

96 01 Case Number **16-50514** 10 Crash Occurred On: **State Route 18 SB** 11 Speed Limit **2 5** 118a **25**
 97 01 2 Police Dept of **New Brunswick** Code **01** 118b -----
 98 01 3 Station/Precinct

99 02 4 Date of Crash **08 04 16** 5 Day of Week **Sa** 6 Time (use 2400 hrs) **18 14** 7 Municipality Code **1214** 8 Total Killed **00** 9 Total Injured **00** 119a **05**
 100 01 14 15 16 17 Cross Road Name 18 Route No. Suffix 13 Milepost 18 Speed Limit 119b -----

101 02 23 Veh No **1** 24 Policy No. **HPA00002083524** 25 Ins Code **017** 53 Veh No **2** 54 Policy No. **2110 57 87** 55 Ins Code **614** 120 **01**
 Parked Ped Pedalcyclist Resp to Emergency Hit & Run

102 01 26 Driver's First Name Initial Last Name **Madariean Laud** 29 Sex **F** 56 Driver's First Name Initial Last Name **Jacob Mayer** 59 Sex **F** 121 **00**
 103 01 27 Number and Street **22 Spring Street** 30 Eyes **2** 57 Number and Street **1745 45th Street** 60 Eyes

104 02 28 City **Somerset, NJ 08873-3331** 58 City **Brooklyn, NY 11204** 122 -----
 105 02 31 State 32 Driver's License No **02 21 94** 61 State 62 Driver's License No **06 27 47** 123 -----

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 66 Number and Street

106 02 37 City State Zip 67 City State Zip 125 **11**
 107 02 38 Make **Toy** 39 Model **Pri** 40 Color **Gy** 41 Year **201** 42 Plate No. **D28GLN** 43 State **NJ** 68 Make **Chevy** 69 Model **Malibu** 70 Color **Gray** 71 Year **201** 72 Plate No. **GJH6794** 73 State **NY**

108 01 44 VIN **JTDKDTB31D1058429** 45 Expires **3/17** 74 VIN **1G11E5SL1EF165305** 75 Expires **12/17**
 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 78 Alcohol/Drug Test Given: No Yes Refused 111 **00**
 111 00 Type: Breath Blood Urine 79 Hazardous Material Name or Placard No. 112 **11**
 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 -----
 114 13 50 Carrier No. USDOT Other * 82 Carrier name 128c -----
 115 13 51 Commercial Vehicle Weight ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs 128d -----
 116 01 52 Carrier name 129a **26**
 117 01 134 Crash Diagram (NOT TO SCALE) 129b -----
 129c -----
 129d -----

135 Crash Description **See page 2.** 130 **01**
 131 **01**

132 -----
 133 -----

136 Damage To Other Property **N/A**
 Oper. **2** 137 Charge Multiple Charges **39:4-82(Failure to keep right)** 138 Summons No. **Q-376126** Oper. **2** 139 Charge Multiple Charges **39:4-97(Careless)** 140 Summons No. **Q-376127**
 141 Officer's Signature **PO Richard Reed 7335** 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	----	22	F	----	----	1	04	04	----	----	Laud, Madariean-22 Spring Street, Somerset, NJ 08873-3331
B	2	00	----	00	69	F	00	00	----	00	00	00	----	Mayer, Jacob-1745 45th Street, Brooklyn, NY 11204
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>16-50514</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
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
L														
L														
I														
N														
V														
O														
L														
V														
E														
D														

135 Crash Description

On 8/4/16 at 18:14, PO Puccio and I (PO Reed) responded to Route 18 south for a motor vehicle accident.

Upon our arrival we were met with the driver of vehicle 1 who had no complaints of pain and refused medical attention. Vehicle 2 was not on scene and the the driver of V1 stated that the driver of V2 left his information and had to leave the scene of the incident due to a doctors appointment. V1 was in the middle lane of Route 18 south when V2 attempted to merge into her lane of travel from the left and collided with the front bumper of her vehicle. V1 had minor damage to the front bumper and could be driven from the scene.

The driver of V2 was mailed summons Q- 376126(Failure to keep right) and Q-376127(careless) The driver of V1 was given the case number for the incident and explained how to obtain a copy of the report

PO Richard Reed 7335

PO Richard Reed 7335

Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

Page 2 of 2 Fatal

96 **05** 1 Case Number **16-50524** 10 Crash Occurred On: **Livingston Avenue** 11 Speed Limit **2 5** 118a **08**

97 **01** 2 Police Dept of **New Brunswick** Code **01** 12 Route No. Suffix 13 Milepost **2 5** 118b **---**

98 **01** 3 Station/Precinct **01** 14 At Intersection with 15 Feet 16 N S E W of: **New Street** 17 Cross Road Name NB EB SB WB 119a **02**

99 **07** 4 Date of Crash **08 04 16** 5 Day of Week **Tr** 6 Time (use 2400 hrs) **18 53** 7 Municipality Code **12 14** 8 Total Killed **0** 9 Total Injured **0** 21 Latitude 22 Longitude 119b **---**

100 **01** 23 Veh No **1** 24 Policy No. **4416920124** 25 Ins Code **100** 53 Veh No **2** 54 Policy No. **F0797241** 55 Ins Code **426** 120 **01**

101 **02** Parked Ped Pedalcyclist Resp to Emergency Hit & Run 121 **01**

102 **01** 26 Driver's First Name Initial Last Name **Xiaoguang Zhou** 29 Sex **M** 56 Driver's First Name Initial Last Name **Gloria Slutiak** 59 Sex **F** 121 **01**

103 **01** 27 Number and Street **11 Raritan Ave Apt E4** 30 Eyes **2** 57 Number and Street **508 Green Hollow Dr** 60 Eyes **4**

104 **02** 28 City **Highland Park, NJ 08904-1721** 58 City **Iselin, NJ 08830-2926** 122 **---**

105 **07** 31 State 32 Driver's License No 33 DOB **08 26 87** 34 Expires **mm yy** 61 State 62 Driver's License No 63 DOB **11 06 53** 64 Expires **mm yy** 123 **---**

106 **02** 35 Owner's First Name Initial Last Name Same As Driver 65 Owner's First Name Initial Last Name Same As Driver 124 **03**

107 **02** 36 Number and Street 66 Number and Street 37 City State Zip 67 City State Zip 125 **01**

108 **01** 38 Make **HON** 39 Model **CIV** 40 Color **GY** 41 Year **200** 42 Plate No. **Z99GAK** 43 State **NJ** 68 Make **TOY** 69 Model **CAM** 70 Color **BL** 71 Year **200** 72 Plate No. **PNY61L** 73 State **NJ** 75 Expires

109 **01** 44 VIN **2HGFG12657H538617** 45 Expires **11/16** 74 VIN **4T1BE46K27U609423** 75 Expires

110 **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 126 **03**

111 **01** 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 127 **03**

112 **---** 49 Hazardous Material Name or Placard No. On Board Spill 79 Hazardous Material Name or Placard No. On Board Spill 128a **26**

113 **---** 50 Carrier No. USDOT Other * 80 Carrier No. USDOT Other * 128b **---**

114 **13** 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 128c **---**

115 **13** 52 Carrier name 82 Carrier name 128d **---**

116 **02** 134 Crash Diagram (NOT TO SCALE) 129a **26**

117 **01** 135 Crash Description 129b **---**

129c **---**

129d **---**

130 **11** 136 Damage To Other Property **N/A** 131 **11**

132 **11** Oper. 137 Charge Multiple Charges 138 Summons No. Oper. 139 Charge Multiple Charges 140 Summons No. 133 **11**

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

										Names & Addresses of Occupants - If Deceased, Date & Time of Death				
	83	84	85	86	87	88	89	90	91	92	93	94	95	
A	1	01	01	---	28	M	---	---	1	09	09	---	---	Zhou, Xiaoguang-11 Raritan Ave Apt E4, Highland Park, NJ
B	1	09	01	---		F	---	---	1	09	09	---	---	
C	2	01	01	---	62	F	---	---	1	09	09	---	---	Slutiak, Gloria-508 Green Hollow Dr, Iselin, NJ 08830-2926
D														
E														

New Jersey Police Crash Investigation Report

Police Dept: New Brunswick

Code: 01

Motor Vehicle Crash Description

Station: _____

Case No: 16-50524

(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

on 8/4/2016 Officer Riepenhoff and I were dispatched to Livingston Avenue and New Street for a motor vehicle accident.

Upon arrival we met with the driver of vehicle one(NJ Z99GAK) Xiaoguang Zhou. Zhou stated he was making a left turn onto Livingston Avenue when his vehicle struck vehicle two. Zhou informed us that he had the green light to make a left turn. The driver of vehicle two(NJ PNY61L) Gloria Slutiak stated she was going north on New Street when vehicle one crashed into her while attempting to make a left turn. Slutiak advised us she did have a green light. Both vehicles have damage to the front left bumper.

All parties involved were uninjured and refused medical treatment. We informed Slutiak and Zhou a police report will be filed and to follow up with their insurance companies.

P O Miller 7338

PO Justin Miller 7338

Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report

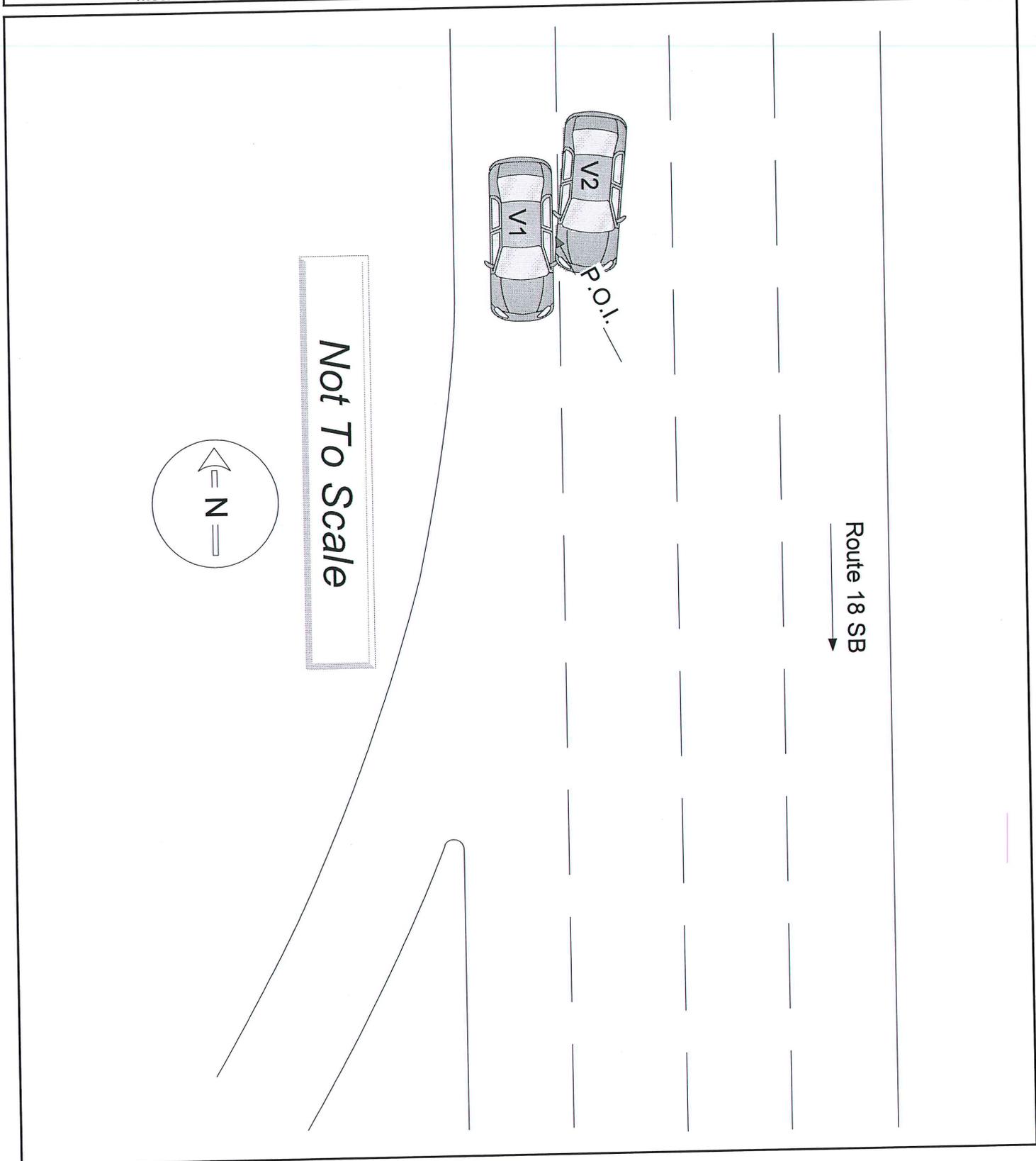
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station _____

Case No. 16-50566



PO Vincent Scasserra 7330

Officer's Signature

7330

Badge Number

96 05 1 Case Number **16-50588** 10 Crash Occurred On: **New Street** 11 Speed Limit **25** 118a 02
 97 01 2 Police Dept of **New Brunswick** Code **01** At Intersection with **George Street** 12 Route No. Suffix 13 Milepost **25** 118b 29
 98 06 3 Station/Precinct **01** Feet Miles N E S W of: **George Street** 17 Cross Road Name NB EB SB WB 119a 25
 99 07 4 Date of Crash **08/04/16** 5 Day of Week **Th** 6 Time (use 2400 hrs) **2327** 7 Municipality Code **1214** 8 Total Killed **-** 9 Total Injured **-** 21 Latitude **-** 22 Longitude **-** 119b -----

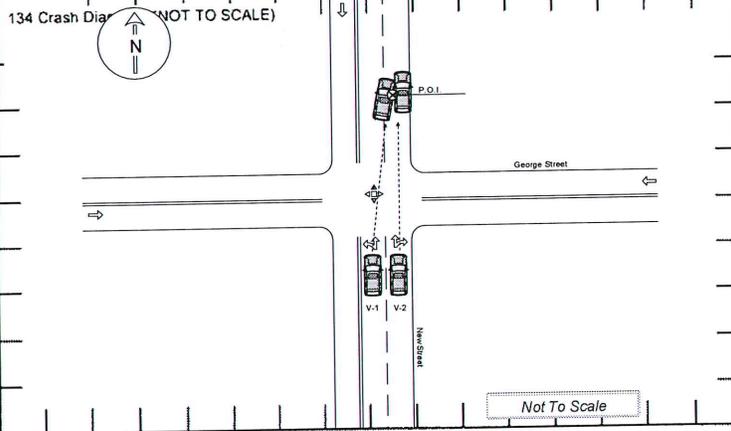
100 01 23 Veh No **1** 24 Policy No. **14167662** 25 Ins Code **134** 53 Veh No **2** 54 Policy No. **0777056D1630A** 55 Ins Code **896** 120 01
 Parked Ped Pedalcyclist Resp to Emergency Hit & Run Parked Ped Pedalcyclist Resp to Emergency Hit & Run 121 01
 102 01 26 Driver's First Name **Mary** Initial **C** Last Name **Connors** 29 Sex **F** 56 Driver's First Name **Margarita** Initial **S** Last Name **Santos** 59 Sex **F** 122 -----
 103 01 27 Number and Street **25 East Westside Ave** 30 Eyes **4** 57 Number and Street **59 Ovington Ave** 60 Eyes **2** 123 -----
 104 02 28 City **Red Bank, NJ** State **NJ** Zip **07701-1409** 58 City **Edison, NJ** State **NJ** Zip **08817-3642** 124 11
 105 02 31 State **NJ** 32 Driver's License No **10 01 51** 33 DOB **mm dd yy** 34 Expires **mm yy** 61 State **NJ** 62 Driver's License No **07 20 81** 63 DOB **mm dd yy** 64 Expires **mm yy** 125 01

35 Owner's First Name **Mary** Initial **C** Last Name **Connors** 65 Owner's First Name **Margarita** Initial **S** Last Name **Santos**
 Same As Driver Same As Driver
 36 Number and Street **25 East Westside Ave** 66 Number and Street **59 Ovington Ave**
 37 City **Red Bank, NJ** State **NJ** Zip **07701-1409** 67 City **Edison, NJ** State **NJ** Zip **08817-3642**

38 Make **DOD** 39 Model **DUR** 40 Color **RED** 41 Year **04** 42 Plate No. **G81DZY** 43 State **NJ** 68 Make **FOR** 69 Model **EXP** 70 Color **BK** 71 Year **98** 72 Plate No. **S35ECA** 73 State **NJ**
 44 VIN **1D4HB48N04F219387** 45 Expires **03/17** 74 VIN **1FMRU18W0WLC29386** 75 Expires **04/17**

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: 0.000 % 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



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 NJ TR-1 Report for details...**

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 Ryan Daughton 7288** 142 Badge No. **7288** 143 Reviewed By **5229** 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	----	64	F	----	----	1	09	04	----	----	Connors, Mary-25 East Westside Ave, Red Bank, NJ 07701
B	2	01	01	----	35	F	----	----	1	09	04	----	----	Santos, Margarita-59 Ovington Ave, Edison, NJ 08817-3642
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>16-50588</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

On Thursday August 4th, 2016 at approximately 11:27 p.m. the undersigned officer detailed in marked patrol unit 934, while attired in the uniform of the day was dispatched by Police Communications to the area of George Street and New Street, for a Motor Vehicle Collision.

Upon arrival, I spoke with both involved parties. Vehicle 1 was in the left hand lane of New Street at George Street, Vehicle 2 was in the right hand lane of New Street at George Street. According to the driver of Vehicle 1, 3 motorcycles sped in between both the vehicles and this startled her. Due to this action, Vehicle 1 drifted into the lane of Vehicle 2 and sideswiped it.

