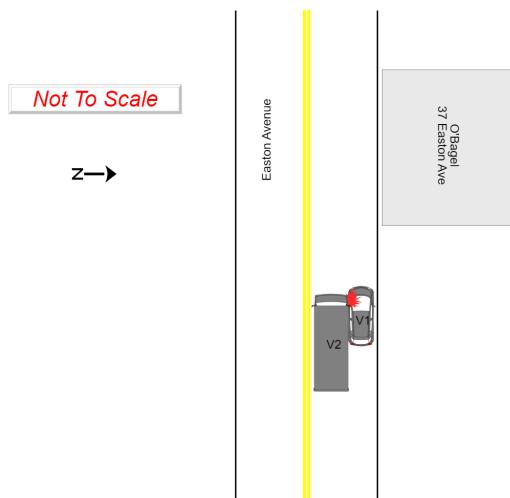


New Jersey Police Crash Investigation Report														118a 25										
96 04		<input type="checkbox"/> Fatal		<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report		118b 25														
97 01		1. Case Number 23NB07981			10. Crash Occurred On: ROUTE 527			Road Name At Intersection with X Feet		11. Speed Limit N 25		527												
98 02		2. Police Dept. of New Brunswick City Police Department			Code 01		Dir		12. Route No.		Suffix		13. Milepost											
99 05		3. Station/Precinct 474.0			Miles 14 15		E S W 16		of: Hamilton Street				18. Speed Limit											
100a 01		4. Date of Crash 11/07/2023		5. Day of Week Tuesday		6. Time (use 2400 hrs.) 1423		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. To: 17. Cross Road Name/Route No. Ramp From: 21. Latitude 40.497647										
100b 04		23. Veh. # 01			24. Policy No. 347-502-9118			25. NJ Ins. Code 217		53. Veh. # 02		54. Policy No. 120 8620-A27-30		55. NJ Ins. Code 962										
101 02		26. Driver's First Name MICHAEL			Initial A			Last Name PRESHER		56. Driver's First Name MICHAEL		Initial A		Last Name PRESHER										
102 01		27. Number & Street 209 Main St								57. Number & Street 209 Main St														
103 01		28. City ANDOVER			State NJ			Zip 07821-0773		58. City ANDOVER		State NJ		Zip 07821-0773										
104 02		30. Eyes		DL Class		Restrictions		Endorsements		31. State 02		60. Eyes 00		DL Class 00										
105 02		32. Driver's License Number			33. DOB		34. Expires		62. Driver's License Number P73535446110682		63. DOB 10/22/1968		64. Expires 10/22/2026											
106 -		35. Owner's First Name AHMED			Initial S		Last Name ABDELLATIF		65. Owner's First Name AHMED		Initial S		Last Name ABDELLATIF											
107 02		36. Number & Street 366 BROMLEY PL						66. Number & Street 00																
108 01		37. City EAST BRUNSWICK			State NJ			Zip 08816-5111		67. City 00		State 99		Zip 00										
109 10		38. Make Toyota		39. Model CAM		40. Color WT		41. Year 2012		42. Plate No. L92SSF		43. State NJ		68. Make Kenworth		69. Model 330								
110 01		44. VIN 4T1BF1FK6CU620642						45. Expires 09/01/2024		74. VIN 2NKHHJ7X8KM308719				75. Expires 03/01/2024										
111 02		46. Vehicle Removed to:						76. Vehicle Removed to:																
112 -		<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Left at Scene			<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded			<input type="checkbox"/> Towed Disabled & Impounded		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene			<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded											
113 -																								
114 -		<input type="checkbox"/> Owner			<input checked="" type="checkbox"/> Driver			<input type="checkbox"/> Police		<input type="checkbox"/> Owner			<input checked="" type="checkbox"/> Driver											
115 00		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						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		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			79. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill											
116 04		Results: <input type="checkbox"/> % <input type="checkbox"/> Pending								Results: <input type="checkbox"/> % <input type="checkbox"/> Pending														
117 04		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			80. Carrier No. <input checked="" type="checkbox"/> USDOT <input type="checkbox"/> unk <input type="checkbox"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input checked="" type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.														
52. Motor Carrier or Government Entity Boar's Head Brand Provisions														82. Motor Carrier or Government Entity										
Number & Street POB 456														Number & Street										
City ANDOVER														State NJ		Zip 07821								
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown							Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown													
		151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown									153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown													
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																								
Oper.		136. Charge							137. Summons No.		Oper.		138. Charge							139. Summons No.				
Oper.		140. Charge							141. Summons No.		Oper.		142. Charge							143. Summons No.				
														Names & Addresses of Occupants If Deceased, Date & Time of Death										
A		83	84	85	86	87	88	89	90	91	92	93	94	95	MICHAEL A PRESHER 209 Main St ANDOVER NJ 07821-0773									
B																								
C																								
D																								

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

144. Crash Diagram



145. Crash Description/Narrative

The owner of V1 stated that his vehicle was parked in front of O'Bagel (37 Easton Avenue) between the hours of 1335 and 1410 hours. He stated that when he exited the business he saw damage to the front bumper of V1 and that it was hanging off of the vehicle. It should be noted that there is a surveillance camera on the side of the business which may have captured the incident on camera. I advised the owner of V1 to obtain the footage to show his insurance. The owner of V1 stated that he would drive the vehicle home to assess the damage and did not believe a tow truck was necessary.

It should be noted that on 11/11/2023 the owner of V1 had gotten in contact with the the driver of V2. V2 explained that it was an accident and had been trying to contact him regarding the accident to explain what happened. They had swapped information and the owner of V1 expressed to me that he does not want to make the accident bigger than what it is.

P/O N. Sookhram #7382

*****Other Descriptions*****

02 - Did not know he struck vehicle - Field 119a
02 - Did not know he struck vehicle - Field 119b

146. Officer's Signature Sookhram, Nasir	147. Badge # 7382	148. Reviewer Yurkovic, John	Badge # 5252	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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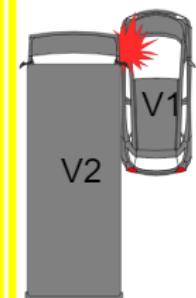
144. Crash Diagram (NOT TO SCALE)

Not To Scale

N →

Easton Avenue

O'Bagel
37 Easton Ave



		New Jersey Police Crash Investigation Report													Reportable		Non-Reportable		Change Report									
96 01		<input type="checkbox"/> Fatal															<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
97 01	1. Case Number 23NB09557				10. Crash Occurred On: NJ 18						Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Dir N		11. Speed Limit 50		12. Route No. 18		13. Milepost 18. Speed Limit 25									
98 01	2. Police Dept. of New Brunswick City Police Department				Code 01																							
99 02	3. Station/Precinct				14 15 16						<input type="checkbox"/> S <input checked="" type="checkbox"/> W		of: CARPENDER RD		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB											
100a 01	4. Date of Crash 11/01/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 0746		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.488299		20. Route Name/Route No. -74.435257		22. Longitude											
100b 04	23. Veh. # 01 939 129 951				25. NJ Ins. Code 054						53. Veh. # 02		54. Policy No. AOJ-231-255210-7030 3 0				55. NJ Ins. Code 370											
101 02	26. Driver's First Name Nicole				Initial G		Last Name Derisi				29. Sex F		56. Driver's First Name Megan				59. Sex F											
102 02	27. Number & Street 293 Colonia Blvd										57. Number & Street 9 Presidential Path																	
103 05	28. City Colonia				State NJ		Zip 07067				58. City Atlantic Highlands				State NJ		Zip 07716											
104 03	30. Eyes 02		DL Class D		Restrictions 1		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions 1		Endorsements		61. State NJ									
105 01	32. Driver's License Number D26945916756982				33. DOB 06/23/1998		34. Expires 06/23/1997		62. Driver's License Number S70165370057922				63. DOB 07/06/1992		64. Expires 07/06/2025													
106 -	35. Owner's First Name Michael				Initial P		Last Name Derisi				65. Owner's First Name Megan				Initial Sparacia													
107 -	36. Number & Street 293 Colonia Blvd										66. Number & Street 9 Presidential Path																	
108 01	37. City Colonia				State NJ		Zip 07067				67. City Atlantic Highlands				State NJ		Zip 07716											
109 01	38. Make MAZDA		39. Model MAZDA3		40. Color SL		41. Year 2018		42. Plate No. Z17NXF		43. State NJ		68. Make JEEP		69. Model Cherokee		70. Color BK		71. Year 2021		72. Plate No. I65pbu		73. State NJ					
110 01	44. VIN 3MZBN1V35JM243821				45. Expires 07/31/2024						74. VIN 1C4PJMDX8MD217126				75. Expires 09/30/2025													
111 01	46. Vehicle Removed to:													76. Vehicle Removed to:														
112 00	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded													<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded														
113	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police													77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police														
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending													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: <input type="checkbox"/> % <input type="checkbox"/> Pending														
115 -	49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ Hazard Class <input type="checkbox"/> Placard No. <input type="checkbox"/>													79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ Hazard Class <input type="checkbox"/> Placard No. <input type="checkbox"/>														
116 01	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None		51. GVWR/GCWR (trucks & buses only) <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"/> None		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.												
117 01	<input type="checkbox"/> MC/MX		52. Motor Carrier or Government Entity													82. Motor Carrier or Government Entity												
Number & Street														Number & Street														
City _____ State _____ Zip _____														City _____ State _____ Zip _____														
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																												
Oper.	136. Charge										137. Summons No.			Oper.	138. Charge										139. Summons No.			
Oper.	140. Charge										141. Summons No.			Oper.	142. Charge										143. Summons No.			
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death														
	01	01	01	-	25	F	-	-	01	04	04	-		Nicole G Derisi 293 Colonia Blvd Colonia NJ 07067														
	02	01	01	-	31	F	-	-	01	04	04	-		Megan Sparacia 9 Presidential Path Atlantic Highlands NJ 07716														
	03	01	01	-	53	F	-	-	01	04	04	-		Shonda D Kelton 19 Kearny Ave Apt. 8A Edison NJ 08817														

		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																	
96 01		1. Case Number 23NB09557						10. Crash Occurred On: NJ 18						11. Speed Limit 50		18				118a 09															
97 01		2. Police Dept. of New Brunswick City Police Department						Code 01		Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles						Dir N		12. Route No. Dir		13. Milepost 25		118b													
98 01		3. Station/Precinct - 02						14 15 16						17. Cross Road Name/Route No. of: CARPENDER RD						18. Speed Limit 25		119a -													
99 01		4. Date of Crash 11/01/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 0746		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. <input type="checkbox"/> To: Ramp From: 21. Latitude 40.488299		17. Cross Road Name/Route No. 20. Route Name/Route No. -74.435257		22. Longitude		119b -															
100a 01		23. Veh. # HPA00002777849						25. NJ Ins. Code 017						53. Veh. # -		54. Policy No. -		55. NJ Ins. Code -		120a 01															
101 02		26. Driver's First Name Shonda						Initial D		29. Sex F						56. Driver's First Name Initial Last Name						59. Sex -		121a -											
102 02		27. Number & Street 19 Kearny Ave Apt. 8A						57. Number & Street -						-						-		121b -													
103 05		28. City Edison						State NJ		58. City -						State Zip						-													
104 03		30. Eyes 02		DL Class D		Restrictions 4		Endorsements M		31. State NJ		60. Eyes -		DL Class -		Restrictions -		Endorsements -		61. State -		122 01													
105 01		32. Driver's License Number K24327096458702						33. DOB 08/21/1970		34. Expires 09/13/2023						62. Driver's License Number -						63. DOB -		64. Expires -		123 -									
106 -		35. Owner's First Name <input checked="" type="checkbox"/> Same as Driver Shonda						Initial D		Last Name Kelton						65. Owner's First Name <input type="checkbox"/> Same as Driver -						Initial -		Last Name -		124 -									
107 -		36. Number & Street 19 Kearny Ave Apt. 8A						66. Number & Street -						-						-		-		125 -											
108 01		37. City Edison						State NJ		67. City -						State Zip						-		-		126a 26									
109 -		38. Make ACURA		39. Model TLX		40. Color BK		41. Year 2016		42. Plate No. V26LDP		43. State NJ		68. Make -		69. Model -		70. Color -		71. Year -		72. Plate No. -		73. State -		126b									
110 01		44. VIN 19UUB2F3XGA001560						45. Expires 04/30/2024						74. VIN -						75. Expires -						-		-		126c					
111 -		46. Vehicle Removed to: -						76. Vehicle Removed to: -						-						-		-		126d											
112 -		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded						<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded						126e 26																					
113 -		47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police						77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police						127a -																					
114 -		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.						78. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <input type="checkbox"/> % <input type="checkbox"/> Pending						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.						127b -									
115 -		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None						51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None						81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						127c -									
116 01		52. Motor Carrier or Government Entity Number & Street						82. Motor Carrier or Government Entity Number & Street						-						-		-		128 26											
117 -		City State Zip						City State Zip						-						-		-		129 11											
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						131 -															
151 - ENGAGED		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																		132 -															
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												136. Charge												139. Summons No.		133 02									
Oper. <input type="checkbox"/> 136. Charge												137. Summons No.		Oper. <input type="checkbox"/> 138. Charge												139. Summons No.		134 -							
Oper. <input type="checkbox"/> 140. Charge												141. Summons No.		Oper. <input type="checkbox"/> 142. Charge												143. Summons No.									
E												83 84 85 86 87 88 89 90 91 92 93 94 95												Names & Addresses of Occupants If Deceased, Date & Time of Death											
F																																			
G																																			
H																																			

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

144. Crash Diagram



145. Crash Description/Narrative

On Wednesday, November 1, 2023 at 0746 hours, Sarmiento, Karlo responded to a crash on Nj 18 and Carpender Rd. At the time of the crash, the weather was overcast and the road surface was wet.

Unit 1, Vehicle - Silver Mazda Mazd3, Slowing Or Stopping

Driver of V1 was traveling on the far left lane of State Route 18 northbound, just passed the intersection of Carpender Rd. She stated that vehicle traffic was heavy and that traffic in front of her had slowed to a stop. She stated that while stopped in traffic, she was impacted from the rear of her vehicle by vehicle 2. Her vehicle sustained minor damages to the rear bumper and there were no reported injuries at the time of the incident.

Unit 2, Vehicle - Black Jeep Cherokee, Slowing Or Stopping

Driver of V2 was traveling behind vehicle 1 on the far left lane of State Route 18 northbound. She stated that she observed vehicle 1, slowing to a stop due to heavy vehicle traffic. She stated that she also came to a complete stop behind vehicle 1 and during that time she was impacted from the rear of her vehicle by vehicle 3. She stated that the force of the impact propelled her vehicle forward and subsequently colliding with V1. Vehicle 2 sustained minimal to no damage on the front bumper and sustained minor damages to the passenger side rear bumper. There were no reported injuries at the time of the incident.

Unit 3, Vehicle - Black Acura Tlx, Going Straight Ahead

Driver of Vehicle 3 was traveling behind vehicle 2 on the far left lane of State Route 18 northbound. She stated that vehicle traffic was heavy and that vehicle 2 made an abrupt stop in front of her. She stated that she attempted to stop and swerve away from vehicle 2 to avoid a collision but, was unsuccessful. She stated that during that time, a collision occurred between both vehicles. Vehicle 3 sustained minor damages to the driver side front bumper and there were no injuries reported at the time of the incident.

Off. Sarmiento #7285
Patrol Vehicle 912

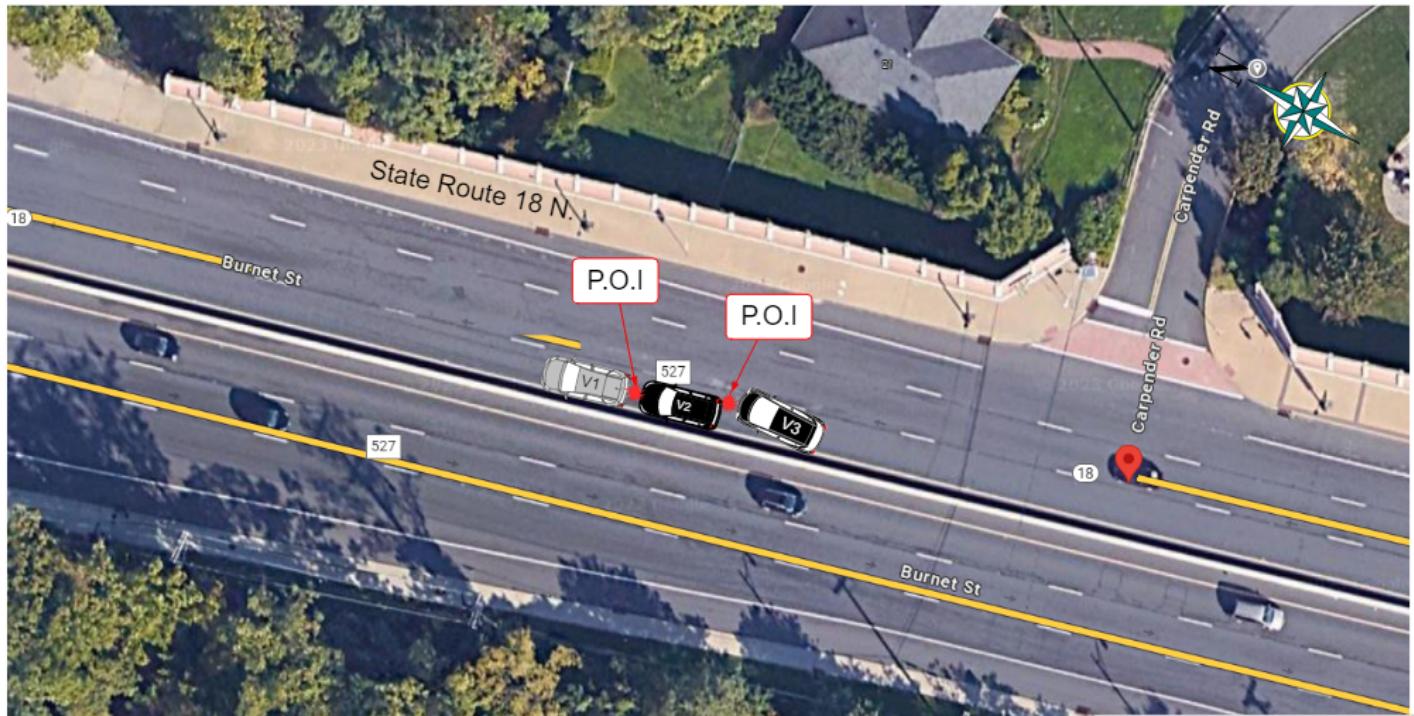
146. Officer's Signature Sarmiento, Karlo	147. Badge # 7285	148. Reviewer Bobadilla, James	Badge # 5229	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: - Case No: 23NB09557

