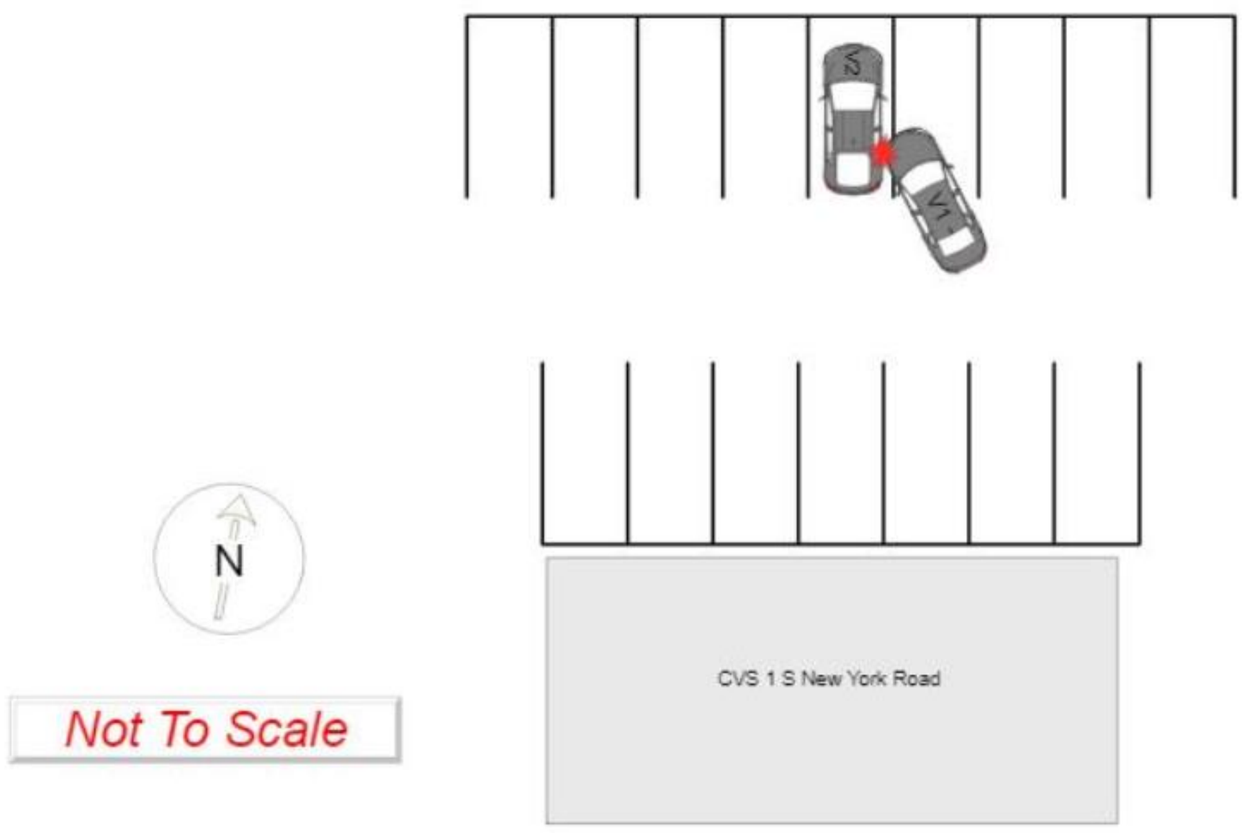
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A	1	01	01	05	84	M	-	-	-	11	04	-	-	Cleary, Donald S & 10 Wicklow Ter, Galloway, NJ, 08205
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-

NJTR-1 (Rev. 01/17)

	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

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

Upon arrival, involved vehicles were parked in stalls next to each other.

D1 stated he was attempting to park and made contact with the right rear side of V2 while doing so.

V2 was parked and unoccupied. D2 did not observe the impact. She was informed by a witness/co-worker who notified her. She provided all necessary documents.

Block 118a* D1 misjudged the distance between vehicles when attempting to park.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
Garrison, Steven	0090	Weigle, Daniel	0092	☐ Pending ☒ Complete