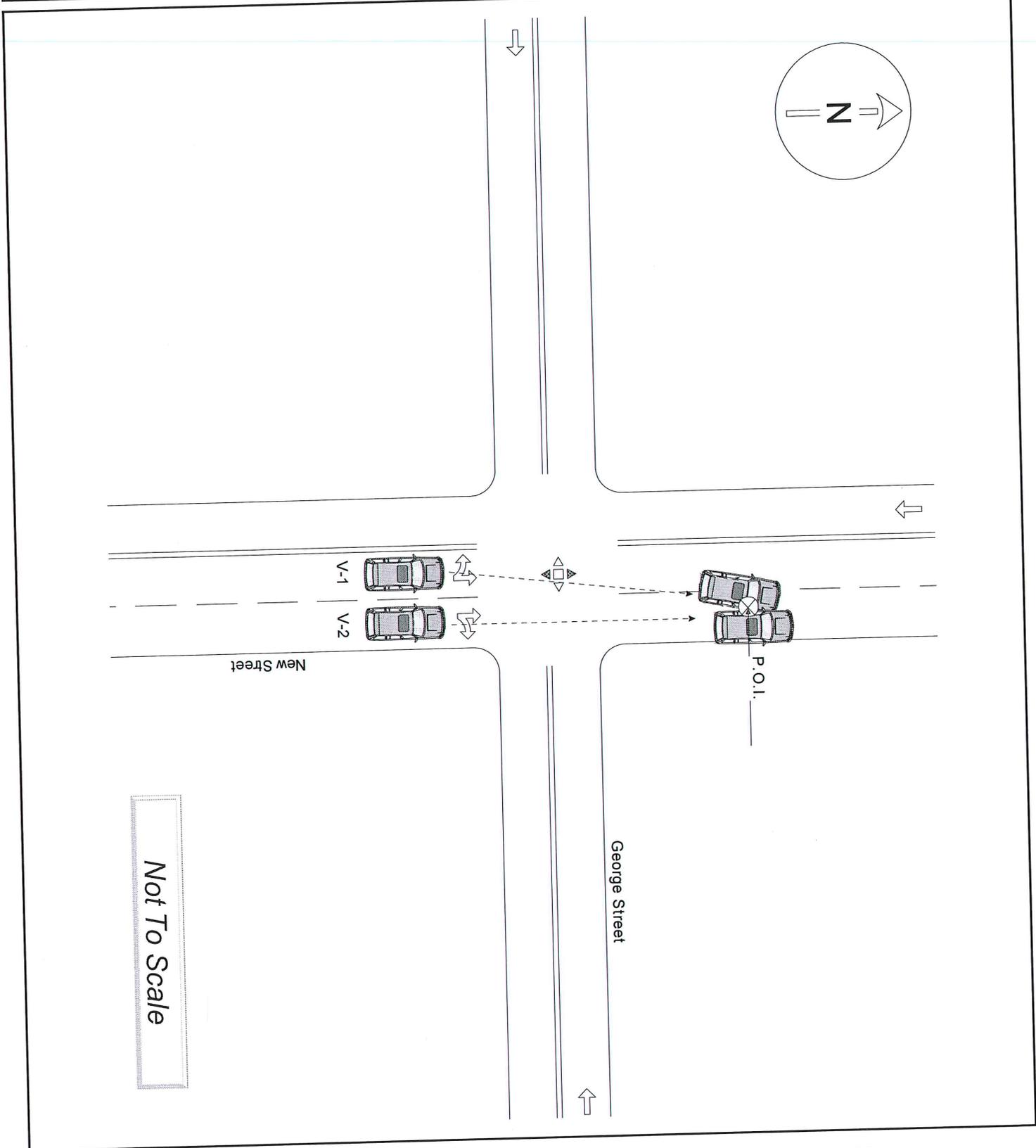
Vehicle 1 sustained moderate front end passenger side damage and was able to be driven from the scene. Vehicle 2 sustained minor front end driver side damage and was able to be driven from the scene. All parties refused medical attention and reported no injury. I have nothing further to report at this time.

P.O. Ryan J. Daughton
#7288

PO Ryan Daughton 7288

7288

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept. <u>New Brunswick</u>	Code <u>01</u>
	Station _____	Case No. <u>16-50588</u>



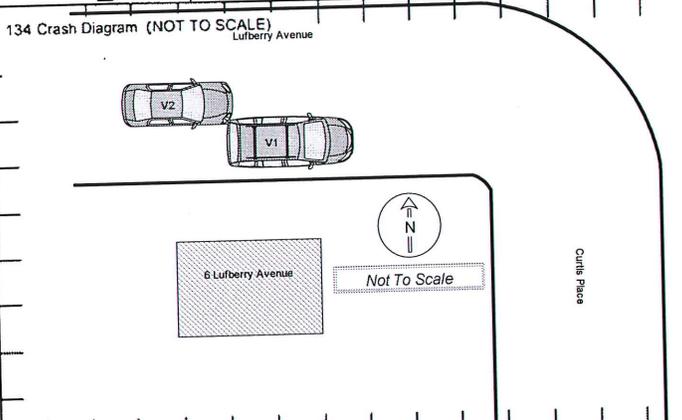
Not To Scale

PO Ryan Daughton 7288
Officer's Signature

7288
Badge Number

New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

96 05	1 Case Number 16-50617	10 Crash Occurred On 6	Road Name Lufberry Avenue	11 Speed Limit E 2 5	12 Route No.	13 Milepost	18 Speed Limit	118a 25																
97 01	2 Police Dept of New Brunswick	Code 01	<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of:	17 Cross Road Name	<input type="checkbox"/> NB <input type="checkbox"/> SB <input type="checkbox"/> EB <input type="checkbox"/> WB		118b ----																
98 06	3 Station/Precinct	4 Date of Crash 08 05 16	5 Day of Week Sa	6 Time (use 2400 hrs) 01 45	7 Municipality Code 12 14	8 Total Killed -	9 Total Injured -	119a 02																
99 07	23 Veh No 1	24 Policy No.	25 Ins Code	53 Veh No 2	54 Policy No. 908671714	55 Ins Code 135		119b ----																
100 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	26 Driver's First Name Guy	Initial A	Last Name Jackson	59 Sex M	60 Eyes 2		120 ----																
101 02	27 Number and Street 12 May Street	28 City New Brunswick, NJ	29 State NJ	30 Zip 08901-3420	31 State	32 Driver's License No	33 DOB 07 16 91	121 01																
102 01	35 Owner's First Name Jimenez	Initial M	Last Name Bielka	65 Owner's First Name Guy	Initial A	Last Name Jackson		122 ----																
103 01	36 Number and Street 9 Lufberry Ave.	37 City New Brunswick, NJ	38 State NJ	39 Zip 08901	66 Number and Street 12 May Street	67 City New Brunswick, NJ	68 State NJ	123 ----																
104 02	38 Make TOY	39 Model SIE	40 Color BG	41 Year 06	42 Plate No. JRK77E	43 State NJ	68 Make Ford	69 Model Siv																
105 02	44 VIN 5TDDA23C56S417884	45 Expires 05/17	74 VIN 1FADP3F20FL328846	75 Expires 7	76 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input checked="" type="checkbox"/> Towed	<input type="checkbox"/> Impound <input type="checkbox"/> Disabled	77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police	124 10																
106 00	46 Vehicle Removed To <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled	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	<input type="checkbox"/> Impound <input type="checkbox"/> Disabled	77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police			125 01																
107 02	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: 0.000 % <input type="checkbox"/> Pending	49 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/> Name or Placard No.	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	78 Alcohol/Drug Test Given: <input checked="" 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: 0.000 % <input type="checkbox"/> Pending	79 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/> Name or Placard No.	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	126 ----	127 ----	128a 26	128b ----	128c ----	128d ----	129a 28	129b ----	129c ----	129d ----				
108 02	134 Crash Diagram (NOT TO SCALE) 																							
109 01	135 Crash Description Driver of vehicle two, Guy Jackson, stated that he was driving East on Lufberry Avenue. Mr. Jackson informed us that he was tired and on his way home from work. Mr. Jackson stated that while driving down Lufberry Ave., he struck the corner of the rear bumper of vehicle one while it was parked. It should be noted that vehicle one was unoccupied during the time of impact and attempts to locate the registered owner of vehicle one yielded negative results. Vehicle two was towed from the scene by Dependable Towing.																			130 07	131 07			
110 00	136 Damage To Other Property																			132 01				
111 01	Oper.	137 Charge	<input type="checkbox"/> Multiple Charges	138 Summons No.	Oper.	139 Charge	<input type="checkbox"/> Multiple Charges	140 Summons No.	141 Officer's Signature PO Justin Meccia											142 Badge No. 7329	143 Reviewed By 5229	Badge No.	144 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete	133 02
112 00	144 Case Status																			133 02				
113 00	Names & Addresses of Occupants - If Deceased, Date & Time of Death																			133 02				
114 00	A	83	84	85	86	87	88	89	90	91	92	93	94	95	Jackson, Guy-12 May Street, New Brunswick, NJ 08901-3420									
115 02	B																							
116 02	C																							
117 02	D																							
	E																							

New Jersey Police Crash Investigation Report

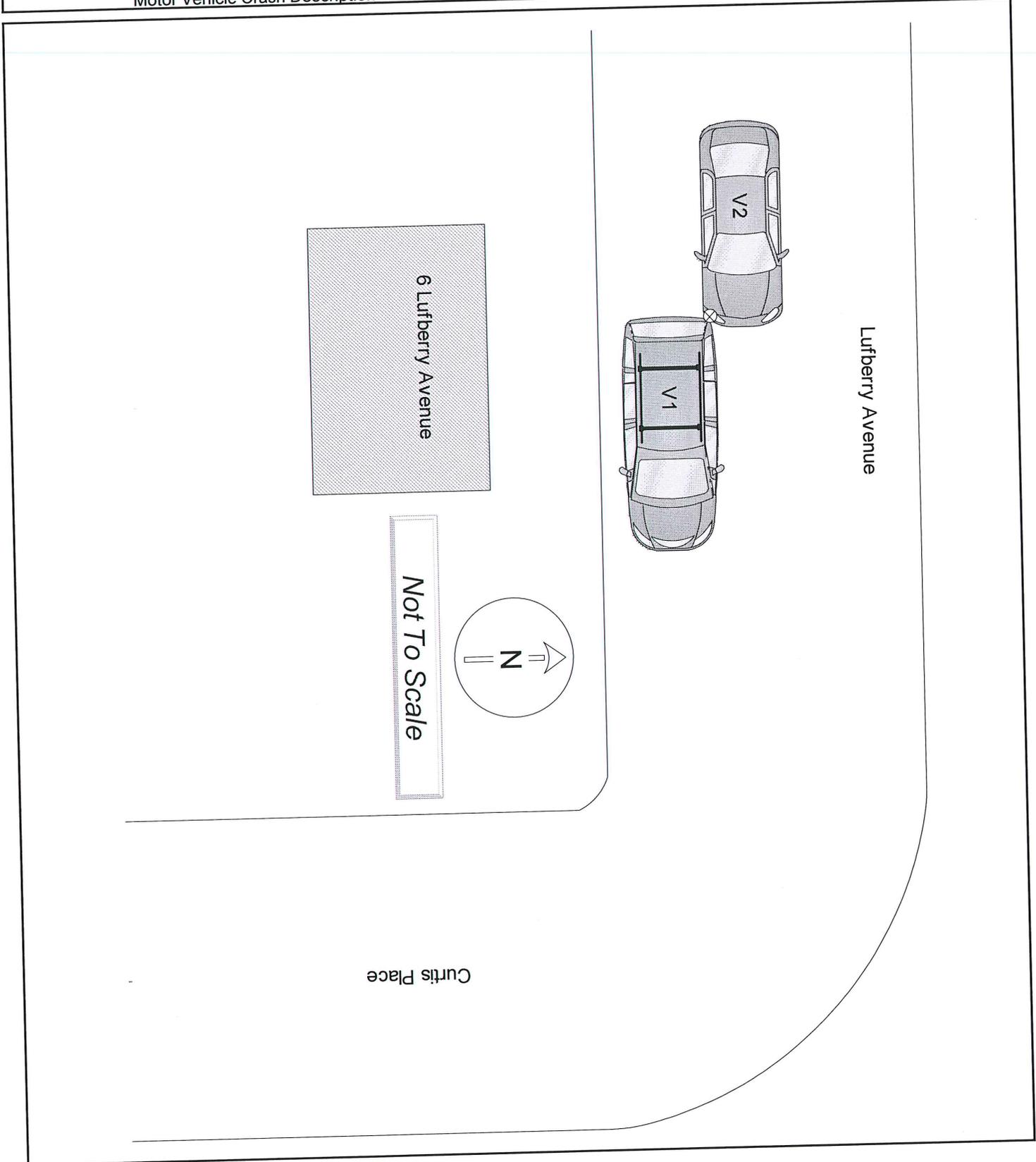
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station _____

Case No. 16-50617



PO Justin Meccia

Officer's Signature

7329

Badge Number

New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

Page 2 of 2 Fatal

1 Case Number **16-50662** 10 Crash Occurred On: **Bethany Street** 11 Speed Limit **E 2 5** 118a **02**
 2 Police Dept of **New Brunswick** Code **01** At Intersection with Feet Miles 12 Route No. Suffix 13 Milepost **2 5** 118b **07**

3 Station/Precinct **01** 14 15 16 17 Cross Road Name **French Street** 19 To: 17 From: 20 Route/Name NB EB SB WB 119a **02**
 4 Date of Crash **08 05 16** 5 Day of Week **Su** 6 Time (use 2400 hrs) **07 46** 7 Municipality Code **12 14** 8 Total Killed **0 0** 9 Total Injured **0 0** 21 Latitude 22 Longitude 119b **06**

23 Veh No **1** 24 Policy No. **HPA1257A322074** 25 Ins Code **413** 53 Veh No **2** 54 Policy No. **NJSS-202145189** 55 Ins Code **217** 120 **01**
 Parked Ped Pedalcyclist Respo to Emergency Hit & Run

26 Driver's First Name **August Werner** 29 Sex **M** 56 Driver's First Name **Thiru Voonna** 59 Sex **M** 121 **01**
 27 Number and Street **48 Wetherhill Way** 30 Eyes **4** 57 Number and Street **13 Alerica Ln** 60 Eyes **1**

28 City **Dayton, NJ 08810-1608** 29 State **NJ** 30 Zip **08810-1608** 58 City **Somerset, NJ 08873-5128** 59 State **NJ** 60 Zip **08873-5128**

31 State **02** 32 Driver's License No **12 31 59** 61 State **02** 62 Driver's License No **08 12 75** 63 DOB **08 12 75** 64 Expires **mm dd yy** 122 **----**

35 Owner's First Name **August Werner** 65 Owner's First Name **Thiru Voonna** 123 **----**
 Same As Driver

36 Number and Street **48 Wetherhill Way** 66 Number and Street **13 Alerica Ln** 124 **02**
 37 City **Dayton** 67 City **Somerset** 125 **02**

38 Make **HON** 39 Model **CRV** 40 Color **GN** 41 Year **02** 42 Plate No. **MMP95S** 43 State **NJ** 68 Make **HYU** 69 Model **SON** 70 Color **BL** 71 Year **13** 72 Plate No. **N39DHB** 73 State **NJ**

44 VIN **JHLRD78802C087904** 45 Expires **03/17** 74 VIN **5NPEB4AC4DH753295** 75 Expires **06/17** 126 **08**

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 **08**

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)

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 _____ 128 **08**

136 Damage To Other Property **None** 129 **08**

137 Charge Multiple Charges 138 Summons No. _____ 139 Charge Multiple Charges 140 Summons No. _____ 129a **26**

141 Officer's Signature **PO Vincent Monaghan 7284** 142 Badge No. **7284** 143 Reviewed By **5229** 144 Case Status Pending Complete 129b **26**

	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	----	56	M	----	----	1	09	04	----	----	Werner, August-48 Wetherhill Way, Dayton, NJ 08810-1608
B	2	01	01	----	40	M	----	----	1	09	04	----	----	Voonna, Thiru-13 Alerica Ln, Somerset, NJ 08873-5128
C														
D														
E														

New Jersey Police Crash Investigation Report

Police Dept: New Brunswick Code: 01

Motor Vehicle Crash Description

Station: _____ Case No: 16-50662

(Refer to vehicle by number)

A L L I N V O L V E D	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 V1 stated that he was traveling eastbound on Bethany Street. As he approached Somerset Street he stopped at the stop sign and awaited a safe passage. When it was safe he proceeded through the stop sign and attempted to turn right onto Somerset Street. While completing the turn he was struck by V2 along the rear passenger side. It should be noted that Driver of V1 stated he did not use his turn signal to alert other drivers he would be making a right turn.

Driver of V2 stated he was traveling eastbound on Bethany Street. As he approached Somerset Street he stopped behind V1 who was stopped at the stop sign at the intersection. As V1 proceeded through the stop sign, driver of V2 did as well, attempting to make a right hand turn. Not realizing V1 was also turning right (Due to the fact that V1 did not use his right turn signal) he was struck by V1 in the front driver side of his vehicle.