144. Crash Diagram (NOT TO SCALE)

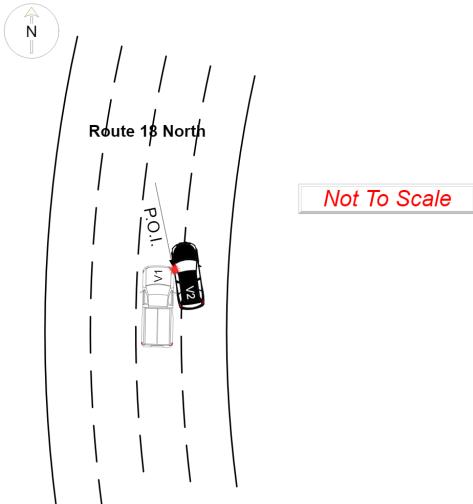


*P.O.I. (Point of Impact)

		New Jersey Police Crash Investigation Report												Reportable		Non-Reportable		Change Report			
96 03		<input type="checkbox"/> Fatal		10. Crash Occurred On: NJ 18												11. Speed Limit N 45	12. Route No. 18	Suffix	13. Milepost 40.6	118a 25	
97 01		1. Case Number 23NB09558		2. Police Dept. of New Brunswick City Police Department		Code 01		Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 43.00 Miles		Dir N E		18. Speed Limit				118b -					
98 01		3. Station/Precinct 43.00 Miles		14 15		16		of:		19. To: 17. Cross Road Name/Route No. Ramp From: 21. Latitude 20. Route Name/Route No. 22. Longitude		NB EB SB WB		119a 02							
99 02		4. Date of Crash 11/01/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 0820		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 2		40.483025 -74.417705				119b -			
100a 03		23. Veh. # 01		24. Policy No. 1014090E2430R		25. NJ Ins. Code 962		53. Veh. # 02		54. Policy No. 44547532066		55. NJ Ins. Code 000				120a 01					
101 02		26. Driver's First Name CHRISTINA		Initial M		Last Name SCIANCALEPORE		29. Sex F		56. Driver's First Name Abigail		Initial L		Last Name Guerrier		120b -					
102 01		27. Number & Street 5 TORONTO DR						57. Number & Street 1373 Neshaminy Valley Drive								121a 01					
103 05		28. City BRICK		State NJ		Zip 08723-0000		58. City Bensalem		State PA		Zip 19020				121b -					
104 02		30. Eyes 02		DL Class D		Restrictions 1		Endorsements 99		31. State NJ		60. Eyes 02		DL Class 99		122 01					
105 02		32. Driver's License Number S15851247456892		33. DOB 06/16/1989		34. Expires 06/16/2026		62. Driver's License Number 34801817		63. DOB 09/21/2005		64. Expires 09/22/2026				123 01					
106 -		35. Owner's First Name <input type="checkbox"/> Same as Driver Sergio		Initial M		Last Name Sciancalepore		65. Owner's First Name <input type="checkbox"/> Same as Driver Antonia		Initial L		Last Name Grant				124 04					
107 -		36. Number & Street 11 Liam Court						66. Number & Street 1373 Neshaminy Valley Dr								125 04					
108 05		37. City Colonia		State NJ		Zip 07067		67. City Bensalem		State PA		Zip 19020				126a 26					
109 01		38. Make CHEVROLET		39. Model Silverado		40. Color WT		41. Year 2022		42. Plate No. G74REU		43. State NJ		68. Make MITSUBISHI		69. Model Outlander Sport		126b -			
110 01		44. VIN 3GCUDJED2NG575078				45. Expires 07/01/2026		74. VIN JA4AP3AU2KU028231				75. Expires 08/31/2024				126c -					
111 01		46. Vehicle Removed to:						76. Vehicle Removed to:								126d -					
112 -		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene		<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene		<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded				126e 26					
113 -		47. Authority <input type="checkbox"/> Owner		<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Police		77. Authority <input type="checkbox"/> Owner		<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Police				127a 26					
114 -		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.				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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.						127b -					
115 -		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						127c -					
116 01		52. Motor Carrier or Government Entity						82. Motor Carrier or Government Entity								127d -					
117 01		Number & Street						Number & Street								128 26					
		City		State		Zip		City		State		Zip				129 01					
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						131 09							
		151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown								132 09					
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No														133 03							
Oper.	136. Charge						137. Summons No.		Oper.	138. Charge						139. Summons No.					
Oper.	140. Charge						141. Summons No.		Oper.	142. Charge						143. Summons No.		134 03			
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death							
	01	01	-	-	34	F	-	-	05	04	-			CHRISTINA M SCIANCALEPORE 5 TORONTO DR BRICK NJ 08723-0000							
	02	01	-	04	18	F	04	08	01	04	04	-			Abigail L Guerrier 1373 Neshaminy Valley Drive Bensalem PA 19020						
	02	03	-	04	17	F	04	08	01	04	04				Nadmi Grant 1373 Neshaminy Valley Dr Bensalem PA 19020						

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

144. Crash Diagram



145. Crash Description/Narrative

On Wednesday, November 1, 2023 at 0820, Bogdanski, Robert responded to a crash on NJ 18 N at milepost 40.6. At the time of the crash, the weather was overcast and the road surface was dry. Upon arrival, I interviewed driver 1 and 2. Driver 1 stated that she was traveling northbound on Rt 18 in the second lane. At this time driver 1 states that vehicle 2 attempted to change lanes and struck her vehicle. Driver 2 states that she was traveling northbound on Rt 18 in the right lane. Driver 2 states that while she was traveling, vehicle 1 came up and struck her vehicle. The driver of vehicle 2 and vehicle 2 passenger both complained of neck pain. EMS responded and driver 2 and passenger 2 declined to be transported by EMS. Vehicle 1 had visible damage to the passenger side front fender area. Vehicle 2 had visible damage to the driver side of the vehicle.

*****Other Descriptions*****

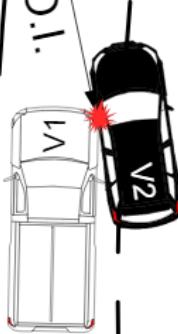
- 01 - Boat - Field 30/Endorsements
- 02 - Failure to Maintain Lane - Field 119a
- 02 - GEICO - Field 55
- 02 - Out of State Class C - Field 60/DL Class

146. Officer's Signature Bogdanski, Robert	147. Badge # 7272	148. Reviewer Bobadilla, James	Badge # 5229	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)



Route 18 North



Not To Scale

		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																																																																																														
96 01		1. Case Number 23NB09565						10. Crash Occurred On: RT 18 SB						Road Name <input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Dir S	11. Speed Limit 50																																																																																																															
97 01		2. Police Dept. of New Brunswick City Police Department						12. Route No.						13. Milepost		118a 00																																																																																																																
98 01		Code 01						18. Speed Limit								118b 00																																																																																																																
99 02		3. Station/Precinct						19. <input checked="" type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: US 1						of:		119a -																																																																																																																
100a 01		4. Date of Crash 11/01/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 1109		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 1		21. Latitude 40.481818		20. Route Name/Route No. 22. Longitude -74.419740		119b -																																																																																																														
100b 04		23. Veh. # 01 092 1952-B19-30C						25. NJ Ins. Code 962						53. Veh. # -		54. Policy No.		55. NJ Ins. Code -		120a 00																																																																																																												
101 02		26. Driver's First Name PINFAR						29. Sex GUO M						56. Driver's First Name -		Initial -		Last Name -		59. Sex -		120b																																																																																																										
102 01		27. Number & Street 8 RYDAL RD						57. Number & Street -						58. City -		State -		Zip -		121a -																																																																																																												
103 01		28. City PRINCETON NJ 08540-8818						60. Eyes -						DL Class D		Restrictions 1		Endorsements -		61. State NJ		121b -																																																																																																										
104 1		30. Eyes 02		DL Class D		Restrictions 1		Endorsements -		31. State NJ		62. Driver's License Number -		63. DOB -		64. Expires -		122 01																																																																																																														
105 11		32. Driver's License Number G93146300010872						34. Expires 10/17/1987 10/17/2024						65. Owner's First Name -		Initial -		Last Name -		123 -																																																																																																												
106 -		35. Owner's First Name - Same as Driver PINFAR GUO						66. Number & Street -						67. City -		State -		Zip -		124 11																																																																																																												
107 -		36. Number & Street 8 RYDAL RD						68. Make -						69. Model -		70. Color -		71. Year -		72. Plate No. -		73. State 05																																																																																																										
108 01		37. City PRINCETON NJ 08540-8818						74. VIN -						75. Expires -		76. Vehicle Removed to: -		77. Authority -		125																																																																																																												
109 -		38. Make ACURA		39. Model RSX		40. Color SL		41. Year 2002		42. Plate No. N97GUB		43. State NJ		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		79. Hazardous Material 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		80. Carrier No. -		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		126a 48																																																																																																										
110 01		44. VIN JH4DC54832C006364						45. Expires 07/01/2024						82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		91. Motor Carrier or Government Entity -		92. Motor Carrier or Government Entity -		93. Motor Carrier or Government Entity -		94. Motor Carrier or Government Entity -		95. Motor Carrier or Government Entity -		96. Motor Carrier or Government Entity -		97. Motor Carrier or Government Entity -		98. Motor Carrier or Government Entity -		99. Motor Carrier or Government Entity -		100. Motor Carrier or Government Entity -		101. Motor Carrier or Government Entity -		102. Motor Carrier or Government Entity -		103. Motor Carrier or Government Entity -		104. Motor Carrier or Government Entity -		105. Motor Carrier or Government Entity -		106. Motor Carrier or Government Entity -		107. Motor Carrier or Government Entity -		108. Motor Carrier or Government Entity -		109. Motor Carrier or Government Entity -		110. Motor Carrier or Government Entity -		111. Motor Carrier or Government Entity -		112. Motor Carrier or Government Entity -		113. Motor Carrier or Government Entity -		114. Motor Carrier or Government Entity -		115. Motor Carrier or Government Entity -		116. Motor Carrier or Government Entity -		117. Motor Carrier or Government Entity -		118. Motor Carrier or Government Entity -		119. Motor Carrier or Government Entity -		120. Motor Carrier or Government Entity -		121. Motor Carrier or Government Entity -		122. Motor Carrier or Government Entity -		123. Motor Carrier or Government Entity -		124. Motor Carrier or Government Entity -		125. Motor Carrier or Government Entity -		126. Motor Carrier or Government Entity -		127. Motor Carrier or Government Entity -		128. Motor Carrier or Government Entity -		129. Motor Carrier or Government Entity -		130. Motor Carrier or Government Entity -		131. Motor Carrier or Government Entity -		132. Motor Carrier or Government Entity -		133. Motor Carrier or Government Entity -		134. Motor Carrier or Government Entity -										
135. Damage to Other Property		<input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No						136. Charge						137. Summons No.		Oper.		138. Charge						139. Summons No.																																																																																																								
Oper.		140. Charge						141. Summons No.						Oper.		142. Charge						143. Summons No.																																																																																																										
<table border="1"> <tr> <td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td> <td colspan="10">Names & Addresses of Occupants If Deceased, Date & Time of Death</td> </tr> <tr> <td>A 01</td><td>01</td><td>01</td><td>03</td><td>36</td><td>M</td><td>01</td><td>00</td><td>02</td><td>04</td><td>04</td><td>02</td><td>6202</td> <td colspan="10">PINFAR GUO 8 RYDAL RD PRINCETON NJ 08540-8818</td> </tr> <tr> <td>B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td colspan="10"></td> </tr> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td colspan="10"></td> </tr> <tr> <td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td colspan="10"></td> </tr> </table>														83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death										A 01	01	01	03	36	M	01	00	02	04	04	02	6202	PINFAR GUO 8 RYDAL RD PRINCETON NJ 08540-8818										B																							C																							D																						
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E	83	84	85	86	87	88	89	90	91	92	93	94	95		Names & Addresses of Occupants If Deceased, Date & Time of Death

144. Crash Diagram



145. Crash Description/Narrative

On Wednesday, November 1, 2023 at 1109, Bennett, James responded to a crash on Sb bound on ramp from Rt 18 Sb to Us 1. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Silver Acura Rsx, Going Straight Ahead

Driver stated he did not remember how the crash occurred and did not remember calling 9-1-1. I called for EMS to respond to the scene because it appeared the driver may have some type of head injury. From the position of his vehicle and my observations of dirt and tire marks, it appears the driver lost control of his vehicle in the left lane of Route 1 SB and veered right across all lanes of travel. The vehicle crossed a grass median and came to a stop at the bottom of the ramp.

The vehicle became disabled after jumping the grass medians. The driver side front tire fell off leaving the vehicle un-drivable.

The driver was transported to the hospital by EMS. I have nothing further.

