

|      |                                                                                                     |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  |                                                              |  |                                                                                                                             |  |                                                                 |  |                             |      |                             |  |                     |  |                              |  |                                                                  |  |                             |  |      |
|------|-----------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|-----------------------------|------|-----------------------------|--|---------------------|--|------------------------------|--|------------------------------------------------------------------|--|-----------------------------|--|------|
| 96   | <input type="checkbox"/> Fatal                                                                      |  | New Jersey Police Crash Investigation Report                                                                                                                                                                                  |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  | <input checked="" type="checkbox"/> Reportable               |  | <input type="checkbox"/> Non-Reportable                                                                                     |  | <input type="checkbox"/> Change Report                          |  | 118a                        |      |                             |  |                     |  |                              |  |                                                                  |  |                             |  |      |
| 05   | 1. Case Number                                                                                      |  | 23053011                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  | 10. Crash Occurred On:                                       |  | 100 BELMONT DRIVE                                                                                                           |  | N                                                               |  | 11. Speed Limit             | 623  | 118b                        |  |                     |  |                              |  |                                                                  |  |                             |  |      |
| 97   | 2. Police Dept. of Franklin Township Police Department/Somerset Co.                                 |  | Code                                                                                                                                                                                                                          |  | 01                                                                                                                                                                                                                          |  | <input type="checkbox"/> At Intersection with                                                                                                                                                |  | <input type="checkbox"/> N <input type="checkbox"/> E                                                                                                                                                                         |  | <input type="checkbox"/> S <input type="checkbox"/> W                                                                                                                                                                       |  | 12. Route No.                                                |  | Suffix                                                                                                                      |  | 13. Milepost                                                    |  | 18. Speed Limit             | 119a |                             |  |                     |  |                              |  |                                                                  |  |                             |  |      |
| 01   | 3. Station/Precinct                                                                                 |  | FTP                                                                                                                                                                                                                           |  | 14                                                                                                                                                                                                                          |  | 15                                                                                                                                                                                           |  | 16                                                                                                                                                                                                                            |  | 17. Cross Road Name/Route No.                                                                                                                                                                                               |  | <input type="checkbox"/> NB <input type="checkbox"/> EB      |  | <input type="checkbox"/> SB <input type="checkbox"/> WB                                                                     |  | 19. <input type="checkbox"/> To: <input type="checkbox"/> From: |  | 20. Route Name/Route No.    |      | 21. Latitude                |  | 22. Longitude       |  | 119b                         |  |                                                                  |  |                             |  |      |
| 98   | 4. Date of Crash                                                                                    |  | 5. Day of Week                                                                                                                                                                                                                |  | 6. Time (use 2400 hrs.)                                                                                                                                                                                                     |  | 7. Municipality Code                                                                                                                                                                         |  | 8. Total Killed                                                                                                                                                                                                               |  | 9. Total Injured                                                                                                                                                                                                            |  | 53. Veh. #                                                   |  | 54. Policy No.                                                                                                              |  | 55. NJ Ins. Code                                                |  | 56. Driver's First Name     |      | 57. Number & Street         |  | 58. City            |  | 59. Sex                      |  | 119c                                                             |  |                             |  |      |
| 09   | 09/10/2023                                                                                          |  | Sunday                                                                                                                                                                                                                        |  | 1829                                                                                                                                                                                                                        |  | 1808                                                                                                                                                                                         |  | 0                                                                                                                                                                                                                             |  | 0                                                                                                                                                                                                                           |  | 02                                                           |  | 02                                                                                                                          |  | UNK                                                             |  | 01                          |      | 25 Fairview Avenue          |  | Edison              |  | NJ                           |  | 120a                                                             |  |                             |  |      |
| 100a | 23. Veh. #                                                                                          |  | 24. Policy No.                                                                                                                                                                                                                |  | 25. NJ Ins. Code                                                                                                                                                                                                            |  | 26. Driver's First Name                                                                                                                                                                      |  | 27. Number & Street                                                                                                                                                                                                           |  | 28. City                                                                                                                                                                                                                    |  | 29. Sex                                                      |  | 30. Eyes                                                                                                                    |  | 31. State                                                       |  | 32. Driver's License Number |      | 33. DOB                     |  | 34. Expires         |  | 35. Owner's First Name       |  | 36. Number & Street                                              |  | 120b                        |  |      |
| 01   | 4600362323                                                                                          |  | 100                                                                                                                                                                                                                           |  | 100                                                                                                                                                                                                                         |  | Initial                                                                                                                                                                                      |  | Last Name                                                                                                                                                                                                                     |  | State                                                                                                                                                                                                                       |  | Zip                                                          |  | 37. City                                                                                                                    |  | 38. Make                                                        |  | 39. Model                   |      | 40. Color                   |  | 41. Year            |  | 42. Plate No.                |  | 43. State                                                        |  | 120c                        |  |      |
| 100b | 01                                                                                                  |  | <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                  |  | 02                                                                                                                                                                                                                          |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input checked="" type="checkbox"/> Hit & Run |  | 30. Eyes                                                                                                                                                                                                                      |  | 31. State                                                                                                                                                                                                                   |  | 32. Driver's License Number                                  |  | 33. DOB                                                                                                                     |  | 34. Expires                                                     |  | 35. Owner's First Name      |      | 36. Number & Street         |  | 37. City            |  | 38. Make                     |  | 39. Model                                                        |  | 120d                        |  |      |