P/O Monaghan 7284 8/5/2016

PO Vincent Monaghan 7284

Officer's Signature

7284

Badge Number

New Jersey Police Crash Investigation Report

Police Dept. New Brunswick

Code 0 1

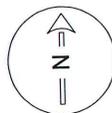
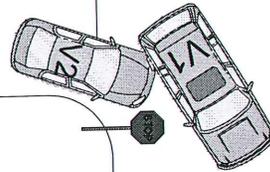
Motor Vehicle Crash Description

Station _____

Case No. 16-50662

Bethany
Street

French
Street



Not To Scale

New Jersey Police Crash Investigation Report

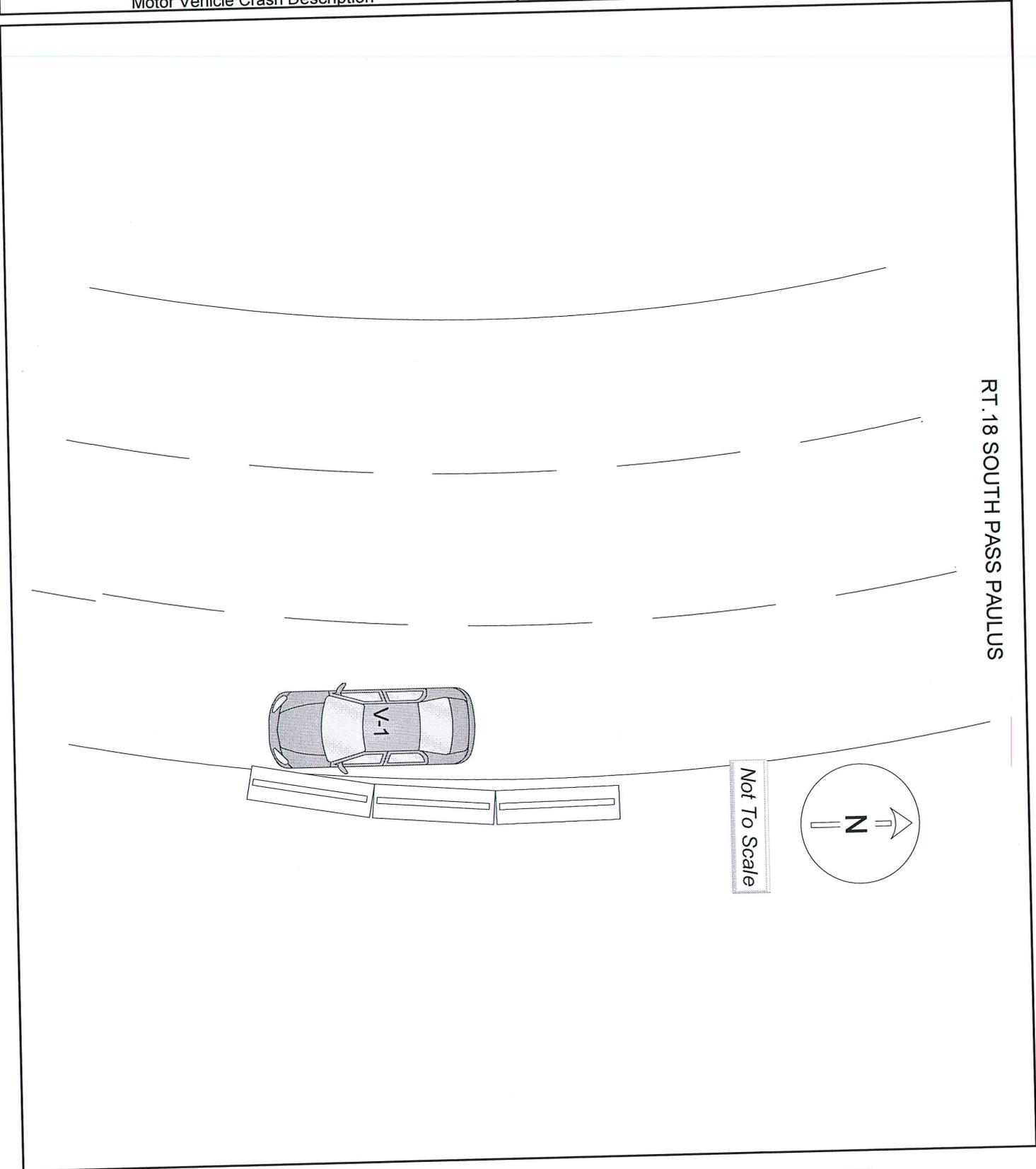
Reportable
 Non-Reportable
 Change Report

Page 1 of 1 Fatal

96 01	1 Case Number 16-50669	10 Crash Occurred On: State Route 18 SB	11 Speed Limit 40	118a 29
97 01	2 Police Dept of New Brunswick Code 01	At Intersection with <input type="checkbox"/> Road Name US Highway 1 SB	12 Route No. Suffix 13 Milepost 18 Speed Limit	118b ----
98 01	3 Station/Precinct	<input type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of:	19 Ramp <input type="checkbox"/> To: 17 Cross Road Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB	119a ----
99 02	4 Date of Crash mm dd yy 08 05 16	5 Day of Week Sa	6 Time (use 2400 hrs) 08 12	119b ----
100 04	7 Municipality Code 1214	8 Total Killed 0	9 Total Injured 0	
101 02	23 Veh No 1 24 Policy No. 907301918	25 Ins Code 134	53 Veh No 54 Policy No. NONE	120 09
102 01	26 Driver's First Name Initial Last Name Olanrewaj Bashorun	29 Sex M	56 Driver's First Name Initial Last Name NONE	121 ----
103 01	27 Number and Street 116 Manor Crescent	30 Eyes 2	57 Number and Street NONE	122 ----
104 01	28 City New Brunswick, NJ 29 State 08 30 Zip 08901-1689	33 DOB mm dd yy 01 26 95	34 Expires mm yy	123 ----
105 11	31 State 32 Driver's License No	35 Owner's First Name Initial Last Name Olanrewaj Bashorun	65 Owner's First Name Initial Last Name NONE	124 01
106 ----	36 Number and Street 116 Manor Crescent	37 City New Brunswick, NJ 38 State 08 39 Zip 08901-1689	66 Number and Street NONE	125 ----
107 ----	38 Make PON 39 Model GRM 40 Color GRA 41 Year 03 42 Plate No. T81ESX 43 State NJ	44 VIN 1G2NE52F63C200362	45 Expires 10/16	
108 01	46 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input checked="" type="checkbox"/> Towed <input type="checkbox"/> Impounded <input type="checkbox"/> Disabled	47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police	76 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impounded <input type="checkbox"/> Disabled	77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police
109 ----	RICHS TOWING			126 11
110 01	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	134 Crash Diagram (NOT TO SCALE) 		78 Alcohol/Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused
111 ----	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine			79 Hazardous Material Name or Placard No.
112 ----	Results: 0 ___ % <input type="checkbox"/> Pending			80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *
113 ----	49 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/>			81 Commercial Vehicle Weight <input type="checkbox"/> < 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> >= 26,001 lbs
114 08	50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *			82 Carrier name
115 ----	51 Commercial Vehicle Weight <input type="checkbox"/> < 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> >= 26,001 lbs			
116 03	52 Carrier name			
117 ----				
135 Crash Description DRIVER OF VEHICLE STATES AS HE WAS TRAVELING SOUTH BOUND ON RT. 18 AND PASSING PAULUS BLVD. HE DOSED OFF TO SLEEP FOR MAYBE TWO SECONDS AND STRUCK THE BARRIER BRICK WALL CAUSING DAMAGE TO HIS VEHICLE. AT THAT TIME HE WAS AWAKEN AND CAME TO A COMPLETE STOP APPROXIMATELY 50 YARDS FROM THE POINT OF IMPACT.				
136 Damage To Other Property NONE				
137 Charge <input type="checkbox"/> Multiple Charges NONE		138 Summons No. NONE		133
139 Charge <input type="checkbox"/> Multiple Charges		140 Summons No.		
141 Officer's Signature PO Tracy Gayden 7228		142 Badge No. 7228		144 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete

		Names & Addresses of Occupants - If Deceased, Date & Time of Death																				
		83	84	85	86	87	88	89	90	91	92	93	94	95								
A	1	01	01	----	21	M	----	----	1	04	04	----	-----	Bashorun, Olanrewaj-116 Manor Crescent, New Brunswick ,								
B																						
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>16-50669</u>



PO Tracy Gayden 7228
Officer's Signature

7228
Badge Number

New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

96 05	Page ____ of ____ <input type="checkbox"/> Fatal		10 Crash Occurred On 78 Albany Street										11 Speed Limit		118a 02														
97 01	1 Case Number 16-50704		12 Route No. Suffix 13 Milepost 18 Speed Limit										118b 13																
98 01	2 Police Dept of New Brunswick Code 01		<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of : _____ <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16										119a 25																
99 02	3 Station/Precinct		17 Cross Road Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB										119b 25																
100 01	4 Date of Crash 08 05 16		5 Day of Week Su		6 Time (use 2400 hrs) 11 51		7 Municipality Code 1214		8 Total Killed 00		9 Total Injured 00		21 Latitude		22 Longitude		120 01												
101 02	23 Veh No 1		24 Policy No. 5871180		25 Ins Code 096		53 Veh No 2		54 Policy No.		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				121 01												
102 01	26 Driver's First Name Dambra				Initial Last Name Ricketts				28 Sex F		56 Driver's First Name Initial Last Name				59 Sex		122 ---												
103 01	27 Number and Street 22 Balmoral court				State Zip				57 Number and Street				60 Eyes		123 ---														
104 02	28 City dison NJ 08817				31 State 32 Driver's License No				58 City				State Zip		124 09														
105 06	33 DOB 08 04 98				34 Expires mm dd yy				61 State 62 Driver's License No				63 DOB mm dd yy		64 Expires mm yy		125 10												
106 ----	35 Owner's First Name Dambra				Initial Last Name Ricketts				65 Owner's First Name Initial Last Name Roblerubio, Christoph Roblerubio				<input checked="" type="checkbox"/> Same As Driver <input type="checkbox"/> Same As Driver				126 11												
107 ----	36 Number and Street 22 Balmoral court				State Zip				66 Number and Street 495 forest ST. Flr. 2				State Zip				127 11												
108 01	38 Make VOL		39 Model S40		40 Color SILV		41 Year 07		42 Plate No. B31FFM		43 State NJ		68 Make TOY		69 Model CAM		70 Color SILV		71 Year 01		72 Plate No. K15GSS		73 State NJ		128a 28				
109 01	44 VIN YV1MS382572301679				45 Expires 03/17				74 VIN 4T1BG22K61U811838				75 Expires 07/17				128b 28												
110 01	46 Vehicle Removed To <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled				47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				76 Vehicle Removed To <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled				77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				128c 28												
111 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.		50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *		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.		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *		128d 26								
112	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) 										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		129a 26										
113	53 Crash Description Vehicle # 1 was on Albany ST. North bound, the driver was picking up her mother, the driver # 1 attempted to park closer to the curb when she accidentally struck a parked vehicle next to her, Vehicle # 2. The driver obtained the plate number and attempted to find the owner nearby. Upon returning to the vehicle the mother and the driver # 1 noticed the vehicle had left the area. The police was called and the plate number of vehicle # 2 given.		136 Damage To Other Property												129b 26														
114	Oper. 137 Charge <input type="checkbox"/> Multiple Charges		138 Summons No.		Oper. 139 Charge <input type="checkbox"/> Multiple Charges		140 Summons No.		141 Officer's Signature PO David Pagan 7169				142 Badge No.		143 Reviewed By Badge No.		144 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete		129c 26										
115	83		84		85		86		87		88		89		90		91		92		93		94		95		Names & Addresses of Occupants - If Deceased, Date & Time of Death		129d 01
116	A		1		01		01		----		18		F		----		----		04		03		----		Ricketts, Dambra- 22 Balmoral court, Edison NJ 08817		130 01		
117	B		----		----		----		----		----		----		----		----		----		----		----		----		----		131 01
118	C		----		----		----		----		----		----		----		----		----		----		----		----		----		132 08
119	D		----		----		----		----		----		----		----		----		----		----		----		----		----		133 10
120	E		----		----		----		----		----		----		----		----		----		----		----		----		----		134 10

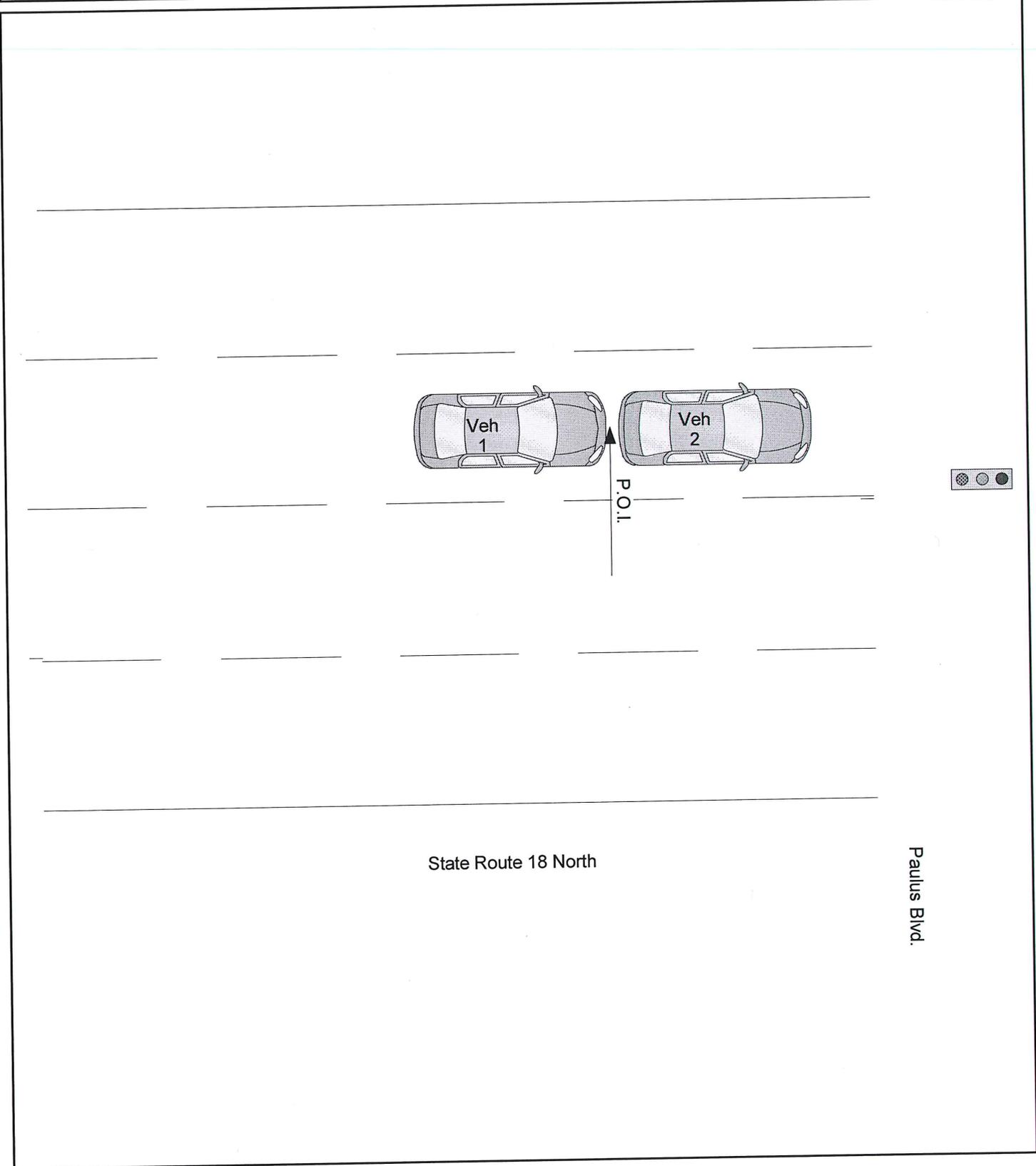
New Jersey Police Crash Investigation Report

Reportable
 Non-Reportable
 Change Report

96 01	Page ____ of ____	<input type="checkbox"/> Fatal	10 Crash Occurred On: State Route 18 NB										11 Speed Limit 4 5	118a 02						
97 01	1 Case Number 16-50741		12 Route No. Suffix 13 Milepost 18 Speed Limit 4 5										118b ----							
98 01	2 Police Dept of New Brunswick Code 01		<input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> Ramp 19 To: 17 Cross Road Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB										119a 25							
99 02	3 Station/Precinct		14 15 16 17 18 19 20 21 22										119b ----							
100 01	4 Date of Crash 08 05 16		5 Day of Week Sa		6 Time (use 2400 hrs) 15 00		7 Municipality Code 12 14		8 Total Killed		9 Total Injured		22 Longitude		120 01					
101 02	23 Veh No 1		24 Policy No. AOJ2380839774065				25 Ins Code 370		53 Veh No 2		54 Policy No. 4364247694				55 Ins Code 148		121 01			
102 01	26 Driver's First Name Benjamin		Initial Last Name Rivkin				29 Sex M		56 Driver's First Name Anusha				Initial Last Name Peechara				59 Sex F	122 ----		
103 01	27 Number and Street 37 Nedslan Avenue		30 Eyes 2		57 Number and Street 99 Forest Dr				60 Eyes 1				61 State		62 Driver's License No		63 DOB	64 Expires	123 ----	
104 02	28 City Titusville, NJ		31 State		32 Driver's License No		33 DOB 05 25 95		34 Expires		58 City Piscataway, NJ				59 Sex		60 Eyes		124 07	
105 01	35 Owner's First Name heresa		Initial Last Name Rivkin				65 Owner's First Name		Initial Last Name				66 Number and Street		67 City		68 State		69 Zip	125 06
106 02	36 Number and Street 37 Nedslan Ave		37 City Titusville, NJ		38 State		39 DOB		40 Expires		69 Model CAM		70 Color GY		71 Year 14		72 Plate No B13ERD		73 State NJ	
107 02	38 Make HON		39 Model ACC		40 Color RED		41 Year 07		42 Plate No Z92GHH		43 State NJ		44 VIN 1HGCM56317A090510		45 Expires 02/17		46 VIN 4T1BF1FK0EU457358		47 Expires 09/17	
108 01	46 Vehicle Removed To <input checked="" type="checkbox"/> Driven		47 Authority		76 Vehicle Removed To <input checked="" type="checkbox"/> Driven		77 Authority		78 Alcohol/Drug Test		79 Hazardous Material		80 Carrier No.		81 Commercial Vehicle Weight		82 Carrier name		83	
109 01	48 Alcohol/Drug Test		49 Hazardous Material		50 Carrier No.		51 Commercial Vehicle Weight		52 Carrier name		53		54		55		56		57	
110 01	53 Crash Description		54		55		56		57		58		59		60		61		62	
111 01	135 Crash Description		Vehicle 1 struck vehicle 2 in the rear. No injuries reported.																	126 03
112 ----	136 Damage To Other Property		NA																	127 03
113 ----	137 Charge		NA																	128a 26
114 ----	138 Summons No.		NA																	128b ----
115 ----	139 Charge		NA																	128c ----
116 01	140 Summons No.		NA																	128d ----
117 01	141 Officer's Signature		PO Adan Ramirez 7241																	129a 26
	142 Badge No.		7241																	129b ----
	143 Reviewed By																			129c ----
	144 Case Status		<input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete																	129d ----

