

05 1 Case Number **16-51884** 10 Crash Occurred On **25** **Easton Avenue** 11 Speed Limit **25**

01 2 Police Dept of **New Brunswick** Code **01** 12 Route No. Suffix 13 Milepost 18 Speed Limit

01 3 Station/Precinct **01** 14  At Intersection with Road Name Dir 15  Feet  Miles  N  E of:  S  W 16 17 Cross Road Name 18 NB  EB  SB  WB

07 4 Date of Crash mm dd yy **08 10 16** 5 Day of Week **0** 6 Time (use 2400 hrs) **13 36** 7 Municipality Code **12114** 8 Total Killed **-** 9 Total Injured **-** 19 Ramp  To: 20 Route/Name 21 Latitude 22 Longitude

02 23 Veh No **1** 24 Policy No. **AOU-2382507854059** 25 Ins Code **090** 53 Veh No **2** 54 Policy No. **192600627** 55 Ins Code **003**

01 26 Driver's First Name Initial Last Name **Ana F Sanchez-Sivori** 29 Sex **F** 56 Driver's First Name Initial Last Name **Puja R Jivani** 59 Sex **F**

01 27 Number and Street **663 Hermann Rd.** 30 Eyes **2** 57 Number and Street **51 Joseph St.** 60 Eyes **2**

02 28 City **North Brunswick, NJ 08901** State Zip 58 City **Manalapan, NJ 07726** State Zip

08 31 State 32 Driver's License No 33 DOB mm dd yy **08 25 79** 34 Expires mm yy 61 State 62 Driver's License No 63 DOB mm dd yy **01 18 91** 64 Expires mm yy

35 Owner's First Name Initial Last Name  Same As Driver 65 Owner's First Name Initial Last Name  Same As Driver **Rasiklal Sivani**

36 Number and Street **663 Hermann Rd.** 66 Number and Street **51 Joseph St.**

37 City **North Brunswick, NJ 08902** State Zip 67 City **Manalapan, NJ 07726** State Zip

38 Make **Kia** 39 Model **Sorento** 40 Color **Bg** 41 Year **201** 42 Plate No. **L531480** 43 State **NJ** 68 Make **MB** 69 Model **Bk** 70 Color **Bk** 71 Year **201** 72 Plate No. **Y95EUA** 73 State **NJ**

44 VIN **5XYKT3A67EG486697** 45 Expires 74 VIN **WDCGG8HB9CF859484** 75 Expires

46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police

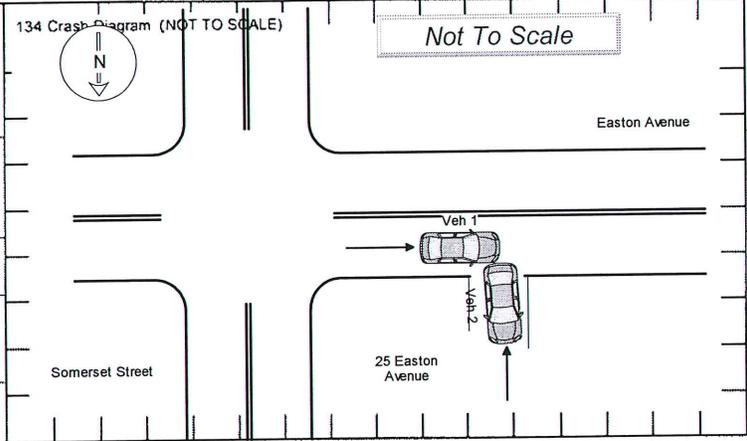
48 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.\_\_\_\_ %  Pending 78 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.\_\_\_\_ %  Pending

49 Hazardous Material Name or Placard No. On Board Spill   79 Hazardous Material Name or Placard No. On Board Spill

50 Carrier No.  USDOT  Other \* 80 Carrier No.  USDOT  Other \*

51 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs 81 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs

52 Carrier name 82 Carrier name



35 Crash Description

136 Damage To Other Property **None**

Oper. 137 Charge  Multiple Charges 138 Summons No. Oper. 139 Charge  Multiple Charges 140 Summons No.

141 Officer's Signature **PO Tammie Ward 7237** 142 Badge No. **JOHN QUICK 5156** 143 Reviewed By **JOHN QUICK 5156** 144 Case Status  Pending  Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	----	36	F	----	----	1	09	04	----	----	Sanchez-Sivori, Ana-663 Hermann Rd., North Brunswick, NJ
B	2	01	01	----	25	F	----	----	1	09	04	----	----	Jivani, Puja-51 Joseph St., Manalapan, NJ 07726
C														
D														
E														

New Jersey Police Crash Investigation Report  Motor Vehicle Crash Description	Police Dept: <u>New Brunswick</u> Code: <u>01</u> Station: _____ Case No: <u>16-51884</u>
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(Refer to vehicle by number)

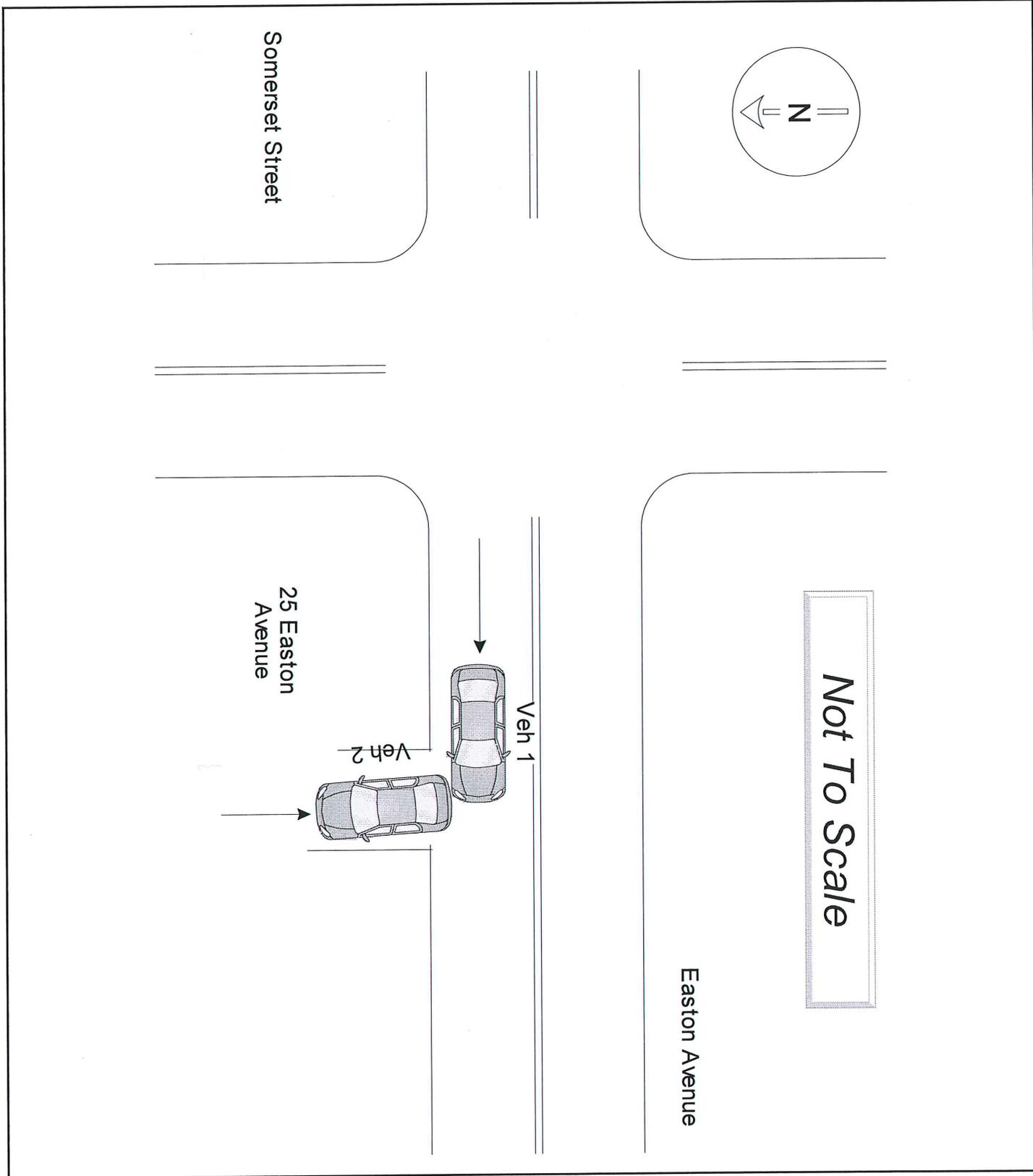
	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	F													
	G													
	H													
	I													
	J													

135 Crash Description

Vehicle 1 was traveling West on Easton Avenue. Vehicle 2 reversed out of the driveway of 25 Easton Avenue and struck Vehicle 1. Driver 2 failed to yield right of way to Vehicle 1. No reported injuries. Driver 2 stated Vehicle 1 was speeding.

PO Tammie Ward 7237

New Jersey Police Crash Investigation Report	Police Dept. <u>New Brunswick</u>	Code <u>01</u>
Motor Vehicle Crash Description	Station _____	Case No. <u>16-51884</u>



New Jersey Police Crash Investigation Report

Reportable  Non-Reportable  Change Report

96 05	Page ____ of ____ <input type="checkbox"/> Fatal		1 Case Number <b>16-51992</b>										10 Crash Occurred On <b>203 Livingston Avenue</b>		11 Speed Limit <b>2 5</b>		12 Route No.		13 Milepost		18 Speed Limit		118a 00		
97 01	2 Police Dept of <b>New Brunswick</b> Code <b>01</b>		3 Station/Precinct										<input type="checkbox"/> At Intersection with Road Name Dir <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of : <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W		19 Ramp <input type="checkbox"/> To: <input type="checkbox"/> From:		17 Cross Road Name		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		18 Speed Limit		118b ----		
98 01	4 Date of Crash <b>08 10 16</b>		5 Day of Week <b>Th</b>		6 Time (use 2400 hrs) <b>22 58</b>		7 Municipality Code <b>1214</b>		8 Total Killed		9 Total Injured		21 Latitude		20 Route/Name		22 Longitude		119a 25						
99 07	23 Veh No <b>1</b>		24 Policy No. <b>0882899-A18-30B</b>		25 Ins Code <b>896</b>		53 Veh No <b>2</b>		54 Policy No. <b>UNK</b>		55 Ins Code		<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input 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				119b ----						
100 01	26 Driver's First Name <b>Anionette</b>		Initial <b>L</b>		Last Name <b>Lagrace</b>		29 Sex <b>M</b>		56 Driver's First Name		Initial		Last Name		59 Sex				120 01						
101 02	27 Number and Street <b>14-1 Model Avenue</b>		State		Zip		30 Eyes <b>2</b>		57 Number and Street		State		Zip		60 Eyes				121 ----						
102 01	28 City <b>Hopewell, NJ 08901</b>		State		Zip		31 State		62 Driver's License No		63 DOB		64 Expires		65 DOB		66 Expires		122 ----						
103 01	35 Owner's First Name <b>Anionette</b>		Initial		Last Name <b>Lagrace</b>		<input checked="" type="checkbox"/> Same As Driver		65 Owner's First Name <b>Valentin</b>		Initial		Last Name <b>Shikman</b>		<input checked="" type="checkbox"/> Same As Driver				123 ----						
104 02	36 Number and Street <b>14-1 Model Avenue</b>		State		Zip		66 Number and Street <b>74 Madison Gardens Bldg 5</b>		State		Zip								124 01						
105 06	37 City <b>Hopewell, NJ 08901</b>		State		Zip		67 City <b>Old Bridge, NJ 08857-2805</b>		State		Zip								125 10						
106 ----	38 Make <b>GMC</b>		39 Model <b>ACA</b>		40 Color <b>Gry</b>		41 Year <b>201</b>		42 Plate No. <b>Y43GJA</b>		43 State <b>NJ</b>		68 Make <b>FOR</b>		69 Model <b>ECO</b>		70 Color <b>WT</b>		71 Year <b>03</b>		72 Plate No. <b>XDSB20</b>		73 State <b>NJ</b>		126 04
107 ----	44 VIN <b>1GKKVRKD8EJ150815</b>		45 Expires <b>02/17</b>		74 VIN <b>1FTSE34L53HB18938</b>		75 Expires <b>06/17</b>		46 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input checked="" type="checkbox"/> Towed		47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		76 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input checked="" type="checkbox"/> Towed		77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police						127 ----				
108 01	48 Alcohol/Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Results: 0.____ % <input type="checkbox"/> Pending		49 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/>		Name or Placard No.		78 Alcohol/Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Results: 0.____ % <input type="checkbox"/> Pending		79 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/>		Name or Placard No.		128a 28				
109 03	50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *		51 Commercial Vehicle Weight <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs		52 Carrier name		134 Crash Diagram (NOT TO SCALE)				80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *		81 Commercial Vehicle Weight <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs		82 Carrier name						128b ----				
110 01	135 Crash Description <b>Vehicle 1 traveling south on Livingston Ave struck parked vehicle that was parked facing south in front of 203 Livingston Ave. Driver 1 stated she was driving straight when she scene vehicle 2 approaching in her lane causing her to swerve and hit parked vehicle. Driver 1 stated vehicle 2 turned around and then left the scene.</b>																		128c ----						
111 02	136 Damage To Other Property																		128d ----						
112 01	Oper. <input type="checkbox"/> Charge <input type="checkbox"/> Multiple Charges		138 Summons No.		Oper. <input type="checkbox"/> Charge <input type="checkbox"/> Multiple Charges		140 Summons No.												129a 26						
113 01	141 Officer's Signature <b>PO Reinaldo Rodriguez 7251</b>		142 Badge No. <b>7251</b>		143 Reviewed By <b>5212</b>		Badge No.		144 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete										129b 56						

		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	----	41	M	----	----	1	04	04	----	----	Lagrace, Anionette-14-1 Model Avenue , Hopewell, NJ 08901		
B																
C																
D																
E																