| 04   | 26. Driver's First Name                                                                             |  | Initial                                                                                                                                                                                                                       |  | Last Name                                                                                                                                                                                                                   |  | 29. Sex                                                                                                                                                                                      |  | 56. Driver's First Name                                                                                                                                                                                                       |  | Initial                                                                                                                                                                                                                     |  | Last Name                                                    |  | 59. Sex                                                                                                                     |  | 60. Eyes                                                        |  | 61. State                   |      | 62. Driver's License Number |  | 63. DOB             |  | 64. Expires                  |  | 65. Owner's First Name                                           |  | 66. Number & Street         |  | 120e |
| 101  | 27. Number & Street                                                                                 |  | 28. City                                                                                                                                                                                                                      |  | State                                                                                                                                                                                                                       |  | Zip                                                                                                                                                                                          |  | 57. Number & Street                                                                                                                                                                                                           |  | 58. City                                                                                                                                                                                                                    |  | State                                                        |  | Zip                                                                                                                         |  | 67. City                                                        |  | 68. Make                    |      | 69. Model                   |  | 70. Color           |  | 71. Year                     |  | 72. Plate No.                                                    |  | 73. State                   |  | 121a |
| 02   | 30. Eyes                                                                                            |  | DL Class                                                                                                                                                                                                                      |  | Restrictions                                                                                                                                                                                                                |  | Endorsements                                                                                                                                                                                 |  | 31. State                                                                                                                                                                                                                     |  | 60. Eyes                                                                                                                                                                                                                    |  | DL Class                                                     |  | Restrictions                                                                                                                |  | Endorsements                                                    |  | 61. State                   |      | 62. Driver's License Number |  | 63. DOB             |  | 64. Expires                  |  | 65. Owner's First Name                                           |  | 66. Number & Street         |  | 121b |
| 102  | 32. Driver's License Number                                                                         |  | 33. DOB                                                                                                                                                                                                                       |  | 34. Expires                                                                                                                                                                                                                 |  | 62. Driver's License Number                                                                                                                                                                  |  | 63. DOB                                                                                                                                                                                                                       |  | 64. Expires                                                                                                                                                                                                                 |  | 65. Owner's First Name                                       |  | 66. Number & Street                                                                                                         |  | 67. City                                                        |  | 68. Make                    |      | 69. Model                   |  | 70. Color           |  | 71. Year                     |  | 72. Plate No.                                                    |  | 73. State                   |  | 122  |
| 103  | 35. Owner's First Name                                                                              |  | Initial                                                                                                                                                                                                                       |  | Last Name                                                                                                                                                                                                                   |  | 65. Owner's First Name                                                                                                                                                                       |  | Initial                                                                                                                                                                                                                       |  | Last Name                                                                                                                                                                                                                   |  | 66. Number & Street                                          |  | 67. City                                                                                                                    |  | 68. Make                                                        |  | 69. Model                   |      | 70. Color                   |  | 71. Year            |  | 72. Plate No.                |  | 73. State                                                        |  | 74. VIN                     |  | 123  |
| 104  | 36. Number & Street                                                                                 |  | 37. City                                                                                                                                                                                                                      |  | State                                                                                                                                                                                                                       |  | Zip                                                                                                                                                                                          |  | 66. Number & Street                                                                                                                                                                                                           |  | 67. City                                                                                                                                                                                                                    |  | State                                                        |  | Zip                                                                                                                         |  | 74. VIN                                                         |  | 75. Expires                 |      | 76. Vehicle Removed to:     |  | 77. Authority       |  | 78. Alcohol Drug Test Given: |  | 79. Hazardous Material                                           |  | 80. Carrier No.             |  | 124  |
| 2    | 25 Fairview Avenue                                                                                  |  | Edison                                                                                                                                                                                                                        |  | NJ                                                                                                                                                                                                                          |  | 08817                                                                                                                                                                                        |  | 66. Number & Street                                                                                                                                                                                                           |  | 67. City                                                                                                                                                                                                                    |  | State                                                        |  | Zip                                                                                                                         |  | 74. VIN                                                         |  | 75. Expires                 |      | 76. Vehicle Removed to:     |  | 77. Authority       |  | 78. Alcohol Drug Test Given: |  | 79. Hazardous Material                                           |  | 80. Carrier No.             |  | 125  |
| 105  | 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           |  | 74. VIN                      |  | 75. Expires                                                      |  | 76. Vehicle Removed to:     |  | 126a |
| 06   | HONDA                                                                                               |  | ACCORD                                                                                                                                                                                                                        |  | WT                                                                                                                                                                                                                          |  | 2018                                                                                                                                                                                         |  | S27RGT                                                                                                                                                                                                                        |  | NJ                                                                                                                                                                                                                          |  | 68. Make                                                     |  | 69. Model                                                                                                                   |  | 70. Color                                                       |  | 71. Year                    |      | 72. Plate No.               |  | 73. State           |  | 74. VIN                      |  | 75. Expires                                                      |  | 76. Vehicle Removed to:     |  | 126b |