		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	----	21	M	----	----	----	04	04	----	----	----	Rivkin, Benjamin-37 Nedslan Avenue, Titusville, NJ 08560	
B	2	01	01	----	29	F	----	----	----	04	04	----	----	----	Peechara, Anusha-99 Forest Dr, Piscataway, NJ 08854-2275	
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>16-50741</u>



New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

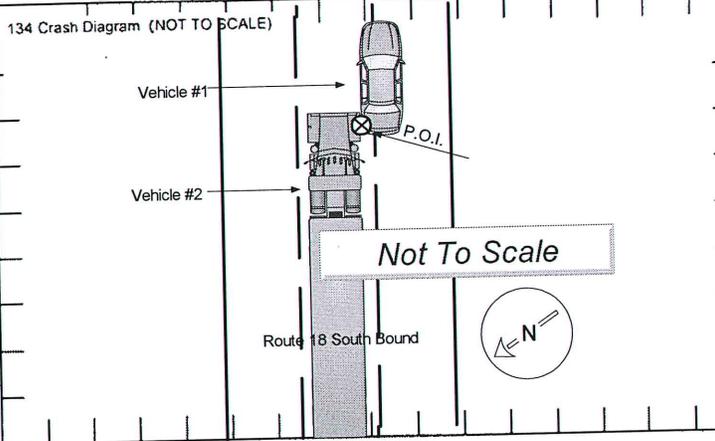
Page 1 of 2 Fatal

96 01 Case Number **16-50773** 10 Crash Occurred On: **State Route 18 SB** 11 Speed Limit **45** 118a 02
 97 01 Police Dept of **New Brunswick** Code **01** 12 Route No. Suffix 13 Milepost 18 Speed Limit 118b
 98 01 Station/Precinct **01** 14 15 16 17 Cross Road Name 19 To: 17 Cross Road Name 20 Route/Name 22 Longitude 119a
 99 02 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 02 **08 05 16** **17 51** **12 14** **00** **00**

101 02 23 Veh No **1** 24 Policy No. **0894742-C18-30** 25 Ins Code **962** 53 Veh No 54 Policy No. 55 Ins Code 120 01
 Parked Ped Pedalcyclist Respo to Emergency Hit & Run
 102 01 26 Driver's First Name Initial Last Name **Shyama Mathews** 29 Sex **F** 56 Driver's First Name Initial Last Name **Dwight A Smith** 59 Sex **M** 121 01
 103 01 27 Number and Street **6 Warrior Way** 30 Eyes **4** 57 Number and Street **4749 Windermere Ct Apt 203 Virginia** 60 Eyes **4**
 104 02 28 City **Parsippany, NJ 07054-2349** 58 City **Virginia 234556313**
 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
09 24 84 **12 26 70**

105 02 35 Owner's First Name Initial Last Name **John Sujit** 65 Owner's First Name Initial Last Name **SWIFT TRANSPORTATION** 123
 Same As Driver Same As Driver
 36 Number and Street **6 Warrior Way** 66 Number and Street **6500 W. INDUSTRIAL HWY. GARY** 124 12
 106 37 City **Parsippany, NJ 07054-2349** 67 City **IN 46406** 125 01
 107 38 Make **POR** 39 Model **MAC** 40 Color **BK** 41 Year **17** 42 Plate No. **A29GLP** 43 State **NJ** 68 Make **KEN** 69 Model **Wnt** 70 Color **15** 71 Year **2263966** 72 Plate No. **IN** 73 State **IN**

108 01 44 VIN **WP1AG2A52HLB50206** 45 Expires **04/20** 74 VIN **1XKYD49X6FJ428712** 75 Expires
 109 25 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
Private Tow **Destination**

110 01 48 Alcohol/Drug Test Given: No Yes Refused 78 Alcohol/Drug Test Given: No Yes Refused 127
 111 02 Type: Breath Blood Urine 79 Hazardous Material Name or Placard No. 128a 26
 112 Results: 0. ___ % Pending 80 Carrier No. USDOT Other * 128b 54283
 113 49 Hazardous Material Name or Placard No. 81 Commercial Vehicle Weight 128c 26
 114 On Board Spill 82 Carrier name 129a
 115 50 Carrier No. USDOT Other * 129b
 116 11 51 Commercial Vehicle Weight ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs 129c
 117 03 52 Carrier name 129d
 118 03 134 Crash Diagram (NOT TO SCALE)  129e
 79 Hazardous Material Name or Placard No. 128b
 80 Carrier No. USDOT Other * 128c
 54283
 81 Commercial Vehicle Weight 129a
 ≤ 10,000 lbs
 10,001 - 26,000 lbs
 ≥ 26,001 lbs
 82 Carrier name 129b
 135 Crash Description (See PG. 2) 129d

136 Damage To Other Property 130 08
 131 08
 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 Nicholas Grammar 7336** 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	---	31	F	---	---	1	04	04	---	---	Mathews, Shyama-6 Warrior Way, Parsippany, NJ 07054
B	2	01	01	---	45	M	---	---	1	04	04	---	---	Smith, Dwight-4749 Windermere Ct Apt 203 Virginia Beach,
C	2	03	01	---	40	F	---	---	1	04	04	---	---	Smith, Rachel-4924 Gulfstream CIR, Virginia Beach, Virginia
D														
E														

New Jersey Police Crash Investigation Report

Police Dept: New Brunswick Code: 01

Motor Vehicle Crash Description

Station: _____ Case No: 16-50773

(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 #1 Stated: That she was driving South Bound on Route 18 when she attempted to Merge into the left Lane. She further stated that as she attempted to do so her driver side rear tire and fender struck vehicle #2. Her vehicle sustained moderate damage and a flat tire and was towed from the scene. She stated she was uninjured during the collision.

Driver #2 Stated: That while driving straight in the middle lane of traffic on Route 18 South Bound he was struck by vehicle #1, who attempted to merge in front of him. He further stated that his vehicle's passenger side front fender and tire collided with vehicle #1 causing no substantial damage to his vehicle. The driver of vehicle # 2 stated that both his passenger and him were uninjured during the collision and they left the scene without further incident

No citations were issued as a result of this accident

PO Nicholas Grammar 7336

Officer's Signature

Badge Number

96 04 1 Case Number **16-50811** 10 Crash Occurred On: **Park Boulevard** 11 Speed Limit **25**

97 01 2 Police Dept of **New Brunswick** Code **01** At Intersection with Feet Miles N S E W of: **New York Avenue** 12 Route No. Suffix 13 Milepost **25** 18 Speed Limit **25**

98 01 3 Station/Precinct **01** 14 15 16 17 Cross Road Name NB EB SB WB 19 Ramp To: From: 20 Route/Name 21 Latitude 22 Longitude

99 09 4 Date of Crash **08/05/16** 5 Day of Week **Sa** 6 Time (use 2400 hrs) **2023** 7 Municipality Code **1214** 8 Total Killed **-** 9 Total Injured **-**

100 01 23 Veh No **1** 24 Policy No. **4355806219** 25 Ins Code **148** 53 Veh No **2** 54 Policy No. **00** 55 Ins Code **00**

101 01 Parked Ped Pedalcyclist Resp to Emergency Hit & Run Parked Ped Pedalcyclist Resp to Emergency Hit & Run

102 01 26 Driver's First Name Initial Last Name **0 00** 29 Sex **00** 56 Driver's First Name Initial Last Name **0 00** 59 Sex **00**

103 01 27 Number and Street 28 City State Zip 57 Number and Street 58 City State Zip

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

105 00 35 Owner's First Name Initial Last Name **Latoya Kemp** 65 Owner's First Name Initial Last Name **0 0**

106 36 Number and Street **500 Adams Ln Apt. 1b** 66 Number and Street **0**

107 37 City State Zip **North Brunswick, NJ 08902-2557** 67 City State Zip **0**

108 01 38 Make **Acura** 39 Model **07** 40 Color **Bik** 41 Year **07** 42 Plate No. **L673757** 43 State **NJ** 68 Make **00** 69 Model **00** 70 Color **00** 71 Year **00** 72 Plate No. **00** 73 State **00**

109 00 44 VIN **19UUA66267A010628** 45 Expires **00** 74 VIN **00** 75 Expires **00**

110 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

111 00 48 Alcohol/Drug Test Given: No Yes Refused Type: Breath Blood Urine Results: 0.00% Pending

112 49 Hazardous Material Name or Placard No. On Board Spill

113 50 Carrier No. USDOT Other *

114 51 Commercial Vehicle Weight < 10,000 lbs 10,001 - 26,000 lbs >= 26,001 lbs

115 00 52 Carrier name **Not To Scale**

116 01 53 Crash Description **See page 2**

117 135 Crash Description **See page 2**

118 04 136 Damage To Other Property

119 04 137 Charge Multiple Charges 138 Summons No. 139 Charge Multiple Charges 140 Summons No.

120 01 141 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	2	01	01	00			00	00	1	00	00	00	-----	
B														
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>16-50811</u>
---	---

(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

Owner of Vehicle 1 claims that she parked her car at Saint Peters in the Vo-Tech parking lot. She drove off the property at which time she heard air leaking out of her tire. She pulled over to change her tire at which time she notice that she had scratches on her rim. Victim stated that it happened while her car was parked in the deck.

Saint Peters security stated that they have no video surveillance at this time. They also stated that she left the property and then returned.

PO Nicole Lewis 7340

Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report

Police Dept. New Brunswick

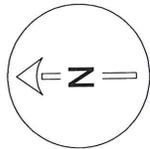
Code 01

Motor Vehicle Crash Description

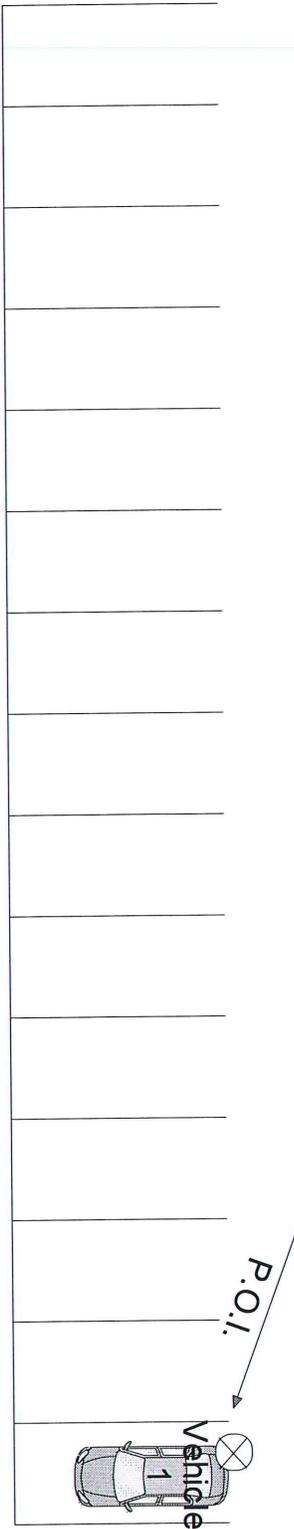
Station _____

Case No. 16-50811

Not To Scale



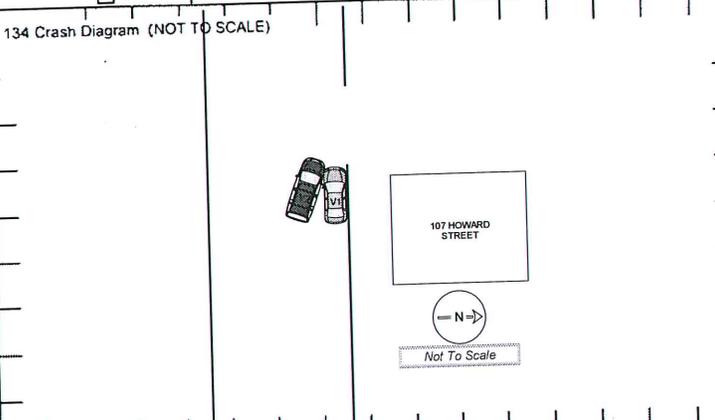
"Vo-Tech" Parking Lot Saint
Peters Property



New Jersey Police Crash Investigation Report

Reportable
 Non-Reportable
 Change Report

Page 1 of 2 Fatal

96 05	1 Case Number 16-50845	10 Crash Occurred On 107 Howard Street	11 Speed Limit 25	12 Route No. Suffix 25
97 01	2 Police Dept of New Brunswick	Code 01	13 Milepost 02	
98 06	3 Station/Precinct		14 15 16	
99 07	4 Date of Crash 08/05/16	5 Day of Week Th	6 Time (use 2400 hrs) 21 53	7 Municipality Code 1214
100 01	8 Total Killed 0	9 Total Injured 0	17 Cross Road Name	
101 02	23 Veh No 1	24 Policy No. 0761288A0830D	25 Ins Code 076	53 Veh No 2
102 01	26 Driver's First Name Rosa Veliz		56 Driver's First Name Unknown	
103 01	27 Number and Street 107 Howard Street		57 Number and Street Unknown	
104 02	28 City New Brunswick, NJ 08901		58 City Unknown	
105 03	31 State 01		32 Driver's License No	
106 ---	33 DOB 10 28 98		34 Expires mm yy	
107 ---	35 Owner's First Name Jose Villanueva		65 Owner's First Name Unknown	
108 01	36 Number and Street 1650 Arthur Avenue		66 Number and Street Unknown	
109 01	37 City No Brunswick, NJ 08902-2645		67 City Unknown	
110 01	38 Make HON	39 Model CIV	40 Color Slv	41 Year 12
111 00	42 Plate No. J26FDL	43 State NJ	68 Make	69 Model
112 ---	44 VIN 2HGFG3B57CH562320	45 Expires 03/17	70 Color	71 Year
113 00	46 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled		72 Plate No. Unknown	
114 13	47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		73 State	74 VIN Unknown
115 13	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: 0.00% <input type="checkbox"/> Pending		75 Expires	
116 ---	49 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/> Name or Placard No.		76 Vehicle Removed To <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled	
117 01	50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other * N/A		77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	
	51 Commercial Vehicle Weight <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs		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: 0.00% <input type="checkbox"/> Pending	
	52 Carrier name N/A		79 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/> Name or Placard No.	
	53 Crash Diagram (NOT TO SCALE) 		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other * N/A	
	54 Commercial Vehicle Weight <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs		81 Commercial Vehicle Weight <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs	
	55 Crash Description A juvenile witness, R.V. stated that while looking outside her residence, she observed a red minivan making a right turn in an attempt to enter the driveway near the residence at 107 Howard Street. During this attempt, the driver's front passenger side of the vehicle collided with the parked vehicle's driver side front bumper, causing scratches, scuffs and dent damage to the area. After noticing the damage, the driver then fled the area towards Commercial Avenue. R.V stated that she recognized the driver to be "Nicholas Martinez," who resides at 107 Howard Street, 1st Floor.		82 Carrier name N/A	
	56 Damage To Other Property		83 Carrier name	
	137 Charge <input type="checkbox"/> Multiple Charges	138 Summons No.	139 Charge <input type="checkbox"/> Multiple Charges	140 Summons No.
	141 Officer's Signature PO Tamika Baldwin 7321		142 Badge No. 7321	143 Reviewed By MACEVEDO 5240
	144 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete			

		Names & Addresses of Occupants - If Deceased, Date & Time of Death												
		83	84	85	86	87	88	89	90	91	92	93	94	95
A	1	---	---	---	---	---	---	---	---	---	---	---	---	---
B	2	01	01	00	---	M	00	00	---	00	00	00	---	---
C														
D														
E														

Fatal

New Jersey Police Crash Investigation Report

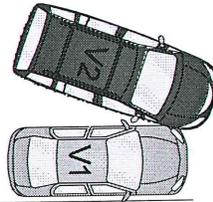
Reportable

Non-Reportable

Change Report

96	1 Case Number 16-50845										118a												
97	10 Crash Occurred On 107 Howard Street										118b												
98	2 Police Dept of New Brunswick Code 01			3 Station/Precinct			11 Speed Limit			12 Route No. Suffix		13 Milepost	14	15	16	17 Cross Road Name	18 Speed Limit	119a					
99	4 Date of Crash 08/05/16		5 Day of Week Sa		6 Time (use 2400 hrs) 2153		7 Municipality Code 1214		8 Total Killed		9 Total Injured		19 Ramp To: From:		20 Route/Name		21 Latitude		22 Longitude		119b		
100	23 Veh No 2		24 Policy No. 4358-28-85-55			25 Ins Code 100		53 Veh No		54 Policy No.		55 Ins Code		56 Driver's First Name		57 Number and Street		58 City		59 Sex		120	
101	26 Driver's First Name Jose		27 Number and Street 1650 Arthur Avenue			28 City No Brunswick, NJ		29 Sex M		30 Eyes 2		31 State		32 Driver's License No		33 DOB 06/20/87		34 Expires 08/17		35 Owner's First Name A Gomez-Marrero		121	
102	36 Number and Street 907 Woodlane Road Apt 2B		37 City Edgewater Park, NJ		38 Make Ford		39 Model Eco		40 Color Red		41 Year 200		42 Plate No. T37FRK		43 State NJ		44 VIN 1FTRE14221HB19794		45 Expires 08/17		46 Vehicle Removed To <input checked="" type="checkbox"/> Driven <input checked="" type="checkbox"/> Left at Scene		122
103	47 Authority <input checked="" type="checkbox"/> Driver		48 Alcohol/Drug Test		49 Hazardous Material		50 Carrier No.		51 Commercial Vehicle Weight		52 Carrier name		53 VIN		54 VIN		55 Expires		56 Owner's First Name		57 Number and Street		123
104	58 City Edgewater Park, NJ		59 Sex M		60 Eyes 2		61 State		62 Driver's License No		63 DOB 06/20/87		64 Expires 08/17		65 Owner's First Name		66 Number and Street		67 City		68 Make		124
105	69 Model Eco		70 Color Red		71 Year 200		72 Plate No. T37FRK		73 State NJ		74 VIN 1FTRE14221HB19794		75 Expires 08/17		76 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene		77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		78 Alcohol/Drug Test		79 Hazardous Material		125
106	78 Alcohol/Drug Test		79 Hazardous Material		80 Carrier No.		81 Commercial Vehicle Weight		82 Carrier name		83		84		85		86		87		88		126
107	83		84		85		86		87		88		89		90		91		92		93		127
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109	96		97		98		99		100		101		102		103		104		105		106		128b
110	100		101		102		103		104		105		106		107		108		109		110		128c
111	101		102		103		104		105		106		107		108		109		110		111		128d
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115	105		106		107		108		109		110		111		112		113		114		115		129d
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170	160		161		162		163		164		165		166		167		168		169		170		184
171	161		162		163		164		165		166		167</										