146. Officer's Signature

Bennett, James

147. Badge #

7315

148. Reviewer

Martinez, Ronoldy

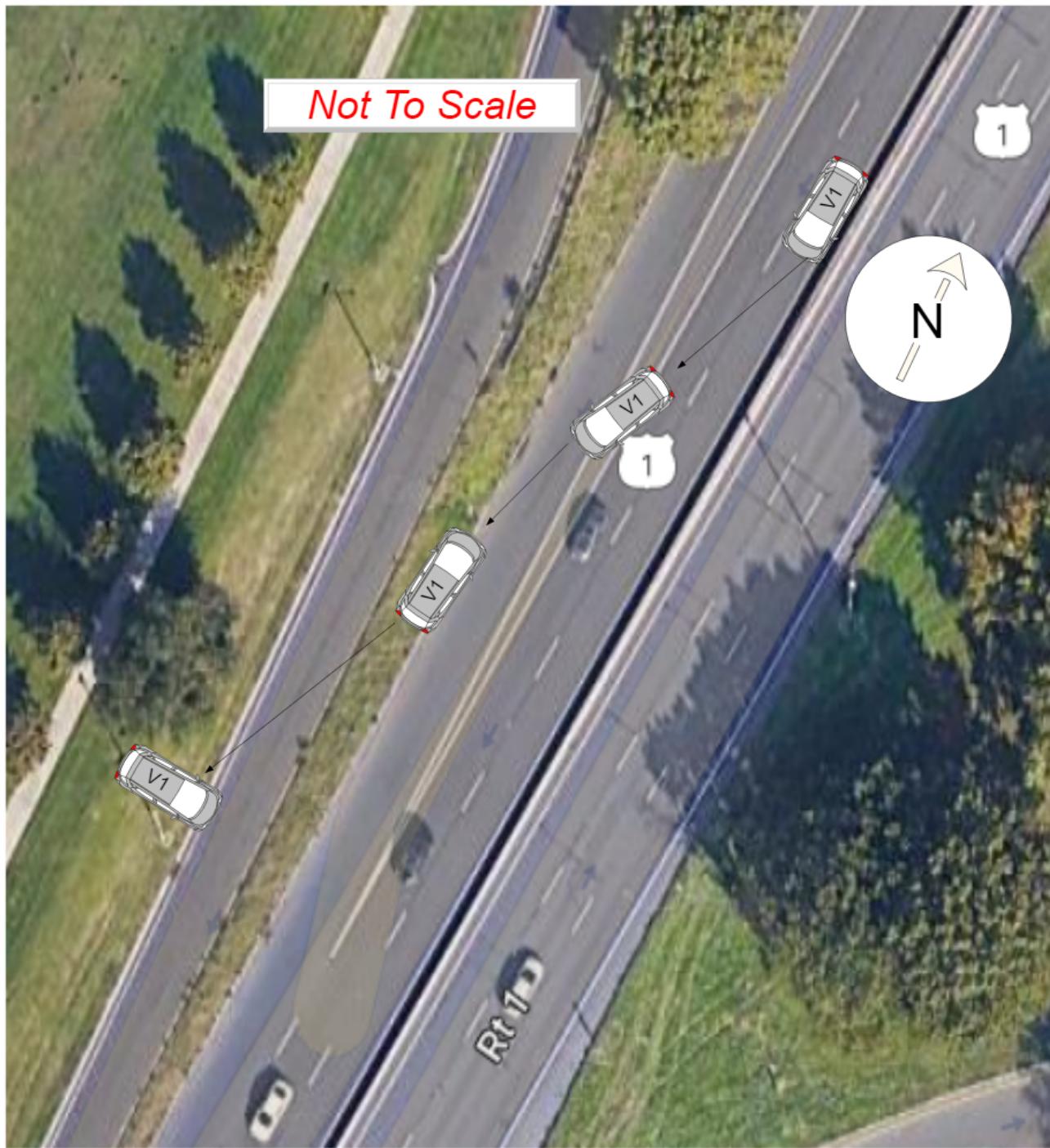
Badge #

5250

149. Case Status

Pending Complete

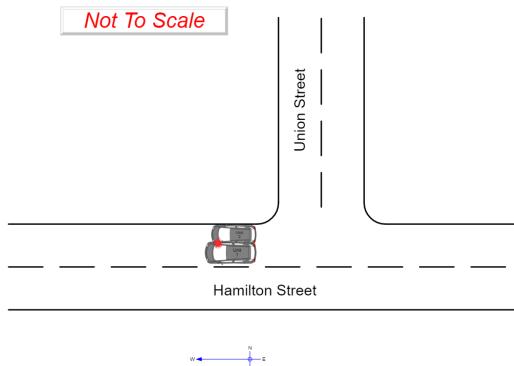
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report														118a 25																																																																																																																																																																					
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2. Police Dept. of New Brunswick City Police Department														119b -																																																																																																																																																																					
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4. Date of Crash 11/01/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 1416		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. Crash Occurred On: ROUTE 514		Road Name At Intersection with 273.0 Feet Miles 14 15 16		Dir E	11. Speed Limit 25	12. Route No. 514	13. Milepost 18. Speed Limit 25																																																																																																																																																																
14. Total Injured 0														15. Total Killed 0		16. Total Injured 0		17. Cross Road Name/Route No. CONDUCT ST		18. Total Injured 0		19. To: Ramp		20. Route Name/Route No. 40.498657		21. Latitude -74.448926		22. Longitude																																																																																																																																																							
23. Veh. # 01														24. Policy No. 5129j016537		25. NJ Ins. Code 917		26. NJ Ins. Code 134		27. NJ Ins. Code 134		28. NJ Ins. Code 134		29. NJ Ins. Code 134		30. NJ Ins. Code 134		31. NJ Ins. Code 134		32. NJ Ins. Code 134		33. NJ Ins. Code 134		34. NJ Ins. Code 134		35. NJ Ins. Code 134		36. NJ Ins. Code 134		37. NJ Ins. Code 134		38. NJ Ins. Code 134		39. NJ Ins. Code 134		40. NJ Ins. Code 134		41. NJ Ins. Code 134		42. NJ Ins. Code 134		43. NJ Ins. Code 134		44. NJ Ins. Code 134		45. NJ Ins. Code 134		46. NJ Ins. Code 134		47. NJ Ins. Code 134		48. NJ Ins. Code 134		49. NJ Ins. Code 134		50. NJ Ins. Code 134		51. NJ Ins. Code 134		52. NJ Ins. Code 134		53. NJ Ins. Code 134		54. NJ Ins. Code 134		55. NJ Ins. Code 134																																																																																																							
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40. NJ Ins. Code 134														41. NJ Ins. Code 134		42. NJ Ins. Code 134		43. NJ Ins. Code 134		44. NJ Ins. Code 134		45. NJ Ins. Code 134		46. NJ Ins. Code 134		47. NJ Ins. Code 134		48. NJ Ins. Code 134		49. NJ Ins. Code 134		50. NJ Ins. Code 134		51. NJ Ins. Code 134		52. NJ Ins. Code 134		53. NJ Ins. Code 134		54. NJ Ins. Code 134		55. NJ Ins. Code 134		56. NJ Ins. Code 134		57. NJ Ins. Code 134		58. NJ Ins. Code 134		59. NJ Ins. Code 134		60. NJ Ins. Code 134		61. NJ Ins. Code 134		62. NJ Ins. Code 134		63. NJ Ins. Code 134		64. NJ Ins. Code 134		65. NJ Ins. Code 134		66. NJ Ins. Code 134		67. NJ Ins. Code 134		68. NJ Ins. Code 134		69. NJ Ins. Code 134		70. NJ Ins. Code 134		71. NJ Ins. Code 134		72. NJ Ins. Code 134		73. NJ Ins. Code 134		74. NJ Ins. Code 134		75. NJ Ins. Code 134		76. NJ Ins. Code 134		77. NJ Ins. Code 134		78. NJ Ins. Code 134		79. NJ Ins. Code 134		80. NJ Ins. Code 134		81. NJ Ins. Code 134		82. NJ Ins. Code 134		83. NJ Ins. Code 134		84. NJ Ins. Code 134		85. NJ Ins. Code 134		86. NJ Ins. Code 134		87. NJ Ins. Code 134		88. NJ Ins. Code 134		89. NJ Ins. Code 134		90. NJ Ins. Code 134		91. NJ Ins. Code 134		92. NJ Ins. Code 134		93. NJ Ins. Code 134		94. NJ Ins. Code 134		95. NJ Ins. Code 134																																																									
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12. NJ Ins. Code 134														13. NJ Ins. Code 134		14. NJ Ins. Code 134		15. NJ Ins. Code 134		16. NJ Ins. Code 134		17. NJ Ins. Code 134		18. NJ Ins. Code 134		19. NJ Ins. Code 134		20. NJ Ins. Code 134		21. NJ Ins. Code 134		22. NJ Ins. Code 134		23. NJ Ins. Code 134		24. NJ Ins. Code 134		25. NJ Ins. Code 134		26. NJ Ins. Code 134		27. NJ Ins. Code 134		28. NJ Ins. Code 134		29. NJ Ins. Code 134		30. NJ Ins. Code 134		31. NJ Ins. Code 134		32. NJ Ins. Code 134		33. NJ Ins. Code 134		34. NJ Ins. Code 134		35. NJ Ins. Code 134		36. NJ Ins. Code 134		37. NJ Ins. Code 134		38. NJ Ins. Code 134		39. NJ Ins. Code 134		40. NJ Ins. Code 134		41. NJ Ins. Code 134		42. NJ Ins. Code 134		43. NJ Ins. Code 134		44. NJ Ins. Code 134		45. NJ Ins. Code 134		46. NJ Ins. Code 134		47. NJ Ins. Code 134		48. NJ Ins. Code 134		49. NJ Ins. Code 134		50. NJ Ins. Code 134		51. NJ Ins. Code 134		52. NJ Ins. Code 134		53. NJ Ins. Code 134		54. NJ Ins. Code 134		55. NJ Ins. Code 134		56. NJ Ins. Code 134		57. NJ Ins. Code 134		58. NJ Ins. Code 134		59. NJ Ins. Code 134		60. NJ Ins. Code 134		61. NJ Ins. Code 134		62. NJ Ins. Code 134		63. NJ Ins. Code 134		64. NJ Ins. Code 134		65. NJ Ins. Code 134		66. NJ Ins. Code 134		67. NJ Ins. Code 134		68. NJ Ins. Code 134		69. NJ Ins. Code 134		70. NJ Ins. Code 134		71. NJ Ins. Code 134		72. NJ Ins. Code 134		73. NJ Ins. Code 134		74. NJ Ins. Code 134		75. NJ Ins. Code 134		76. NJ Ins. Code 134		77. NJ Ins. Code 134		78. NJ Ins. Code 134		79. NJ Ins. Code 134		80. NJ Ins. Code 134		81. NJ Ins. Code 134		82. NJ Ins. Code 134		83. NJ Ins. Code 134		84. NJ Ins. Code 134		85. NJ Ins. Code 134		86. NJ Ins. Code 134		87. NJ Ins. Code 134		88. NJ Ins. Code 134		89. NJ Ins. Code 134		90. NJ Ins. Code 134		91. NJ Ins. Code 134		92. NJ Ins. Code 134		93. NJ Ins. Code 134		94. NJ Ins. Code 134		95. NJ Ins. Code 134	
96. NJ Ins. Code 134														97. NJ Ins. Code 134		98. NJ Ins. Code 134		99. NJ Ins. Code 134		100. NJ Ins. Code 134		101. NJ Ins. Code 134		102. NJ Ins. Code 134		103. NJ Ins. Code 134		104. NJ Ins. Code 134		105. NJ Ins. Code 134		106. NJ Ins. Code 134		107. NJ Ins. Code 134		108. NJ Ins. Code 134		109. NJ Ins. Code 134		110. NJ Ins. Code 134		111. NJ Ins. Code 134		112. NJ Ins. Code 134		113. NJ Ins. Code 134		114. NJ Ins. Code 134		115. NJ Ins. Code 134		116. NJ Ins. Code 134		117. NJ Ins. Code 134		118. NJ Ins. Code 134		119. NJ Ins. Code 134		120. NJ Ins. Code 134		121. NJ Ins. Code 134		122. NJ Ins. Code 134		123. NJ Ins. Code 134		124. NJ Ins. Code 134		125. NJ Ins. Code 134		126. NJ Ins. Code 134		127. NJ Ins. Code 134		128. NJ Ins. Code 134		129. NJ Ins. Code 134		130. NJ Ins. Code 134		131. NJ Ins. Code 134		132. NJ Ins. Code 134		133. NJ Ins. Code 134		134. NJ Ins. Code 134																																																																																											
135. Damage to Other Property Yes (If Yes, describe) <input type="checkbox"/> No														136. Charge		137. Summons No.		Oper.		138. Charge		139. Summons No.		Names & Addresses of Occupants If Deceased, Date & Time of Death																																																																																																																																																											
Oper.														140. Charge		141. Summons No.		Oper.		142. Charge		143. Summons No.		Names & Addresses of Occupants If Deceased, Date & Time of Death																																																																																																																																																											
A	01	01	01	05	20	F	-	-	-	04	04	06	-	NIVEDITA NAMBALAT 31 EDMUND STREET EDISON NJ 08817-5043																																																																																																																																																																					
	B	02	01	01	-	17	F	-	-	01	04	04	06	-	MENNA ELZOGHABY 11 TIVED LN EDISON NJ 08837-3042																																																																																																																																																																				
	C	02	03	01	-	19	F	-	-	01	04	04	06	-	LAYAN SHABAN 13 STANLEY AVE DAYTON NJ 08810-1351																																																																																																																																																																				
	D																																																																																																																																																																																		

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

144. Crash Diagram



145. Crash Description/Narrative

On November 1, 2023 I Officer Maldonado was attired in the uniform of the day utilizing marked patrol unit 898. I was posted at 108 Hamilton Street on extra duty when I observed a motor vehicle accident.

I observed NJ REG: G46SJH attempt to park in a no parking anytime zone on Hamilton Street, when she realized it was a no parking zone and merged into traffic without looking striking V1 (NJ REG:G95RHP). NJ REG:G95RHP was traveling west on Hamilton Street when she was passing Union Street and was struck by V2. Both vehicles received minor damage and did not have any complaint of pain. Passenger in V2 also did not have any complaint of pain.

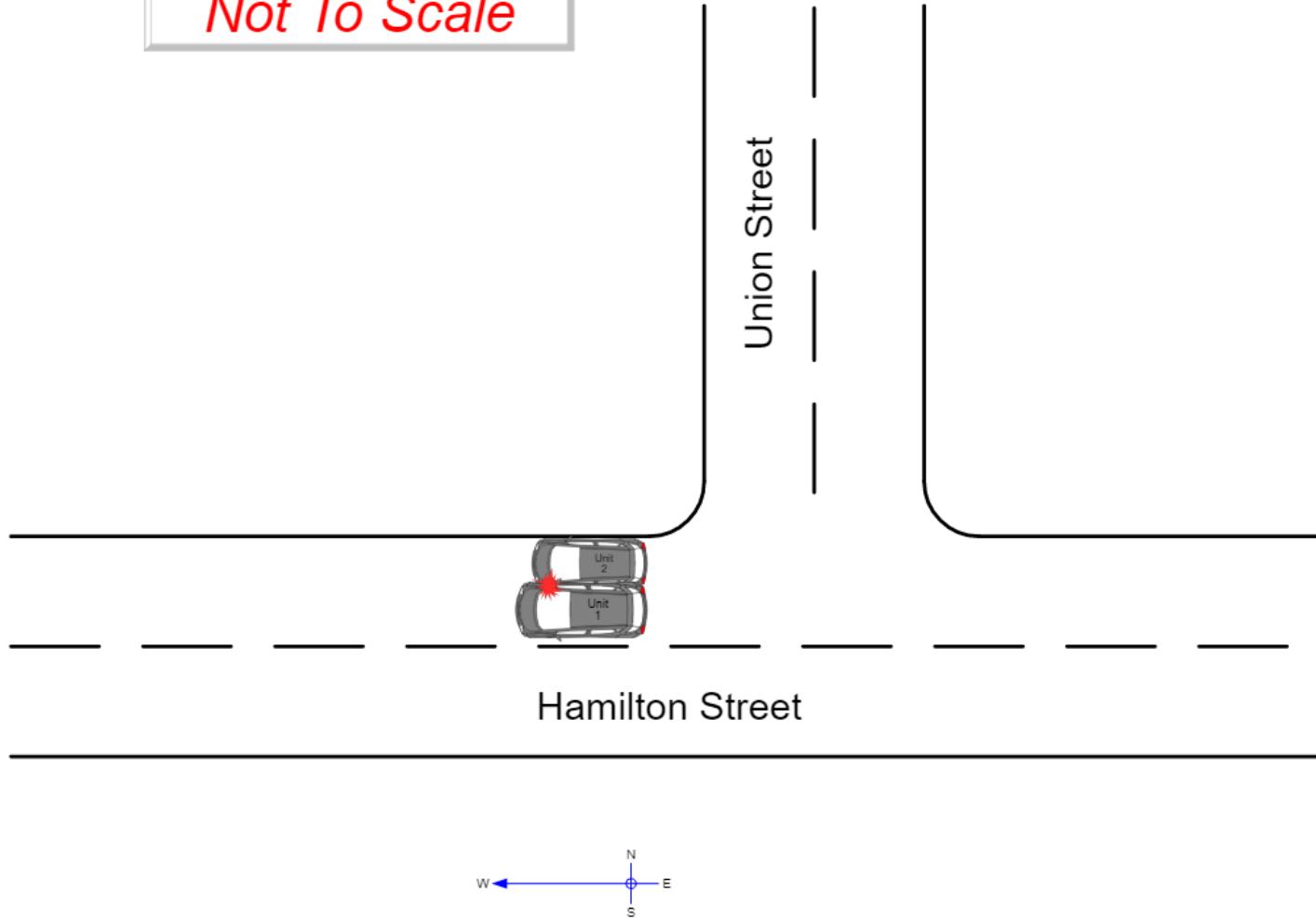
*****Other Descriptions*****

02 - not paying attention - Field 119a

146. Officer's Signature Maldonado, Deanna	147. Badge # 7364	148. Reviewer Faller, Daniel	Badge # 7355	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

Not To Scale



		New Jersey Police Crash Investigation Report												Reportable		Non-Reportable		Change Report						
96 02		<input type="checkbox"/> Fatal														<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
97 01	1. Case Number 23NB09574				10. Crash Occurred On: NJ 18 EXPRESS SECONDARY						Road Name		11. Speed Limit S 45		18		41.8							
98 01	2. Police Dept. of New Brunswick City Police Department				Code 01		<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 239.0 Miles						<input type="checkbox"/> N <input checked="" type="checkbox"/> E		Dir		12. Route No. Suffix		13. Milepost					
99 02	3. Station/Precinct NEW BRUNSWICK				14 15 16						of:		18. Speed Limit											
100a 01	4. Date of Crash 11/01/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 1521		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB		<input type="checkbox"/> SB <input type="checkbox"/> WB							
100b 04	23. Veh. # 01		24. Policy No. F105233860		25. NJ Ins. Code 426		53. Veh. # 02		54. Policy No. 16940457		55. NJ Ins. Code 135													
101 02	26. Driver's First Name BRITTANY				Initial A		Last Name GRAY				29. Sex F		56. Driver's First Name OMAR		Initial A		Last Name ARCIA							
102 01	27. Number & Street 940 OAK ST.				State NJ		Zip 07203		58. City PERTH AMBOY		State NJ		Zip 08861-2508											
103 01	30. Eyes 02		DL Class D		Restrictions		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions		Endorsements		61. State NJ					
104 02	32. Driver's License Number G72461006160952				33. DOB 10/02/1995		34. Expires 10/02/2024		62. Driver's License Number A72716056111822				63. DOB 11/12/1982		64. Expires 11/12/2025									
105 01	35. Owner's First Name BRITTANY				Initial A		Last Name GRAY				65. Owner's First Name JESSENIA				Initial ARCIA-PERTUZ									
106 -	<input checked="" type="checkbox"/> Same as Driver								<input type="checkbox"/> Same as Driver															
107 -	36. Number & Street 940 OAK ST.				State NJ		Zip 07203		66. Number & Street 606 CORNELL ST 2ND FLOOR				State NJ		Zip 08861-2508									
108 01	37. City ROSELLE				State NJ		Zip 07203		67. City PERTH AMBOY				State NJ		Zip 08861-2508									
109 01	38. Make HONDA		39. Model ACCORD		40. Color BL		41. Year 2008		42. Plate No. M25MDA		43. State NJ		68. Make ACURA		69. Model TLX		70. Color WT		71. Year 2016		72. Plate No. E25RYE		73. State NJ	
110 01	44. VIN 1HGCS12718A028582				45. Expires 09/01/2024		74. VIN 19UUB1F58GA000368		75. Expires 03/01/2024															
111 01	46. Vehicle Removed to: -												76. Vehicle Removed to: -											
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded											
113 -	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police											
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending												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: <input type="checkbox"/> % <input type="checkbox"/> Pending											
115 -	49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ Placard No. _____												79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ Placard No. _____											
116 02	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.											
117 02	52. Motor Carrier or Government Entity Number & Street												82. Motor Carrier or Government Entity Number & Street											
City _____ State _____ Zip _____												City _____ State _____ Zip _____												
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												136. Charge												
Oper.		137. Summons No.						Oper.		138. Charge						139. Summons No.								
Oper.		140. Charge						Oper.		141. Summons No.						142. Charge				143. Summons No.				
												Names & Addresses of Occupants If Deceased, Date & Time of Death												
A		01	01	-	-	28	F	-	-	04	04	-	-	BRITTANY A GRAY 940 OAK ST. ROSELLE NJ 07203										
B		02	01	-	-	40	M	-	-	04	04	-	-	OMAR A ARCIA 606 CORNELL STREET 2ND FL. PERTH AMBOY NJ 08861-2508										
C		02	-	-	-	36	F	-	-	04	04	-	-	JESSENIA ARCIA-PERTUZ 606 CORNELL ST 2ND FLOOR PERTH AMBOY NJ 08861-2508										
D																								

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of veh. 1 stated that she was traveling on State Hwy 18 (South bound) in the left lane (Local), going straight ahead. She stated that as she was traveling, veh. 2 began to change lanes from the right lane to the left lane. While doing so, veh. 2 struck veh. 1. Driver of veh. 1 was not injured.

Driver of veh. 2 stated that he was traveling on State Hwy 18 (South bound) on the right lane (Local), going straight ahead. Driver stated that he then began to change lanes to the left lane. As he was doing so, he stated that veh. 1 sped up and struck his vehicle. Occupants from veh. 2 were not injured.