| 106  | 44. VIN                                                                                             |  | 45. Expires                                                                                                                                                                                                                   |  | 46. Vehicle Removed to:                                                                                                                                                                                                     |  | 47. Authority                                                                                                                                                                                |  | 48. Alcohol Drug Test Given:                                                                                                                                                                                                  |  | 49. Hazardous Material                                                                                                                                                                                                      |  | 50. Carrier No.                                              |  | 51. GVWR/GCWR (trucks & buses only)                                                                                         |  | 52. Motor Carrier or Government Entity                          |  | 53. Veh. #                  |      | 54. Policy No.              |  | 55. NJ Ins. Code    |  | 56. Driver's First Name      |  | 57. Number & Street                                              |  | 58. City                    |  | 126c |
| 01   | 1HGCV1F12JA051145                                                                                   |  | 09/30/2023                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                             |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                       |  | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                                                                                                                     |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                                                                                                              |  | <input type="checkbox"/> USDOT <input type="checkbox"/> None |  | <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs. |  | 82. Motor Carrier or Government Entity                          |  | 53. Veh. #                  |      | 54. Policy No.              |  | 55. NJ Ins. Code    |  | 56. Driver's First Name      |  | 57. Number & Street                                              |  | 58. City                    |  | 126d |
| 107  | 46. Vehicle Removed to:                                                                             |  | 47. Authority                                                                                                                                                                                                                 |  | 48. Alcohol Drug Test Given:                                                                                                                                                                                                |  | 49. Hazardous Material                                                                                                                                                                       |  | 50. Carrier No.                                                                                                                                                                                                               |  | 51. GVWR/GCWR (trucks & buses only)                                                                                                                                                                                         |  | 52. Motor Carrier or Government Entity                       |  | 53. Veh. #                                                                                                                  |  | 54. Policy No.                                                  |  | 55. NJ Ins. Code            |      | 56. Driver's First Name     |  | 57. Number & Street |  | 58. City                     |  | 59. Sex                                                          |  | 60. Eyes                    |  | 126e |
| 00   |                                                                                                     |  | <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                          |  | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                                                                                                                   |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                                                                               |  | <input type="checkbox"/> USDOT <input type="checkbox"/> None                                                                                                                                                                  |  | <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                                                                                                 |  | 82. Motor Carrier or Government Entity                       |  | 53. Veh. #                                                                                                                  |  | 54. Policy No.                                                  |  | 55. NJ Ins. Code            |      | 56. Driver's First Name     |  | 57. Number & Street |  | 58. City                     |  | 59. Sex                                                          |  | 60. Eyes                    |  | 126f |
| 108  | 48. Alcohol Drug Test Given:                                                                        |  | 49. Hazardous Material                                                                                                                                                                                                        |  | 50. Carrier No.                                                                                                                                                                                                             |  | 51. GVWR/GCWR (trucks & buses only)                                                                                                                                                          |  | 52. Motor Carrier or Government Entity                                                                                                                                                                                        |  | 53. Veh. #                                                                                                                                                                                                                  |  | 54. Policy No.                                               |  | 55. NJ Ins. Code                                                                                                            |  | 56. Driver's First Name                                         |  | 57. Number & Street         |      | 58. City                    |  | 59. Sex             |  | 60. Eyes                     |  | 61. State                                                        |  | 62. Driver's License Number |  | 127a |
| 109  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                                                                                                                |  | <input type="checkbox"/> USDOT <input type="checkbox"/> None                                                                                                                                                                |  | <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                                                                  |  | 82. Motor Carrier or Government Entity                                                                                                                                                                                        |  | 53. Veh. #                                                                                                                                                                                                                  |  | 54. Policy No.                                               |  | 55. NJ Ins. Code                                                                                                            |  | 56. Driver's First Name                                         |  | 57. Number & Street         |      | 58. City                    |  | 59. Sex             |  | 60. Eyes                     |  | 61. State                                                        |  | 62. Driver's License Number |  | 127b |
| 110  | Results: <input type="checkbox"/> % <input type="checkbox"/> Pending                                |  | Hazard Class                                                                                                                                                                                                                  |  | Placard No.                                                                                                                                                                                                                 |  | 80. Carrier No.                                                                                                                                                                              |  | 81. GVWR/GCWR (trucks & buses only)                                                                                                                                                                                           |  | 82. Motor Carrier or Government Entity                                                                                                                                                                                      |  | 53. Veh. #                                                   |  | 54. Policy No.                                                                                                              |  | 55. NJ Ins. Code                                                |  | 56. Driver's First Name     |      | 57. Number & Street         |  | 58. City            |  | 59. Sex                      |  | 60. Eyes                                                         |  | 61. State                   |  | 127c |
| 111  | 50. Carrier No.                                                                                     |  | 51. GVWR/GCWR (trucks & buses only)                                                                                                                                                                                           |  | 52. Motor Carrier or Government Entity                                                                                                                                                                                      |  | 53. Veh. #                                                                                                                                                                                   |  | 54. Policy No.                                                                                                                                                                                                                |  | 55. NJ Ins. Code                                                                                                                                                                                                            |  | 56. Driver's First Name                                      |  | 57. Number & Street                                                                                                         |  | 58. City                                                        |  | 59. Sex                     |      | 60. Eyes                    |  | 61. State           |  | 62. Driver's License Number  |  | 63. DOB                                                          |  | 64. Expires                 |  | 127d |
| 112  | <input type="checkbox"/> USDOT <input type="checkbox"/> None                                        |  | <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                                                                                                   |  | 82. Motor Carrier or Government Entity                                                                                                                                                                                      |  | 53. Veh. #                                                                                                                                                                                   |  | 54. Policy No.                                                                                                                                                                                                                |  | 55. NJ Ins. Code                                                                                                                                                                                                            |  | 56. Driver's First Name                                      |  | 57. Number & Street                                                                                                         |  | 58. City                                                        |  | 59. Sex                     |      | 60. Eyes                    |  | 61. State           |  | 62. Driver's License Number  |  | 63. DOB                                                          |  | 64. Expires                 |  | 127e |