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept. <u>New Brunswick</u> Station _____	Code <u>01</u> Case No. <u>16-50845</u>
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Not To Scale



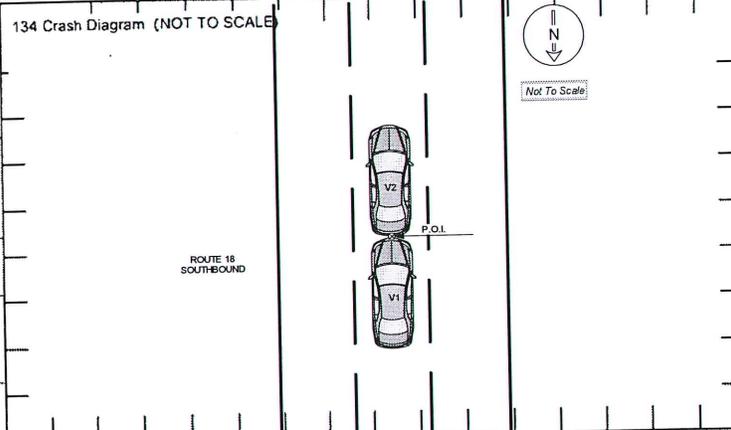
107 HOWARD
STREET

New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

Page 1 of 2 Fatal

96 05	1 Case Number 16-50943										118a 02
97 01	10 Crash Occurred On: State Route 18 SB										118b 09
98 06	2 Police Dept of New Brunswick Code 01										119a 25
99 02	3 Station/Precinct										119b ----
100 02	4 Date of Crash mm dd yy 08 06 16		5 Day of Week Su M Tu W Th F Sa Sa		6 Time (use 2400 hrs) 03 28		7 Municipality Code 12 14		8 Total Killed -		120 01
101 02	23 Veh No 1		24 Policy No. 910105202		25 Ins Code 134		53 Veh No 2		54 Policy No. 091 5422-F21-30		121 01
102 01	26 Driver's First Name Initial Last Name Armani Russell										122 ----
103 01	27 Number and Street 4319 Remington Avenue										123 ----
104 02	28 City Pennsauken, NJ 08110-3640										124 01
105 01	31 State 06 32 Driver's License No 02 90										125 01
106 ----	35 Owner's First Name Initial Last Name Donald Russell										126 04
107 ----	36 Number and Street 4319 Remington Avenue										127 04
108 01	37 City Pennsauken, NJ 08110-3640										128a 26
109 01	38 Make TOY		39 Model COA		40 Color GY		41 Year 10		42 Plate No. Z70EBT		128b ----
110 01	44 VIN 2T1BU4EE0AC296685		45 Expires 05/17		43 State NJ		68 Make KIA		69 Model FOR		128c ----
111 01	46 Vehicle Removed To <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed		47 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Impound <input type="checkbox"/> Disabled		74 VIN KNAFK4A67G5540065		75 Expires 06/20		76 Vehicle Removed To <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed		128d ----
112 00	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		49 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/>		77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		78 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		79 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/>		129a 26
113 00	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		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		129b ----
114 ----	52 Carrier name										129c ----
115 ----	53 Crash Description										129d ----
116 03	136 Damage To Other Property N/A										130 12
117 03	137 Charge <input type="checkbox"/> Multiple Charges										131 12
138 Summons No.										132 06	
139 Charge <input type="checkbox"/> Multiple Charges										133 06	
140 Summons No.										134 06	
141 Officer's Signature PO Kevin Sturfels										135 06	
142 Badge No. 7327										136 06	
143 Reviewed By MACEVEDO 5240										137 06	
144 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete										138 06	



		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	F	----	----	1	09	04	----	----	----	Russell, Armani-4319 Remington Avenue, Pennsauken, NJ
B	2	01	01	04	26	M	01	08	1	09	04	----	----	----	Aguilera, Mauricio-171 Capricorn Dr Apt 16, Hillsborough, NJ
C															
D															
E															

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Description

Police Dept: New Brunswick

Code: 01

Station: _____

Case No: 16-50943

(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 1 stated that she was traveling South in the middle lane of Route 18 in Vehicle 1 (N. J. Reg Z70EBT) behind Vehicle 2 (N. J. Reg B68GUG) when she mis-judged the distance between the two vehicles, and struck the rear of Vehicle 2 with the front end of her vehicle.

Driver 2 stated the same, and also said that he noticed Driver 1 speed up behind him before impact even though there were no other cars around.

Vehicle 1 sustained visible damage to the entire front end of the vehicle (entire front bumper detached). Vehicle 2 sustained visible damage to the entire rear bumper (bumper dented/caved in/scratched).

Driver 1 declined medical attention when asked, and drove her vehicle from the scene without incident. Driver 2 complained of head pain from the impact, but did not show any visible signs of injury, and also declined medical attention when asked. Driver 2 then drove his vehicle from the scene without incident. No further witnesses or available information at this time.

P/O KEVIN STURMFELS 7327

PO Kevin Sturfels

Officer's Signature

7327

Badge Number

New Jersey Police Crash Investigation Report

Police Dept. New Brunswick

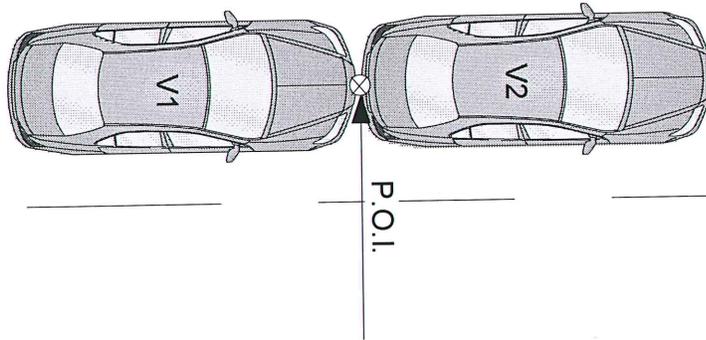
Code 01

Motor Vehicle Crash Description

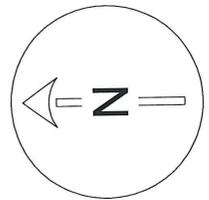
Station _____

Case No. 16-50943

ROUTE 18
SOUTHBOUND



Not To Scale



New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

Page 2 of 2 Fatal

1 Case Number **16-51040** 10 Crash Occurred On: **George Street** 11 Speed Limit **W 2 5**

2 Police Dept of **New Brunswick** Code **01** At Intersection with Feet Miles N E S W of: **New Street** 12 Route No. Suffix 13 Milepost **2 5** 18 Speed Limit

3 Station/Precinct _____ 14 _____ 15 _____ 16 _____ 19 To: 17 Cross Road Name NB EB SB WB

4 Date of Crash **08 06 16** 5 Day of Week **Su** 6 Time (use 2400 hrs) **14 04** 7 Municipality Code **12 14** 8 Total Killed **0 0** 9 Total Injured **0 1** 21 Latitude _____ 20 Route/Name _____ 22 Longitude _____

23 Veh No **1** 24 Policy No. **910527003** 25 Ins Code **135** 53 Veh No **2** 54 Policy No. **0916334-F25-30001** 55 Ins Code **826**

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

26 Driver's First Name Initial Last Name **Xiangming Huang** 28 Sex **M** 56 Driver's First Name Initial Last Name **Katherine Valencia** 59 Sex **F**

27 Number and Street **1015 North Oaks Blvd** 30 Eyes **2** 57 Number and Street **14 Class Pl Apt 4** 60 Eyes **2**

28 City **No Brunswick, NJ 08902-2150** 58 City **New Brunswick, NJ 08901-3540**

31 State **32 Driver's License No** 33 DOB **05 04 88** 34 Expires **mm dd yy** 61 State **62 Driver's License No** 63 DOB **06 19 95** 64 Expires **mm dd yy**

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

36 Number and Street **211 Baldwin Street** 66 Number and Street **211 Baldwin Street**

37 City **New Brunswick, NJ 08901-2901** 67 City **New Brunswick, NJ 08901-2901**

38 Make **HON** 39 Model **CRV** 40 Color **GN** 41 Year **16** 42 Plate No. **22GSJ** 43 State **NJ** 68 Make **TOY** 69 Model **COR** 70 Color **TN** 71 Year **06** 72 Plate No. **A19GVA** 73 State **NJ**

44 VIN **2HKRM4H71GH665247** 45 Expires **06/20** 74 VIN **2T1BR32E56C705464** 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.____ % 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 _____

78 Alcohol/Drug Test Given: No Yes Refused Type: Breath Blood Urine Results: 0.____ % 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 _____

134 Crash Diagram (NOT TO SCALE)

135 Crash Description _____

136 Damage To Other Property **None**

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

141 Officer's Signature **PO Anthony Abode 7249** 142 Badge No. **7249** 143 Reviewed By _____ Badge No. _____ 144 Case Status Pending Complete

										Names & Addresses of Occupants - If Deceased, Date & Time of Death				
83	84	85	86	87	88	89	90	91	92	93	94	95		
A	1	01	01	---	28	M	---	---	1	09	04	---	Huang, Xiangming-1015 North Oaks Blvd, No Brunswick, NJ	
B	2	01	01	04	21	F	04	08	1	09	04	---	Valencia, Katherine-14 Class Pl Apt 4, New Brunswick, NJ	
C														
D														
E														

New Jersey Police Crash Investigation Report

Police Dept: New Brunswick Code: 01

Motor Vehicle Crash Description

Station: _____ Case No: 16-51040

(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

V2 WAS STOPPED AT A RED LIGHT AT THE INTERSECTION OF GEORGE ST AND NEW ST. AT WHICH TIME V2 WAS STRUCK FROM BEHIND BY V1.
D1 STATED HE WAS NOT PAYING ATTENTION AND STRUCK THE VEHICLE IN FRONT OF HIM FROM BEHIND.
D2 COMPLAINED OF NECK PAIN BUT REFUSED MEDICAL ATTENTION AND SIGNED A RMA FORM. D2 STATED SHE WOULD GO TO THE HOSPITAL AT A LATER DATE. NO OTHER INJURIES WERE REPORTED AT THIS TIME.

PO Anthony Abode 7249

Officer's Signature

7249

Badge Number

New Jersey Police Crash Investigation Report

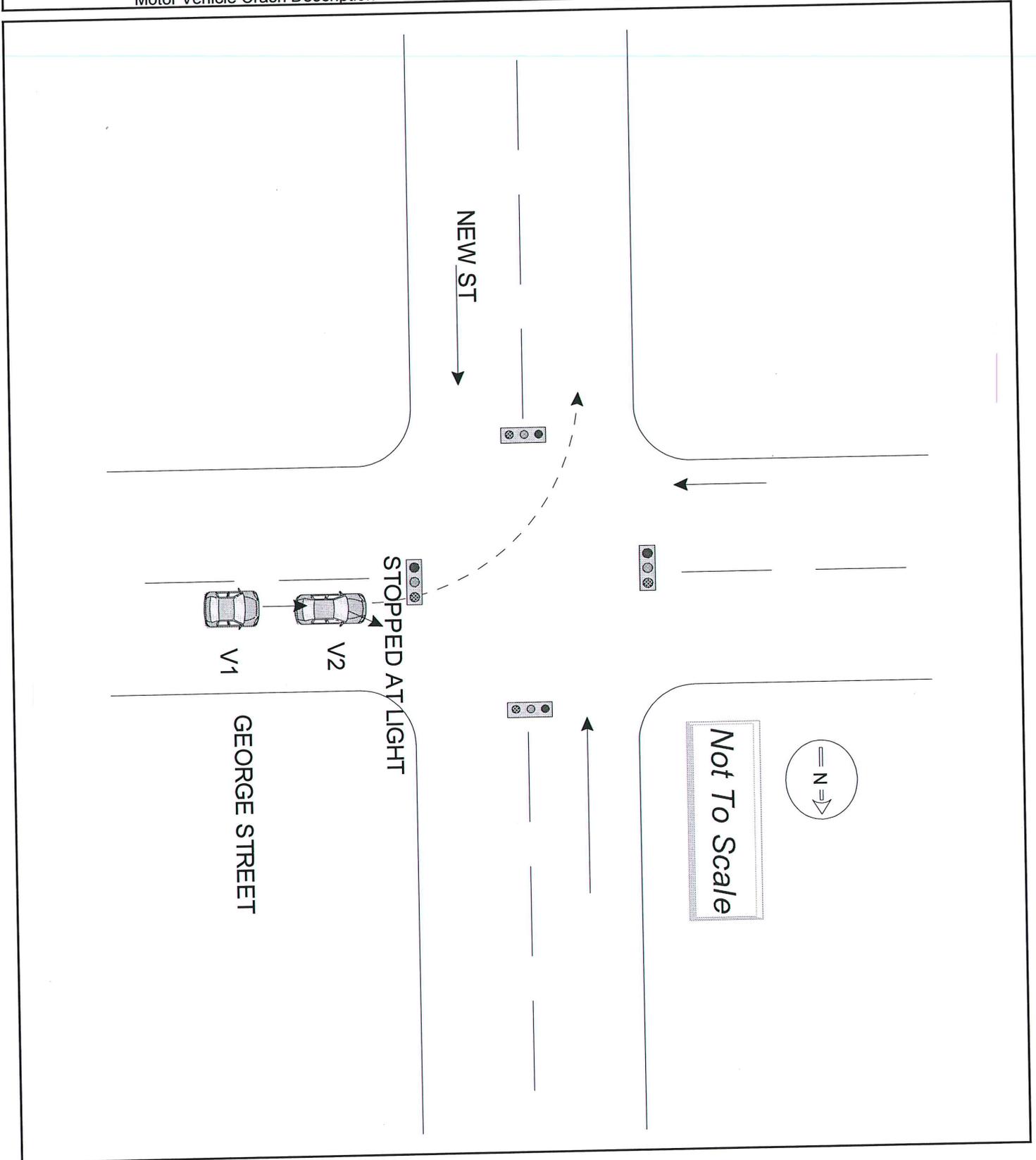
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station _____

Case No. 16-51040



PO Anthony Abode 7249

Officer's Signature

7249

Badge Number

96 05 1 Case Number **16-51036** 10 Crash Occurred On **312 Columbus Place** 11 Speed Limit **2 5** 118a 25

97 01 2 Police Dept of **New Brunswick** Code **01** At Intersection with Feet Miles N S E W of: 12 Route No. Suffix 13 Milepost 18 Speed Limit 118b -----

98 01 3 Station/Precinct 14 15 16 17 Cross Road Name 19 Ramp From: 20 Route/Name 21 Latitude 22 Longitude NB EB SB WB 119a 10

99 07 4 Date of Crash **08 06 16** 5 Day of Week **Su** 6 Time (use 2400 hrs) **13 47** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **0** 119b 02

100 01 23 Veh No **1** 24 Policy No. **C10044007** 25 Ins Code **946** 53 Veh No **2** 54 Policy No. **F2444982** 55 Ins Code **426** 120 01

101 02 Parked Ped Pedalcyclist Resp to Emergency Hit & Run Parked Ped Pedalcyclist Resp to Emergency Hit & Run 121 01

102 01 26 Driver's First Name Initial Last Name **Joyce Jackson** 59 Sex **F** 27 Number and Street **310 Columbus Place** 60 Eyes **2**

103 01 28 City **New Brunswick, NJ** State **NJ** Zip **08901-3018** 58 City **New Brunswick, NJ** State **NJ** Zip **08901-3018**

104 02 31 State **08** 32 Driver's License No. 33 DOB mm dd yy 34 Expires mm yy 61 State **01** 62 Driver's License No. 63 DOB mm dd yy **01 01 56** 64 Expires mm yy 122 -----

105 08 35 Owner's First Name Initial Last Name **Pamela Carter** 65 Owner's First Name Initial Last Name Same As Driver Same As Driver 123 -----

106 02 36 Number and Street **33 Commercial Ave. 2a** 66 Number and Street **33 Commercial Ave. 2a** 124 10

107 02 37 City **New Brunswick, NJ** State **NJ** Zip **08901-1349** 67 City **New Brunswick, NJ** State **NJ** Zip **08901-1349** 125 12

108 01 38 Make **ACU** 39 Model **4DR** 40 Color **GR** 41 Year **00** 42 Plate No. **H20AZF** 43 State **NJ** 68 Make **VW** 69 Model **PAS** 70 Color **BL** 71 Year **00** 72 Plate No. **V35BZP** 73 State **NJ**

109 01 44 VIN **419UUA5667YA001046** 45 Expires **7/17** 74 VIN **WVWMD23B8YE133201** 75 Expires **04/17** 76 Vehicle Removed To Driven Left at Scene Towed Impound Disabled 77 Authority Owner Driver Police 126 11

110 01 48 Alcohol/Drug Test Given: No Yes Refused 78 Alcohol/Drug Test Given: No Yes Refused 127 11

111 01 Type: Breath Blood Urine 79 Hazardous Material Name or Placard No. Type: Breath Blood Urine 128a 28

112 Results: 0.00 % Pending 80 Carrier No. USDOT Other 128b -----

113 49 Hazardous Material Name or Placard No. On Board Spill 81 Commercial Vehicle Weight ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs 128c -----

114 50 Carrier No. USDOT Other 82 Carrier name 128d -----

115 51 Commercial Vehicle Weight ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs 129a 26

116 52 Carrier name 82 Carrier name 129b -----

117 03 135 Crash Description 129c -----

118 136 Damage To Other Property **N/A** 129d -----

119 137 Charge Multiple Charges **39:4-129** 138 Summons No. **q373192** Oper. **2** 139 Charge Multiple Charges **39:4-130** 140 Summons No. **q373193** 130 07

120 141 Officer's Signature **PO John Yurkovic Jr. 7252** 142 Badge No. 143 Reviewed By Badge No. 144 Case Status Pending Complete 131 07

121 145 Occupant Information Table Header: 83 84 85 86 87 88 89 90 91 92 93 94 95 Names & Addresses of Occupants - If Deceased, Date & Time of Death

	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	----	60	F	----	----	1	00	00	00	----	Jackson, Joyce-310 Columbus Place, New Brunswick, NJ
B														
C														
D														
E														

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Description

Police Dept: New Brunswick

Code: 01

Station: _____

Case No: 16-51036

(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

On the noted date and time, I was dispatched to 312 Columbus Place for a reported motor vehicle accident.