New Jersey Police Crash Investigation Report

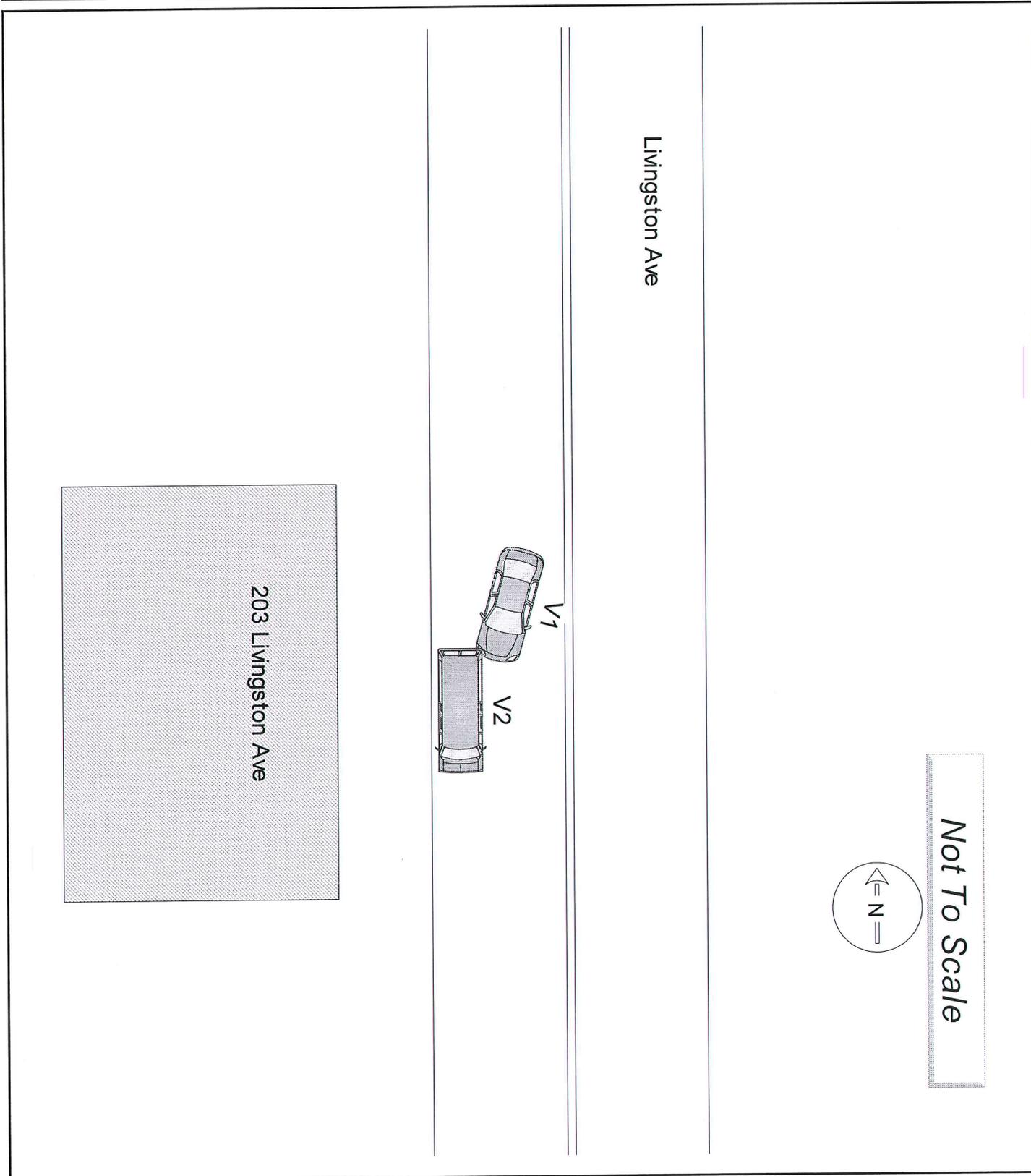
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station \_\_\_\_\_

Case No. 16-51992





New Jersey Police Crash Investigation Report

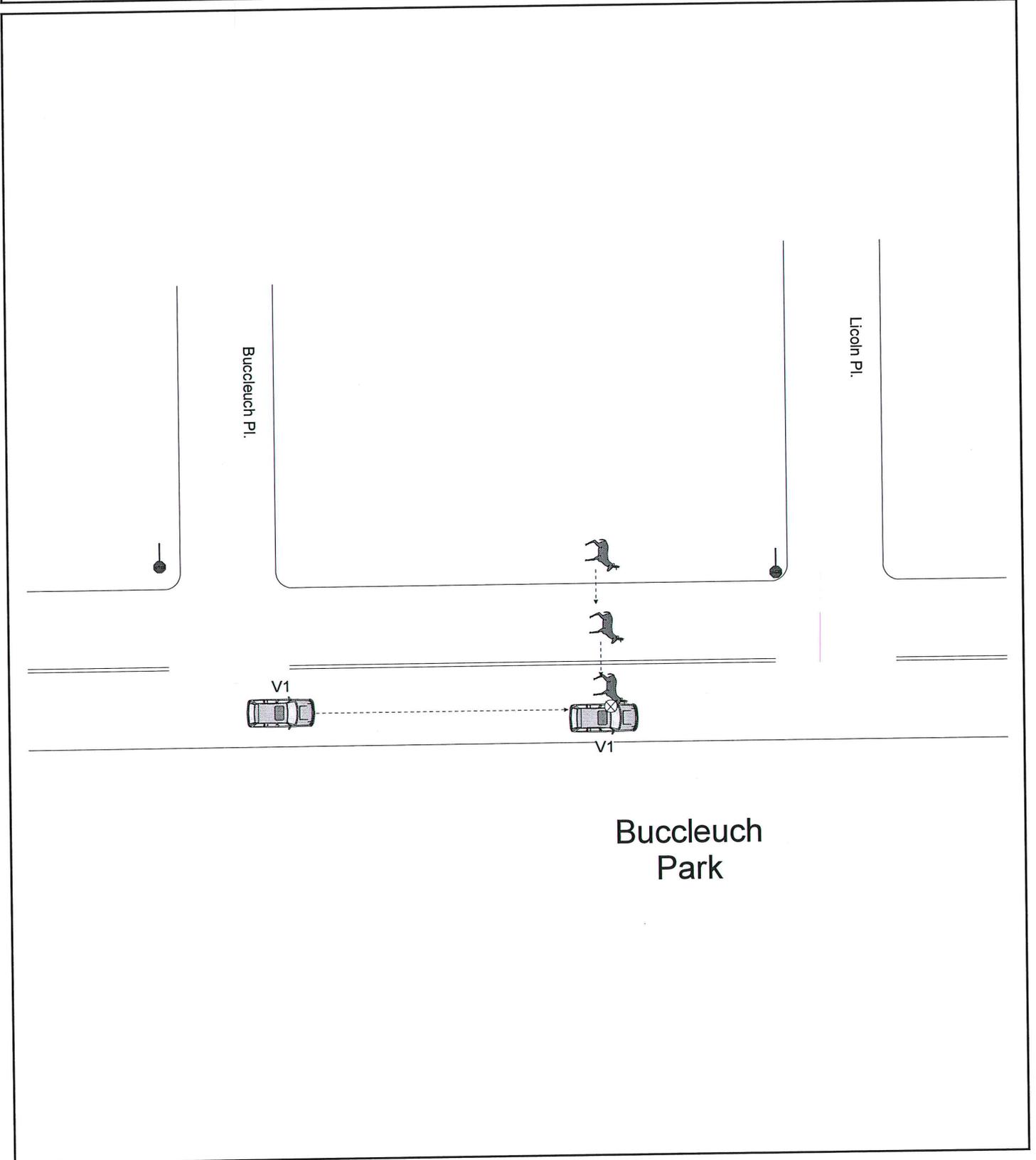
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station \_\_\_\_\_

Case No. 16-52000



PO James Bennett 7315

Officer's Signature

7315

Badge Number

New Jersey Police Crash Investigation Report

Reportable  Non-Reportable  Change Report

96 Page 05 of 05  Fatal

97 1 Case Number **16-52004** 10 Crash Occurred On: **George Street** 11 Speed Limit **2** 118a **02**

98 2 Police Dept of **New Brunswick** Code **01** 12 Route No. Suffix 13 Milepost 18 Speed Limit **55** 118b

99 3 Station/Precinct **01**  At Intersection with  N  E of: **State Route 18 NB**  S  W 119a

100 4 Date of Crash **08/10/16** 5 Day of Week **W** 6 Time (use 2400 hrs) **2339** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **0** 19 Ramp  From: **Rt. 18** 17 Cross Road Name  NB  EB 119b

101 23 Veh No **1** 24 Policy No. 25 Ins Code 53 Veh No 54 Policy No. 55 Ins Code  SB  WB

102 26 Driver's First Name **MAX** Initial **W** Last Name **CONDIE** 29 Sex **M** 56 Driver's First Name 59 Sex 120 **01**

103 27 Number and Street **34 GUILDEN STREET** 57 Number and Street 121

104 28 City **NEW BRUNSWICK NJ 08901** 58 City State Zip 122

105 31 State 32 Driver's License No 33 DOB **02/08/94** 34 Expires **08/17** 61 State 62 Driver's License No 63 DOB 64 Expires 123

106 35 Owner's First Name **Jeremy** Initial Last Name **Condie** 65 Owner's First Name Initial Last Name  Same As Driver 124 **16**

36 Number and Street **4 Linsey Ct** 66 Number and Street 125

37 City **Mendham, NJ 07945-2947** 67 City State Zip

107 38 Make **DUC** 39 Model **M69** 40 Color **RD** 41 Year **12** 42 Plate No. **1VAR6** 43 State **NJ** 68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State

108 44 VIN **ZDM1RADN4CB050354** 45 Expires **08/17** 74 VIN 75 Expires 126 **03**

109 46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police 127

110 48 Alcohol/Drug Test Given:  No  Yes  Refused 78 Alcohol/Drug Test Given:  No  Yes  Refused 128a **05**

111 Type:  Breath  Blood  Urine 79 Type:  Breath  Blood  Urine 128b

112 Results: 0. \_\_\_ %  Pending 79 Results: 0. \_\_\_ %  Pending 128c **46**

113 49 Hazardous Material Name or Placard No. 79 Hazardous Material Name or Placard No. 128d

114 On Board  Spill  80 On Board  Spill  129a

115 50 Carrier No.  USDOT  Other \* 80 Carrier No.  USDOT  Other \* 129b

116 51 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs 81 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs 129c

117 52 Carrier name 82 Carrier name 129d

134 Crash Diagram (NOT TO SCALE)

RAMP TO GEORGE ST. FROM RT. 18 N

135 Crash Description **V1 lost control of vehicle and hit guard rail. D1 was thrown from motorcycle and suffered internal injuries. Transported to RWJUH.** 129e **02**

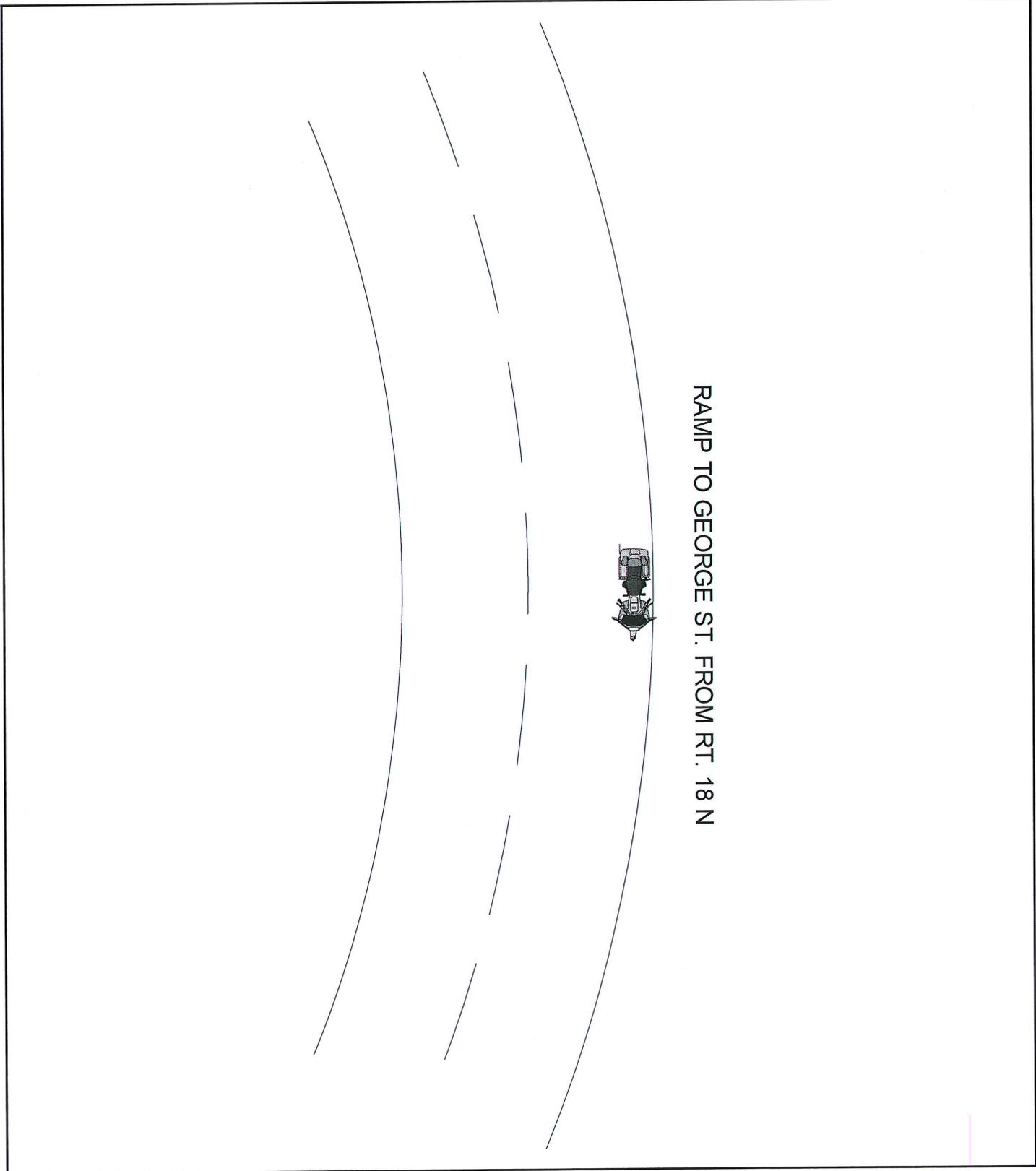
136 Damage To Other Property 132 **01**

137 Charge  Multiple Charges 138 Summons No. 139 Charge  Multiple Charges 140 Summons No. 133

141 Officer's Signature **PO Branden Salter 7300** 142 Badge No. **CICHOWSKI/5246** 143 Reviewed By **CICHOWSKI/5246** 144 Case Status  Pending  Complete