| 113  | 52. Motor Carrier or Government Entity                                                              |  | 53. Veh. #                                                                                                                                                                                                                    |  | 54. Policy No.                                                                                                                                                                                                              |  | 55. NJ Ins. Code                                                                                                                                                                             |  | 56. Driver's First Name                                                                                                                                                                                                       |  | 57. Number & Street                                                                                                                                                                                                         |  | 58. City                                                     |  | 59. Sex                                                                                                                     |  | 60. Eyes                                                        |  | 61. State                   |      | 62. Driver's License Number |  | 63. DOB             |  | 64. Expires                  |  | 65. Owner's First Name                                           |  | 66. Number & Street         |  | 127f |
| 114  | Number & Street                                                                                     |  | City                                                                                                                                                                                                                          |  | State                                                                                                                                                                                                                       |  | Zip                                                                                                                                                                                          |  | 57. Number & Street                                                                                                                                                                                                           |  | 58. City                                                                                                                                                                                                                    |  | State                                                        |  | Zip                                                                                                                         |  | 67. City                                                        |  | 68. Make                    |      | 69. Model                   |  | 70. Color           |  | 71. Year                     |  | 72. Plate No.                                                    |  | 73. State                   |  | 128  |
| 115  | Level of Autonomy                                                                                   |  | 150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown |  | 151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown |  | Level of Autonomy                                                                                                                                                                            |  | 152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown |  | 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown |  | 67. City                                                     |  | 68. Make                                                                                                                    |  | 69. Model                                                       |  | 70. Color                   |      | 71. Year                    |  | 72. Plate No.       |  | 73. State                    |  | 74. VIN                                                          |  | 75. Expires                 |  | 129  |
| 116  | 135. Damage to Other Property                                                                       |  | <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                        |  | 136. Charge                                                                                                                                                                                                                 |  | 137. Summons No.                                                                                                                                                                             |  | 138. Charge                                                                                                                                                                                                                   |  | 139. Summons No.                                                                                                                                                                                                            |  | 67. City                                                     |  | 68. Make                                                                                                                    |  | 69. Model                                                       |  | 70. Color                   |      | 71. Year                    |  | 72. Plate No.       |  | 73. State                    |  | 74. VIN                                                          |  | 75. Expires                 |  | 130  |
| 117  | Oper.                                                                                               |  | 140. Charge                                                                                                                                                                                                                   |  | 141. Summons No.                                                                                                                                                                                                            |  | Oper.                                                                                                                                                                                        |  | 142. Charge                                                                                                                                                                                                                   |  | 143. Summons No.                                                                                                                                                                                                            |  | 67. City                                                     |  | 68. Make                                                                                                                    |  | 69. Model                                                       |  | 70. Color                   |      | 71. Year                    |  | 72. Plate No.       |  | 73. State                    |  | 74. VIN                                                          |  | 75. Expires                 |  | 131  |
| 118  | 83                                                                                                  |  | 84                                                                                                                                                                                                                            |  | 85                                                                                                                                                                                                                          |  | 86                                                                                                                                                                                           |  | 87                                                                                                                                                                                                                            |  | 88                                                                                                                                                                                                                          |  | 89                                                           |  | 90                                                                                                                          |  | 91                                                              |  | 92                          |      | 93                          |  | 94                  |  | 95                           |  | Names & Addresses of Occupants If Deceased, Date & Time of Death |  | 132                         |  |      |
| 119  | A                                                                                                   |  | 02                                                                                                                                                                                                                            |  | 01                                                                                                                                                                                                                          |  | 00                                                                                                                                                                                           |  | 00                                                                                                                                                                                                                            |  | 00                                                                                                                                                                                                                          |  | 00                                                           |  | 00                                                                                                                          |  | 00                                                              |  | 00                          |      | 00                          |  | 00                  |  | 00                           |  | 00                                                               |  | 00                          |  | 133  |
| 120  | B                                                                                                   |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  |                                                              |  |                                                                                                                             |  |                                                                 |  |                             |      |                             |  |                     |  |                              |  |                                                                  |  |                             |  | 134  |
| 121  | C                                                                                                   |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  |                                                              |  |                                                                                                                             |  |                                                                 |  |                             |      |                             |  |                     |  |                              |  |                                                                  |  |                             |  | 135  |
| 122  | D                                                                                                   |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                              |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                             |  |                                                              |  |                                                                                                                             |  |                                                                 |  |                             |      |                             |  |                     |  |                              |  |                                                                  |  |                             |  | 136  |