146. Officer's Signature Chang, Miguel	147. Badge # 7244	148. Reviewer Daughton, Ryan	Badge # 5288	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)



Chang, Miguel

NJTR-1B (Rev. 01/17)

Officer's Signature

7244

Badge Number

		New Jersey Police Crash Investigation Report												Reportable		Non-Reportable		Change Report									
96 04		<input type="checkbox"/> Fatal		23NB09575												10. Crash Occurred On: 264 HAMILTON STREET		Road Name		Dir		11. Speed Limit 25				118a 59	
97 01				New Brunswick City Police Department		Code 01		<input type="checkbox"/> At Intersection with		<input type="checkbox"/> N		<input type="checkbox"/> E						12. Route No. Suffix		13. Milepost		118b					
98 01				3. Station/Precinct				<input type="checkbox"/> Feet		<input type="checkbox"/> Miles		<input type="checkbox"/> S		<input type="checkbox"/> W		of:						119a					
99 07								14	15			16					19. <input type="checkbox"/> To: 17. Cross Road Name/Route No.				18. Speed Limit		119b				
100a 01		4. Date of Crash 11/01/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 1559		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0				<input type="checkbox"/> Ramp		<input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB		<input type="checkbox"/> SB <input type="checkbox"/> WB		120a 01			
100b 04																		21. Latitude 40.496392		20. Route Name/Route No. 22. Longitude -74.456395				120b			
101 02		23. Veh. # 01		24. Policy No. 4624856565		25. NJ Ins. Code 148		53. Veh. # P1		54. Policy No.								55. NJ Ins. Code				121a 01					
102 01		<input type="checkbox"/> Parked		<input type="checkbox"/> Ped		<input type="checkbox"/> Pedalcyclist		<input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run												121b					
103 01		26. Driver's First Name HERMEANOR		Initial N		Last Name ALAM		29. Sex F		56. Driver's First Name Edward		Initial		Last Name Rojas		59. Sex M											
104 1		27. Number & Street 22 SKYTOP GDNS APT 15						57. Number & Street 300 Hamilton St. Apt. E15																			
105 13		28. City PARLIN		State NJ		Zip 08859-2127		58. City New Brunswick		State NJ		Zip 08901															
106 -		30. Eyes 02		DL Class D		Restrictions 00		31. State 00 NJ		60. Eyes 02		DL Class		Restrictions		Endorsements		61. State		122 02							
107 -		32. Driver's License Number A50533270057532		33. DOB 07/28/1953		34. Expires 07/28/2024		62. Driver's License Number		63. DOB		64. Expires								123 43							
108 01		35. Owner's First Name ISHTIAQ		Initial		Last Name ALAM		65. Owner's First Name		Initial		Last Name								124 03							
109 -		<input type="checkbox"/> Same as Driver						<input type="checkbox"/> Same as Driver																			
110 01		36. Number & Street 1393 LIBERTY AVE						66. Number & Street												125 03							
111 -		37. City HILLSIDE		State NJ		Zip 07205-1852		67. City		State		Zip								126a 22							
112 -		38. Make TOYOTA		39. Model RAV4		40. Color SL		41. Year 2018		42. Plate No. W51AHA		43. State NJ		68. Make		69. Model		70. Color		71. Year		72. Plate No.		73. State			
113 -		44. VIN JTMRJREV4JD171681				45. Expires 10/01/2024		74. VIN						75. Expires						126c							
114 -		46. Vehicle Removed to:						76. Vehicle Removed to:												126d							
115 -		<input type="checkbox"/> Driven		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Disabled & Impounded		<input type="checkbox"/> Driven		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Disabled & Impounded								126e 22							
116 03		<input type="checkbox"/> Left at Scene		<input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Left at Scene		<input type="checkbox"/> Towed Impounded										127a 22							
117 -		47. Authority		48. Alcohol Drug Test		49. Hazardous Material		50. Carrier No.		51. GVWR/GCWR (trucks & buses only)		52. Motor Carrier or Government Entity		53. Authority		54. Alcohol Drug Test		55. Hazardous Material		56. Carrier No.		57. GVWR/GCWR (trucks & buses only)					
118 -		<input type="checkbox"/> Owner		<input type="checkbox"/> Driver		<input type="checkbox"/> Police		<input type="checkbox"/> Owner		<input type="checkbox"/> Yes		<input type="checkbox"/> Refused		<input type="checkbox"/> None		<input type="checkbox"/> None		<input type="checkbox"/> None		<input type="checkbox"/> On Board		<input type="checkbox"/> Spill					
119 -		<input type="checkbox"/> Given: <input checked="" type="checkbox"/> No		<input type="checkbox"/> Given: <input type="checkbox"/> Yes		<input type="checkbox"/> Given: <input type="checkbox"/> Refused		<input type="checkbox"/> Given: <input type="checkbox"/> None		<input type="checkbox"/> On Board		<input type="checkbox"/> Spill															
120 -		<input type="checkbox"/> Type: <input type="checkbox"/> Breath		<input type="checkbox"/> Type: <input type="checkbox"/> Blood		<input type="checkbox"/> Type: <input type="checkbox"/> Urine																					
121 -		<input type="checkbox"/> Results: <input type="checkbox"/> Pending						<input type="checkbox"/> Hazard Class		<input type="checkbox"/> Placard No.				<input type="checkbox"/> Results: <input type="checkbox"/> Pending				<input type="checkbox"/> Hazard Class		<input type="checkbox"/> Placard No.							
122 -		50. Carrier No.		51. GVWR/GCWR (trucks & buses only)				52. Motor Carrier or Government Entity		53. Authority		54. Alcohol Drug Test		55. Hazardous Material		56. Carrier No.		57. GVWR/GCWR (trucks & buses only)									
123 -		<input type="checkbox"/> USDOT		<input type="checkbox"/> None		<input type="checkbox"/> ≤ 10,000 lbs.		<input type="checkbox"/> USDOT		<input type="checkbox"/> None		<input type="checkbox"/> ≤ 10,000 lbs.		<input type="checkbox"/> None		<input type="checkbox"/> MC/MX		<input type="checkbox"/> 10,001 - 26,000 lbs.		<input type="checkbox"/> 10,001 - 26,000 lbs.		<input type="checkbox"/> ≥ 26,001 lbs.					
124 -		<input type="checkbox"/> MC/MX				<input type="checkbox"/> 10,001 - 26,000 lbs.																					
125 -						<input type="checkbox"/> ≥ 26,001 lbs.																					
126 -		58. Number & Street						59. Number & Street														129 01					
127 -		60. City		State		Zip		61. City		State		Zip										130 17					
128 -		62. Level of Autonomy		150 - AVAILABLE		<input type="checkbox"/> 0		<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4		<input type="checkbox"/> 5		<input type="checkbox"/> Unknown		63. Level of Autonomy		152 - AVAILABLE					
129 -		151 - ENGAGED		<input checked="" type="checkbox"/> 0		<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4		<input type="checkbox"/> 5		<input type="checkbox"/> Unknown				153 - ENGAGED		<input type="checkbox"/> 0		<input type="checkbox"/> 1			
130 -																								131			
131 -		135. Damage to Other Property		<input type="checkbox"/> Yes (If Yes, describe)		<input checked="" type="checkbox"/> No																		132			
132 -																								133 01			
133 -		Oper. 136. Charge						137. Summons No.		Oper. 138. Charge				139. Summons No.								134 -					
134 -		Oper. 140. Charge						141. Summons No.		Oper. 142. Charge				143. Summons No.													
A		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death												
B		01	01	-	-	70	F			04	04				HERMEANOR N ALAM 22 SKYTOP GDNS APT 15 PARLIN NJ 08859-2127												
C															Edward Rojas 300 Hamilton St. Apt. E15 New Brunswick NJ 08901												
D																											

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

144. Crash Diagram



145. Crash Description/Narrative

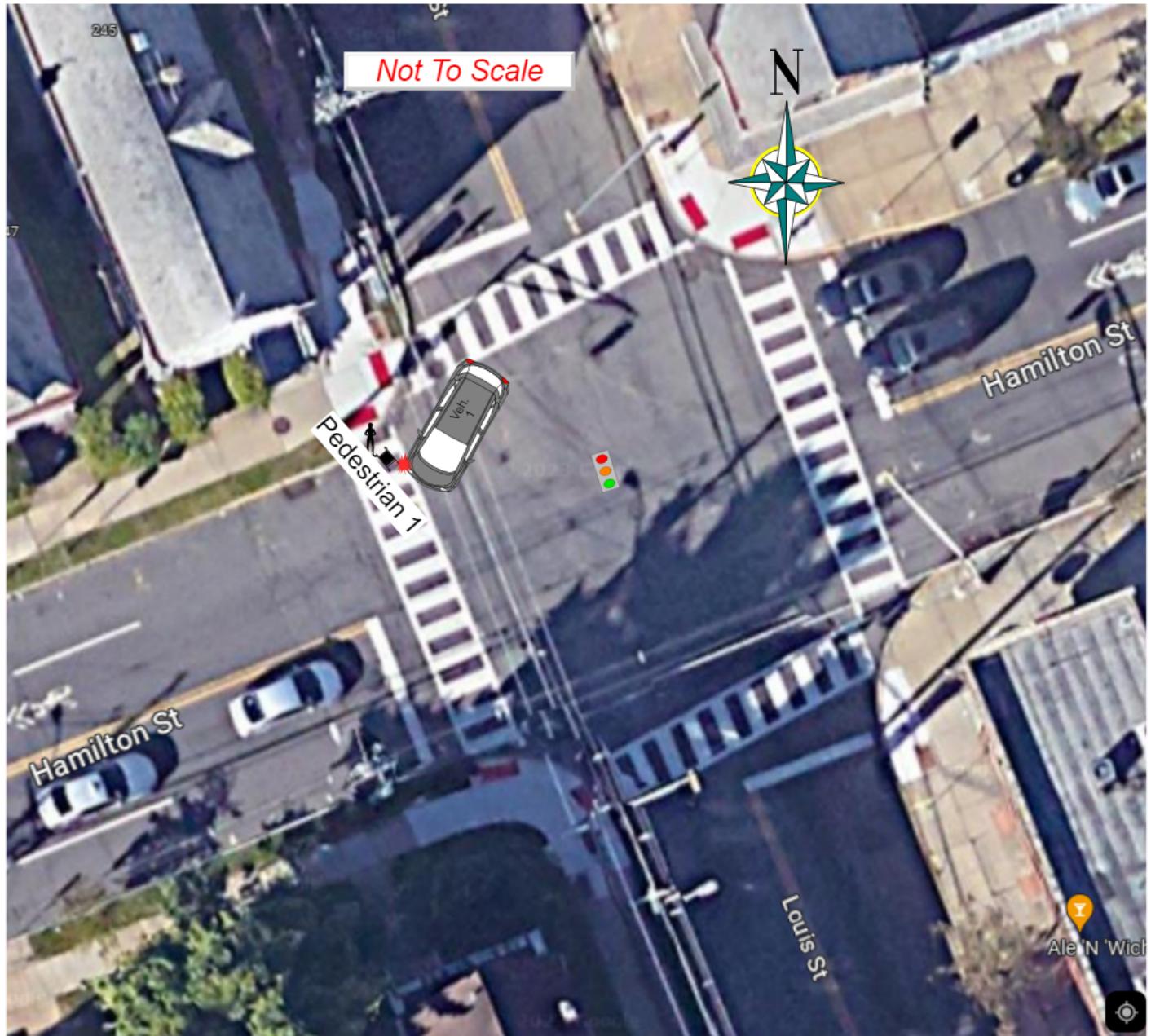
Driver of veh. 1 stated that she was traveling on Louis St. (South bound) approaching the intersection of Hamilton St. Driver stated that she had the green light and proceeded to make a right turn onto Hamilton St. As she did so, she did not see individuals crossing the street and struck a baby stroller. Driver of veh. 1 was not injured and pulled the vehicle over to check on the pedestrians. I then spoke with Aracely Rojas, who stated that she was pushing her nephew (Edward Rojas) in a stroller and was crossing Hamilton St. (Within marked crosswalk). She stated that as she began to cross the street, veh. 1 made a right turn from Louis St. and she was able to pull the stroller back enough that the when veh. 1 made contact with the stroller, it just grazed it. The child was not injured.

*****Other Descriptions*****

01 - Sunglare - Field 118a

146. Officer's Signature Chang, Miguel	147. Badge # 7244	148. Reviewer Daughton, Ryan	Badge # 5288	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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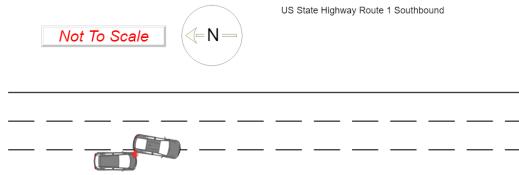
144. Crash Diagram (NOT TO SCALE)



96 04	<input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report														118a 25									
97 01	1. Case Number 23NB09582				10. Crash Occurred On: US 1 SECONDARY				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 34.00 Miles		Dir <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W		11. Speed Limit 55		12. Route No. 1	Suffix 13. Milepost	18. Speed Limit 0							
98 06	2. Police Dept. of New Brunswick City Police Department				Code 01		of:				19. <input type="checkbox"/> To: 17. Cross Road Name/Route No.				<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB									
99 02	3. Station/Precinct				6. Time (use 2400 hrs.) 14 15				7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.478471		20. Route Name/Route No. -74.423048		22. Longitude					
100a 01	4. Date of Crash 11/01/2023				5. Day of Week Wednesday		25. NJ Ins. Code 017				53. Veh. # 01		54. Policy No. 6100798682061				55. NJ Ins. Code 884							
101 02	26. Driver's First Name YAHISHA				Initial S		Last Name REINBERRY				29. Sex F		56. Driver's First Name RAGAEI				Initial S		Last Name AZZER					
102 01	27. Number & Street 2 A MEMORIAL DRIVE				58. City EAST BRUNSWICK				59. Sex M				57. Number & Street 16 LANDSDOWNE RD											
103 01	28. City EAST BRUNSWICK				State NJ		Zip 08816-2268		60. Eyes 01				DL Class D		Restrictions 00		Endorsements 00		61. State NJ					
104 02	30. Eyes 01				DL Class D		Restrictions 00		31. State NJ		62. Driver's License Number A97766388210561				63. DOB 04/13/1974		64. Expires 04/13/2026		65. Owner's First Name YAHISHA		Initial S		Last Name REINBERRY	
105 02	32. Driver's License Number R22807898254741				33. DOB 04/13/1974				34. Expires 04/13/2026		66. Number & Street 16 LANDSDOWNE RD				67. City EAST BRUNSWICK				State NJ		Zip 08816-4152			
106 -	35. Owner's First Name YAHISHA				Initial S		Last Name REINBERRY				68. Make Honda				69. Model PIL		70. Color BK		71. Year 2023		72. Plate No. W67PMF		73. State NJ	
107 -	36. Number & Street 2 A MEMORIAL DRIVE				74. VIN 2B3KA43G67H772807				75. Expires 02/01/2024				76. Vehicle Removed to:				77. Authority Owner				Initial S		Last Name AZZER	
111 01	44. VIN 2B3KA43G67H772807				45. Expires 02/01/2024				78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused				79. Hazardous Material Type: <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.					
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				82. Motor Carrier or Government Entity							
113 -	47. Authority Owner				83. GVWR/GCWR (trucks & buses only)				84. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None				85. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.											
114 -	48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				86. Motor Carrier or Government Entity															
115 -	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Results: <input type="checkbox"/> % <input type="checkbox"/> Pending				87. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused				88. Hazardous Material Type: <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill											
116 03	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None				51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.				89. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None				90. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.											
117 03	52. Motor Carrier or Government Entity				Number & Street				91. Motor Carrier or Government Entity				92. Motor Carrier or Government Entity											
Number & Street				City State Zip				City State Zip				City State Zip												
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														
151 - ENGAGED		<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						153 - ENGAGED		<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																Names & Addresses of Occupants If Deceased, Date & Time of Death								
Oper.	136. Charge								137. Summons No.				Oper.	138. Charge								139. Summons No.		
Oper.	140. Charge								141. Summons No.				Oper.	142. Charge								143. Summons No.		
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95											
	01	01	-	-	49	F	-	-	01	04	04	-		YAHISHA S REINBERRY 2 A MEMORIAL DRIVE EAST BRUNSWICK NJ 08816-2268										
	02	01	01	-	67	M	-	-	01	04	04	-		RAGAEI S AZZER 16 LANDSDOWNE RD EAST BRUNSWICK NJ 08816-4152										

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

144. Crash Diagram



145. Crash Description/Narrative

On Wednesday, November 1, 2023 at 1841, Garcia, Erick responded to a crash on US Highway 1 near milepost 26.8 . At the time of the crash, the weather was clear and the road surface was dry.

D1 stated she was traveling on Route 1 southbound towards Ryders Lane in the right lane when V2 was attempting to merge onto the right lane and struck V1. The collision caused minor damage to the left front headlight and D1 declined medical attention.

D2 stated he was traveling on Route 1 southbound towards Ryder Lane in the middle lane when V1 was attempting to merge into the middle lane and struck V2. The collision caused minor damage to the right rear bumper and D2 declined medical attention.