		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
A	1	01	03	03	22	M	09	03	2	06	06		6202	CONDIE, MAX-34 GUILDEN STREET, NEW BRUNSWICK NJ		
B																
C																
D																
E																

New Jersey Police Crash Investigation Report	Police Dept. <u>New Brunswick</u>	Code <u>01</u>
Motor Vehicle Crash Description	Station _____	Case No. <u>16-52004</u>



1 Case Number **16-52110** 10 Crash Occurred On: **Hamilton Street** 11 Speed Limit **25**

2 Police Dept of **New Brunswick** Code **01**  At Intersection with Road Name Dir 12 Route No. Suffix 13 Milepost 18 Speed Limit

3 Station/Precinct **01**  Feet  Miles  N  E of: **College Avenue**  S  W

4 Date of Crash **08/11/16** 5 Day of Week **Th** 6 Time (use 2400 hrs) **1125** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **0**

19 Ramp  To:  From: 17 Cross Road Name  NB  EB  SB  WB

21 Latitude **40.73** 22 Longitude **-74.38** 20 Route/Name

23 Veh No **1** 24 Policy No. **1** 25 Ins Code **1** 53 Veh No **1** 54 Policy No. **1** 55 Ins Code **1**

Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run

26 Driver's First Name Initial Last Name **Maria Herwig** 29 Sex **F** 56 Driver's First Name Initial Last Name **Herwig** 59 Sex **F**

27 Number and Street **2085 Amwell Road** 30 Eyes **Blue** 57 Number and Street **2085 Amwell Road** 60 Eyes **Blue**

28 City **Somerset New Jersey** State **NJ** Zip **08853** 58 City **Somerset New Jersey** State **NJ** Zip **08853**

31 State **NJ** 32 Driver's License No. **901668** 33 DOB **09/16/68** 34 Expires **09/16/18** 61 State **NJ** 62 Driver's License No. **901668** 63 DOB **09/16/68** 64 Expires **09/16/18**

35 Owner's First Name Initial Last Name **Lee Herwig**  Same As Driver  Same As Driver

36 Number and Street **2085 Amwell Road** 66 Number and Street **2085 Amwell Road**

37 City **Somerset Nj** State **NJ** Zip **08853** 67 City **Somerset Nj** State **NJ** Zip **08853**

38 Make **TOY** 39 Model **HIG** 40 Color **Black** 41 Year **2016** 42 Plate No. **M84GCR** 43 State **NJ** 68 Make **TOY** 69 Model **HIG** 70 Color **Black** 71 Year **2016** 72 Plate No. **M84GCR** 73 State **NJ**

44 VIN **JTEHF21A630153079** 45 Expires **09/16/18** 74 VIN **JTEHF21A630153079** 75 Expires **09/16/18**

46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police

48 Alcohol/Drug Test Given:  No  Yes  Refused

Type:  Breath  Blood  Urine

Results: 0.000 %  Pending

49 Hazardous Material On Board  Spill  Name or Placard No. \_\_\_\_\_

50 Carrier No.  USDOT  Other \*

51 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs

52 Carrier name \_\_\_\_\_

134 Crash Diagram (NOT TO SCALE)

Not To Scale

78 Alcohol/Drug Test Given:  No  Yes  Refused

Type:  Breath  Blood  Urine

Results: 0.000 %  Pending

79 Hazardous Material On Board  Spill  Name or Placard No. \_\_\_\_\_

80 Carrier No.  USDOT  Other \*

81 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs

82 Carrier name \_\_\_\_\_

135 Crash Description **See Page 2**

136 Damage To Other Property \_\_\_\_\_

Oper. 137 Charge  Multiple Charges 138 Summons No. \_\_\_\_\_ Oper. 139 Charge  Multiple Charges 140 Summons No. \_\_\_\_\_

141 Officer's Signature **PO Dean Dakin 7236** 142 Badge No. **5216** 143 Reviewed By **5216** Badge No. \_\_\_\_\_ 144 Case Status  Pending  Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	----	47	F	----	----	1	08	04	----	----	Herwig, Maria-2085 Amwell Road, Somerset New Jersey
B	1	03	01	----		F	----	----	1	09	04	----	----	
C														
D														
E														



New Jersey Police Crash Investigation Report

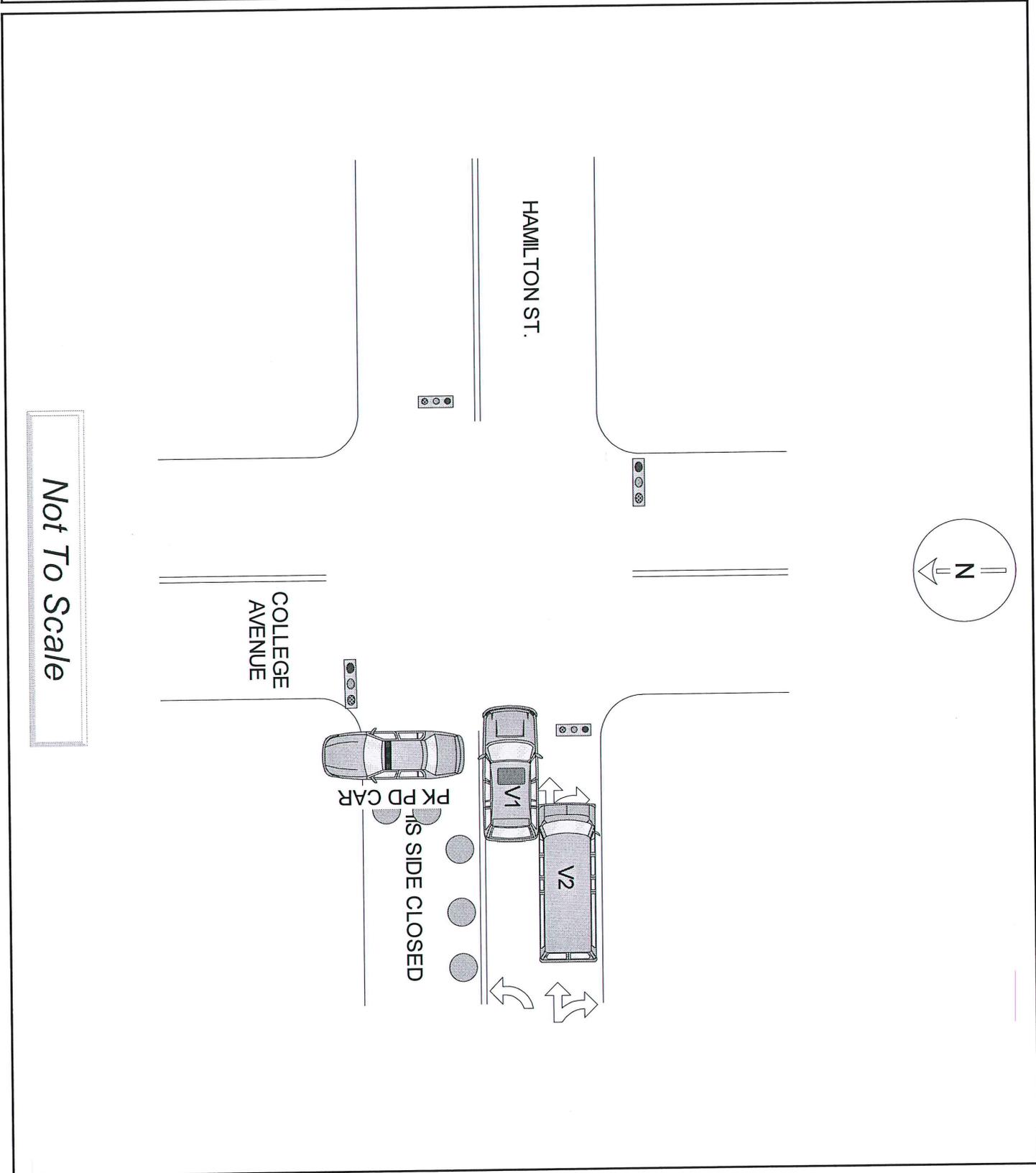
Police Dept. New Brunswick

Code 01

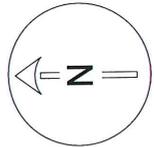
Motor Vehicle Crash Description

Station \_\_\_\_\_

Case No. 16-52110



Not To Scale





New Jersey Police Crash Investigation Report

Police Dept: New Brunswick Code: 01

Motor Vehicle Crash Description

Station: \_\_\_\_\_ Case No: 16-52123

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
F														
G														
H														
I														
J														

135 Crash Description

Driver Of Vehicle 1 Stated that he was Going to pull Into 9 Industrial Rd Driveway and Vehicle 2 Tried to Pass on the Right and hit His Truck On right Side of Front Bumper .

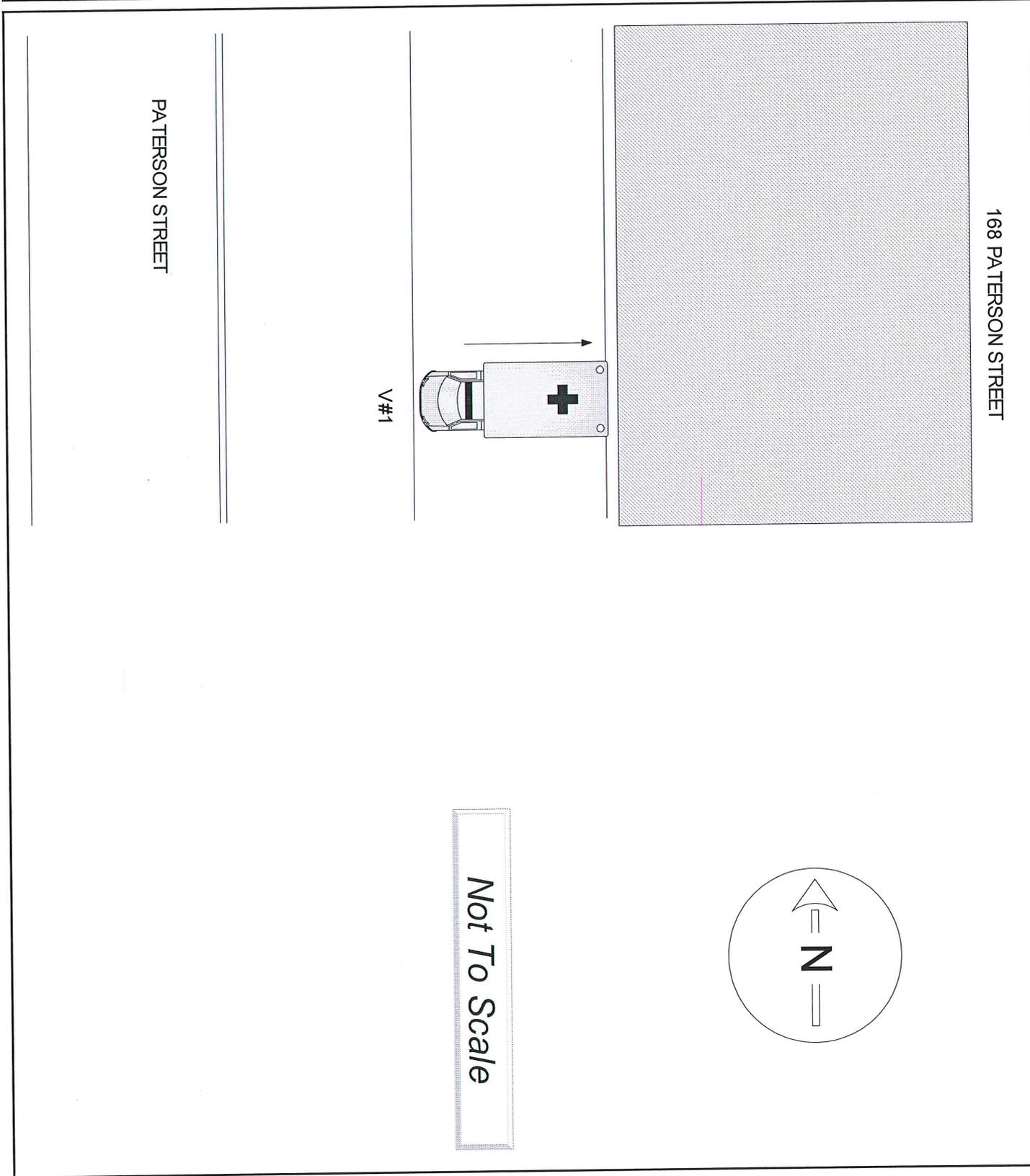
Driver of Vehicle 2 Stated that he was Behind Vehicle 1 And he Did not See his Signal to Turn Right And he Tried to Pass on the Right and was hit By Vehicle 1 Causing Damage Left Side of his Truck near back Tire.