Upon arrival, I spoke with the owner of vehicle 1 Pamela Carter. Carter advised that earlier in the day, another female who lives in the building told her that she hit Carters Vehicle. The driver of the hit and run vehicle was identified as Joyce Jackson and the vehicle she was driving was a blue VW(NJ Reg V35BZP). Carter stated to Jackson that she wanted to document the incident with the police. After hearing this, Jackson wrote down her drivers license number and partial insurance information. After handing the information to Carter, Jackson entered her vehicle and left the area. Telephone messages were left on the number Jackson provided to Carter regarding the accident

Based on my investigation, Vehicle 2 is at fault for the crash. Vehicle 2 backed into the street from the parking lot and struck vehicle 1 which was parked legally. Based on Jackson leaving the scene, she was issued summonses for leaving the scene and failure to report. Jackson did provide Carter with some of her documents, but not everything needed to complete my investigation. The information that was provided however could not be verified as valid or correct

PO John Yurkovic Jr. 7252

Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report

Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station _____

Case No. 16-51036

Not To Scale

COLUMBUS PLACE



P.O.I.

310-312 COLUMBUS PLACE

New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

Page 2 of 2 Fatal

1 Case Number **16-51081** 10 Crash Occurred On **15** **Georges Road** 11 Speed Limit **25**

2 Police Dept of **New Brunswick** Code **01** At Intersection with Feet Miles N E S W of:

3 Station/Precinct _____ 14 _____ 15 _____ 16 _____ 17 Cross Road Name _____ 18 Speed Limit _____

4 Date of Crash **08/06/16** 5 Day of Week **Su** 6 Time (use 2400 hrs) **1744** 7 Municipality Code **1214** 8 Total Killed **0** 9 Total Injured **0** 19 To: _____ 17 Ramp From: _____ 20 Route/Name _____ 21 Latitude _____ 22 Longitude _____

23 Veh No **1** 24 Policy No. **00** 25 Ins Code **00** 53 Veh No **2** 54 Policy No. **910380480** 55 Ins Code **134**

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

26 Driver's First Name **00** Initial **0** Last Name **00** 29 Sex **00** 56 Driver's First Name **Victor** Initial _____ Last Name **Diaz** 59 Sex **M**

27 Number and Street **00** 30 Eyes _____ 57 Number and Street **169 Jones Ave** 60 Eyes **2**

28 City **00** State _____ Zip _____ 58 City **New Brunswick, NJ** State **08901-2845** Zip _____

31 State _____ 32 Driver's License No _____ 33 DOB **06/14/91** 34 Expires _____ 61 State _____ 62 Driver's License No _____ 63 DOB **06/14/91** 64 Expires _____

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

36 Number and Street **00** 66 Number and Street _____ 67 City _____ State _____ Zip _____

37 City **00** State _____ Zip _____ 68 Make **NIS** 69 Model **SXG** 70 Color **GY** 71 Year **199** 72 Plate No **L98GHE** 73 State **NJ**

38 Make **00** 39 Model **pickup** 40 Color **red** 41 Year **00** 42 Plate No **00** 43 State **00** 44 VIN **3N1AB41D6XL068763** 45 Expires _____ 74 VIN **3N1AB41D6XL068763** 75 Expires _____

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

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 _____

134 Crash Diagram (NOT TO SCALE)

135 Crash Description _____

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

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

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	1	00	01	00			00	00	---	00	00	00	-----	
B	2	----	----	----	25	M	----	----	----	09	09	----	-----	Diaz, Victor-169 Jones Ave, New Brunswick, NJ 08901-2845
C														
D														
E														

New Jersey Police Crash Investigation Report

Police Dept: New Brunswick

Code: 01

Motor Vehicle Crash Description

Station: _____

Case No: 16-51081

(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

On 8/6/2016 at 17:44 hours Officer Riepenhoff and I were dispatched to 15 Georges Road for a hit and run motor vehicle accident.

Upon arrival we met with the victim Victor Diaz. Diaz stated that as he was coming out of the Grocery Store he observed vehicle one strike his vehicle while it was parked on the side of Georges Road. Diaz informed us vehicle one was backing up and made contact with his front bumper. Diaz told us he was unable to get the license plate of vehicle and could only tell us it was a red pick up truck. Vehicle one then fled the scene. Vehicle two has damage to the front bumper and grill.

We advised Diaz a police report will be filed. Diaz had no further questions for us.

P O Miller 7338

PO Justin Miller 7338

Officer's Signature

Badge Number

1 Case Number **16-51124** 10 Crash Occurred On **70** **New Street** N 1 0 11 Speed Limit

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 20 To: 21 From: 22 NB EB SB WB

4 Date of Crash **08/06/16** 5 Day of Week **Su** 6 Time (use 2400 hrs) **21 48** 7 Municipality Code **1214** 8 Total Killed **-** 9 Total Injured **-** 21 Latitude 22 Longitude

23 Veh No **1** 24 Policy No. **9958520162061** 25 Ins Code **884** 53 Veh No **2** 54 Policy No. **00** 55 Ins Code **00**

26 Driver's First Name Initial Last Name **00** 29 Sex **0** 56 Driver's First Name Initial Last Name **00** 59 Sex **00**

27 Number and Street **01** 30 Eyes **01** 57 Number and Street **00** 60 Eyes **00**

28 City State Zip **02** 58 City State Zip **00**

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 **Francis Schott** 65 Owner's First Name Initial Last Name **00**

36 Number and Street **296 Grand St Unit 4** 66 Number and Street **10**

37 City State Zip **Jersey City, NJ 07302-4351** 67 City State Zip **00**

38 Make **HON** 39 Model **ACC** 40 Color **RD** 41 Year **12** 42 Plate No. **REZ65P** 43 State **NJ** 68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State

44 VIN **1HGCS2A89CA011618** 45 Expires **05/17** 74 VIN **00** 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

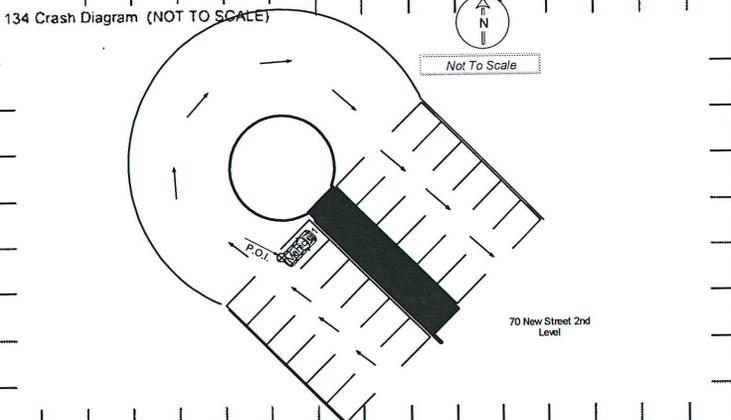
48 Alcohol/Drug Test Given: No Yes Refused 78 Alcohol/Drug Test Given: No Yes Refused

49 Hazardous Material Name or Placard No. 79 Hazardous Material Name or Placard No.

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



48 Results: 0 % Pending 78 Results: 0 % Pending

49 On Board Spill 79 On Board Spill

50 USDOT Other 80 USDOT Other

51 ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs 81 ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs

52 Carrier name 82 Carrier name

135 Crash Description **See MVA Report**

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 Nicole Lewis 7340** 142 Badge No. **7340** 143 Reviewed By **7340** 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	00			00	00	---	00	00	00	-----	
B														
C														
D														
E														

New Jersey Police Crash Investigation Report

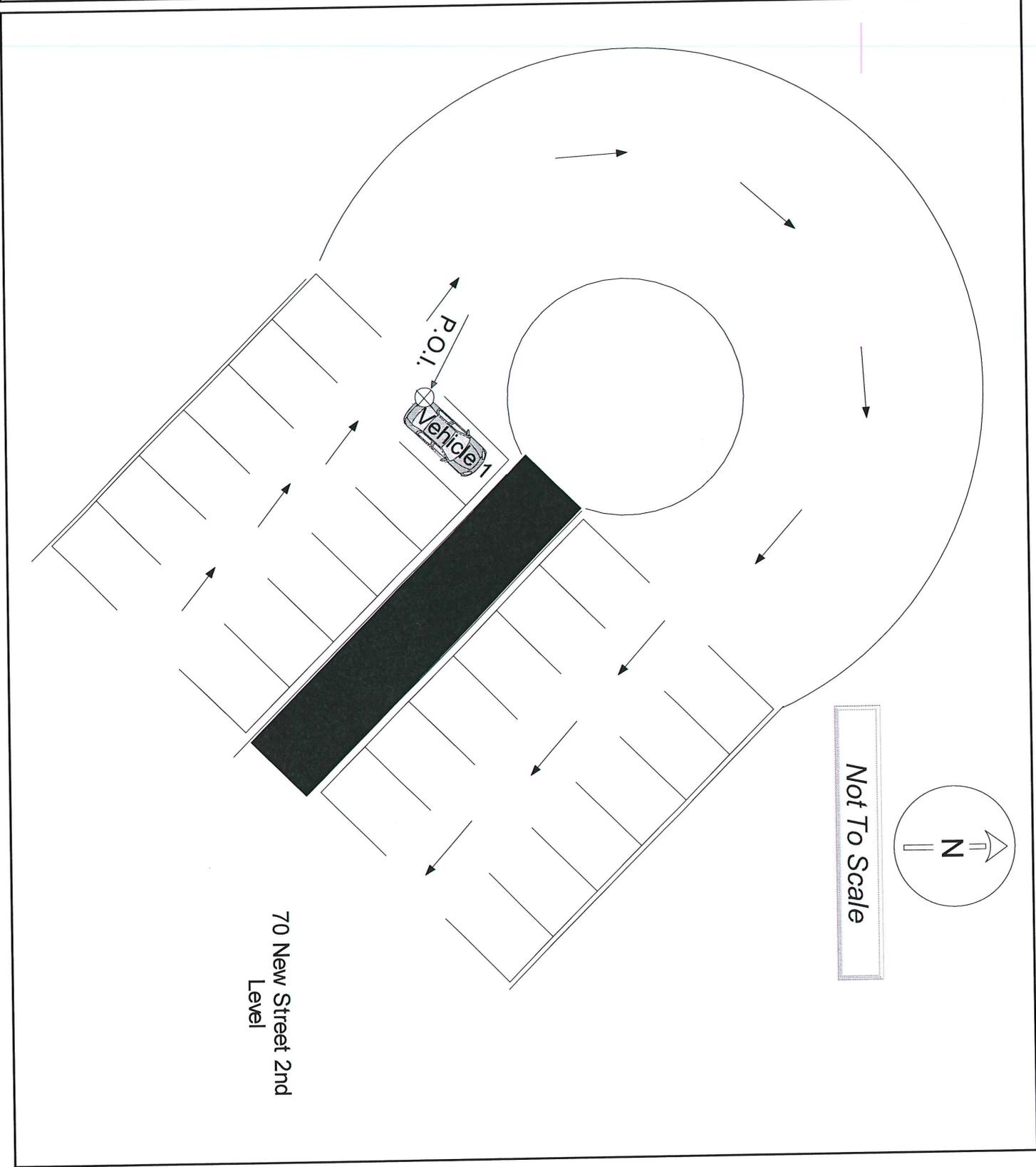
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station _____

Case No. 16-51124



PO Nicole Lewis 7340

Officer's Signature

7340

Badge Number

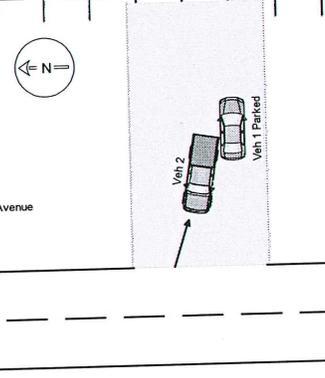
Fatal

New Jersey Police Crash Investigation Report

Reportable

Non-Reportable

Change Report

96 05	1 Case Number 16-51229										118a 25					
97 01	2 Police Dept of New Brunswick Code 01										118b ----					
98 01	3 Station/Precinct										119a 10					
99 09	4 Date of Crash mm dd yy 08 07 16		5 Day of Week Su M Tu W Th F Sa G		6 Time (use 2400 hrs) 11 31		7 Municipality Code 12 14		8 Total Killed - -		9 Total Injured - -		119b ----			
100 01	23 Veh No 1 24 Policy No. 8188409				25 Ins Code 17957		53 Veh No 2 54 Policy No. 4415-45-65-91				55 Ins Code 100		120 ----			
101 03	<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run										121 01					
102 01	26 Driver's First Name Initial Last Name Jose L Lorenzana-Torres					29 Sex M		56 Driver's First Name Initial Last Name Jose L Lorenzana-Torres					59 Sex M	121 01		
103 01	27 Number and Street 63 Baldwin St.					30 Eyes 2		57 Number and Street 63 Baldwin St.					60 Eyes 2		122 ----	
104 02	28 City New Brunswick, NJ 08901					31 State		58 City New Brunswick, NJ 08901					61 State		123 ----	
105 06	32 Driver's License No					33 DOB mm dd yy		62 Driver's License No					63 DOB mm dd yy 06 11 81		124 10	
106 ----	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver Nicasio Guzman					65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver Joseph Rodriquez		66 Number and Street 96 North Talmadge St.					67 City New Brunswick, NJ 08901		125 13	
107 ----	36 Number and Street 1018 Cherry St.					37 City Norristown, PA 19401		68 Make Ford 69 Model RNG 70 Color Wh 71 Year 200 72 Plate No. K96CJE 73 State NJ					74 VIN 1FTYR10C2YTA22004		126 11	
108 04	38 Make Cadillac 39 Model					40 Color		41 Year 200 42 Plate No. KFC7729 43 State PA					44 VIN 1GYEK63N83R257069		127 11	
109 05	45 Expires 06/17					46 Vehicle Removed To <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene		47 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police					76 Vehicle Removed To <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene		128a 28	
110 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					134 Crash Diagram (NOT TO SCALE) 					78 Alcohol/Drug Test Given: <input checked="" 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					128b ----
111 01	49 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/> Name or Placard No.										79 Hazardous Material On Board <input type="checkbox"/> Spill <input type="checkbox"/> Name or Placard No.					128c ----
112 ----	50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *										80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *					128d ----
113 ----	51 Commercial Vehicle Weight <input type="checkbox"/> < 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> >= 26,001 lbs										81 Commercial Vehicle Weight <input type="checkbox"/> < 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> >= 26,001 lbs					129a 27
114 ----	52 Carrier name					82 Carrier name					129b ----					
115 ----	135 Crash Description Vehicle 1 was parked in the driveway of 162 Throop Avenue. Vehicle 2 was reversing into the driveway on the left side of Vehicle 1. Vehicle 2 side swiped Vehicle 1. No reported injuries.												129c ----			
116 02	136 Damage To Other Property None												129d ----			
117 02	137 Charge <input type="checkbox"/> Multiple Charges					138 Summons No.		139 Charge <input type="checkbox"/> Multiple Charges					140 Summons No.		130 09	
141 Officer's Signature PO Tammie Ward 7237					142 Badge No.		143 Reviewed By 5216			144 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete		131 09				

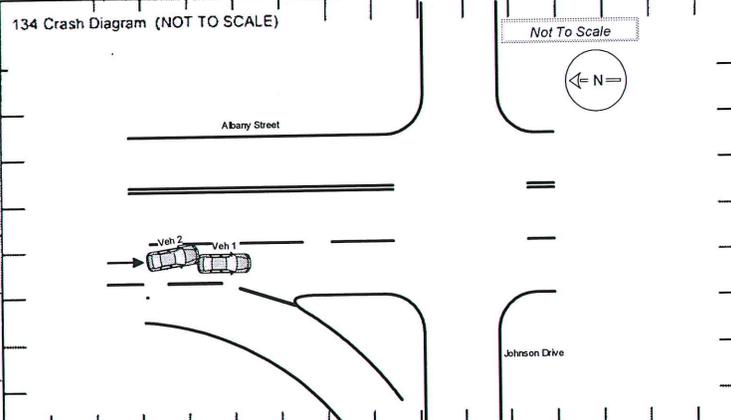
										Names & Addresses of Occupants - If Deceased, Date & Time of Death								
A	83	84	85	86	87	88	89	90	91	92	93	94	95					
B	2	01	01	----		M	----	----	1	09	04	----	----					
C																		
D																		
E																		

96 **05** 1 Case Number **16-51239** 10 Crash Occurred On: **Albany Street** 11 Speed Limit **25**
 97 **01** 2 Police Dept of **New Brunswick** Code **01** Road Name **Johnson Drive** 12 Route No. Suffix 13 Milepost 18 Speed Limit
 98 **01** 3 Station/Precinct **100** At Intersection with N E of: S W **100** 16 Feet Miles 17 Cross Road Name NB EB SB WB
 99 **07** 4 Date of Crash **08/07/16** 5 Day of Week **Sa** 6 Time (use 2400 hrs) **1303** 7 Municipality Code **1214** 8 Total Killed **-** 9 Total Injured **-** 19 Ramp To: 20 Route/Name 22 Longitude
 100 **01** 23 Veh No **1** 24 Policy No. **ACT 0019670** 25 Ins Code **14923** 53 Veh No **2** 54 Policy No. **4326-89-08-13** 55 Ins Code **100**