*****Other Descriptions*****

02 - CHANGING LANE - Field 119a

146. Officer's Signature Garcia, Erick	147. Badge # 7381	148. Reviewer Daughton, Ryan	Badge # 5288	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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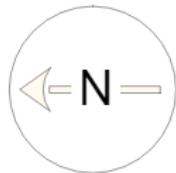
**New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram**

Police Dept: New Brunswick City Police Department Code: 01

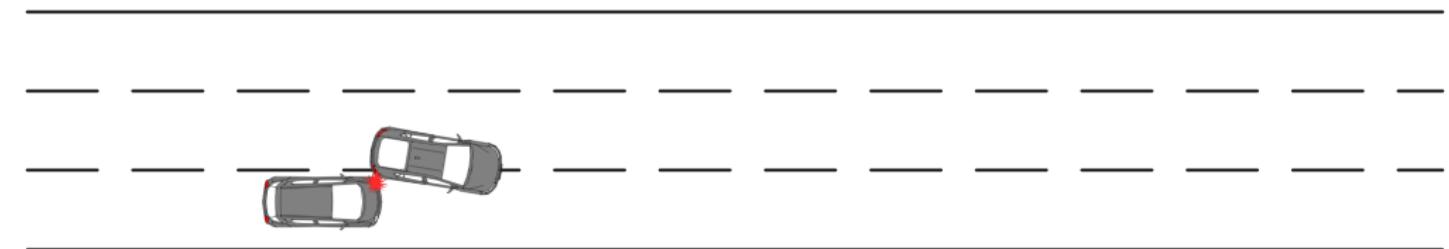
Station: _____ Case No: 23NB09582

144. Crash Diagram (NOT TO SCALE)

Not To Scale



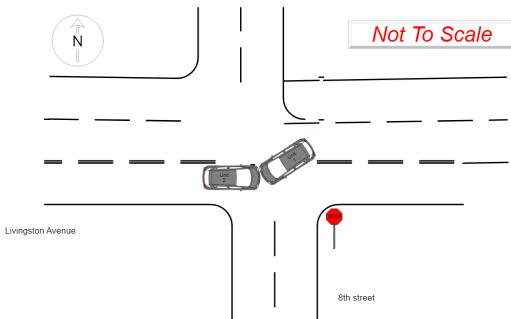
US State Highway Route 1 Southbound



96 04	<input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report													118a 02									
97 01	1. Case Number 23NB09583				10. Crash Occurred On: LIVINGSTON AVENUE						11. Speed Limit 25			12. Route No. Suffix 13. Milepost			118b 02						
98 06	2. Police Dept. of New Brunswick City Police Department				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet N <input type="checkbox"/> E 125.0 <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W						Dir			18. Speed Limit			119a 25						
99 07	3. Station/Precinct NEW BRUNSWICK				of: 8H STREET/26						19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> Ramp <input type="checkbox"/> From:			<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB			119b -						
100a 01	4. Date of Crash 11/01/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 1925		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 2		21. Latitude 40.473596			20. Route Name/Route No. -74.465468			120a 00				
100b 04	23. Veh. # 01 6137326721				25. NJ Ins. Code 135						53. Veh. # 02 225-8006-D11-30A			54. Policy No. 962			55. NJ Ins. Code			120b 00			
101 02	26. Driver's First Name VALENTINA				Initial E		Last Name GONZALEZMELENDEZ		29. Sex F			56. Driver's First Name BRYAN			Initial E		Last Name TORRESROJAS		59. Sex M	121a -			
102 01	27. Number & Street 1380 OAK TREE DR APT E				28. City N BRUNSWICK						31. State NJ			58. City NO BRUNSWICK			State Zip NJ 08902-2439			121b -			
103 01	30. Eyes 02		DL Class D		Restrictions 00		Endorsements 00		31. State NJ			60. Eyes 01		DL Class D		Restrictions T		61. State NJ	122 03				
104 02	32. Driver's License Number G64597610056992				33. DOB 06/23/1999		34. Expires 06/23/2027		62. Driver's License Number T66461026501011			63. DOB 01/03/2001			64. Expires 01/03/2027			123 01					
105 03	35. Owner's First Name VALENTINA				Initial E		Last Name GONZALEZMELENDEZ		65. Owner's First Name DAVID			Initial A		Last Name GUEVARAMEMBRENO					124 11				
106 -	<input type="checkbox"/> Same as Driver VALENTINA																			125 -			
107 -	36. Number & Street 1380 OAK TREE DR APT E				37. City N BRUNSWICK						38. City NEW BRUNSWICK			State Zip NJ 08901						126a 26			
108 01	39. Make KIA		39. Model RIO		40. Color BK	41. Year 2023	42. Plate No. G94SFS	43. State NJ	68. Make HYN		69. Model ELA		70. Color GY	71. Year 2013	72. Plate No. B95SFX	73. State NJ				126b 26			
110 00	44. VIN 3KPA24AD9PE594287				45. Expires 08/01/2027						74. VIN KMHDH6AE7DU014821			75. Expires 05/01/2024						126c 26			
111 01	46. Vehicle Removed to:								76. Vehicle Removed to:											126d 26			
112 00	<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded								<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded											126e 26			
113 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police								77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police											127a 26			
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending								49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.								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: <input type="checkbox"/> % <input type="checkbox"/> Pending			79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.			127b -
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX								51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX			81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			127c -
116 04	52. Motor Carrier or Government Entity								82. Motor Carrier or Government Entity											128 26			
117 03	Number & Street								Number & Street											129 12			
	City State Zip								City State Zip											130 12			
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						131 11									
		151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown									132 11						
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																133 04							
Oper. 01	136. Charge 39:4-67						137. Summons No. E23 002984			Oper.	138. Charge								139. Summons No.				
Oper. 01	140. Charge						141. Summons No.			Oper.	142. Charge						143. Summons No.			134 04			
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death									
	01	01	01	04	24	F	08	-	02	04	00	04	6202	VALENTINA GONZALEZMELENDEZ 1380 OAK TREE DR APT E N BRUNSWICK NJ 08902-1741									
	02	01	01	04	22	M	05	08	02	04	-	01	6202	BRYAN E TORRESROJAS 620 REMSEN AVE NO BRUNSWICK NJ 08902-2439									

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

144. Crash Diagram



145. Crash Description/Narrative

On Wednesday, November 1, 2023, at 1925, Raoul, Thomas responded to a crash on 125 Feet N of 8th St and Livingston Avenue. At the time of the crash, the weather was clear, and the road surface was dry.

Unit 1, Vehicle - Black Kia Rio, Making Left Turn from
Unit 2, Vehicle - Gray Hyn Ela, Going Straight Ahead

{Driver 1 stated that she was making a left turn from Livingston Avenue onto 8th street and did not see v2 approaching. She turned and collided with v2. V1 sustained damage to the front bumper and side and front airbags deployed. She was later transported to Robert Wood Hospital for an arm and facial injuries. V1 was later towed by Dependable Towing V2 driver stated that he was driving straight on Livingston Avenue near the intersection of 8th street when v1 made a left turn into his vehicle. V2 sustained damage to the front bumper and front airbag deployed. V2 driver was later transported to Robert Wood Hospital for chest and facial injuries. V2 was later towed by guaranteed towing.

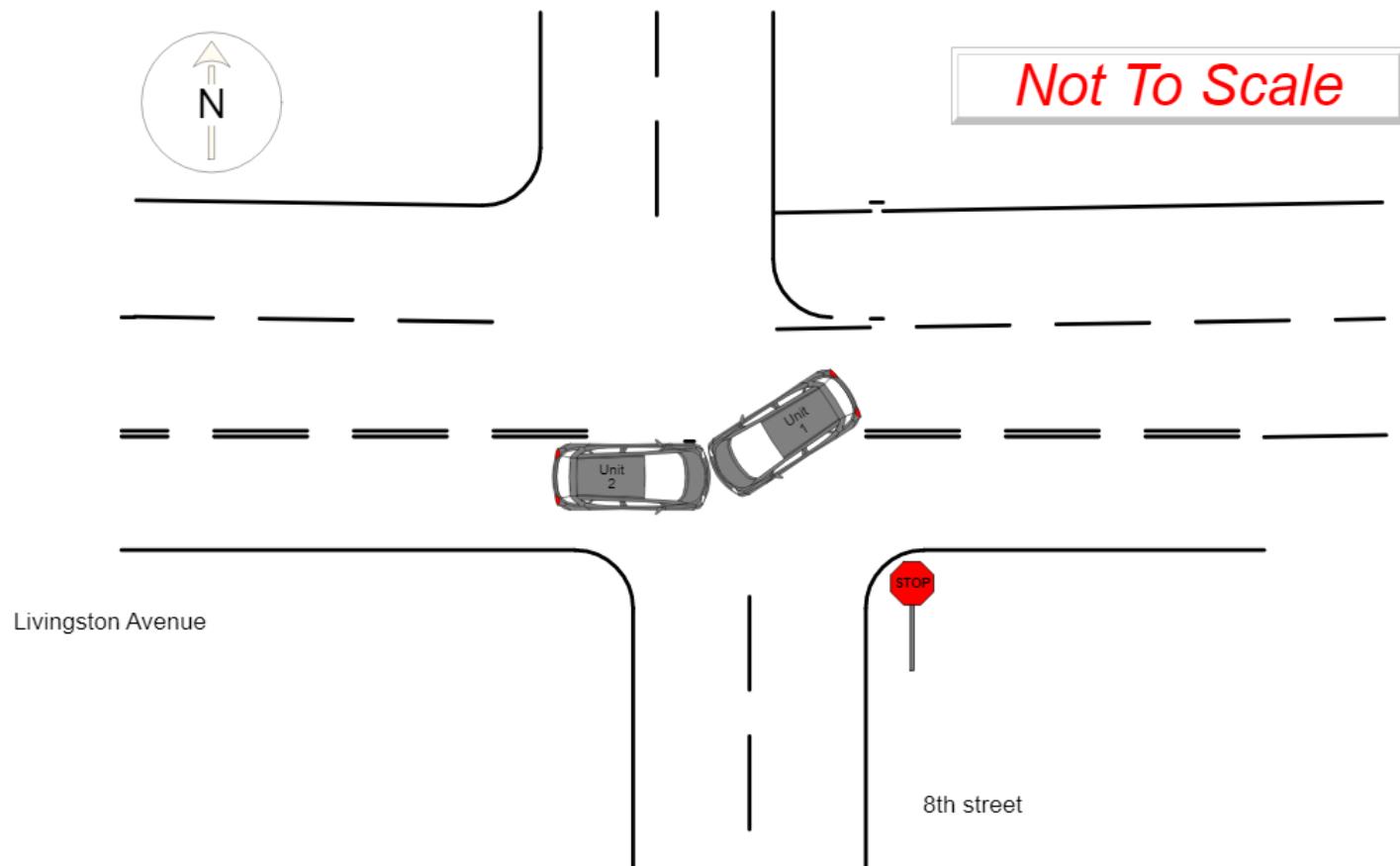
V1 driver was issued ticket number E23 002984 for obstructing passage of other driver (39:4-67) and later mail to her residence at 1380 oak tree drive apt E , North Brunswick NJ 08902

*****Other Descriptions*****

01 - MAKING LEFT TURN - Field 118a
01 - MAKING LEFT TURN - Field 118b

146. Officer's Signature Raoul, Thomas	147. Badge # 7344	148. Reviewer Regan, Richard	Badge # 7313	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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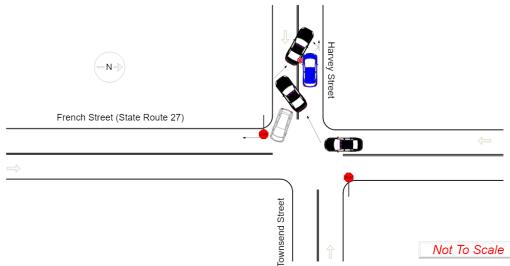
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input checked="" type="checkbox"/> Change Report												
96 05	<input type="checkbox"/> Fatal						10. Crash Occurred On: HARVEY ST						11. Speed Limit 25				118a 06											
97 01	1. Case Number 23NB09585						Road Name						Dir		12. Route No. Suffix 13. Milepost		118b 02											
98 06	2. Police Dept. of New Brunswick City Police Department						At Intersection with <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet Miles						Dir N E S W		14. To: 17. Cross Road Name/Route No. of: NJ 27/27		119a 25											
99 07	3. Station/Precinct N/A						15. 61.00 16. 14 15						16. 19. To: 17. Cross Road Name/Route No. of: NJ 27/27		18. Speed Limit 25		119b											
100a 01	4. Date of Crash 11/01/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 2138		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		20. Route Name/Route No. 40.493008		21. Latitude 22. Longitude -74.452638		120a 01											
100b 04	23. Veh. # 01 JIF 10-86						25. NJ Ins. Code 000						53. Veh. # 02 939359479		54. Policy No. 55. NJ Ins. Code 054		120b -											
101 02	26. Driver's First Name Initial Last Name Erick R Garcia						29. Sex M						56. Driver's First Name Initial Last Name Nathan P Herbert		59. Sex M		121a 01											
102 01	27. Number & Street 25 Kirkpatrick Street						57. Number & Street 193 Delavan Street										121b											
103 01	28. City State Zip New Brunswick NJ 08901						58. City State Zip New Brunswick NJ 08901																					
104 02	30. Eyes 02		DL Class D		Restrictions		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions		Endorsements		61. State NJ		122 15							
105 02	32. Driver's License Number G05542327912922						33. DOB 12/15/1992		34. Expires 12/15/2026		62. Driver's License Number H26555827711842		63. DOB 11/01/1984		64. Expires 11/01/2026								123 01					
106 -	35. Owner's First Name Initial Last Name City of New Brunswick						65. Owner's First Name Initial Last Name Luis A Martinez														124 11							
107 -	36. Number & Street 78 Bayard Street						66. Number & Street 17 Buckingham Court														125 11							
108 01	37. City State Zip New Brunswick NJ 08901						67. City State Zip Randolph NJ 07869														126a 26							
109 01	38. Make DODGE		39. Model CHARGER		40. Color BK		41. Year 2016		42. Plate No. 21226MG		43. State NJ		68. Make KIA		69. Model Forte		70. Color BL		71. Year 2020		72. Plate No. S39MLG		73. State NJ		126b			
110 04	44. VIN 2C3CDXATXGH328314						45. Expires 10/31/2024						74. VIN 3KPF24AD3LE190966										75. Expires 05/31/2024		126c			
111 01	46. Vehicle Removed to: Roadway												76. Vehicle Removed to: Roadway														126d	
112 02	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded						<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded														126e 26							
113 -	<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded						<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded														127a							
114 -	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input checked="" type="checkbox"/> Police						77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police														127b							
115 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.						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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.						127c							
116 04	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						127d							
117 04	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity														128 26	
Number & Street												Number & Street														129 04		
City State Zip												City State Zip														130 04		
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						Level of Autonomy		153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown								131 11				
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																								132 11		
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																										133 02		
Oper.	136. Charge						137. Summons No.						Oper.		138. Charge						139. Summons No.		134 02					
Oper.	140. Charge						141. Summons No.						Oper.		142. Charge						143. Summons No.							
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death														
	01	01	01	05	30	M	-	-	-	04	04	-	-	Erick R Garcia 25 Kirkpatrick Street New Brunswick NJ 08901														
	02	01	01	05	39	M	-	-	-	04	04	-	-	Nathan P Herbert 193 Delavan Street New Brunswick NJ 08901														
	02	03	01	05	34	M	-	-	-	04	04	-	-	Luis A Martinez 17 Buckingham Court Randolph NJ 07869														

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

144. Crash Diagram



145. Crash Description/Narrative

On Wednesday, November 1st, 2023 at approximately 21:40 hrs. I was alerted as the road supervisor to a motor vehicle collision involving a New Brunswick Police Vehicle at the intersection of Harvey Street at French Street. At the time of this incident, I was attired in the uniform of the day in marked Police Vehicle #905.

Upon arrival, I met with all occupants involved in the motor vehicle collision. V1 (New Brunswick Police Department Vehicle #926) was responding to assist other officers who were engaged in a foot pursuit of fleeing suspects, while doing so it was utilizing its lights and sirens. The driver of V1 explained as he was waiting for a white BMW to take a right turn onto French Street from Harvey Street, which would allow him enough clearance to pass V2 he began to travel in the eastbound lane of Harvey Street going westbound. The driver of V1 believed he had enough clearance to pass V2 and turned the wheel to the right, in order to re-enter the westbound lane of Harvey Street. While doing this action, V1 slightly impacted V2 while re-entering the westbound lane of Harvey Street.

The driver of V2 explained he was aware of a police response in the area (observed lights and sirens being used on multiple police vehicles) and pulled over to allow them to pass by. While he was pulling over to allow the police vehicles to pass, he then came to a stop and V1 veered into the front driver's side of V2.

V1 sustained minor passenger side rear end damage. V2 sustained minor front-end driver's side damage. All parties explained they were not injured as a result of this collision and all vehicles were able to be driven from the scene. For details regarding the foot pursuit, see Case #23NB09586. I have nothing further at this time.