PO Karl Murvay 7170





New Jersey Police Crash Investigation Report	Police Dept. <u>New Brunswick</u>	Code <u>01</u>
Motor Vehicle Crash Description	Station _____	Case No. <u>16-52161</u>



1 Case Number **16-52177** 10 Crash Occurred On: **Somerset Street** 11 Speed Limit **25**  
 2 Police Dept of **New Brunswick** Code **01**  At Intersection with Road Name **Wall Street** Dir **N** 12 Route No. Suffix 13 Milepost **2.5**  
 3 Station/Precinct **01**  Feet  Miles  N  S  E  W of: **Wall Street** 17 Cross Road Name  NB  EB  SB  WB

4 Date of Crash **08/11/16** 5 Day of Week **Th** 6 Time (use 2400 hrs) **1634** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **02**  
 14  15  16  19 Ramp  To:  From: 20 Route/Name 21 Latitude 22 Longitude

23 Veh No **1** 24 Policy No. **908912672** 25 Ins Code **135** 53 Veh No **2** 54 Policy No. **4584323** 55 Ins Code **228**  
 Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run

26 Driver's First Name **Christoph** Initial **H** Last Name **Huszar** 28 Sex **M** 56 Driver's First Name **Georges** Initial **Y** Last Name **Bernardin** 59 Sex **M**  
 27 Number and Street **171 Hale St** 30 Eyes **2** 57 Number and Street **1249 Gurd Ave** 60 Eyes **1**

28 City **New Brunswick, NJ 08901-2611** State Zip 58 City **Hillside, NJ 07205-2104** State Zip

31 State 32 Driver's License No 33 DOB **07/09/80** 34 Expires **09/15/17** 61 State 62 Driver's License No 63 DOB **11/15/48** 64 Expires **11/15/17**

35 Owner's First Name  Same As Driver Initial Last Name **New Jersey Transit Pri Carr** 65 Owner's First Name  Same As Driver Initial Last Name

36 Number and Street **One Penn Plaza East** 66 Number and Street **One Penn Plaza East**

37 City **Newark, NJ 07105** State Zip 67 City **Newark, NJ 07105** State Zip

38 Make **HON** 39 Model **CRV** 40 Color **GRY** 41 Year **06** 42 Plate No. **C20GFW** 43 State **NJ** 68 Make **NAB** 69 Model **BUS** 70 Color **WT** 71 Year **12** 72 Plate No. **OYA5016** 73 State **NJ**

44 VIN **SHSRD78806U409116** 45 Expires **02/17** 74 VIN **1N9416059CA140172** 75 Expires **08/16**  
 46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police

48 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.00%  Pending

49 Hazardous Material Name or Placard No. On Board Spill

50 Carrier No.  USDOT  Other \*

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

52 Carrier name

134 Crash Diagram (NOT TO SCALE)

78 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.00%  Pending

79 Hazardous Material Name or Placard No. On Board Spill

80 Carrier No.  USDOT  Other \*

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

82 Carrier name

135 Crash Description **See page 2.**

136 Damage To Other Property **N/A**

137 Charge  Multiple Charges 138 Summons No. Oper. 139 Charge  Multiple Charges 140 Summons No.

141 Officer's Signature **PO Richard Reed 7335** 142 Badge No. **5274** 143 Reviewed By **5274** Badge No. 144 Case Status  Pending  Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	----	36	M	----	----	1	04	04	----	----	Huszar, Christoph-171 Hale St, New Brunswick, NJ 08901
B	2	06	01	04	35	F	04	08	2	04	04	----	6202	Callahan, Crystal-145 Avon Ave Apt D, Newark, NJ 07108
C	2	09	01	04	40	M	06	08	2	04	04	----	6202	Hunter, Kelly-509 Crescent Court, North Brunswick, NJ 08902
D	2	04	01	----	18	M	----	----	1	04	04	----	----	Quarcoo, David-1413 Birchwood Court, North Brunswick, NJ
E	2	04	01	----	68	F	----	----	1	04	04	----	----	Maria-Andre, Guerrero-83 Livingston Ave, North Brunswick, NJ

New Jersey Police Crash Investigation Report  Motor Vehicle Crash Description	Police Dept: <u>New Brunswick</u> Code: <u>01</u> Station: _____ Case No: <u>16-52177</u>
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(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
	83	84	85	86	87	88	89	90	91	92	93	94	95		
A L L  I N V O L V E D	F	2	01	01	---	67	M	---	---	1	04	04	---	-----	
	G														
	H														
	I														
	J														

135 Crash Description

On 8/11/16 at 16:34 hours, PO Puccio and I responded to the intersection of Somerset Street and Wall Street for a reported motor vehicle accident.

Upon our arrival we first met with the driver of V1. He did not have any complaints of pain at the time and refused medical attention. I then spoke with all the passengers of V2. Two of the rear passengers, who were seated near where the collision occurred had complaints of head a neck pain. All other passengers of V2 refused medical attention. EMS was dispatched and the two were transported to Robert Wood Johnson Hospital. V1 sustained damage to the front end and needed to be towed from the scene. V2 sustained damage to the passenger side wheel and side panel but was able to be driven from the scene.

V1 was attempting to exit a parking spot and did not yield to on coming traffic, hitting into V2. Both parties were advised a report would be filed and how to obtain a copy of said report

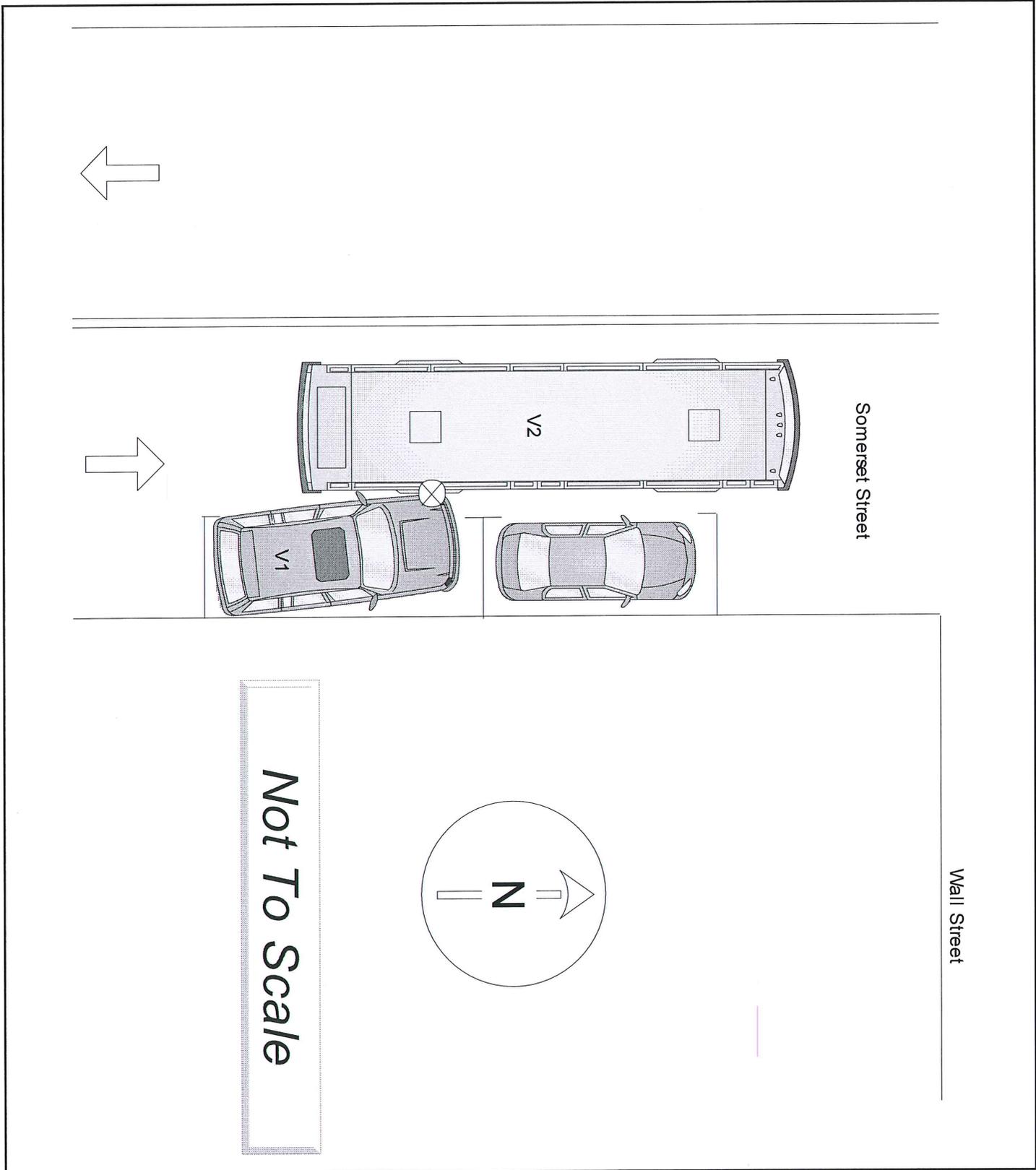
PO Richard Reed 7335

PO Richard Reed 7335

Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report	Police Dept. <u>New Brunswick</u>	Code <u>01</u>
Motor Vehicle Crash Description	Station _____	Case No. <u>16-52177</u>



96 **03** 1 Case Number **16-52167** 10 Crash Occurred On **45** US Highway **1 SB** 11 Speed Limit **50** 118a **02**  
 97 **01** 2 Police Dept of **New Brunswick** Code **01**  At Intersection with Road Name Dir 12 Route No. Suffix 13 Milepost 18 Speed Limit 118b  
 98 **01** 3 Station/Precinct **01**  Feet  Miles  N  E  S  W of : 17 Cross Road Name  NB  EB  SB  WB 119a

99 **09** 4 Date of Crash **08/11/16** 5 Day of Week **Tu** 6 Time (use 2400 hrs) **1556** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **0** 19  To: 20 Route/Name  NB  EB  SB  WB 119b  
 100 **01** 21 Latitude **40.7128** 22 Longitude **-74.3837**

101 **02** 23 Veh No **1** 24 Policy No. **907130184** 25 Ins Code **134** 53 Veh No **1** 54 Policy No. **907130184** 55 Ins Code **134** 120 **01**  
 Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run

102 **01** 26 Driver's First Name **Gerard** Initial **G** Last Name **Mennella** 29 Sex **M** 56 Driver's First Name **Gerard** Initial **G** Last Name **Mennella** 59 Sex **M** 121

103 **01** 27 Number and Street **1 Walton Court** 30 Eyes **2** 57 Number and Street **1 Walton Court** 60 Eyes **2** 122

104 **01** 28 City **East Brunswick, NJ** State **NJ** Zip **08816-4070** 58 City **East Brunswick, NJ** State **NJ** Zip **08816-4070** 123

105 **11** 31 State **NJ** 32 Driver's License No. **1A12345678** 33 DOB **08/19/98** 34 Expires **08/19/18** 61 State **NJ** 62 Driver's License No. **1A12345678** 63 DOB **08/19/98** 64 Expires **08/19/18** 124 **01**

106 **02** 35 Owner's First Name **John** Initial **J** Last Name **Mennella** 65 Owner's First Name **John** Initial **J** Last Name **Mennella** 125

36 Number and Street **1 Walton Rd.** 66 Number and Street **1 Walton Rd.** 126 **11**

37 City **East Brunswick, NJ** State **NJ** Zip **08816-4070** 67 City **East Brunswick, NJ** State **NJ** Zip **08816-4070** 127

107 **---** 38 Make **FOR** 39 Model **FUS** 40 Color **GY** 41 Year **16** 42 Plate No. **J92FPN** 43 State **NJ** 68 Make **FOR** 69 Model **FUS** 70 Color **GY** 71 Year **16** 72 Plate No. **J92FPN** 73 State **NJ** 128a **26**

108 **01** 44 VIN **3FA6P0HD4GR128688** 45 Expires **06/18** 74 VIN **3FA6P0HD4GR128688** 75 Expires **06/18** 128b **60**

109 **---** 46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police 128c **---**

110 **01** 48 Alcohol/Drug Test Given:  No  Yes  Refused 78 Alcohol/Drug Test Given:  No  Yes  Refused 126 **11**

111 **---** Type:  Breath  Blood  Urine 79 Hazardous Material Name or Placard No. **---** 127 **---**

112 **---** Results: **0** %  Pending 80 Carrier No.  USDOT  Other \* **---** 128a **26**

113 **---** 49 Hazardous Material Name or Placard No. **---** 81 Commercial Vehicle Weight  < 10,000 lbs  10,001 - 26,000 lbs  > 26,001 lbs 128b **60**

114 **13** 50 Carrier No.  USDOT  Other \* **---** 82 Carrier name **---** 128c **---**

115 **---** 51 Commercial Vehicle Weight  < 10,000 lbs  10,001 - 26,000 lbs  > 26,001 lbs 129a **---**

116 **01** 52 Carrier name **---** 129b **---**

117 **---** 134 Crash Diagram (NOT TO SCALE) **Not To Scale** 129c **---**

135 Crash Description **---** 129d **---**

136 Damage To Other Property **N/A** 130 **12**

Oper. 137 Charge  Multiple Charges 138 Summons No. **---** Oper. 139 Charge  Multiple Charges 140 Summons No. **---** 131 **12**

141 Officer's Signature **PO Justin Miller 7338** 142 Badge No. **---** 143 Reviewed By **---** Badge No. **---** 144 Case Status  Pending  Complete 132 **---**

145 Occupants

	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	04	17	M	08	05	2	09	09	08	6205	
B	1	03	01	04	15	M	06	08	2	09	09	08	6205	
C														
D														
E														

<p><b>New Jersey Police Crash Investigation Report</b></p> <p><b>Motor Vehicle Crash Description</b></p>	<p>Police Dept: <u>New Brunswick</u> Code: <u>01</u></p> <p>Station: _____ Case No: <u>16-52167</u></p>
--	---

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
L														
L														
I														
N														
V														
O														
L														
V														
E														
J														

135 Crash Description

On 8/11/2016 officer Yurkovic and I were dispatched to Robert wood Johnson Hospital to meet with two individuals who were involved in a motor vehicle accident in the Sears parking lot.

Upon arrival we discovered that the two individuals were transported to Saint Peters hospital instead. At Saint Peters Hospital we met with the driver of vehicle one, Gerrard Mennella. Mennella stated he was turning into the Sears parking lot and lost control of his vehicle. Mennella's vehicle struck a tree located on the median of the parking lot entrance. Due to the call volume EMS responded and transported Mennella and his younger brother, Michael Mennella to the hospital before our arrival. Gerrard Mennella suffered a scrape to his right forearm and bruising around his neck area from the seat belt. Michael complained of minor back pain. Michael and Gerrard were both treated for their injuries at Saint Peters Hospital.

Officer Shaw was on scene at Sears with Mennella's vehicle (NJ J92FPN) The air bags were deployed and the vehicle was inoperable. Dependable Automotive towed the vehicle.

