

96	Page ____ of ____ ☐ Fatal														New Jersey Police Crash Investigation Report														☐ Reportable ☐ Non-Reportable ☐ Change Report														118a																																									
97	1. Case Number 2. Police Dept. of _____ Code _____ 3. Station/Precinct _____ 4. Date of Crash mm dd yy 5. Day of Week Su M Tu W Th F Sa 6. Time (use 2400 hrs.) 7. Municipality Code 8. Total Killed 9. Total Injured														10. Crash Occurred On: _____ Road Name _____ Dir _____ ☐ At Intersection with ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: _____ 11. Speed Limit 12. Route No. _____ 13. Milepost _____ 14. _____ 15. _____ 16. _____ 17. Cross Road Name/Route No. _____ 18. Speed Limit 19. ☐ To: _____ ☐ From: _____ 20. Route Name/Route No. _____ 21. Latitude _____ 22. Longitude _____														☐ NB ☐ EB ☐ SB ☐ WB														118b																																									
98															119a																																																																					
99															119b																																																																					
100a															120a																																																																					
100b	23. Veh. # 24. Policy No. _____ ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run														25. NJ Ins. Code _____														53. Veh. # 54. Policy No. _____ ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run														55. NJ Ins. Code _____														120b																											
101	26. Driver's First Name _____ Initial _____ Last Name _____														29. Sex _____														56. Driver's First Name _____ Initial _____ Last Name _____														59. Sex _____														121a																											
102	27. Number & Street _____														57. Number & Street _____																												121b																																									
103	28. City _____ State _____ Zip _____														58. City _____ State _____ Zip _____																																																																					
104	30. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____ 31. State _____														60. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____ 61. State _____																												122																																									
105	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																											
106	35. Owner's First Name _____ Initial _____ Last Name _____ ☐ Same as Driver														65. Owner's First Name _____ Initial _____ Last Name _____ ☐ Same as Driver																												124																																									
107	36. Number & Street _____														66. Number & Street _____																												125																																									
108	37. City _____ State _____ Zip _____														67. City _____ State _____ Zip _____																												126a																																									
109	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 _____																												126b																																									
110	44. VIN _____ 45. Expires _____														74. VIN _____ 75. Expires _____																												126c																																									
111	46. Vehicle Removed to: _____														76. Vehicle Removed to: _____																												126d																																									
112	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded														☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded																												126e																																									
113	47. Authority ☐ Owner ☐ Driver ☐ Police														77. Authority ☐ Owner ☐ Driver ☐ Police																												127a																																									
114	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. _____														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. _____														127b																											
115	50. Carrier No. ☐ USDOT _____ ☐ None ☐ MC/MX _____														51. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.														80. Carrier No. ☐ USDOT _____ ☐ None ☐ MC/MX _____														81. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.														127c																											
116	52. Motor Carrier or Government Entity														82. Motor Carrier or Government Entity																												127d																																									
117	Number & Street														Number & Street																												127e																																									
City														State														Zip														City														State														Zip														128
135. Damage to Other Property ☐ Yes (If Yes, describe) ☐ No																																																								129																												
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																																																								132																												
Oper. 136. Charge														137. Summons No.														Oper. 138. Charge														139. Summons No.														133																												
Oper. 140. Charge														141. Summons No.														Oper. 142. Charge														143. Summons No.														134																												
A	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death																																																																						
B																																																																																				
C																																																																																				
D																																																																																				

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E F G H I J	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death		

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)

615 E. Moss Mill Road
Unit 58

Decorative
Plate

Damaged brick paver
and wood porch

Pedestrian

N

Not To Scale

145. Crash Description/Narrative

The Crash Description begins on continuation page

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
				☐ Pending ☐ Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: _____ Code: _____ Station: _____ Case No: _____
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145. Crash Description

On Tuesday, July 5th, 2022, I was dispatched to the area of 615 E. Moss Mill Road (Unit 58 Village Greene) for the report of a motor vehicle crash involving a dirt bike and a pedestrian. Upon arrival, I made contact with Kodiak Foy (D1). D1 stated that as he was driving his dirt bike through Village Greene, the pedestrian he struck walked in front of him causing the crash. The pedestrian was identified as Gianna Weller. Weller stated that as she was walking out of Paw Dazzle, the dirt bike was traveling across the front of the business from her left to right. Gianna advised that after she was on the front porch and in front of the dirt bike, she was unsure of which way to go at which point the dirt bike struck her. Gianna advised that she fell over and so did D1. Gianna said she grabbed the handlebars as D1 was trying to leave. V1 was located laying on the ground near the business. V1 sustained no visible damage. D1 complained of left arm pain. D1 was transported to Atlanticare Mainland Division. D1 was wearing a DOT helmet: ECE R 22-05. Gianna complained of wrist and arm pain. Gianna refused medical attention. D1's father, Stephen Foy, was notified and responded to the scene. D1 caused damage to Paw Dazzle's front porch (brick pavers and wood porch). D1 also damaged an \$85.00 decorative plate. Owner of Paw Dazzle: Claudine Tardiff DOB: 12-27-1969. DL: NJ - T05671287562692. Address: 615 E. Moss Mill Road 58. Phone: 609-703-3301. A witness, Elizabeth Wojslaw, confirmed Gianna's statement. Wojslaw said she observed V1 strike Gianna as it was traveling across the front of the Paw Dazzle.

Witness :

Name : Wojslaw, Elizabeth - 28618 W Channel, Long Grove, IL, 60047