101 **02** 26 Driver's First Name Initial Last Name **Marina J Kohary** 29 Sex **F** 56 Driver's First Name Initial Last Name **Antonio Garcia** 59 Sex **M**
 102 **01** 27 Number and Street **108 Kirtland St.** 30 Eyes **4** 57 Number and Street **119 Stave Mill Rd.** 60 Eyes **2**
 103 **01** 28 City **Deep River, CT.** State **CT** Zip **06417** 58 City **Bridgeton, NJ** State **NJ** Zip **08302**
 104 **02** 31 State **CT** 32 Driver's License No. **081497** 33 DOB **mm dd yy** 34 Expires **mm yy** 61 State **NJ** 62 Driver's License No. **021786** 63 DOB **mm dd yy** 64 Expires **mm yy**

105 **01** 35 Owner's First Name Initial Last Name Same As Driver 65 Owner's First Name Initial Last Name Same As Driver
 36 Number and Street 66 Number and Street
 37 City State Zip 67 City State Zip

106 **01** 38 Make **Toyota** 39 Model **Prius** 40 Color **Tan** 41 Year **2006** 42 Plate No. **18ZHH** 43 State **CT** 68 Make **Jeep** 69 Model **Liberty** 70 Color **Red** 71 Year **2007** 72 Plate No. **Y46BNR** 73 State **NJ**
 44 VIN **JTDKB20U963169684** 45 Expires **12/16** 74 VIN **1J8GN28K38W256684** 75 Expires **12/16**
 107 **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 78 Alcohol/Drug Test Given: No Yes Refused
 111 **01** Type: Breath Blood Urine 79 Hazardous Material Name or Placard No. On Board Spill 80 Carrier No. USDOT Other *
 112 Results: 0. ___ % Pending 81 Commercial Vehicle Weight < 10,000 lbs 10,001 - 26,000 lbs >= 26,001 lbs
 113 49 Hazardous Material Name or Placard No. On Board Spill 82 Carrier name
 114 50 Carrier No. USDOT Other *
 115 51 Commercial Vehicle Weight < 10,000 lbs 10,001 - 26,000 lbs >= 26,001 lbs
 116 **03** 52 Carrier name
 117 **03** 134 Crash Diagram (NOT TO SCALE)


135 Crash Description
 136 Damage To Other Property **None**
 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. **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	----	18	F	----	----	1	09	04	----	----	Kohary, Marina-108 Kirtland St., Deep River, CT. 06417
B	2	01	01	----	30	M	----	----	1	09	04	----	----	Garcia, Antonio-119 Stave Mill Rd., Bridgeton, NJ 08302
C														
D														
E														

New Jersey Police Crash Investigation Report

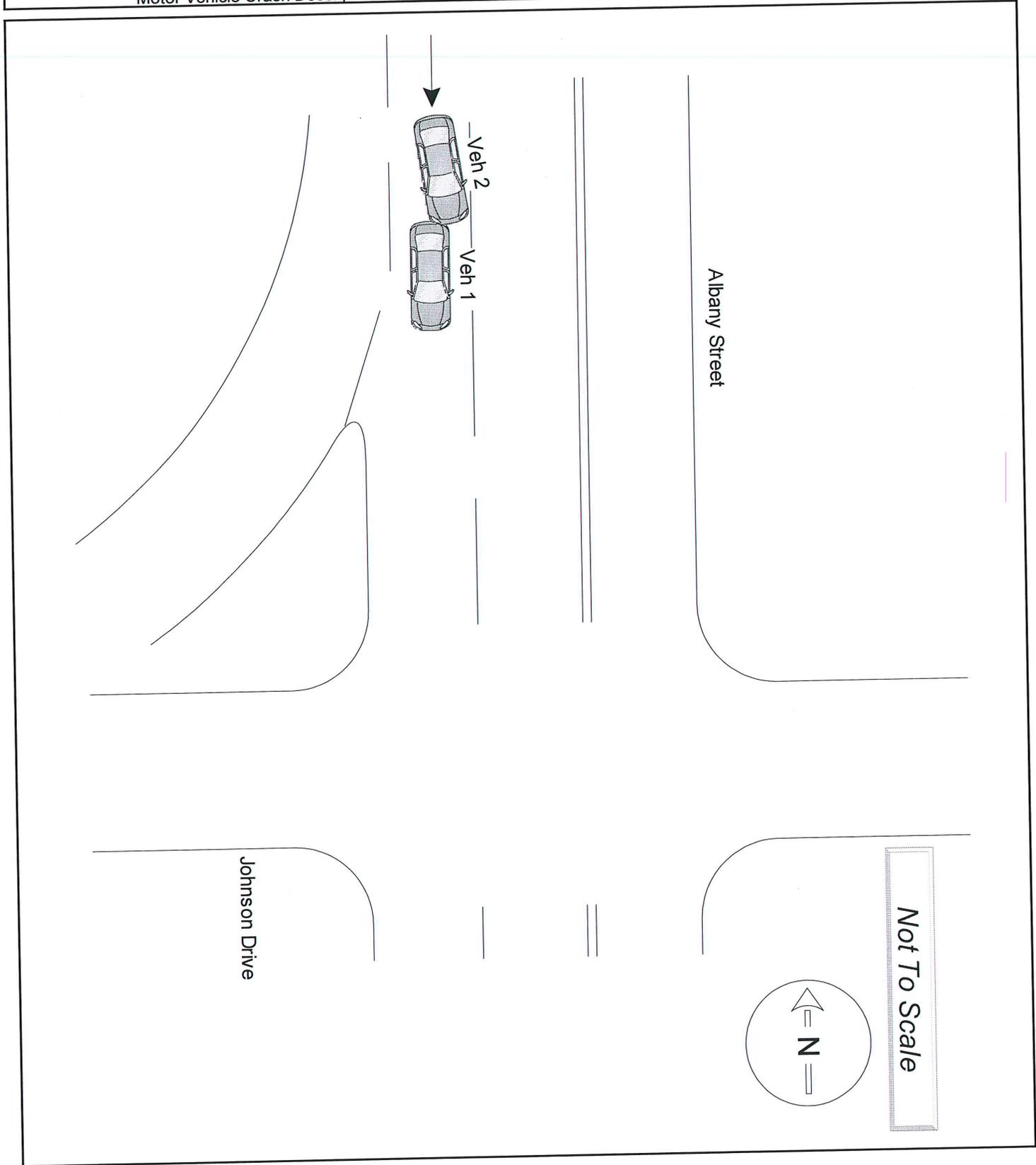
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station _____

Case No. 16-51239



PO Tammie Ward 7237

Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Description

Police Dept: New Brunswick

Code: 01

Station: _____

Case No: 16-51245

(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

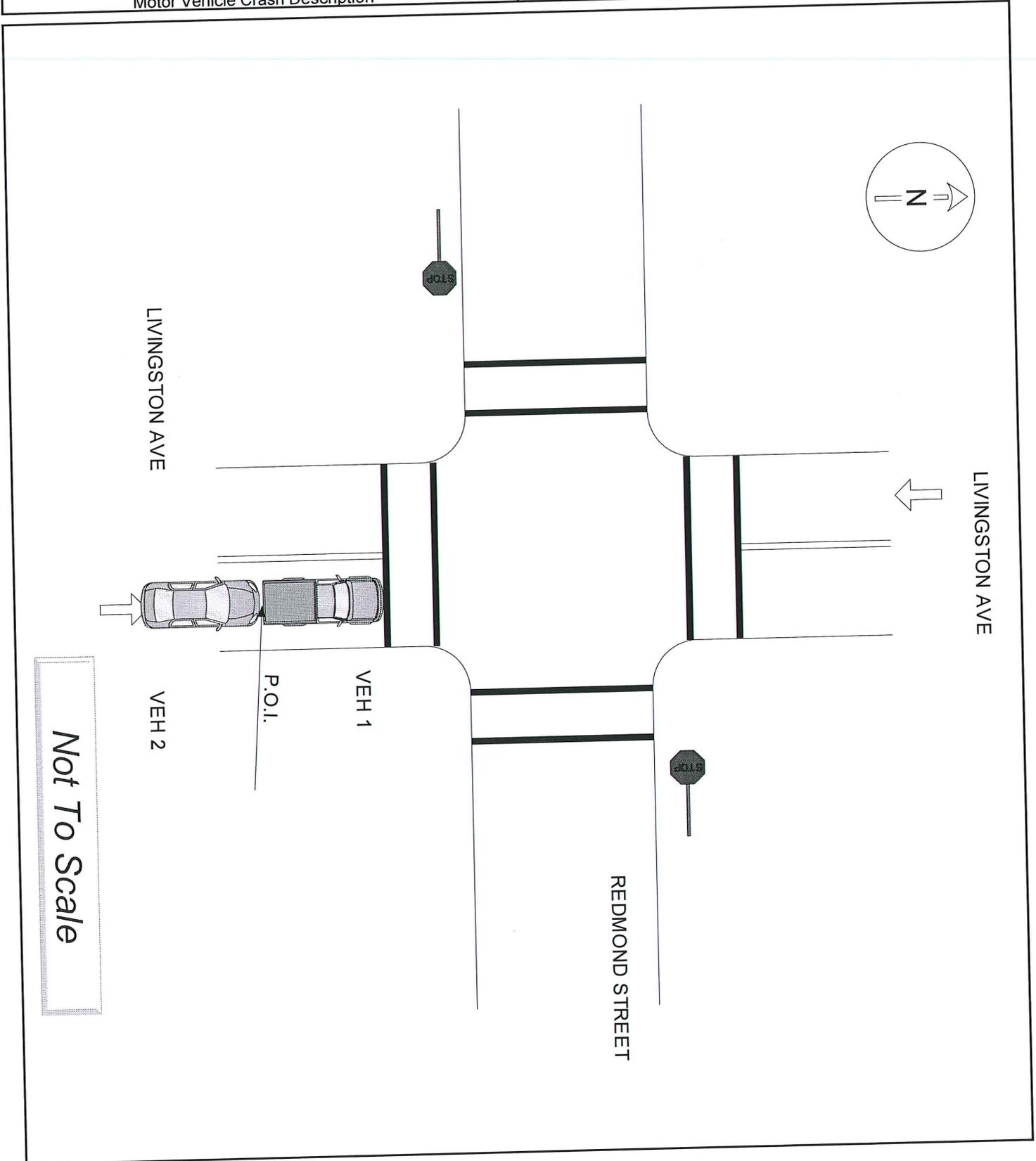
On 8-8-2016 the undersigned officer was dispatched to 83 Livingston Ave for a motor vehicle accident. Vehicle #1 states a vehicle in front of him stopped short before Redmond Street and when he stopped, Vehicle #2 struck him from behind. Vehicle #2 states Vehicle #1 stopped short and he could not stop in time, striking Vehicle #1 from behind.

Po. Schatzman #7179

PO Stephen Schatzman 7179

Officer's Signature

Badge Number



Not To Scale

PO Stephen Schatzman 7179

Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

Page 2 of 2 Fatal

1 Case Number **16-51275** 10 Crash Occurred On: **Remsen Avenue** 11 Speed Limit **25**

2 Police Dept of **New Brunswick** Code **01** At Intersection with **Rutgers Street** 12 Route No. Suffix 13 Milepost **25**

3 Station/Precinct **01** 14 15 16 17 Cross Road Name **Rutgers Street** 18 Speed Limit **25**

4 Date of Crash **08/07/16** 5 Day of Week **Su** 6 Time (use 2400 hrs) **1609** 7 Municipality Code **1214** 8 Total Killed **00** 9 Total Injured **00**

23 Veh No **1** 24 Policy No. **47679394** 25 Ins Code **2** 53 Veh No **2** 54 Policy No. **F075878-9** 55 Ins Code **426**

26 Driver's First Name **Craig** Initial **T** Last Name **Elliott** 28 Sex **M** 56 Driver's First Name **Amit** Initial **S** Last Name **Shukla** 59 Sex **M**

27 Number and Street **95 South Ward St** 30 Eyes **2** 57 Number and Street **26 Dartmouth Way** 60 Eyes **2**

28 City **New Brunswick, NJ 08901** 58 City **North Brunswick, NJ 08902**

31 State **07** 32 Driver's License No **070894** 61 State **02** 62 Driver's License No **021092**

35 Owner's First Name **Craig** Initial **T** Last Name **Elliott** 65 Owner's First Name **Sandipkum** Initial **M** Last Name **Shukla**

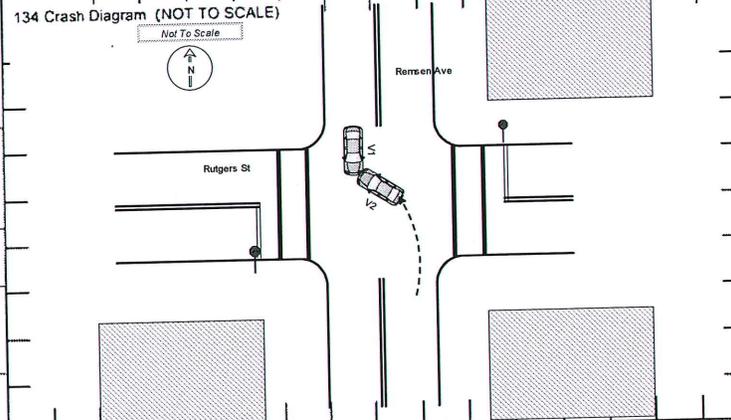
36 Number and Street **95 South Ward St** 66 Number and Street **26 Dartmouth Way**

37 City **New Brunswick, NJ 08901** 67 City **North Brunswick, NJ 08902**

38 Make **Toyota** 39 Model **CORR** 40 Color **Bik** 41 Year **201** 42 Plate No. **R72FPY** 43 State **NJ** 68 Make **Infiniti** 69 Model **G35** 70 Color **Blu** 71 Year **200** 72 Plate No. **Z36FKS** 73 State **NJ**

44 VIN **5YFBU4EE3CP046019** 45 Expires **07/17** 74 VIN **JNKCV51F06M608096** 75 Expires **05/17**

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



135 Crash Description

136 Damage To Other Property

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

141 Officer's Signature **PO Reinaldo Rodriguez 7251** 142 Badge No. **7251** 143 Reviewed By **5212** 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	----	Clic	M	----	----	1	04	04	----	----	Elliott Jr, Craig-95 South Ward St, New Brunswick, NJ 08901
B	2	01	01	----	24	M	----	----	1	04	04	----	----	Shukla, Amit-26 Dartmouth Way, North Brunswick, NJ 08902
C														
D														
E														

New Jersey Police Crash Investigation Report

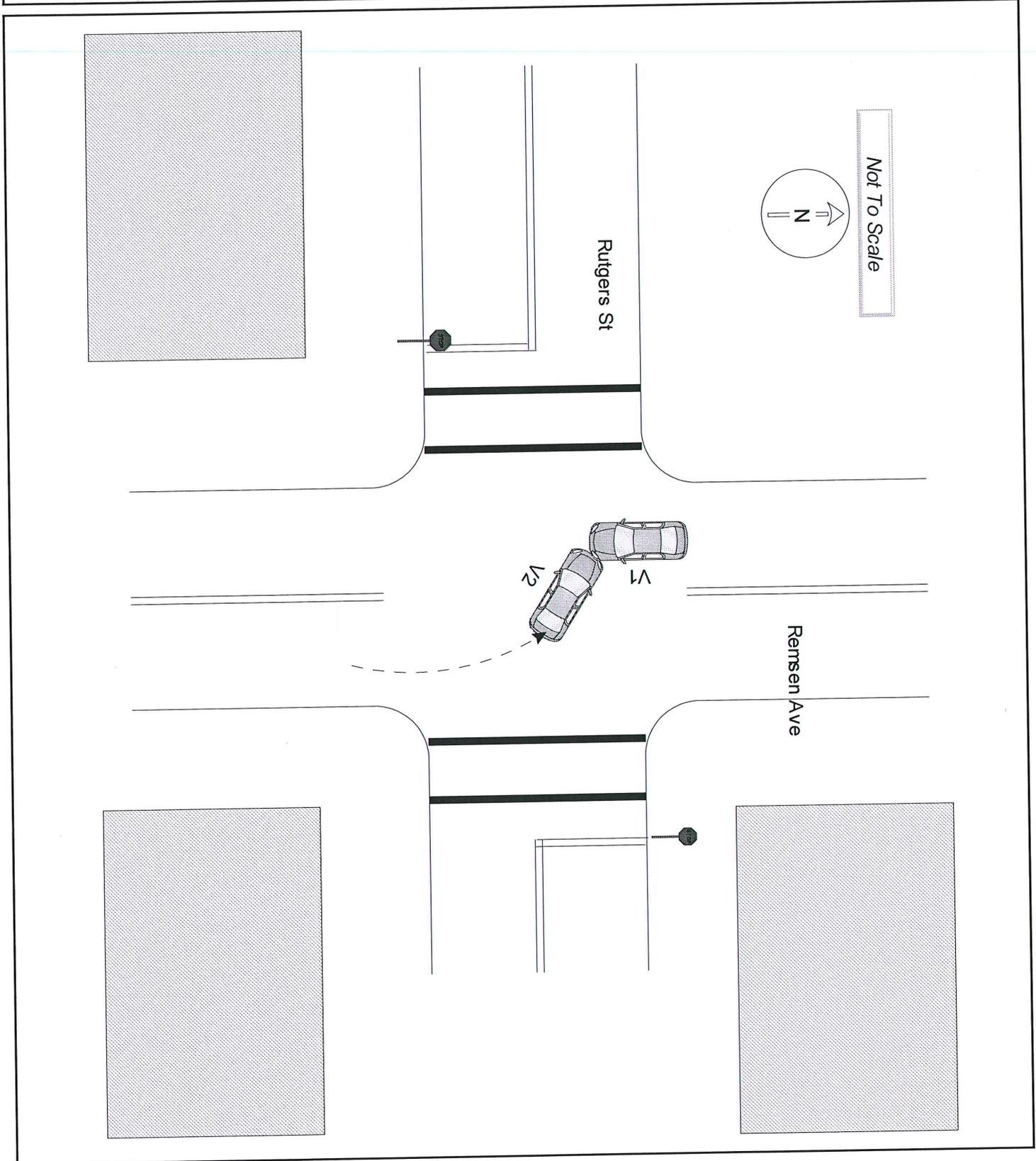
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station _____