P.O. Miller 7338

PO Justin Miller 7338



1 Case Number **16-52189** 10 Crash Occurred On **1007 Jersey Avenue** 11 Speed Limit **25** 118a **02**  
 2 Police Dept of **New Brunswick** Code **01**  At Intersection with Road Name Dir 12 Route No. Suffix 13 Milepost 18 Speed Limit 118b  
 3 Station/Precinct **01**  Feet  Miles  N  E of:  S  W  NB  EB 119a  
 14 15 16 17 Cross Road Name  SB  WB 119b

4 Date of Crash **08/11/16** 5 Day of Week **Th** 6 Time (use 2400 hrs) **1817** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **0** 19 Ramp  To: 17 Cross Road Name  NB  EB 25  
 20 Route/Name  SB  WB 21 Latitude 22 Longitude 119b

23 Veh No **1** 24 Policy No. **66056212** 25 Ins Code **135** 53 Veh No **2** 54 Policy No. **66752687** 55 Ins Code **135** 120 **01**  
 Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run  Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run  
 26 Driver's First Name Initial Last Name **ANGIE MELGAR** 29 Sex **F** 56 Driver's First Name Initial Last Name **Joseph LALLEY** 59 Sex **M** 121 **01**  
 27 Number and Street **1 S. DOVER STREET** 30 Eyes **2** 57 Number and Street **1478 Columbia Dr** 60 Eyes **6**

28 City **SOMERSET NJ 08873** State Zip 58 City **No Brunswick, NJ 08902-1616** State Zip  
 31 State 32 Dvr's License No 33 DOB **08/17/99** 34 Expires **mm yy** 61 State 62 Driver's License No 63 DOB **02/12/93** 64 Expires **mm yy** 122  
 35 Owner's First Name Initial Last Name  Same As Driver **Jose M Guardado** 65 Owner's First Name Initial Last Name  Same As Driver **LALLEY, JOHN F LALLEY** 123

36 Number and Street **880 Hollywood St** 66 Number and Street **1478 Columbia Drive** 124 **01**  
 37 City **No Brunswick, NJ 08902-2902** State Zip 67 City **NORTH BRUNSWICK New Jersey 08902-1616** State Zip 125 **07**  
 38 Make **TOY** 39 Model **CAM** 40 Color **GN** 41 Year **95** 42 Plate No. **V29GCB** 43 State **NJ** 68 Make **CHE** 69 Model **CAM** 70 Color **RED** 71 Year **201** 72 Plate No. **R18DNF** 73 State **NJ**

44 VIN **4T1SK12E5SU556099** 45 Expires **12/16** 74 VIN **2G1FA1E33D9239305** 75 Expires **08/17** 126 **04**  
 46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police 127 **04**

48 Alcohol/Drug Test Given:  No  Yes  Refused 134 Crash Diagram (NOT TO SCALE) 78 Alcohol/Drug Test Given:  No  Yes  Refused 128 **04**  
 Type:  Breath  Blood  Urine Type:  Breath  Blood  Urine  
 Results: 0.00%  Pending Results: 0.00%  Pending 128a **26**  
 49 Hazardous Material Name or Placard No. 79 Hazardous Material Name or Placard No. 128b  
 On Board Spill   On Board Spill   128c  
 50 Carrier No  USDOT  Other \* 80 Carrier No.  USDOT  Other \* 128d  
 51 Commercial Vehicle Weight  < 10,000 lbs  10,001 - 26,000 lbs  >= 26,001 lbs 81 Commercial Vehicle Weight  < 10,000 lbs  10,001 - 26,000 lbs  >= 26,001 lbs 129a **26**  
 52 Carrier name 82 Carrier name 129b  
 135 Crash Description 129c  
 129d

136 Damage To Other Property **N/A** 130 **12**  
 131 **12**  
 132 **06**

Oper. **1** 137 Charge **39:3-10**  Multiple Charges 138 Summons No. **Q375695** Oper. **2** 139 Charge **39:3-37.TB**  Multiple Charges 140 Summons No. **Q375696** 133 **06**  
 141 Officer's Signature **PO Justin Miller 7338** 142 Badge No. 143 Reviewed By Badge No. 144 Case Status  Pending  Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	----	23	M	----	----	1	09	09	----	----	Lalley, Joseph-1478 Columbia Dr, No Brunswick, NJ 08902
B	1	01	01	----	16	F	----	----	1	09	09	----	----	
C	1	03	01	----	18	M	----	----	1	09	09	----	----	RADOLOS, CARLOS-71 S. DOVER STREET SOMERSET NJ
D														
E														

<b>New Jersey Police Crash Investigation Report</b>  <b>Motor Vehicle Crash Description</b>	Police Dept: <u>New Brunswick</u> Code: <u>01</u> Station: _____      Case No: <u>16-52189</u>
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(Refer to vehicle by number)

ALL INVOLVED	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On		Cond			Inj	Inj	Med	Avail	Used	Depl	Code	
F	83	84	85	86	87	88	89	90	91	92	93	94	95	
G														
H														
I														
J														

135 Crash Description

On 8/11/2016 Officer Yurkovic and I were dispatched to 1007 Jersey Avenue for a motor vehicle accident.

Upon arrival we checked to see if anybody involved was injured. After determining there were no injuries we spoke with the driver of vehicle two(NJR18DNE), Joseph Lalley. Lalley stated he was slowing down in traffic when he was struck in the rear by vehicle one(NJ V29GCB). The driver of vehicle one, Angie Melgar stated she was unable to stop in time and struck vehicle two.

Angie Melgar did not have a license and was issued a summons for unlicensed driver 39:3-10 (Q375695). The registered owner of vehicle one, Jose Guardado was issued a summons for allowing a unlicensed driver to drive his vehicle 39:3-37.1b (Q375696).

PO Justin Miller 7338

New Jersey Police Crash Investigation Report

Police Dept. New Brunswick

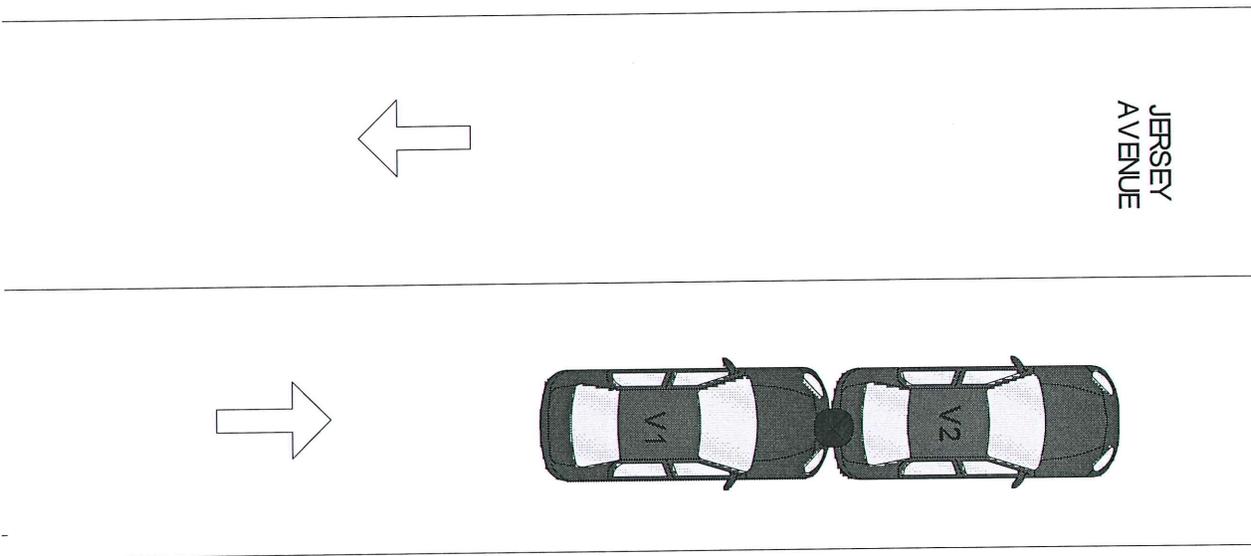
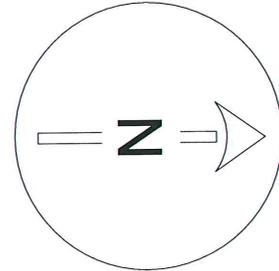
Code 01

Motor Vehicle Crash Description

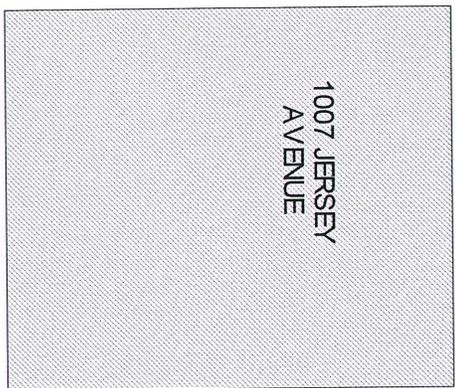
Station \_\_\_\_\_

Case No. 16-52189

**Not To Scale**



JERSEY AVENUE



1007 JERSEY AVENUE

96 **04** 1 Case Number **16-52213** 10 Crash Occurred On: **State Route 18 SB** S **4** 5 11 Speed Limit **45** 118a **02**  
 97 **01** 2 Police Dept of **New Brunswick** Code **01**  At Intersection with Road Name Dir 12 Route No. Suffix 13 Milepost 118b **51**  
 98 **05** 3 Station/Precinct **01**  Feet  N  E of:  S  W 18 Speed Limit **45**  
 99 **02** 4 Date of Crash mm dd yy 5 Day of Week **TR** 6 Time (use 2400 hrs) **19 51** 7 Municipality Code **1214** 8 Total Killed **-** 9 Total Injured **-** 19  To: 17 Cross Road Name  NB  EB 25  
 100 **01** **08 11 16**  M  Tu  W  F  Sa 14 15 16 20 Route/Name  SB  WB 119a **25**  
 21 Latitude **40 41 16** 22 Longitude **74 12 14** 119b **---**

101 **02** 23 Veh No **1** 24 Policy No. **4414893158** 25 Ins Code **148** 53 Veh No **2** 54 Policy No. **016850527C71039** 55 Ins Code **823** 120 **01**  
 Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run  Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run

102 **02** 26 Driver's First Name Initial Last Name **Umangbhai Patel** 29 Sex **M** 56 Driver's First Name Initial Last Name **Erin Miley** 59 Sex **F** 121 **01**  
 103 **02** 27 Number and Street **39 Royal Drive Apt 175** 30 Eyes **1** 57 Number and Street **967 Woodmere Drive** 60 Eyes **4**

104 **02** 28 City **Piscataway, NJ 08854-3397** State Zip **NJ 08854** 58 City **Keyport, NJ 07735** State Zip **NJ 07735** 122 **---**  
 31 State **01** 32 Driver's License No **10 17 89** 33 DOB mm dd yy **10 17 89** 34 Expires mm yy **04 17** 61 State **01** 62 Driver's License No **04 07 84** 63 DOB mm dd yy **04 07 84** 64 Expires mm yy **07 18** 123 **---**

105 **01** 35 Owner's First Name Initial Last Name  Same As Driver 65 Owner's First Name Initial Last Name  Same As Driver 124 **01**  
 36 Number and Street **39 Royal Drive Apt 175** 66 Number and Street **967 Woodmere Drive**

106 **---** 37 City **Piscataway** State **NJ** Zip **08854** 67 City **Keyport** State **NJ** Zip **07735** 125 **07**  
 107 **---** 38 Make **HYU** 39 Model **ELN** 40 Color **GRE** 41 Year **02** 42 Plate No. **X48FDS** 43 State **NJ** 68 Make **TOY** 69 Model **COR** 70 Color **BK** 71 Year **14** 72 Plate No. **J36EML** 73 State **NJ**

108 **01** 44 VIN **KMHDN45D52U306107** 45 Expires **04/17** 74 VIN **2T1BURHEXEC207669** 75 Expires **07/18** 126 **04**  
 109 **01** 46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police 127 **04**

110 **01** 48 Alcohol/Drug Test Given:  No  Yes  Refused 134 Crash Diagram (NOT TO SCALE) 78 Alcohol/Drug Test Given:  No  Yes  Refused 128a **26**  
 111 **01** Type:  Breath  Blood  Urine 49 Hazardous Material Name or Placard No. 79 Hazardous Material Name or Placard No. 128b **---**  
 112 **---** Results: 0 \_\_\_ %  Pending 50 Carrier No.  USDOT  Other \* 80 Carrier No.  USDOT  Other \* 128c **---**  
 113 **---** 51 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs 81 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs 128d **---**  
 114 **---** 52 Carrier name 82 Carrier name 129a **26**  
 115 **---** 135 Crash Description **See page 2** 129b **---**  
 116 **03** 129c **---**  
 117 **03** 129d **---**

136 Damage To Other Property **See page 2** 130 **12**  
 131 **01**

132 **06** Oper. 137 Charge  Multiple Charges 138 Summons No. Oper. 139 Charge  Multiple Charges 140 Summons No. 133 **06**  
 141 Officer's Signature **PO Nicole Lewis 7340** 142 Badge No. 143 Reviewed By **---** Badge No. 144 Case Status  Pending  Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	---	26	M	---	---	1	09	04	---	---	Patel, Umangbhai-39 Royal Drive Apt 175, Piscataway, NJ
B	1	03	01	---		M	---	---	1	09	04	---	---	
C	2	01	01	---	32	F	---	---	1	09	04	---	---	Miley, Erin-967 Woodmere Drive, Keyport, NJ 07735
D														
E														





1 Case Number **16-52193** 10 Crash Occurred On: **Throop Avenue** 11 Speed Limit **25** 118a  
 2 Police Dept of **New Brunswick** Code **01**  At Intersection with Road Name Dir 12 Route No. Suffix 13 Milepost **25** 118b  
 3 Station/Precinct **01**  Feet  N  E of: **Delavan Street**  S  W 18 Speed Limit **25** 119a  
 14 15 16 17 Cross Road Name  NB  EB 119b  
 Miles  Ramp  From: 20 Route/Name  SB  WB

4 Date of Crash **08/11/16** 5 Day of Week **Th** 6 Time (use 2400 hrs) **1845** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **0** 119a  
 100 01 21 Latitude **40.72** 22 Longitude **74.28** 119b

23 Veh No **1** 24 Policy No. **00** 25 Ins Code **00** 53 Veh No **0** 54 Policy No. **00** 55 Ins Code **00** 120  
 Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run  Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run

26 Driver's First Name Initial Last Name **00 0 00** 29 Sex **00** 56 Driver's First Name Initial Last Name **Tyesha S Ross** 59 Sex **F** 121  
 27 Number and Street **00** 30 Eyes **00** 57 Number and Street **104 Hamilton Street Apt 7** 60 Eyes **2** 121