|   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                     |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------------------------------------------------|
| E | 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



145. Crash Description/Narrative

On Sunday, September 10, 2023, at 1829, I responded to a crash on 100 BELMONT DRIVE. At the time of the crash, the weather was raining, and the road surface was wet.

Unit 1, Vehicle - White Honda Accord, Parked

Driver stated she arrived at work between 0545 and 0600 and the vehicle was not damaged. After her shift had ended, she came out and observed the damage to the vehicle. No note was left on the vehicle, and no one reported to the office that they had struck a vehicle in the parking lot.

Investigation reveals Vehicle#1 was struck by another vehicle in the parking lot during the day. There were no witnesses to the accident and no note was left on the vehicle. Driver of the Vehicle #1 will have HR check the security footage for any possible suspects or vehicle information.

\*\*\*Other Descriptions\*\*\*

02 - Hit & Run - Field 55

|                          |              |                 |         |                                                                               |
|--------------------------|--------------|-----------------|---------|-------------------------------------------------------------------------------|
| 146. Officer's Signature | 147. Badge # | 148. Reviewer   | Badge # | 149. Case Status                                                              |
| Hartnett, Richard        | 168          | Ellington, Ryan | 174     | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Complete |

**New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram**

Police Dept: Franklin Township Police Department/Somerset Co. Code: 01

Station: FTPD Case No: 23053011

144. Crash Diagram (NOT TO SCALE)