Sgt. Ryan J. Daughton
Patrol Division #5288

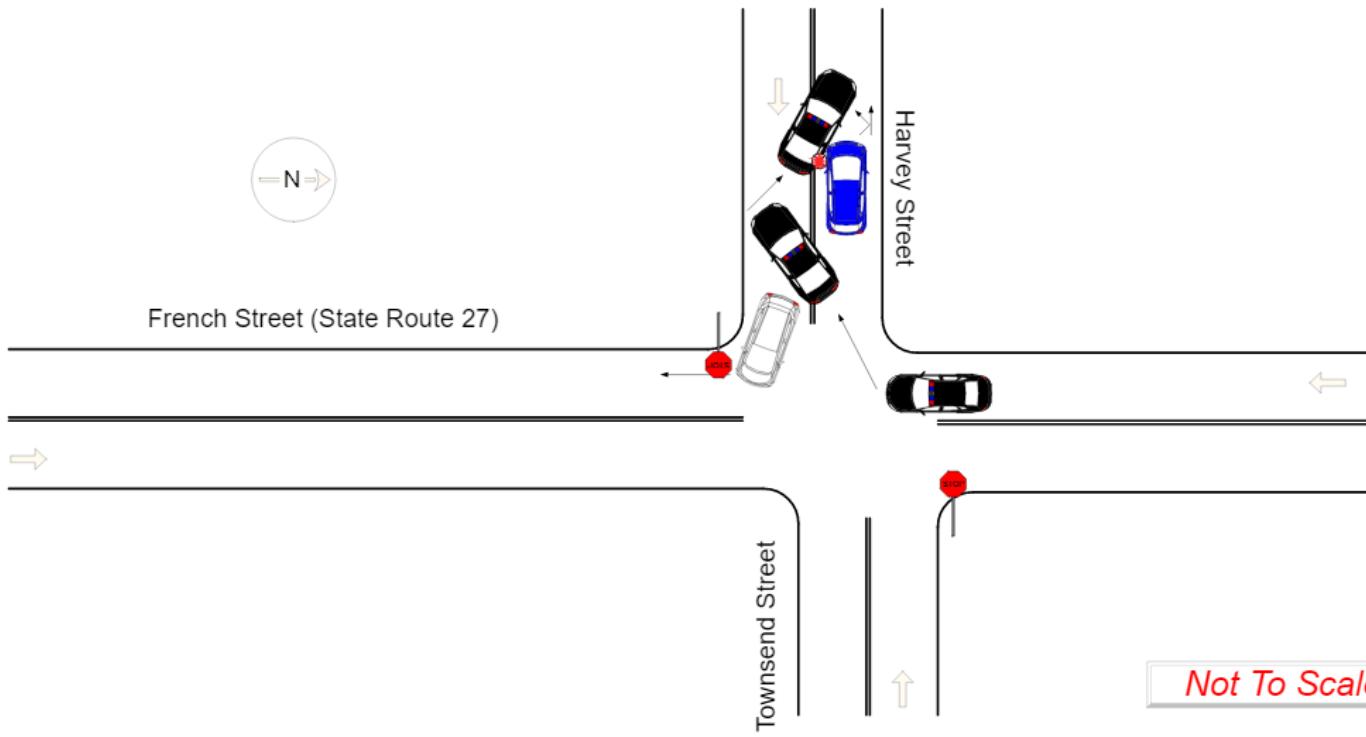
*****Other Descriptions*****

01 - Turned the wheel back to the right too quickly - Field 118b

01 - Middlesex County Joint Insurance Fund - Field 25

146. Officer's Signature Daughton, Ryan	147. Badge # 5288	148. Reviewer Regan, Richard	Badge # 7313	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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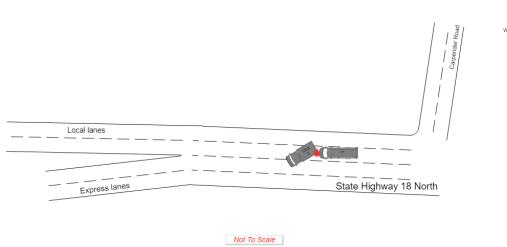
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report														118a 29			
96 01		<input type="checkbox"/> Fatal		10. Crash Occurred On: NJ 18						11. Speed Limit 55		18		41.1			
97 01		12. Route No. Suffix		13. Milepost		18. Speed Limit		118b -									
98 06		Road Name		Dir		19. To: 17. Cross Road Name/Route No.		119a -									
99 02		At Intersection with 0.000 Feet 0 Miles		N E S W		Ramp From:		19. To: 17. Cross Road Name/Route No.		119b -							
100a 01		3. Station/Precinct 14 15 16		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.485963		20. Route Name/Route No. -74.426451		22. Longitude					
100b 04		4. Date of Crash 11/02/2023		5. Day of Week Thursday		6. Time (use 2400 hrs.) 0424		7. Municipality Code 1214		10. Crash Occurred On: NJ 18		11. Speed Limit 55		12. Route No. Suffix			
101 02		13. Milepost		14. Speed Limit		15. Route Name/Route No. -74.426451		16. Route Name/Route No. 21. Latitude 40.485963		17. Cross Road Name/Route No. 19. To: 17. Cross Road Name/Route No.		18. Speed Limit					
102 01		18. Speed Limit		19. To: 17. Cross Road Name/Route No.		20. Route Name/Route No. -74.426451		21. Latitude 40.485963		22. Longitude		23. Veh. # rad943796404		24. Policy No. 01			
103 01		25. NJ Ins. Code 650		26. Driver's First Name MICHAEL		27. Number & Street 697 COUNTRY CLUB RD.		28. City BRIDGEWATER		29. Sex M		30. Eyes 06		31. State NJ			
104 02		32. Driver's License Number R61515447111806		33. DOB 11/14/1980		34. Expires 11/14/2025		35. Owner's First Name Initial Same as Driver Sander Mechanical		36. Number & Street 55 Columbia Road		37. City Branchburg		38. Make GMC			
105 01		39. Model Savana		40. Color WT		41. Year 2021		42. Plate No. XKLF63		43. State NJ		44. VIN 1GTW7AF76M1199426		45. Expires 01/31/2024			
106 -		46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None On Board Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Veh. # 00	
107 -		54. Policy No. 00		55. NJ Ins. Code UNK		56. Driver's First Name Initial Same as Driver 00		57. Number & Street 00		58. City 00		59. Sex U		60. Eyes 00		61. State NJ	
108 02		62. Driver's License Number 00		63. DOB 00		64. Expires		65. Owner's First Name Initial Same as Driver 00		66. Number & Street 00		67. City 00		68. Make 00		69. Model 00	
109 00		70. Color UK		71. Year 00		72. Plate No. 00		73. State -		74. VIN 00		75. Expires		76. Vehicle Removed to: 00		77. Authority Owner	
110 02		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None On Board Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		83. Veh. # 00		84. Policy No. 00			
111 00		85. Number & Street 00		86. City 00		87. State 00		88. Zip 00		89. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		90. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		91. Motor Carrier or Government Entity 00		92. Number & Street 00	
112 -		93. City 00		94. State 00		95. Zip 00		96. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		97. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		98. Motor Carrier or Government Entity 00		99. Number & Street 00		100. City 00	
113 00		101. State 00		102. Zip 00		103. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		104. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		105. Motor Carrier or Government Entity 00		106. Number & Street 00		107. City 00		108. State 00	
114 -		109. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		110. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		111. Motor Carrier or Government Entity 00		112. Number & Street 00		113. City 00		114. State 00		115. Zip 00		116. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>	
115 -		117. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		118. Motor Carrier or Government Entity 00		119. Number & Street 00		120. City 00		121. State 00		122. Zip 00		123. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>			
116 01		124. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		125. Motor Carrier or Government Entity 00		126. Number & Street 00		127. City 00		128. State 00		129. Zip 00		130. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>			
117 01		131. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		132. Motor Carrier or Government Entity 00		133. Number & Street 00		134. City 00		135. State 00		136. Zip 00		137. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>			
118 -		138. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		139. Motor Carrier or Government Entity 00		140. Number & Street 00		141. City 00		142. State 00		143. Zip 00		144. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>			
119 -		Names & Addresses of Occupants If Deceased, Date & Time of Death															
120 01		MICHAEL J ROGLIERI 697 COUNTRY CLUB RD. BRIDGEWATER NJ 08807-1601															
121 02		00															
122 01		00															
123 01		00															
124 01		00															
125 01		00															
126 01		00															
127 01		00															
128 01		00															
129 01		00															
130 01		00															
131 01		00															
132 01		00															
133 01		00															
134 01		00															

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

144. Crash Diagram



145. Crash Description/Narrative

No injuries reported.

The driver of vehicle 1 stated that he was traveling on Route 18 north when a box truck that was in the lane to the right of vehicle 1 suddenly swerved into vehicle 1's lane and slammed on their brakes, causing vehicle 1 to collide with the rear of vehicle 2. Vehicle 2 fled the scene.

*****Other Descriptions*****

01 - Vehicle 2 (fled scene) swerved in front of vehicle 1 - Field 118a

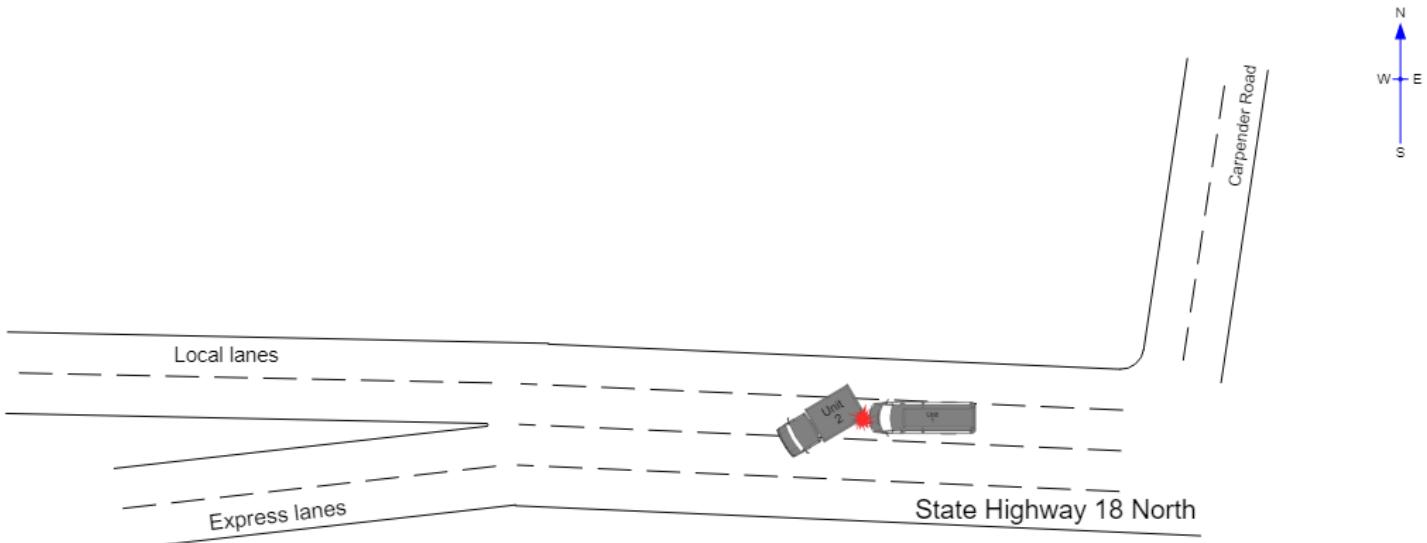
146. Officer's Signature Shaw-Koehler, Amanda	147. Badge # 7377	148. Reviewer Regan, Richard	Badge # 7313	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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**New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram**

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09591

144. Crash Diagram (NOT TO SCALE)

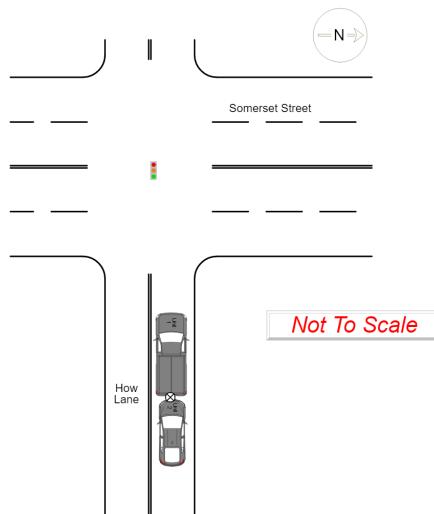


Not To Scale

New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report										
96 05	<input type="checkbox"/> Fatal						10. Crash Occurred On: MIDDLESEX COUNTY 680						11. Speed Limit 25		680											
97 01	1. Case Number 23NB09593						Road Name <input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles <input checked="" type="checkbox"/> S <input type="checkbox"/> W						Dir		12. Route No. Suffix		13. Milepost 25									
98 01	2. Police Dept. of New Brunswick City Police Department						of: NJ 27/27						18. Speed Limit 25													
99 07	3. Station/Precinct 34.00 14 15 16						19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> From: <input type="checkbox"/> SB <input type="checkbox"/> WB																			
100a 01	4. Date of Crash 11/02/2023		5. Day of Week Thursday		6. Time (use 2400 hrs.) 0716		7. Municipality Code 1215		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.474372		20. Route Name/Route No. 22. Longitude -74.489438											
100b 04	23. Veh. # 01 4525-12-84-11						25. NJ Ins. Code 100						53. Veh. # 02 4341-35-83-58		54. Policy No. 100		55. NJ Ins. Code 100									
101 02	26. Driver's First Name Initial L CRENshaw						29. Sex M						56. Driver's First Name Initial N SMITH		59. Sex M											
102 01	27. Number & Street 921 WALNUT ST						57. Number & Street 11 SKYTOP GDNS APT 16																			
103 01	28. City State Zip PISCATAWAY NJ 08854-2061						58. City State Zip PARLIN NJ 08859-2115																			
104 02	30. Eyes 02		DL Class D		Restrictions 00		Endorsements 00		31. State NJ		60. Eyes 02		DL Class A		Restrictions 5		Endorsements 00		61. State NJ							
105 01	32. Driver's License Number C73441247308862						33. DOB 08/09/1986						34. Expires 08/09/2027		62. Driver's License Number S57781740007642		63. DOB 07/14/1964		64. Expires 07/14/2027							
106 -	35. Owner's First Name Initial L Crenshaw						65. Owner's First Name Initial N Smith																			
107 -	36. Number & Street 921 walnut street						66. Number & Street 11 Skytop Gardens apt 16																			
108 05	37. City State Zip Piscataway NJ 08854						67. City State Zip parlin NJ 08859																			
109 01	38. Make FORD		39. Model F-150		40. Color WT		41. Year 2020		42. Plate No. Z640324		43. State NJ		68. Make FORD		69. Model Freestyle		70. Color BK		71. Year 2005		72. Plate No. K35RRK		73. State NJ			
110 01	44. VIN 1FTFX1E47LFA58325						45. Expires						74. VIN 1FMZK06145GA70922		75. Expires 03/01/2024											
111 01	46. Vehicle Removed to:												76. Vehicle Removed to:													
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded						<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded																			
113 -	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police													
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						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: <input type="checkbox"/> % <input type="checkbox"/> Pending						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill							
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None						51. GVWR/GCWR (trucks & buses only) <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"/> None						81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.							
116 04	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity													
117 04	Number & Street												Number & Street													
City State Zip												City State Zip														
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown						Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown																
		151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown								153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown																
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																										
Oper.	136. Charge						137. Summons No.						Oper.	138. Charge						139. Summons No.						
Oper.	140. Charge						141. Summons No.						Oper.	142. Charge						143. Summons No.						
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death												
	01	01	01	05	37	M	-	-	-	04	04	06	-	CHRISTOPH L CRENshaw 921 WALNUT ST PISCATAWAY NJ 08854-2061												
	02	01	01	05	59	M	-	-	-	04	04	06	-	DONNELL N SMITH 11 SKYTOP GDNS APT 16 PARLIN NJ 08859-2115												

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

144. Crash Diagram



145. Crash Description/Narrative

Driver 1 was stopped in traffic at the red light on How Lane. Driver 1 stated that while he was stopped in traffic he felt an impact from vehicle 2 striking his vehicle.

Driver 2 stated that he was traveling on How Lane toward Somerset Street. Driver 2 stated that as he approached the traffic on How Lane, he applied his brakes. Driver 2 stated that his foot slipped off the brake pedal and he rolled into vehicle 1.

*****Other Descriptions*****

02 - inattentive - Field 119a

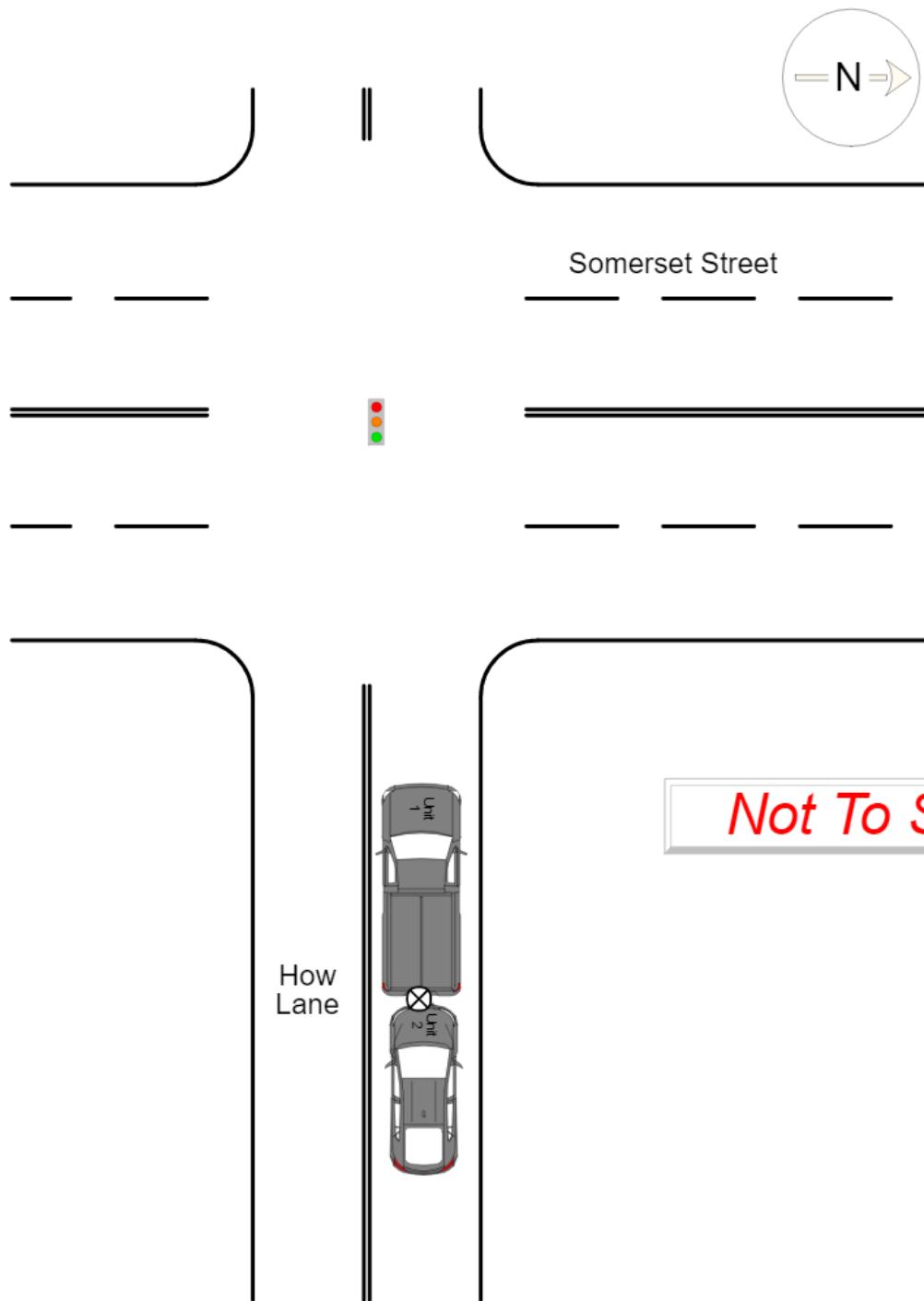
146. Officer's Signature Hetzler, Thomas	147. Badge # 7281	148. Reviewer Martinez, Ronoldy	Badge # 5250	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09593