28 City State Zip **00** 58 City State Zip **New Brunswick, NJ 08901-1266** 122  
 31 State 32 Driver's License No 33 DOB mm dd yy 34 Expires mm yy 61 State 62 Driver's License No 63 DOB mm dd yy 64 Expires mm yy

35 Owner's First Name Initial Last Name **00 0** 65 Owner's First Name Initial Last Name **00 0** 123  
 Same As Drive  Same As Driver

36 Number and Street **00** 66 Number and Street **00** 124  
 37 City State Zip **00** 67 City State Zip **00**

38 Make **00** 39 Model **00** 40 Color **00** 41 Year **00** 42 Plate No. **00** 43 State **00** 68 Make **00** 69 Model **00** 70 Color **00** 71 Year **00** 72 Plate No. **00** 73 State **00** 125  
 44 VIN **00** 45 Expires **00** 74 VIN **00** 75 Expires **00** 125

46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police 126  
 48 Alcohol/Drug Test Given:  No  Yes  Refused 78 Alcohol/Drug Test Given:  No  Yes  Refused 127  
 Type:  Breath  Blood  Urine Type:  Breath  Blood  Urine 127  
 Results: 0.000 %  Pending Results: 0.000 %  Pending 128a  
 49 Hazardous Material Name or Placard No. 79 Hazardous Material Name or Placard No. 128b  
 On Board Spill    On Board Spill    128c  
 50 Carrier No.  USDOT  Other \* 80 Carrier No.  USDOT  Other \* 128d  
 51 Commercial Vehicle Weight  ≤ 10,000 lbs 81 Commercial Vehicle Weight  ≤ 10,000 lbs 129a  
 10,001 - 26,000 lbs  10,001 - 26,000 lbs 129b  
 ≥ 26,001 lbs  ≥ 26,001 lbs 129c  
 52 Carrier name 82 Carrier name 129d

135 Crash Description  
 136 Damage To Other Property **N/A** 132  
 Oper. 137 Charge  Multiple Charges 138 Summons No. Oper. 139 Charge  Multiple Charges 140 Summons No. 133  
 141 Officer's Signature **PO Justin Miller 7338** 142 Badge No. 143 Reviewed By **7338** Badge No. 144 Case Status  Pending  Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	----	00	00	----	00	00	----	00	00	00	-----	
B	2	01	----	04	37	F	07	08	2	----	----	6102		Ross, Tyesha-104 Hamilton Street Apt 7, New Brunswick, NJ
C														
D														
E														

<b>New Jersey Police Crash Investigation Report</b>  <b>Motor Vehicle Crash Description</b>	Police Dept: <u>New Brunswick</u> Code: <u>01</u> Station: _____      Case No: <u>16-52193</u>
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(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	83	84	85	86	87	88	89	90	91	92	93	94	95	
	F													
	G													
	H													
	I													

135 Crash Description

On 8/11/2016 Officer Yurkovic and I were dispatched to headquarters for a report of a hit and run motor vehicle accident.

Upon arrival we met with the victim Tyessa Ross. Ross stated that on Tuesday 8/9/2016 at approximately 0400 she was struck by a gray Toyota. Ross did not know the license plate number or any further details about the vehicle. Ross informed us she was crossing Throop avenue near the intersection of Delevan Street when she was struck. Ross advised us she was knocked unconscious and has no idea who brought her to the hospital. There were no calls to this location for this incident. Ross's injuries are: pain in her left shoulder, a bruised calf, bruised back, a black eye and a scrape on her forehead. Ross was treated for her injuries by the hospital staff and spent two days in the hospital.

P.O. Miller 7338

PO Justin Miller 7338

96 01 Case Number **16-52207** 10 Crash Occurred On: **State Route 18 NB** 11 Speed Limit **4 5** 118a **02**  
 97 01 Police Dept of **New Brunswick** Code **01** At Intersection with Road Name Dir 12 Route No. Suffix 13 Milepost **2 5** 118b **----**  
 98 03 **Paulus Boulevard** 14  Feet  N  E of: **Paulus Boulevard** 15  Miles  S  W 16 17 Cross Road Name 18  NB  EB 119a **25**  
 99 02 4 Date of Crash **08 11 16** 5 Day of Week **Tu** 6 Time (use 2400 hrs) **19 32** 7 Municipality Code **12 14** 8 Total Killed **0 0** 9 Total Injured **0 0** 19  To: 20 Route/Name 21 Latitude 22 Longitude 119b **----**

100 02 23 Veh No **1** 24 Policy No. **F400089-9** 25 Ins Code **426** 53 Veh No **2** 54 Policy No. **4340-54-13-68** 55 Ins Code **100** 120 **08**  
 Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run  Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run 121 **01**

102 02 26 Driver's First Name **Sharon** Initial Last Name **Williams** 29 Sex **F** 56 Driver's First Name **Deyni** Initial Last Name **Mejia** 59 Sex **F** 122 **----**  
 103 02 27 Number and Street **156-B Taylor Ave** 30 Eyes **2** 57 Number and Street **21 Brookside Ave** 60 Eyes **6** 123 **----**  
 104 02 28 City **E Brunswick, NJ 08816-1456** 58 City **New Brunswick, NJ 08901-2258** 124 **02**

105 02 31 State 32 Driver's License No 33 DOB **03 06 61** 34 Expires **mm yy** 61 State 62 Driver's License No 63 DOB **04 04 94** 64 Expires **mm yy** 125 **01**  
 35 Owner's First Name Initial Last Name 65 Owner's First Name Initial Last Name  
 Same As Driver  Same As Driver 126 **03**

106 36 Number and Street 66 Number and Street 127 **03**  
 107 37 City State Zip 67 City State Zip 128a **26**  
 108 38 Make **TOY** 39 Model **CAM** 40 Color **BG** 41 Year **07** 42 Plate No. **N13DYU** 43 State **NJ** 68 Make **DOD** 69 Model **CHA** 70 Color **BLA** 71 Year **08** 72 Plate No. **R94FTM** 73 State **NJ** 128b **26**  
 109 44 VIN **4T1BE46K27U161667** 45 Expires **02/17** 74 VIN **2B3LA53H78H284244** 75 Expires **08/17** 128c **26**  
 46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police 128d **26**

110 01 48 Alcohol/Drug Test Given:  No  Yes  Refused 78 Alcohol/Drug Test Given:  No  Yes  Refused 126 **03**  
 111 01 Type:  Breath  Blood  Urine Type:  Breath  Blood  Urine 127 **03**  
 112 Results: 0. \_\_\_ %  Pending Results: 0. \_\_\_ %  Pending 128a **26**  
 113 49 Hazardous Material Name or Placard No. 79 Hazardous Material Name or Placard No. 128b **26**  
 114 On Board Spill   On Board Spill   128c **26**  
 115 50 Carrier No.  USDOT  Other \* 80 Carrier No.  USDOT  Other \* 128d **26**  
 116 01 51 Commercial Vehicle Weight  ≤ 10,000 lbs 81 Commercial Vehicle Weight  ≤ 10,000 lbs 129a **26**  
 10,001 - 26,000 lbs  10,001 - 26,000 lbs 129b **26**  
 ≥ 26,001 lbs  ≥ 26,001 lbs 129c **26**  
 117 01 52 Carrier name 82 Carrier name 129d **26**

134 Crash Diagram (NOT TO SCALE)

135 Crash Description (See PG. 2)

136 Damage To Other Property 129e **04**  
 137 Charge  Multiple Charges 138 Summons No. 139 Charge  Multiple Charges 140 Summons No. 130 **04**  
 141 Officer's Signature **PO Nicholas Grammar 7336** 142 Badge No. 143 Reviewed By Badge No. 144 Case Status  Pending  Complete 131 **11**

	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	----	55	F	----	----	1	04	04	----	----	Williams, Sharon-156-B Taylor Ave, E Brunswick, NJ 08816
B	1	03	01	----	26	M	----	----	1	04	04	----	----	Boninsegna, Douglas-14 Mayfair Ct, East Brunswick, NJ
C	2	01	01	----	22	F	----	----	1	04	04	----	----	Mejia, Deyni-21 Brookside Ave, New Brookside, NJ 08901
D														
E														





1 Case Number **16-52220** 10 Crash Occurred On **254 Easton Avenue** 11 Speed Limit **00**  
 2 Police Dept of **New Brunswick** Code **01**  At Intersection with Road Name Dir  12 Route No. Suffix  13 Milepost  18 Speed Limit  
 3 Station/Precinct **01**  Feet  N  E of:  S  W  Miles  16

4 Date of Crash **08 11 16** 5 Day of Week **Th** 6 Time (use 2400 hrs) **21 01** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **0**  
 19 Ramp  To:  From: 17 Cross Road Name  NB  EB  SB  WB  
 21 Latitude  22 Longitude

23 Veh No **2** 24 Policy No. **4225211830** 25 Ins Code **148** 53 Veh No **1** 54 Policy No. **UNKNOWN** 55 Ins Code  
 Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run  Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run

26 Driver's First Name Initial Last Name **n** 29 Sex **M** 56 Driver's First Name Initial Last Name **Wu** 59 Sex **M**  
 27 Number and Street **37 Farmbrook Dr** 30 Eyes **60** 60 Eyes

28 City **Edison, NJ** State **NJ** Zip **08820-2977** 58 City **Old Bridge** State **NJ** Zip **08857**

31 State **06** 32 Driver's License No **06** 33 DOB **11 25 90** 34 Expires **06** 61 State **06** 62 Driver's License No **06** 63 DOB **11 25 90** 64 Expires **06**

35 Owner's First Name Initial Last Name **Ramesh Srinivasan** 65 Owner's First Name Initial Last Name **Lopez**  
 Same As Drive  Same As Driver

36 Number and Street **59 Sagamore Av S** 66 Number and Street **33 Maple Ave Apt B**  
 37 City **Edison, NJ** State **NJ** Zip **08820-2977** 67 City **South River, NJ** State **NJ** Zip **08882-1036**

38 Make **LEX** 39 Model **ES** 40 Color **GY** 41 Year **08** 42 Plate No. **WMP79U** 43 State **NJ** 68 Make **NIS** 69 Model **ALT** 70 Color **SL** 71 Year **04** 72 Plate No. **D97FSH** 73 State **NJ**

44 VIN **JTHBJ46G582188109** 45 Expires **12/16** 74 VIN **1N4AL11D74C174158** 75 Expires **07/17**

46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police

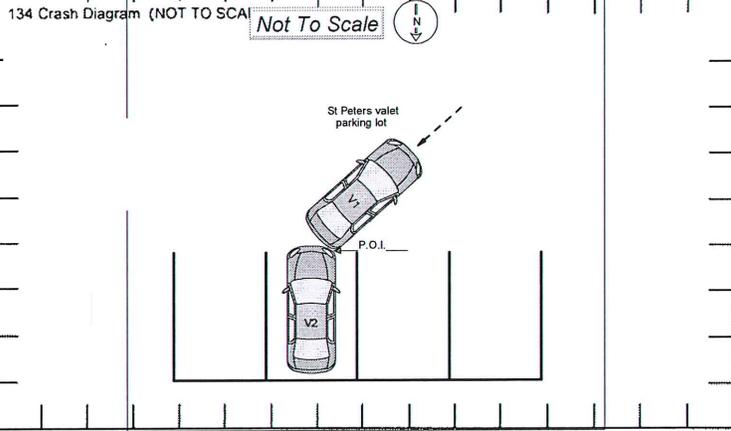
48 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.\_\_\_\_ %  Pending  
 78 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.\_\_\_\_ %  Pending

49 Hazardous Material On Board  Spill  Name or Placard No. **n/a** 79 Hazardous Material On Board  Spill  Name or Placard No. **n/a**

50 Carrier No.  USDOT  Other \* **n/a** 80 Carrier No.  USDOT  Other \* **n/a**

51 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs 81 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs

52 Carrier name **n/a** 82 Carrier name **n/a**



135 Crash Description **Driver 1 (valet driver for St. Peter's Hospital) was reversing vehicle 1 when he struck parked vehicle 2 in the front passenger side bumper. He stated that he was rushing to move vehicle 1 and misjudged how close vehicle 2 was.**

**The owner of vehicle 1 was given their vehicle keys back by a different valet attendant and left the scene before being informed of the vehicle damage.**

136 Damage To Other Property **n/a**

Oper. **n/a** 137 Charge  Multiple Charges **n/a** 138 Summons No. **n/a** Oper. **n/a** 139 Charge  Multiple Charges **n/a** 140 Summons No. **n/a**

141 Officer's Signature **PO Vincent Scasserra 7330** 142 Badge No. **7330** 143 Reviewed By **4231** Badge No.  Pending  Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	----	----	25	M	----	----	----	04	00	----	----	Wu, Jian-37 Farmbrook Dr, Old Bridge 08857
B	2	----	----	----	----	----	----	----	----	----	----	----	----	
C														
D														
E														