Case No. 16-51275



New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

Page 1 of 1

96 04 Case Number 16-51289 10 Crash Occurred On: Sandford Street 11 Speed Limit 25

97 01 2 Police Dept of New Brunswick Code 01 12 Route No. Suffix 13 Milepost 18 Speed Limit

98 01 3 Station/Precinct 14 15 16 17 Cross Road Name Livingston Avenue 19 Ramp 20 Route/Name 21 Latitude 22 Longitude

99 07 4 Date of Crash 08/07/16 5 Day of Week G M Tu W Th F Sa 6 Time (use 2400 hrs) 17 51 7 Municipality Code 1214 8 Total Killed - 9 Total Injured -

100 01 23 Veh No 1 24 Policy No. PANJ-005462080 25 Ins Code 071 53 Veh No 2 54 Policy No. 41525255 55 Ins Code 32786

101 02 26 Driver's First Name JAKE A 29 Sex M 56 Driver's First Name MARCIANO M 59 Sex M

102 01 27 Number and Street 030 ROUTE 28 BRANCHBURG NJ 08876 30 Eyes 4 57 Number and Street 07 HALE STREET NEW BRUNSWICK NJ 08901

103 01 28 City 030 ROUTE 28 BRANCHBURG NJ 08876 31 State 32 Driver's License No 33 DOB 01/19/96 34 Expires 35 Owner's First Name ISABEL MARTINEZ

104 02 35 Owner's First Name ISABEL MARTINEZ 65 Owner's First Name ISABEL MARTINEZ

105 03 36 Number and Street 280 HILLTOP LN UNIT T 66 Number and Street 280 HILLTOP LN UNIT T

106 37 City ANNAPOLIS MD 67 City ANNAPOLIS MD

107 38 Make NISSAN 39 Model MAX 40 Color GRE 41 Year 200 42 Plate No. H58FRR 43 State NJ 68 Make FORD 69 Model ESC 70 Color SIL 71 Year 200 72 Plate No. 5BV6622 73 State MD

108 01 44 VIN 1N4BA41E34C911067 45 Expires 08/17 74 VIN 1FMCU93113KD39686 75 Expires 7/02/17

109 01 46 Vehicle Removed To GUARANTEED 47 Authority 48 Alcohol/Drug Test 76 Vehicle Removed To DEPENDABLE 77 Authority

110 01 48 Alcohol/Drug Test 78 Alcohol/Drug Test

111 01 49 Hazardous Material 79 Hazardous Material

112 50 Carrier No. 80 Carrier No.

113 51 Commercial Vehicle Weight 81 Commercial Vehicle Weight

114 52 Carrier name 82 Carrier name

115 35 Crash Description Driver #1 states while making a left turn onto Sanford St. his vehicle was struck by vehicle #2.

116 35 Crash Description Driver #2 stated while driving southbound on Livingston Ave at the intersection of Sanford St. vehicle #1 turned in front of him causing him to hit the vehicle. No injuries reported at scene.

117 35 Crash Description Driver #2 was issued citations for Driving without a License and failure to produce insurance ID card.

118 136 Damage To Other Property

119 137 Charge 138 Summons No. 139 Charge 39:3-10 / 39:6B-2 140 Summons No. e

120 141 Officer's Signature PO Daniel Williams 7268 142 Badge No. 5212 143 Reviewed By 144 Case Status

121 83 84 85 86 87 88 89 90 91 92 93 94 95 Names & Addresses of Occupants - If Deceased, Date & Time of Death

	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	----	20	M	----	----	1	09	09	----		
B	2	01	01	----	50	M	----	----	1	09	09	----		
C														
D														
E														

New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

Page 04 of 01 Fatal

1 Case Number **16-51314** 10 Crash Occurred On: **Livingston Avenue** 11 Speed Limit **25**

2 Police Dept of **New Brunswick** Code **01** At Intersection with Road Name **Talmadge Street** 12 Route No. Suffix 13 Milepost **2** 18 Speed Limit **25**

3 Station/Precinct **01** 14 Feet Miles 15 N S E W of: 16 19 To: 17 Cross Road Name NB EB SB WB

4 Date of Crash **08/07/16** 5 Day of Week **Q** 6 Time (use 2400 hrs) **2132** 7 Municipality Code **12114** 8 Total Killed **0** 9 Total Injured **0** 20 Route/Name 22 Longitude

23 Veh No **1** 24 Policy No. **FKNJ11-01317** 25 Ins Code **068** 53 Veh No **2** 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 **David** Initial **A** Last Name **Romero** 29 Sex **M** 56 Driver's First Name **UNKNOWN** Initial **UNKNOWN** Last Name **UNKNOWN** 59 Sex **M**

27 Number and Street **23 Oakwood Pl. North Brunswick** 30 Eyes **2** 57 Number and Street 60 Eyes

28 City **NJ 08902** 29 State **NJ** 30 Zip **08902** 58 City **UNKNOWN** 59 State **NJ** 60 Zip **08902**

31 State **08** 32 Driver's License No **2286** 33 DOB **08/22/86** 34 Expires **mm/yy** 61 State **08** 62 Driver's License No **2286** 63 DOB **mm/yy** 64 Expires **mm/yy**

35 Owner's First Name **Amigo** Initial **A** Last Name **M** 65 Owner's First Name **UNKNOWN** Initial **UNKNOWN** Last Name **UNKNOWN**

Same As Driver Same As Driver **UNKNOWN**

36 Number and Street **1100 Somerset St Ste B** 66 Number and Street

37 City **New Brunswick, NJ 08901** 67 City **UNKNOWN** 68 State **NJ** 69 State

38 Make **LIN** 39 Model **TC** 40 Color **WT** 41 Year **01** 42 Plate No. **OP9753** 43 State **NJ** 68 Make **LIN** 69 Model **TC** 70 Color **WT** 71 Year **01** 72 Plate No. **OP9753** 73 State **NJ**

44 VIN **1LNHM82W31Y707793** 45 Expires **01/17** 74 VIN

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 Upon speaking to the driver of V#1, he stated that while traveling on Livingston Ave. through the intersection with Talmadge St. a Silver Ford SUV failed to stop at the intersection while making a right turn, impacting the front of his vehicle. The SUV did not stop and continued on Livingston Ave. until the driver of V#1 stopped following same. The driver of V#1 was unable to ascertain a registration number from the vehicle. I observed minor damage to the front of V#1.

136 Damage to Other Property

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

141 Officer's Signature **PO Henry Gliottone 7302** 142 Badge No. **5212** 143 Reviewed By **5212** 144 Case Status Pending Complete

										Names & Addresses of Occupants - If Deceased, Date & Time of Death			
83	84	85	86	87	88	89	90	91	92	93	94	95	
A	1	01	01	----	29	M	----	----	1	09	09	-----	Romero, David-23 Oakwood Pl. North Brunswick, NJ 08902
B													
C													
D													
E													

New Jersey Police Crash Investigation Report

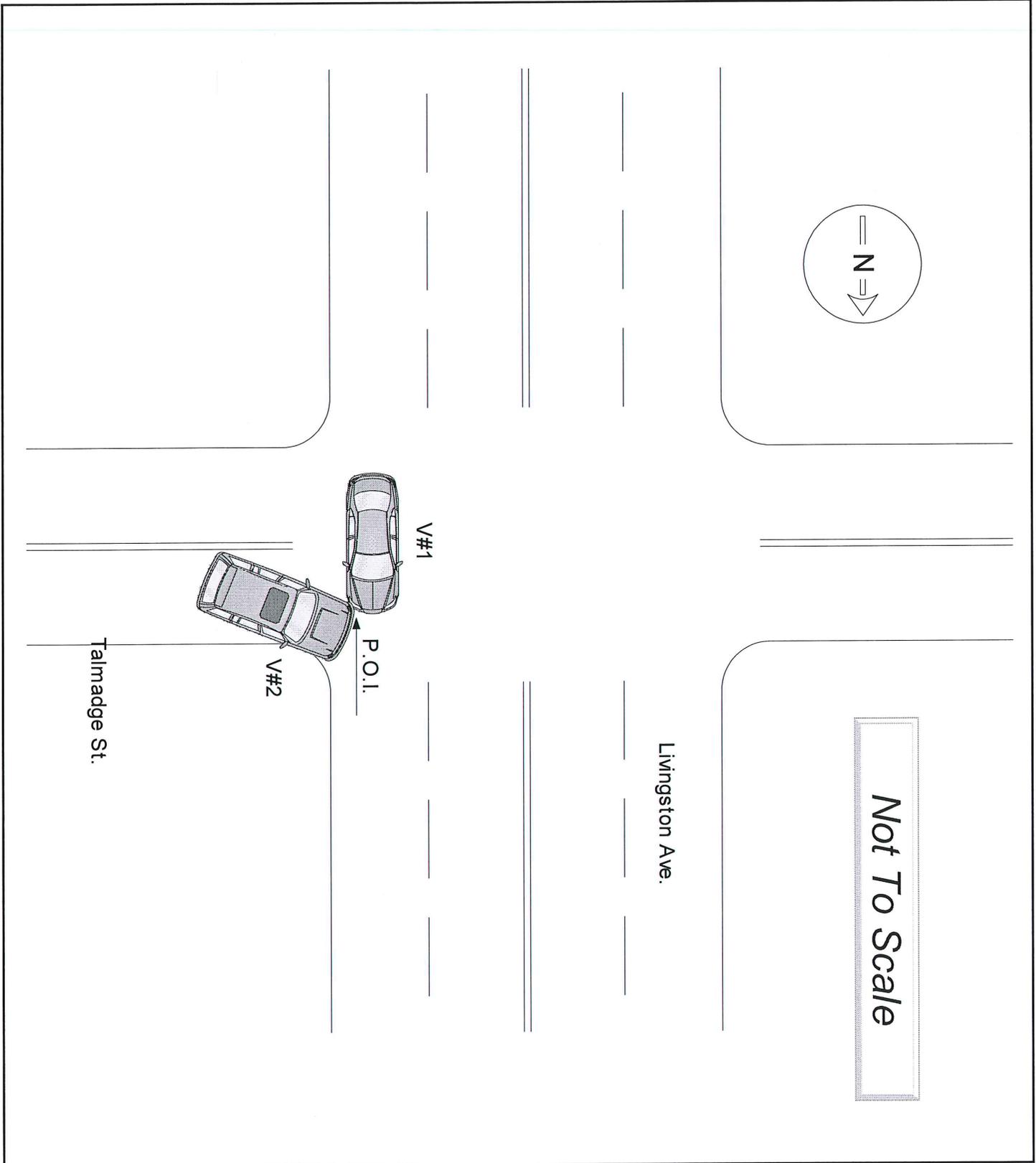
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station _____

Case No. 16-51314



1 Case Number **16-51252** 10 Crash Occurred On **36** **Loretto Street** 11 Speed Limit **02**
 2 Police Dept of **New Brunswick** Code **01** At Intersection with Feet Miles N E S W of: **01**
 3 Station/Precinct **01** 12 Route No. **01** Suffix **01** 13 Milepost **01** 18 Speed Limit **02**
 4 Date of Crash **08/07/16** 5 Day of Week **Q** M Tu W Th F Sa **14 19** 7 Municipality Code **12114** 8 Total Killed **0** 9 Total Injured **0** 19 Ramp To: From: NB EB SB WB **25**
 20 Route/Name **01** 21 Latitude **01** 22 Longitude **01**

23 Veh No **V1** 24 Policy No. **909851809** 25 Ins Code **054** 53 Veh No **V2** 54 Policy No. **50681975** 55 Ins Code **134**
 Parked Ped Pedalcyclist Resp to Emergency Hit & Run Parked Ped Pedalcyclist Resp to Emergency Hit & Run
 26 Driver's First Name Initial Last Name **Nelene Ramjiawan** 29 Sex **F** 56 Driver's First Name Initial Last Name **Kayley E Russell** 59 Sex **00**
 27 Number and Street **12 Roseland Place** 30 Eyes **1** 57 Number and Street **2221 Quail Ridge Drive** 60 Eyes **00**
 28 City **No Brunswick, NJ 08902-2951** State **02** Zip **08** 58 City **Plainsboro, NJ 08536-4038** State **10** Zip **10**
 31 State **08** 32 Driver's License No **11 03 68** 33 DOB **mm dd yy** 34 Expires **mm yy** 61 State **08** 62 Driver's License No **11 03 68** 63 DOB **mm dd yy** 64 Expires **mm yy**

35 Owner's First Name Initial Last Name **Dharmendr Ramjiawan** 65 Owner's First Name Initial Last Name **Kayley E Russell**
 Same As Driver Same As Driver
 36 Number and Street **12 Roseland Place** 66 Number and Street **2221 Quail Ridge Drive**
 37 City **No Brunswick, NJ 08902-2951** State **02** Zip **08** 67 City **Plainsboro, NJ 08536-4038** State **10** Zip **10**
 38 Make **01** 39 Model **CAR** 40 Color **BLU** 41 Year **05** 42 Plate No. **4496UW** 43 State **NJ** 68 Make **HYU** 69 Model **SON** 70 Color **BK** 71 Year **15** 72 Plate No. **WCH28Y** 73 State **NJ**

44 VIN **1D4GP25R75B122110** 45 Expires **01/17** 74 VIN **5NPE24AF7FH158602** 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.____ % 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.____ % 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 **Vehicle #1 struck vehicle #2 when vehicle #1 backed out of a driveway that was located across from vehicle #2. Vehicle #1 backed in to vehicle #2 driver door, causing visible damage.**

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 Eric Brown 7222** 142 Badge No. **7222** 143 Reviewed By **JOHN QUICK 5156** Badge No. **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														
B														
C														
D														
E														

New Jersey Police Crash Investigation Report

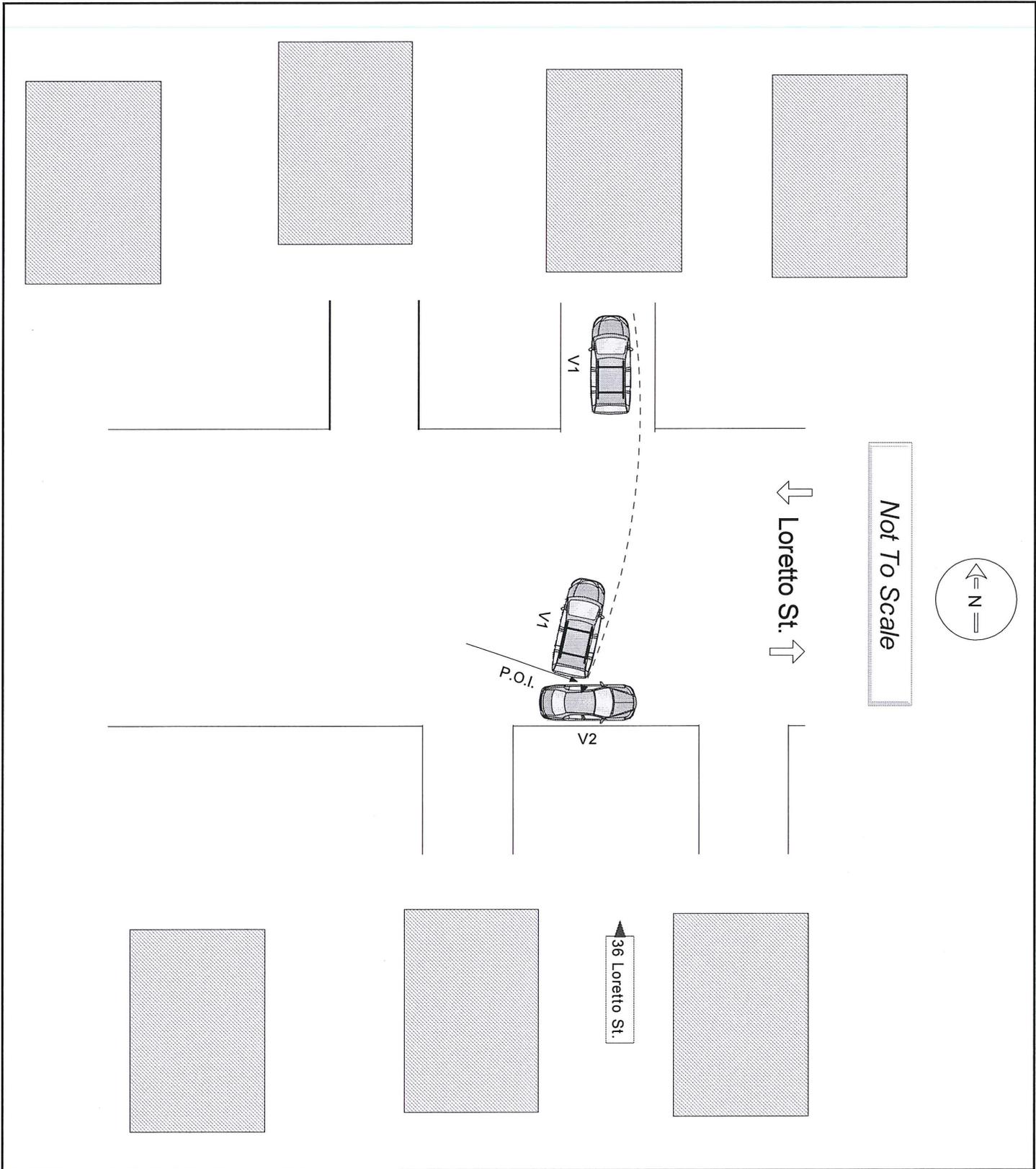
Police Dept. New Brunswick

Code 01

Motor Vehicle Crash Description

Station _____

Case No. 16-51252



PO Eric Brown 7222

Officer's Signature

7222

Badge Number