144. Crash Diagram (NOT TO SCALE)



Hetzler, Thomas

Officer's Signature

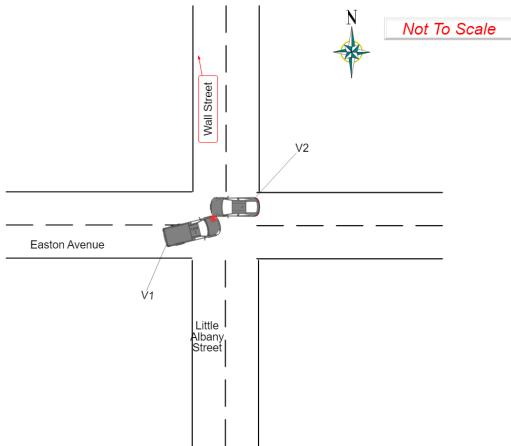
7281

Badge Number

		New Jersey Police Crash Investigation Report												Reportable		Non-Reportable		Change Report																																																																																																																																																																																																																																		
96 05		<input type="checkbox"/> Fatal		ROUTE 527												N	11. Speed Limit 25	527				118a 04																																																																																																																																																																																																																														
97 01	1. Case Number 23NB09595				10. Crash Occurred On: ROUTE 527												Dir	12. Route No.	Suffix	13. Milepost		118b																																																																																																																																																																																																																														
98 01	2. Police Dept. of New Brunswick City Police Department				Code 01		Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles												N	E				119a 25																																																																																																																																																																																																																												
99 07	3. Station/Precinct New Brunswick				14 15 16												S	W	of: WALL STREET			119b																																																																																																																																																																																																																														
100a 01	4. Date of Crash 11/02/2023		5. Day of Week Thursday		6. Time (use 2400 hrs.) 0953		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. Crash Occurred On: ROUTE 527		11. Speed Limit 25		12. Route No.		13. Milepost		18. Speed Limit																																																																																																																																																																																																																															
100b 04	23. Veh. # 01		24. Policy No. B2134922		25. NJ Ins. Code 426		26. Driver's First Name james		27. Number & Street 183 N. Main Street		28. City Milltown		29. Sex M		30. Eyes 06		31. State NJ		32. Driver's License Number H60803836407556		33. DOB 07/31/1955		34. Expires 07/31/2024		35. Owner's First Name Same as Driver james		36. Number & Street 183 N. Main Street		37. City Milltown		38. Make FORD		39. Model Ranger		40. Color WT		41. Year 2008		42. Plate No. XL417X		43. State NJ		44. VIN 1FTYR10D88PB02084		45. Expires 03/31/2024		46. Vehicle Removed to: Guaranteed motor towing		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input checked="" type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity -		53. Veh. # 02		54. Policy No. A7994559580		55. NJ Ins. Code 163		56. Driver's First Name jung		57. Number & Street 242 S 6th Avenue Apt 6C		58. City highland park		59. Sex F		60. Eyes 01		61. State NJ		62. Driver's License Number K44084227657521		63. DOB 07/08/1952		64. Expires 03/31/2024		65. Owner's First Name Same as Driver jung		66. Number & Street 242 S 6th Avenue Apt 6C		67. City highland park		68. Make TOYOTA		69. Model Camry		70. Color BK		71. Year 1998		72. Plate No. x30hps		73. State NJ		74. VIN JT2BG22KXW0121716		75. Expires 03/31/2024		76. Vehicle Removed to: Guaranteed motor towing		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Veh. # 04		84. Policy No. 134		85. NJ Ins. Code 04		86. DOB 11/02/2023		87. Sex M		88. Height 5'6"		89. Weight 150 lbs		90. Blood Alcohol 0.00		91. Glucose 100 mg/dL		92. Urine 0.00		93. Blood 0.00		94. Glucose 100 mg/dL		95. Urine 0.00		96. Blood 0.00		97. Glucose 100 mg/dL		98. Urine 0.00		99. Blood 0.00		100. Glucose 100 mg/dL		101. Urine 0.00		102. Blood 0.00		103. Glucose 100 mg/dL		104. Urine 0.00		105. Blood 0.00		106. Glucose 100 mg/dL		107. Urine 0.00		108. Blood 0.00		109. Glucose 100 mg/dL		110. Urine 0.00		111. Blood 0.00		112. Glucose 100 mg/dL		113. Urine 0.00		114. Blood 0.00		115. Glucose 100 mg/dL		116. Urine 0.00		117. Blood 0.00		118. Glucose 100 mg/dL		119. Urine 0.00		120. Blood 0.00		121. Glucose 100 mg/dL		122. Urine 0.00		123. Blood 0.00		124. Glucose 100 mg/dL		125. Urine 0.00		126. Blood 0.00		127. Glucose 100 mg/dL		128. Urine 0.00		129. Blood 0.00		130. Glucose 100 mg/dL		131. Urine 0.00		132. Blood 0.00		133. Glucose 100 mg/dL		134. Urine 0.00		135. Blood 0.00		136. Glucose 100 mg/dL		137. Urine 0.00		138. Blood 0.00		139. Glucose 100 mg/dL		140. Urine 0.00		141. Blood 0.00		142. Glucose 100 mg/dL		143. Urine 0.00		Names & Addresses of Occupants If Deceased, Date & Time of Death	
A	01	01	01	05	68	M	-	-	-	04	04	06	-	James d Hodge 183 N. Main Street Milltown NJ 08850																																																																																																																																																																																																																																						
B	02	01	01	05	71	F	-	-	-	04	04	06	-	Jung o kim 242 S 6th Avenue Apt 6C highland park NJ 08904																																																																																																																																																																																																																																						
C																																																																																																																																																																																																																																																				
D																																																																																																																																																																																																																																																				

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of Vehicle 1 stated he was driving East on Easton Avenue. Driver stated he attempted to make a left on to Wall Street from Easton Avenue when he struck V1 who was driving West on Easton Avenue. Driver of V1 stated he saw V2 stopped when he attempted to make the left turn however V1 then continued to move forward. Driver of V1 stated he was not able to stop in time. V1 sustained damages to the left front of the vehicle. Driver of V1 did not suffer any injuries and refused medical attention.

Driver of V2 stated she was driving West on Easton Avenue when she was struck by V1 who attempted to make a left turn on to Wall Street. V2 sustained damages to the front left side of the vehicle. Driver of V2 did not suffer any injuries and refused medical attention. Vehicle 2 was not drivable and was towed by Guaranteed Motors Towing