New Jersey Police Crash Investigation Report

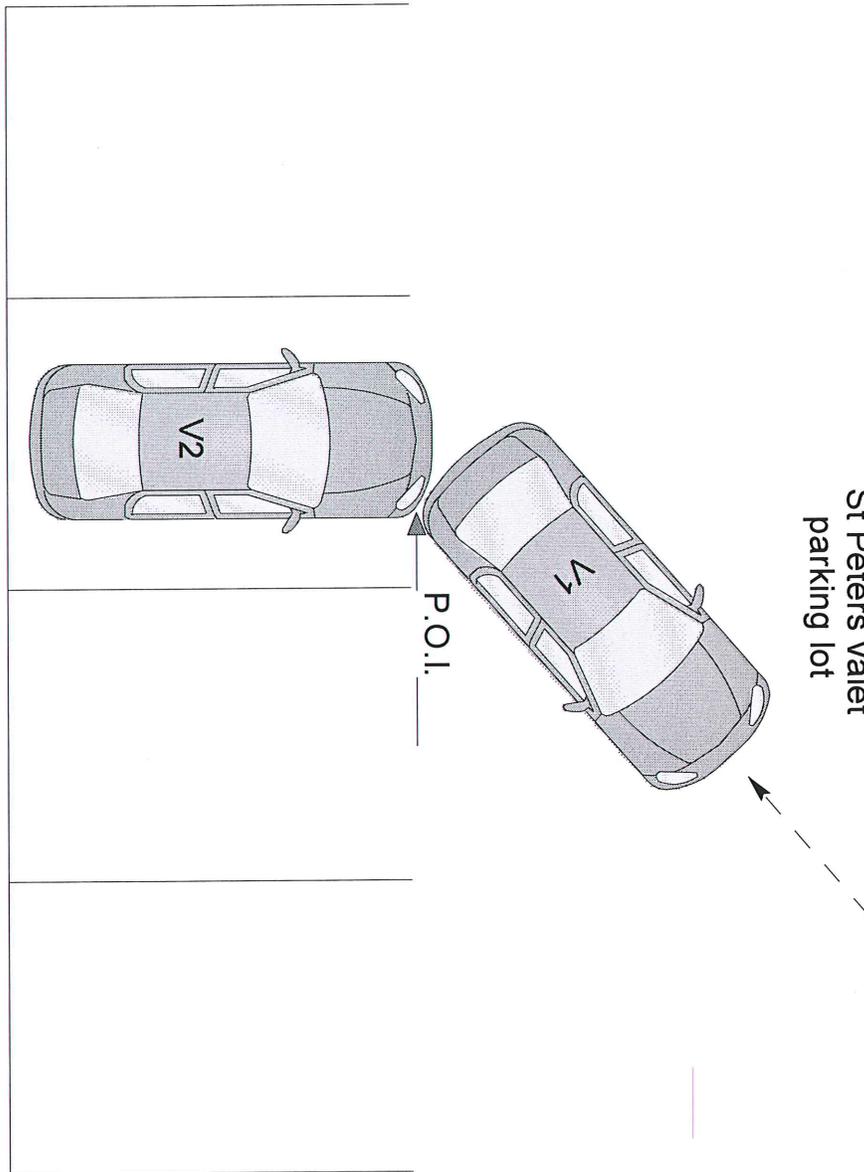
Police Dept. New Brunswick

Code 01

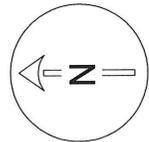
Motor Vehicle Crash Description

Station \_\_\_\_\_

Case No. 16-52220



**Not To Scale**





New Jersey Police Crash Investigation Report

Police Dept: New Brunswick Code: 01

Motor Vehicle Crash Description

Station: \_\_\_\_\_ Case No: 16-52205

(Refer to vehicle by number)

A L L I N V O L V E E D	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On		Cond			Inj	Inj	Med	Avail	Used	Depl	Code	
F	83	84	85	86	87	88	89	90	91	92	93	94	95	
G														
H														
I														
J														

135 Crash Description

I was dispatched to the Sears Parking lot for the report of a motor vehicle accident. Upon my arrival I spoke with Kimberli Altman (operating a 2014 Nissan NJ Registration T78EVP (V2)) and Jessica Crouch (operating a 2013 Hyundai NJ Registration D70DGB (V1)).

I spoke with Ms. Altman who stated that Ms. Crouch drove through the Stop Sign in the Sears Parking lot and struck the side of her Nissan (V2).

Ms. Crouch stated that while operating her Hyundai (V1) she attempted to stop at the Stop Sign but her foot slipped off the brake peddle causing her to roll through the Stop Sign and strike Ms. Altman

Both vehicles sustained very minor damages. Ms. Crouch agreed to pay for the damages to Ms. Altman's vehicle. Ms. Altman agreed however Ms. Crouch could not present an insurance card at the time of the accident. Ms. Crouch was given 24 hours to provide Ms. Altman with a copy of a valid insurance card. Ms. Altman was instructed if Ms. Crouch failed to provide her with the appropriate information to contact New Brunswick Police Department to notify me so I could generate a report. I spoke with Ms. Altman the following day in regards to the matter and she advised me she had not received the proper documents. I attempted to contact Ms. Crouch via telephone as well as had North Brunswick Police attempt to locate her at her residence to get valid insurance information, but was unsuccessful. I advised Ms. Altman via telephone that a report was going to be completed and she would be able to get it in 3 to 5 business days from New Brunswick Police Department. Ms. Crouch was issued 3 summons in-lieu of the accident. Careless driving summons # Q-375417, Uninsured Motor Vehicle summons # Q-375418, and Operating While Suspended summons # Q-375419.

PO Brian Bellafronte

7324

New Jersey Police Crash Investigation Report

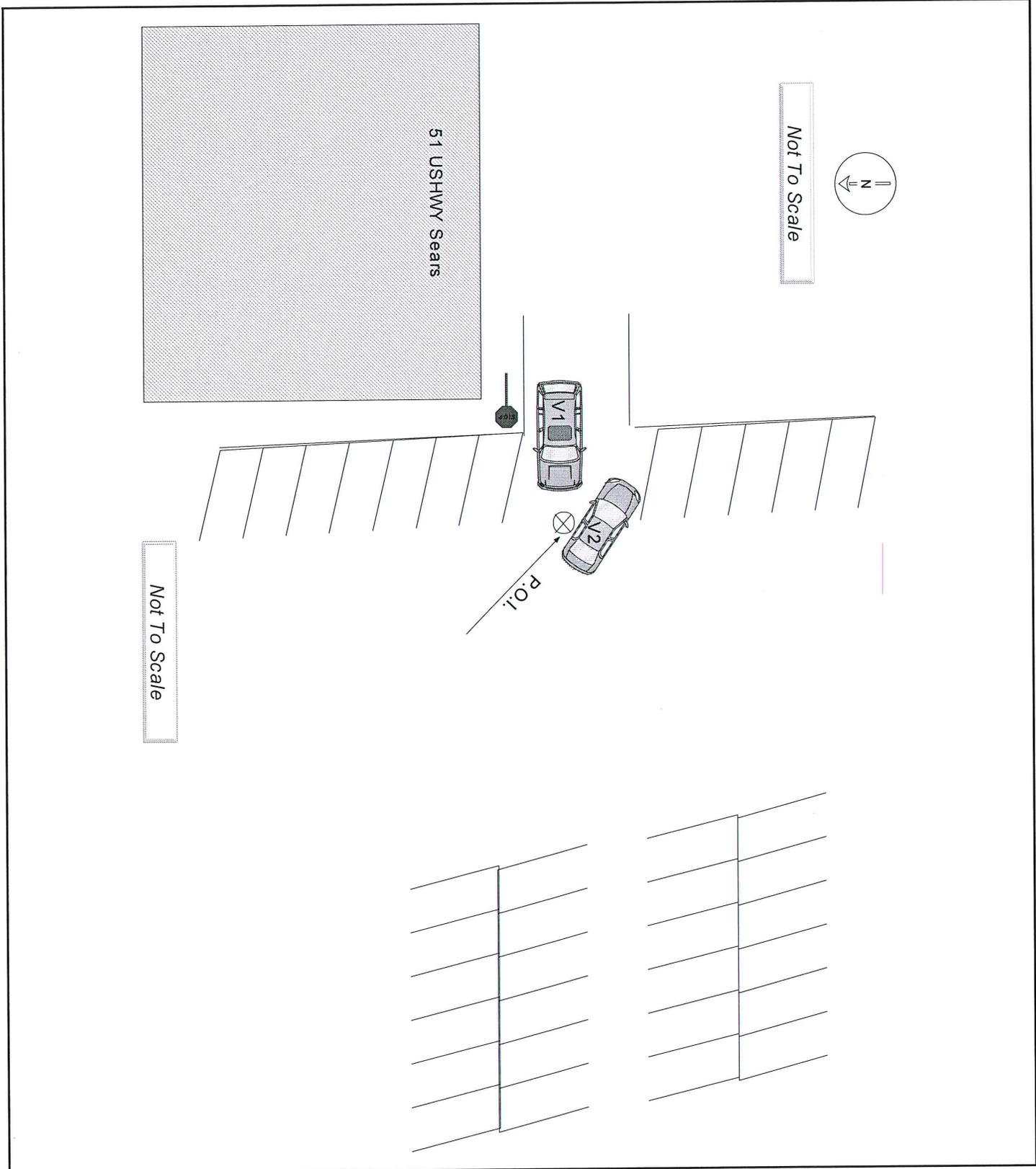
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station \_\_\_\_\_

Case No. 16-52205



PO Brian Bellafronte

Officer's Signature

7324

Badge Number

96 05 Case Number **16-52354** 10 Crash Occurred On **1** **Robert Wood Johnson** 11 Speed Limit **2** **5** 118a **25**  
 97 01 2 Police Dept of **New Brunswick** Code **01** 12 Route No. Suffix 13 Milepost 18 Speed Limit 118b  
 98 01 3 Station/Precinct **01** 14 At Intersection with  Feet  Miles  N  S  E  W of: 16 17 Cross Road Name 19 Ramp  To:  From: 20 Route/Name 21 Latitude 22 Longitude 119a **02**  
 99 09 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 119b

100 06 **08 12 16** **10 11** **12 14** 23 Veh No **1** 24 Policy No. **F 772339-8** 25 Ins Code **426** 53 Veh No **2** 54 Policy No. **00** 55 Ins Code **00** 120  
 Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run

101 02 26 Driver's First Name Initial Last Name 29 Sex **None** **None** **F** 56 Driver's First Name Initial Last Name 59 Sex **Vanessa** **R** **Aquino** **F** 121 **00**  
 102 01 27 Number and Street 30 Eyes 57 Number and Street 60 Eyes **539 Sayre Ave** **2**

103 01 28 City State Zip 58 City State Zip **Perth Amboy, NJ 08861**  
 104 02 31 State 32 Driver's License No 33 DOB mm dd yy 34 Expires mm yy 61 State 62 Driver's License No 63 DOB mm dd yy 64 Expires mm yy 122 **05 02 82**

105 01 35 Owner's First Name Initial Last Name 65 Owner's First Name Initial Last Name  Same As Driver **Marc** **Goldberg**  Same As Driver **Danny** **Aquino** 123  
 36 Number and Street **1804 Woodbridge Commons Way** 66 Number and Street **539 Sayre Ave** 124 **10**

106 37 City State Zip 67 City State Zip **Iselin, NJ 08830-3031** **Perth Amboy, NJ 08861** 125 **01**  
 107 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 **CHE** **TRL** **BK** **07** **VJX96P** **NJ** **Toyota** **SLE** **Siv** **09** **S68CBR** **NJ**

108 04 44 VIN **1GNDT13S472167978** 45 Expires **01/17** 74 VIN **5TDZK23C79S278374** 75 Expires **04/17**  
 109 01 46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police

110 01 48 Alcohol/Drug Test Given:  No  Yes  Refused 134 Crash Location **Robert Wood Johnson University Hospital (1 Robert Wood Johnson Place)** 78 Alcohol/Drug Test Given:  No  Yes  Refused 126 **11**  
 111 01 Type:  Breath  Blood  Urine 79 Hazardous Material Name or Placard No. 127 **11**  
 112 Results: 0.00%  Pending 80 Carrier No.  USDOT  Other \* 128a **26**



136 Damage To Other Property 130 **07**  
 131 **07**  
 132 **01**  
 133 **01**

Oper. 137 Charge  Multiple Charges 138 Summons No. Oper. 139 Charge  Multiple Charges 140 Summons No.  
 141 Officer's Signature **PO Dominick Calogero 7292** 142 Badge No. **7292** 143 Reviewed By **CRADIC/5157** Badge No. 144 Case Status  Pending  Complete

83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	----	34	F	----	----	09	04	----	----	Aquino, Vanessa-539 Sayre Ave, Perth Amboy, NJ 08861
B													
C													
D													
E													

<p><b>New Jersey Police Crash Investigation Report</b></p> <p><b>Motor Vehicle Crash Description</b></p>	<p>Police Dept: <u>New Brunswick</u> Code: <u>01</u></p> <p>Station: _____ Case No: <u>16-52354</u></p>
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(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
L														
L														
I														
N														
V														
O														
L														
V														
E														
J														

135 Crash Description

A witness on scene, Althea George employee of Robert Wood Johnson University Hospital, stated that Vehicle 1 and Vehicle 2 were both utilizing the valet parking service provided by the hospital at the time of the crash. Vehicle 1 was left parked by its owner and unoccupied. As Vehicle 2 came into the designated roadway of the valet service, its front passenger side struck Vehicle 1 on its rear driver side.

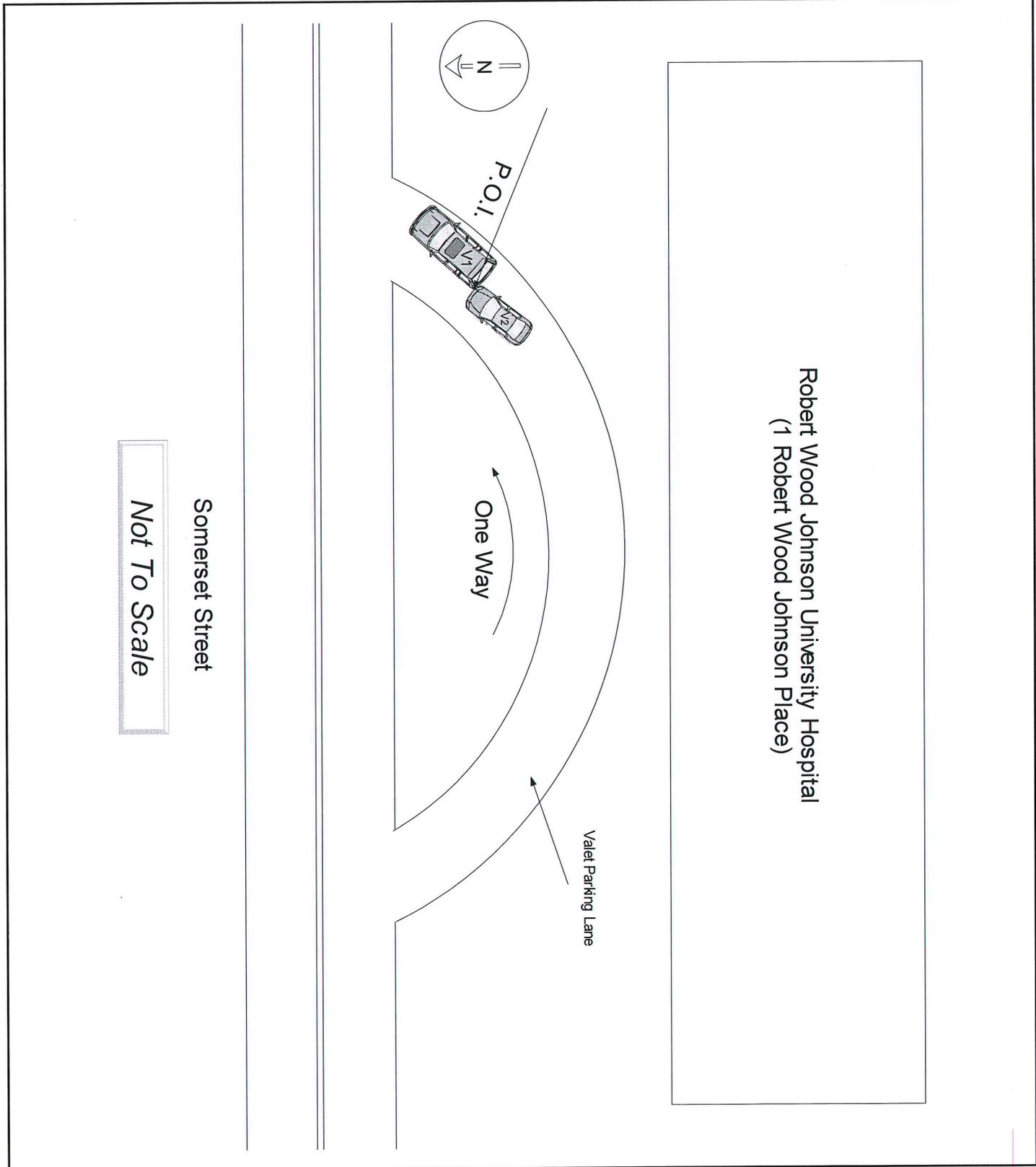
Althea stated that after the minor accident took place the driver of Vehicle 2 left her pedigree information and her vehicle registration information with valet employees and then proceeded into the hospital. She did so because she was ill and in need of medical attention. Once on scene, it was discovered that Driver 2 failed to leave her insurance information behind.

P/O Dominick Calogero 7292

PO Dominick Calogero 7292

7292

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept. <u>New Brunswick</u> Station _____	Code <u>01</u> Case No. <u>16-52354</u>
---	--	--



1 Case Number **16-52400** 10 Crash Occurred On: **College Avenue** 11 Speed Limit **25**

2 Police Dept of **New Brunswick** Code **01**  At Intersection with Road Name **Hamilton Street** Dir **S** 12 Route No. Suffix 13 Milepost **2.5**

3 Station/Precinct **01**  Feet  N  E of:  S  W **Hamilton Street** 18 Speed Limit **25**

4 Date of Crash **08/12/16** 5 Day of Week **Sa** 6 Time (use 2400 hrs) **1409** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **0**

19 Ramp  To: 17 Cross Road Name  NB  EB  SB  WB **25**

20 Route/Name 21 Latitude 22 Longitude

23 Veh No **1** 24 Policy No. **JIF 10-86** 25 Ins Code **self** 53 Veh No **2** 54 Policy No. **6524239** 55 Ins Code **24740**

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

26 Driver's First Name **Michael** Initial **M** Last Name **Blackwell** 29 Sex **M** 56 Driver's First Name **UNOCCUPIED** Initial **U** Last Name **UNOCCUPIED** 59 Sex **U**

27 Number and Street **93 JOYCE KILMER AVE. New Brunswick** 30 Eyes **2** 57 Number and Street **UNOCCUPIED** 60 Eyes **U**

28 City **NJ 08901-1729** State **NJ** Zip **08901-1729** 58 City **UNOCCUPIED** State **UNOCCUPIED** Zip **UNOCCUPIED**

31 State **NJ** 32 Driver's License No **UNOCCUPIED** 33 DOB **07/17/86** 34 Expires **UNOCCUPIED** 61 State **UNOCCUPIED** 62 Driver's License No **UNOCCUPIED** 63 DOB **UNOCCUPIED** 64 Expires **UNOCCUPIED**

35 Owner's First Name **City of New Brunswick** Initial **C** Last Name **UNOCCUPIED** 65 Owner's First Name **XPO LOGISTICS FREIGHT** Initial **X** Last Name **UNOCCUPIED**

36 Number and Street **93 JOYCE KILMER AVE.** 66 Number and Street **3200 INDUSTRIES RD.**

37 City **NEW BRUNSWICK, NJ** State **NJ** Zip **UNOCCUPIED** 67 City **RICHMOND, IN** State **IN** Zip **UNOCCUPIED**

38 Make **FER** 39 Model **CIN** 40 Color **RD** 41 Year **15** 42 Plate No. **16725MG** 43 State **NJ** 68 Make **STE** 69 Model **UNOCCUPIED** 70 Color **Whit** 71 Year **200** 72 Plate No. **2498095** 73 State **IN**

44 VIN **1F9354421FH140220** 45 Expires **06/18** 74 VIN **2FWBA2CK19AAJ3357** 75 Expires **10/17**

46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police

48 Alcohol/Drug Test Given:  No  Yes  Refused 134 Crash Diagram (NOT TO SCALE) 78 Alcohol/Drug Test Given:  No  Yes  Refused

Type:  Breath  Blood  Urine 49 Hazardous Material Name or Placard No. **HAMILTON STREET** 79 Hazardous Material Name or Placard No. **UNOCCUPIED**

Results: 0%  Pending  On Board  Spill  50 Carrier No.  USDOT  Other \* 80 Carrier No.  USDOT  Other \*

51 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs 81 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs

52 Carrier name **UNOCCUPIED** 82 Carrier name **UNOCCUPIED**

135 Crash Description **The undersigned responded to a construction area located at College Ave. and Hamilton Street. V#1 was traveling on College Ave. towards Hamilton Street when V#1 side swiped V#2. V#2 is an unoccupied trailer parked at the corner of the above mentioned location. The information was gathered and a report was filed.**

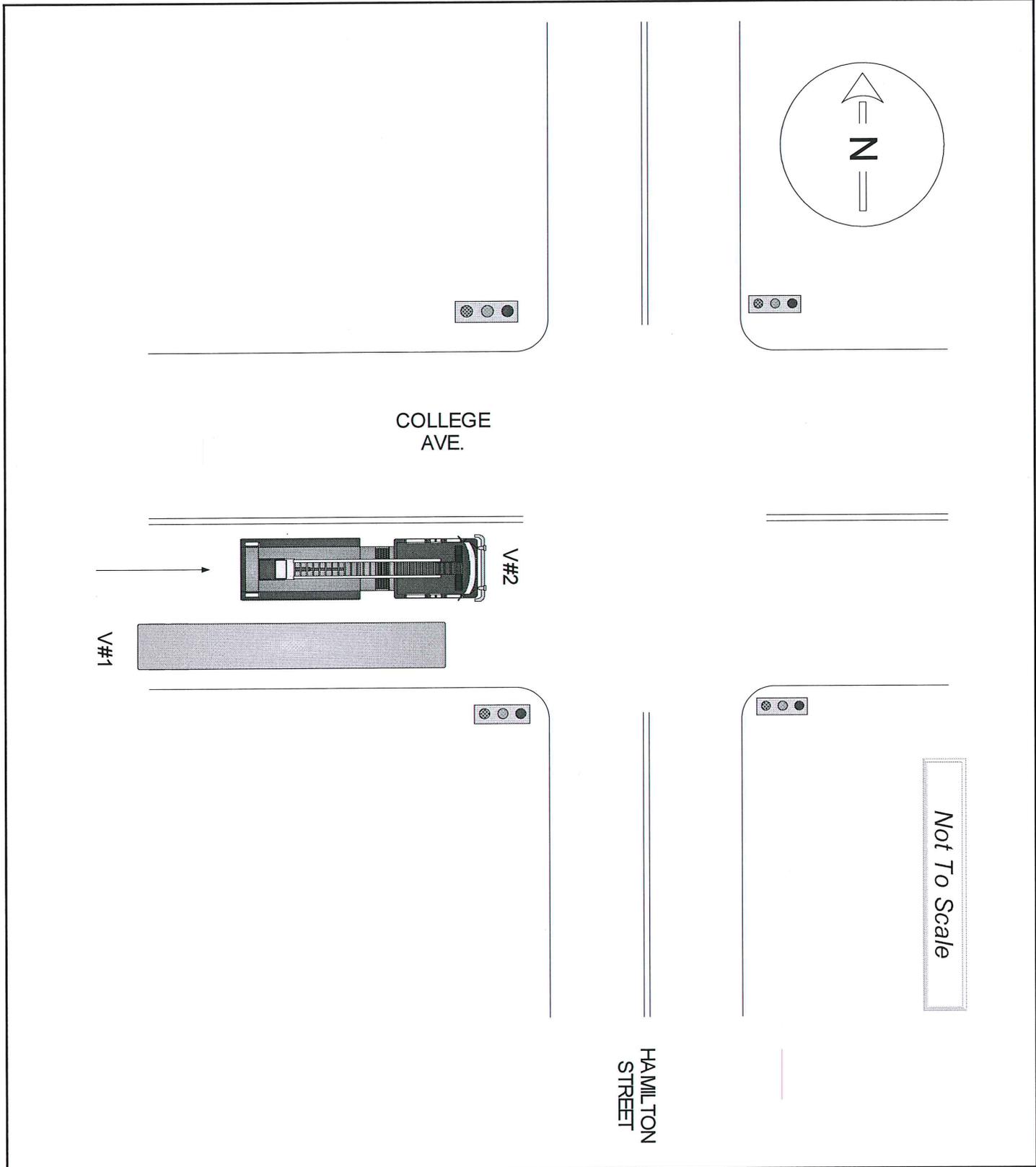
136 Damage To Other Property **UNOCCUPIED**

Oper. 137 Charge  Multiple Charges 138 Summons No. Oper. 139 Charge  Multiple Charges 140 Summons No.

141 Officer's Signature **PO James Hayes 7200** 142 Badge No. **5274** 143 Reviewed By **5274** Badge No. 144 Case Status  Pending  Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	----	----	30	M	----	----	----	09	04	----	----	Blackwell, Michael-93 JOYCE KILMER AVE. New Brunswick ,
B	2	----	----	----	----	----	----	----	----	----	----	----	----	
C														
D														
E														

New Jersey Police Crash Investigation Report	Police Dept. <u>New Brunswick</u>	Code <u>01</u>
Motor Vehicle Crash Description	Station _____	Case No. <u>16-52400</u>



New Jersey Police Crash Investigation Report

Reportable  Non-Reportable  Change Report

Page 05 of 05 Fatal

1 Case Number **16-52402** 10 Crash Occurred On **05/05/11** Jersey Avenue 11 Speed Limit **0 5**

2 Police Dept of **New Brunswick** Code **01** 12 Route No. Suffix 13 Milepost 18 Speed Limit

3 Station/Precinct **01** 14 15 16 17 Cross Road Name 19 Ramp To: From: 20 Route/Name 21 Latitude 22 Longitude

4 Date of Crash **08/12/16** 5 Day of Week **Sa** 6 Time (use 2400 hrs) **14 26** 7 Municipality Code **12114** 8 Total Killed **00** 9 Total Injured **00**

23 Veh No **1** 24 Policy No. **HPA00001083974** 25 Ins Code **411** 53 Veh No **2** 54 Policy No. **SELF INSURED** 55 Ins Code

26 Driver's First Name **Keun Yook** 29 Sex **M** 56 Driver's First Name **Mingling Liu** 59 Sex **F**

27 Number and Street **24 Rice Run** 30 Eyes **2** 57 Number and Street **409 Lancaster Ct.** 60 Eyes

28 City **E Brunswick, NJ** State **NJ** Zip **08816-5691** 58 City **Piscataway, NJ** State **NJ** Zip **08854**

31 State **03** 32 Driver's License No **12 09 50** 33 DOB **12 01 70** 34 Expires **06 17** 61 State **03** 62 Driver's License No **2C4RC1BG4GR284151** 63 DOB **12 01 70** 64 Expires **06 17**

35 Owner's First Name **Advantage Rent-A-Car** 65 Owner's First Name **Advantage Rent**

36 Number and Street **Newark International Airport** 66 Number and Street **Newark NJ 07102**

37 City **Newark NJ** State **NJ** Zip **07102** 67 City **Newark NJ** State **NJ** Zip **07102**

38 Make **HON** 39 Model **CIV** 40 Color **BK** 41 Year **00** 42 Plate No. **KJK24C** 43 State **NJ** 68 Make **CHR** 69 Model **T C** 70 Color **NO-** 71 Year **16** 72 Plate No. **K24FYR** 73 State **NJ**

44 VIN **1HGEJ6671YL048838** 45 Expires **06/17** 74 VIN **2C4RC1BG4GR284151** 75 Expires **06/17**

46 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 47 Authority  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impound  Disabled 77 Authority  Owner  Driver  Police

48 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.00%  Pending

49 Hazardous Material On Board  Spill  Name or Placard No.

50 Carrier No.  USDOT  Other

51 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs

52 Carrier name

134 Crash Diagram (NOT TO SCALE)

78 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.00%  Pending

79 Hazardous Material On Board  Spill  Name or Placard No.

80 Carrier No.  USDOT  Other

81 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs

82 Carrier name

135 Crash Description **Vehicle 1 was traveling east in the parking lot of 550 Jersey Ave when it was struck by vehicle 2 who was backing out of a parking space. Vehicle 2 was parked facing north, and started to back up, when it struck vehicle 2. Vehicle 2 is a Advantage Rental Car. The driver had a Chinese drivers license (610104197012015725) along with a valid Chinese Passport (G39002086).**

136 Damage To Other Property

Oper. 137 Charge  Multiple Charges 138 Summons No. Oper. 139 Charge  Multiple Charges 140 Summons No.

141 Officer's Signature **PO Jason Lyons 7339** 142 Badge No. **CRADIC/5157** 143 Reviewed By **CRADIC/5157** 144 Case Status  Pending  Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	---	65	M	---	---	---	04	04	---	---	Yook, Keun-24 Rice Run, E Brunswick, NJ 08816-5691
B	2	01	01	---	45	F	---	---	---	04	04	---	---	Liu, Mingling-409 Lancaster Ct., Piscataway, NJ 08854
C														
D														
E														