146. Officer's Signature

Fierro, Lenin

147. Badge #

7383

148. Reviewer

Evans, Patrick

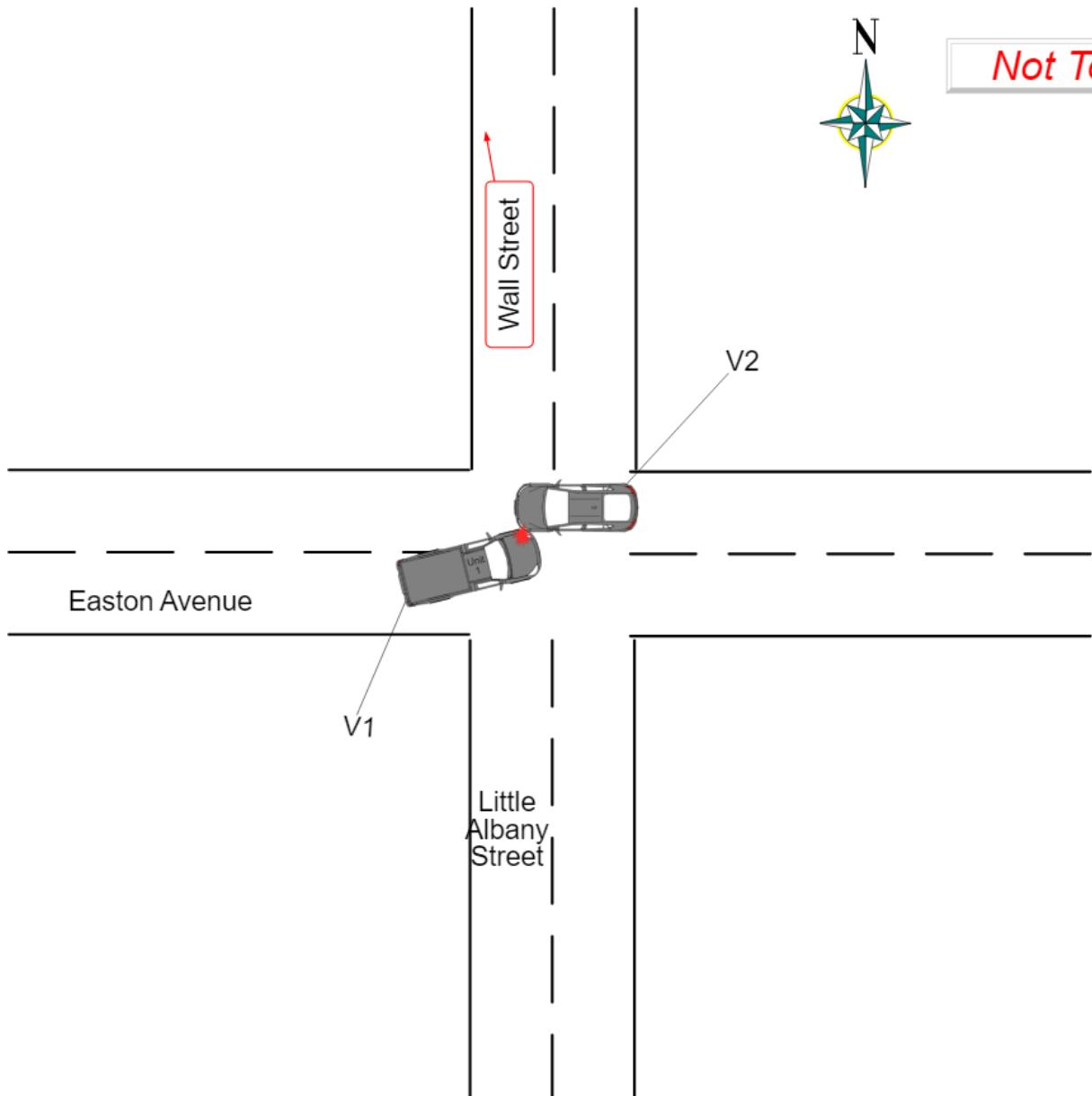
Badge #

5275

149. Case Status

Pending Complete

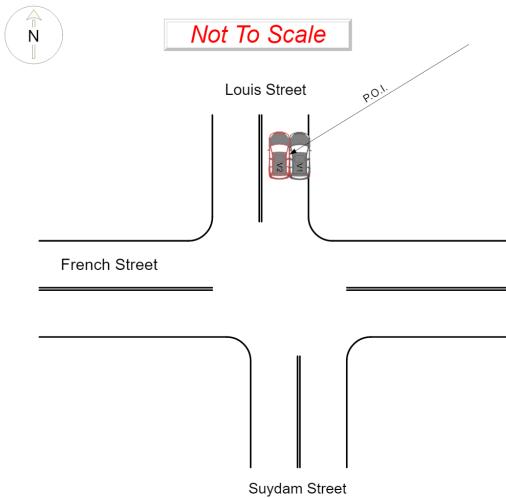
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Fatal		<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report		118a 02																																																																																																																																																																																																																																																																																																																																																																																																																																																			
96 05	1. Case Number 23NB09597	10. Crash Occurred On: NJ 27												11. Speed Limit E 25	27				12. Route No. Suffix 13. Milepost	18. Speed Limit 25	118b -																																																																																																																																																																																																																																																																																																																																																																																																																																																				
97 01	2. Police Dept. of New Brunswick City Police Department	Code 01	Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 91.00 Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W												Dir	19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.492576 20. Route Name/Route No. 22. Longitude -74.453378												119a 25																																																																																																																																																																																																																																																																																																																																																																																																																																													
98 01	3. Station/Precinct	14 15 16	6. Time (use 2400 hrs.) 1004	7. Municipality Code 1214	8. Total Killed 0	9. Total Injured 0	53. Veh. # 01	54. Policy No. 971294125	25. NJ Ins. Code 135	55. NJ Ins. Code UNK	120a 01																																																																																																																																																																																																																																																																																																																																																																																																																																																														
99 07	4. Date of Crash 11/02/2023	5. Day of Week Thursday	26. Driver's First Name FLORENTINA	Initial N	Last Name HERRERA LEYVA	29. Sex F	56. Driver's First Name -	Initial -	Last Name -	59. Sex -	120b -																																																																																																																																																																																																																																																																																																																																																																																																																																																														
100a 03	27. Number & Street 52 LEE AVE	28. City NEW BRUNSWICK	State NJ	Zip 08901-2407	57. Number & Street -	58. City -	State -	Zip -	121a -																																																																																																																																																																																																																																																																																																																																																																																																																																																																
100b 06	30. Eyes 01	DL Class D	Restrictions T	Endorsements 00	31. State NJ	60. Eyes -	DL Class -	Restrictions -	Endorsements -	61. State -	122 01																																																																																																																																																																																																																																																																																																																																																																																																																																																														
101 02	32. Driver's License Number H27432650052711	33. DOB 02/02/1971	34. Expires 02/02/2027	62. Driver's License Number -	63. DOB -	64. Expires -	123 10																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
102 01	35. Owner's First Name -	Initial -	Last Name FLORENTIN	36. Number & Street 52 LEE AVE	37. City NEW BRUNSWICK	State NJ	Zip 08901-2407	65. Owner's First Name -	Initial -	Last Name HERRERALEYVA	66. Number & Street 112 Louis Street	67. City New Brunswick	State NJ	Zip 08901	124 -																																																																																																																																																																																																																																																																																																																																																																																																																																																										
103 01	38. Make CHEVROLET	39. Model EQUINOX	40. Color RD	41. Year 2018	42. Plate No. E23SLX	43. State NJ	68. Make KIA	69. Model Sportage	70. Color BK	71. Year 2021	72. Plate No. 4196A99	73. State TX	125 -																																																																																																																																																																																																																																																																																																																																																																																																																																																												
104 02	44. VIN 2GNAXSEV5J6105715	45. Expires 08/31/2024	74. VIN KNDPNCAC0M7871990	75. Expires 12/17/2023	126c -																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
105 06	46. Vehicle Removed to: -	76. Vehicle Removed to: -	126d -																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
106 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded	126e 28																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
107 -	47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	77. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	127a 26																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
108 04	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	78. Alcohol/Drug Test Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <input type="checkbox"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	127b -																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
109 04	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX	81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	127c -																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
110 01	52. Motor Carrier or Government Entity Number & Street City State Zip	82. Motor Carrier or Government Entity Number & Street City State Zip	128 28																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
111 01	53. Level of Autonomy 150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown	54. Level of Autonomy 152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown	129 03																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
112 -	55. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No	83. Names & Addresses of Occupants If Deceased, Date & Time of Death FLORENTINA N HERRERA LEYVA 52 LEE AVE NEW BRUNSWICK NJ 08901-2407	130 03																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
113 -	84. Oper. 136. Charge	85. Oper. 137. Summons No.	86. Oper. 138. Charge	87. Oper. 139. Summons No.	88. Oper. 140. Charge	89. Oper. 141. Summons No.	90. Oper. 142. Charge	91. Oper. 143. Summons No.	92. Oper. 144. Charge	93. Oper. 145. Charge	94. Oper. 146. Charge	95. Oper. 147. Charge	96. Oper. 148. Charge	97. Oper. 149. Charge	98. Oper. 150. Charge	99. Oper. 151. Charge	100. Oper. 152. Charge	101. Oper. 153. Charge	102. Oper. 154. Charge	103. Oper. 155. Charge	104. Oper. 156. Charge	105. Oper. 157. Charge	106. Oper. 158. Charge	107. Oper. 159. Charge	108. Oper. 160. Charge	109. Oper. 161. Charge	110. Oper. 162. Charge	111. Oper. 163. Charge	112. Oper. 164. Charge	113. Oper. 165. Charge	114. Oper. 166. Charge	115. Oper. 167. Charge	116. Oper. 168. Charge	117. Oper. 169. Charge	118. Oper. 170. Charge	119. Oper. 171. Charge	120. Oper. 172. Charge	121. Oper. 173. Charge	122. Oper. 174. Charge	123. Oper. 175. Charge	124. Oper. 176. Charge	125. Oper. 177. Charge	126. Oper. 178. Charge	127. Oper. 179. Charge	128. Oper. 180. Charge	129. Oper. 181. Charge	130. Oper. 182. Charge	131. Oper. 183. Charge	132. Oper. 184. Charge	133. Oper. 185. Charge	134. Oper. 186. Charge	135. Oper. 187. Charge	136. Oper. 188. Charge	137. Oper. 189. Charge	138. Oper. 190. Charge	139. Oper. 191. Charge	140. Oper. 192. Charge	141. Oper. 193. Charge	142. Oper. 194. Charge	143. Oper. 195. Charge	144. Oper. 196. Charge	145. Oper. 197. Charge	146. Oper. 198. Charge	147. Oper. 199. Charge	148. Oper. 200. Charge	149. Oper. 201. Charge	150. Oper. 202. Charge	151. Oper. 203. Charge	152. Oper. 204. Charge	153. Oper. 205. Charge	154. Oper. 206. Charge	155. Oper. 207. Charge	156. Oper. 208. Charge	157. Oper. 209. Charge	158. Oper. 210. Charge	159. Oper. 211. Charge	160. Oper. 212. Charge	161. Oper. 213. Charge	162. Oper. 214. Charge	163. Oper. 215. Charge	164. Oper. 216. Charge	165. Oper. 217. Charge	166. Oper. 218. Charge	167. Oper. 219. Charge	168. Oper. 220. Charge	169. Oper. 221. Charge	170. Oper. 222. Charge	171. Oper. 223. Charge	172. Oper. 224. Charge	173. Oper. 225. Charge	174. Oper. 226. Charge	175. Oper. 227. Charge	176. Oper. 228. Charge	177. Oper. 229. Charge	178. Oper. 230. Charge	179. Oper. 231. Charge	180. Oper. 232. Charge	181. Oper. 233. Charge	182. Oper. 234. Charge	183. Oper. 235. Charge	184. Oper. 236. Charge	185. Oper. 237. Charge	186. Oper. 238. Charge	187. Oper. 239. Charge	188. Oper. 240. Charge	189. Oper. 241. Charge	190. Oper. 242. Charge	191. Oper. 243. Charge	192. Oper. 244. Charge	193. Oper. 245. Charge	194. Oper. 246. Charge	195. Oper. 247. Charge	196. Oper. 248. Charge	197. Oper. 249. Charge	198. Oper. 250. Charge	199. Oper. 251. Charge	200. Oper. 252. Charge	201. Oper. 253. Charge	202. Oper. 254. Charge	203. Oper. 255. Charge	204. Oper. 256. Charge	205. Oper. 257. Charge	206. Oper. 258. Charge	207. Oper. 259. Charge	208. Oper. 260. Charge	209. Oper. 261. Charge	210. Oper. 262. Charge	211. Oper. 263. Charge	212. Oper. 264. Charge	213. Oper. 265. Charge	214. Oper. 266. Charge	215. Oper. 267. Charge	216. Oper. 268. Charge	217. Oper. 269. Charge	218. Oper. 270. Charge	219. Oper. 271. Charge	220. Oper. 272. Charge	221. Oper. 273. Charge	222. Oper. 274. Charge	223. Oper. 275. Charge	224. Oper. 276. Charge	225. Oper. 277. Charge	226. Oper. 278. Charge	227. Oper. 279. Charge	228. Oper. 280. Charge	229. Oper. 281. Charge	230. Oper. 282. Charge	231. Oper. 283. Charge	232. Oper. 284. Charge	233. Oper. 285. Charge	234. Oper. 286. Charge	235. Oper. 287. Charge	236. Oper. 288. Charge	237. Oper. 289. Charge	238. Oper. 290. Charge	239. Oper. 291. Charge	240. Oper. 292. Charge	241. Oper. 293. Charge	242. Oper. 294. Charge	243. Oper. 295. Charge	244. Oper. 296. Charge	245. Oper. 297. Charge	246. Oper. 298. Charge	247. Oper. 299. Charge	248. Oper. 300. Charge	249. Oper. 301. Charge	250. Oper. 302. Charge	251. Oper. 303. Charge	252. Oper. 304. Charge	253. Oper. 305. Charge	254. Oper. 306. Charge	255. Oper. 307. Charge	256. Oper. 308. Charge	257. Oper. 309. Charge	258. Oper. 310. Charge	259. Oper. 311. Charge	260. Oper. 312. Charge	261. Oper. 313. Charge	262. Oper. 314. Charge	263. Oper. 315. Charge	264. Oper. 316. Charge	265. Oper. 317. Charge	266. Oper. 318. Charge	267. Oper. 319. Charge	268. Oper. 320. Charge	269. Oper. 321. Charge	270. Oper. 322. Charge	271. Oper. 323. Charge	272. Oper. 324. Charge	273. Oper. 325. Charge	274. Oper. 326. Charge	275. Oper. 327. Charge	276. Oper. 328. Charge	277. Oper. 329. Charge	278. Oper. 330. Charge	279. Oper. 331. Charge	280. Oper. 332. Charge	281. Oper. 333. Charge	282. Oper. 334. Charge	283. Oper. 335. Charge	284. Oper. 336. Charge	285. Oper. 337. Charge	286. Oper. 338. Charge	287. Oper. 339. Charge	288. Oper. 340. Charge	289. Oper. 341. Charge	290. Oper. 342. Charge	291. Oper. 343. Charge	292. Oper. 344. Charge	293. Oper. 345. Charge	294. Oper. 346. Charge	295. Oper. 347. Charge	296. Oper. 348. Charge	297. Oper. 349. Charge	298. Oper. 350. Charge	299. Oper. 351. Charge	300. Oper. 352. Charge	301. Oper. 353. Charge	302. Oper. 354. Charge	303. Oper. 355. Charge	304. Oper. 356. Charge	305. Oper. 357. Charge	306. Oper. 358. Charge	307. Oper. 359. Charge	308. Oper. 360. Charge	309. Oper. 361. Charge	310. Oper. 362. Charge	311. Oper. 363. Charge	312. Oper. 364. Charge	313. Oper. 365. Charge	314. Oper. 366. Charge	315. Oper. 367. Charge	316. Oper. 368. Charge	317. Oper. 369. Charge	318. Oper. 370. Charge	319. Oper. 371. Charge	320. Oper. 372. Charge	321. Oper. 373. Charge	322. Oper. 374. Charge	323. Oper. 375. Charge	324. Oper. 376. Charge	325. Oper. 377. Charge	326. Oper. 378. Charge	327. Oper. 379. Charge	328. Oper. 380. Charge	329. Oper. 381. Charge	330. Oper. 382. Charge	331. Oper. 383. Charge	332. Oper. 384. Charge	333. Oper. 385. Charge	334. Oper. 386. Charge	335. Oper. 387. Charge	336. Oper. 388. Charge	337. Oper. 389. Charge	338. Oper. 390. Charge	339. Oper. 391. Charge	340. Oper. 392. Charge	341. Oper. 393. Charge	342. Oper. 394. Charge	343. Oper. 395. Charge	344. Oper. 396. Charge	345. Oper. 397. Charge	346. Oper. 398. Charge	347. Oper. 399. Charge	348. Oper. 400. Charge	349. Oper. 401. Charge	350. Oper. 402. Charge	351. Oper. 403. Charge	352. Oper. 404. Charge	353. Oper. 405. Charge	354. Oper. 406. Charge	355. Oper. 407. Charge	356. Oper. 408. Charge	357. Oper. 409. Charge	358. Oper. 410. Charge	359. Oper. 411. Charge	360. Oper. 412. Charge	361. Oper. 413. Charge	362. Oper. 414. Charge	363. Oper. 415. Charge	364. Oper. 416. Charge	365. Oper. 417. Charge	366. Oper. 418. Charge	367. Oper. 419. Charge	368. Oper. 420. Charge	369. Oper. 421. Charge	370. Oper. 422. Charge	371. Oper. 423. Charge	372. Oper. 424. Charge	373. Oper. 425. Charge	374. Oper. 426. Charge	375. Oper. 427. Charge	376. Oper. 428. Charge	377. Oper. 429. Charge	378. Oper. 430. Charge	379. Oper. 431. Charge	380. Oper. 432. Charge	381. Oper. 433. Charge	382. Oper. 434. Charge	383. Oper. 435. Charge	384. Oper. 436. Charge	385. Oper. 437. Charge	386. Oper. 438. Charge	387. Oper. 439. Charge	388. Oper. 440. Charge	389. Oper. 441. Charge	390. Oper. 442. Charge	391. Oper. 443. Charge	392. Oper. 444. Charge	393. Oper. 445. Charge	394. Oper. 446. Charge	395. Oper. 447. Charge	396. Oper. 448. Charge	397. Oper. 449. Charge	398. Oper. 450. Charge	399. Oper. 451. Charge	400. Oper. 452. Charge	401. Oper. 453. Charge	402. Oper. 454. Charge	403. Oper. 455. Charge	404. Oper. 456. Charge	405. Oper. 457. Charge	406. Oper. 458. Charge	407. Oper. 459. Charge	408. Oper. 460. Charge	409. Oper. 461. Charge	410. Oper. 462. Charge	411. Oper. 463. Charge	412. Oper. 464. Charge	413. Oper. 465. Charge	414. Oper. 466. Charge	415. Oper. 467. Charge	416. Oper. 468. Charge	417. Oper. 469. Charge	418. Oper. 470. Charge	419. Oper. 471. Charge	420. Oper. 472. Charge	421. Oper. 473. Charge	422. Oper. 474. Charge	423. Oper. 475. Charge	424. Oper. 476. Charge	425. Oper. 477. Charge	426. Oper. 478. Charge	427. Oper. 479. Charge	428. Oper. 480. Charge	429. Oper. 481. Charge	430. Oper. 482. Charge	431. Oper. 483. Charge	432. Oper. 484. Charge	433. Oper. 485. Charge	434. Oper. 486. Charge	435. Oper. 487. Charge	436. Oper. 488. Charge	437. Oper. 489. Charge	438. Oper. 490. Charge	439. Oper. 491. Charge	440. Oper. 492. Charge	441. Oper. 493. Charge	442. Oper. 494. Charge	443. Oper. 495. Charge	444. Oper. 496. Charge	445. Oper. 497. Charge	446. Oper. 498. Charge	447. Oper. 499. Charge	448. Oper. 500. Charge	449. Oper. 501. Charge	450. Oper. 502. Charge	451. Oper. 503. Charge	452. Oper. 504. Charge	453. Oper. 505. Charge	454. Oper. 506. Charge	455. Oper. 507. Charge	456. Oper. 508. Charge	457. Oper. 509. Charge	458. Oper. 510. Charge	459. Oper. 511. Charge	460. Oper. 512. Charge	461. Oper. 513. Charge	462. Oper. 514. Charge	463. Oper. 515. Charge	464. Oper. 516. Charge	465. Oper. 517. Charge	466. Oper. 518. Charge	467. Oper. 519. Charge	468. Oper. 520. Charge	469. Oper. 521. Charge	470. Oper. 522. Charge	471. Oper. 523. Charge	472. Oper. 524. Charge	473. Oper. 525. Charge	474. Oper. 526. Charge	475. Oper. 527. Charge	476. Oper. 528. Charge	477. Oper. 529. Charge	478. Oper. 530. Charge	479. Oper. 531. Charge	480. Oper. 532. Charge	481. Oper. 533. Charge	482. Oper. 534. Charge	483. Oper. 535. Charge	484. Oper. 536. Charge	485. Oper. 537. Charge	486. Oper. 538. Charge	487. Oper. 539. Charge	488. Oper. 540. Charge	489. Oper. 541. Charge	490. Oper. 542. Charge	491. Oper. 543. Charge	492. Oper. 544. Charge	493. Oper. 545. Charge	494. Oper. 546. Charge	495. Oper. 547. Charge	496. Oper. 548. Charge	497. Oper. 549. Charge	498. Oper. 550. Charge	499. Oper. 551. Charge	500. Oper. 552. Charge	501. Oper. 553. Charge	502. Oper. 554. Charge	503. Oper. 555. Charge	504. Oper. 556. Charge	505. Oper. 557. Charge	506. Oper. 558. Charge	507. Oper. 559. Charge	508. Oper. 560. Charge	509. Oper. 561. Charge	510. Oper. 562. Charge	511. Oper. 563. Charge	512. Oper. 564. Charge	513. Oper. 565. Charge	514. Oper. 566. Charge	515. Oper. 567. Charge	516. Oper. 568. Charge	517. Oper. 569. Charge	518. Oper. 570. Charge	519. Oper. 571. Charge	520. Oper. 572. Charge	521. Oper. 573. Charge	522. Oper. 574. Charge	523. Oper. 575. Charge	524. Oper. 576. Charge	525. Oper. 577. Charge	526. Oper. 578. Charge	527. Oper. 579. Charge	528. Oper. 580. Charge	529. Oper. 581. Charge	530. Oper. 582. Charge	531. Oper. 583. Charge	532. Oper. 584. Charge	533. Oper. 585. Charge	534. Oper. 586. Charge	535. Oper. 587. Charge	536. Oper. 588. Charge	537. Oper. 589. Charge	538. Oper. 590. Charge	539. Oper. 591. Charge	540. Oper.

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

144. Crash Diagram



145. Crash Description/Narrative

On Thursday, November 2, 2023 at 1004, Bogdanski, Robert was dispatched to 1100 Somerset Street for a motor vehicle crash.. At the time of the crash, the weather was clear and the road surface dry. Upon arrival, I interviewed driver 1 and 2. Driver 1 stated that she was traveling on Louis Street, just off of French Street. Driver 1 states that vehicle 2 was parked on the right side of Louis Street. Driver 1 states that an unknown truck was traveling the opposite direction over the double yellow lines. As driver 1 passed by vehicle 2, she struck vehicle 2. The occupants of vehicle 2 stated they were parked on the right side of Louis Street. The occupants of vehicle 2 state that as Vehicle 1 pass by vehicle 2, vehicle 1 struck vehicle 2. It should be noted that both vehicle were removed from the scene and taken to 1100 Somerset Street before police arrival. Vehicle 1 had visible damage to the passenger side. Vehicle 2 had visible damage to the driver side. There were no injuries reported.

*****Other Descriptions*****

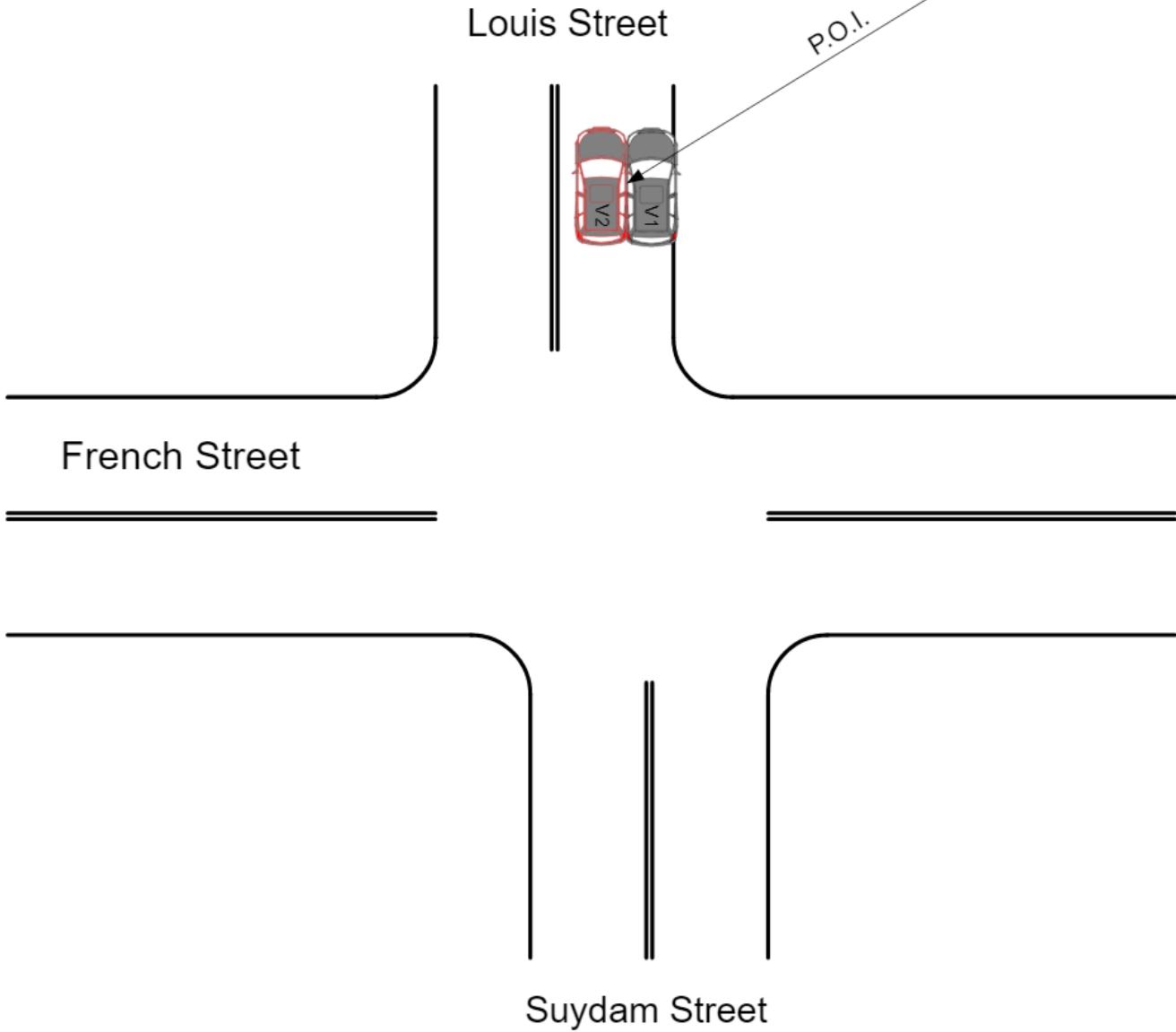
01 - Struck Parked Vehicle - Field 118a
02 - Out of State - Field 55

146. Officer's Signature Bogdanski, Robert	147. Badge # 7272	148. Reviewer Martinez, Ronoldy	Badge # 5250	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)



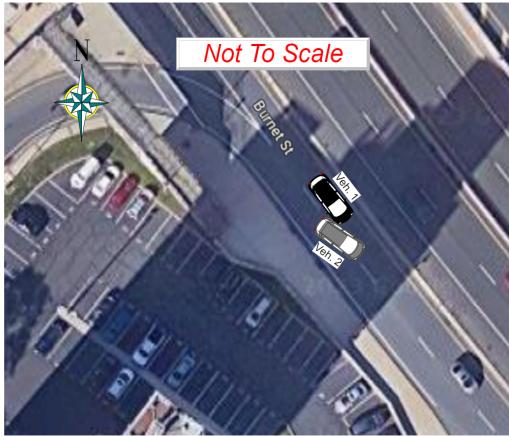
Not To Scale



96 02	<input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report													118a 25												
97 01	1. Case Number 23NB009601				10. Crash Occurred On: NJ 18 SECONDARY				11. Speed Limit 45		18		41.7		118b											
98 01	2. Police Dept. of New Brunswick City Police Department				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 148.0				Dir <input type="checkbox"/> N <input type="checkbox"/> E		12. Route No. Ramp		Suffix 13. Milepost 18. Speed Limit		119a 04											
99 02	3. Station/Precinct 14 15				<input checked="" type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W				of: 16		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. From:		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b											
100a 01	4. Date of Crash 11/02/2023		5. Day of Week Thursday		6. Time (use 2400 hrs.) 1325		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.489241		20. Route Name/Route No. -74.437113	22. Longitude	120a 01									
100b 04	23. Veh. # 01				24. Policy No. 026297480G7103				25. NJ Ins. Code 200		53. Veh. # 02		54. Policy No. 2244587B2230A		55. NJ Ins. Code 962		120b									
101 02	26. Driver's First Name DERECK				Initial R		Last Name SQUIRE		29. Sex M		56. Driver's First Name DANIEL		Initial F		Last Name VELA PENALOZA		59. Sex M	121a 01								
102 01	27. Number & Street 76 LOUIS ST APT 4S								57. Number & Street 554 LEWIS ST									121b								
103 01	28. City NEW BRUNSWICK				State NJ		Zip 08901-2371		58. City SOMERSET		State NJ		Zip 08873-3663													
104 2	30. Eyes 02		DL Class D		Restrictions 1		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions		61. State NJ	122 01								
105 02	32. Driver's License Number S71191647908522				33. DOB 08/24/1952		34. Expires 08/24/2026		62. Driver's License Number V23461536612952		63. DOB 12/08/1995		64. Expires 12/08/2026						123 12							
106 -	35. Owner's First Name DERECK				Initial R		Last Name SQUIRE		65. Owner's First Name KANAN		Initial A		Last Name PATEL						124 11							
107 -	36. Number & Street 76 LOUIS ST APT 4S								66. Number & Street 1302 BLOSSOM CIRCLE										125 11							
108 01	37. City NEW BRUNSWICK				State NJ		Zip 08901-2371		67. City DAYTON		State NJ		Zip 08810-2414						126a 26							
109 01	38. Make VOLKSWAGEN		39. Model Jetta		40. Color BK	41. Year 2009	42. Plate No. J31LDT	43. State NJ	68. Make BMW		69. Model 525	70. Color SL	71. Year 2007	72. Plate No. R86PZE	73. State NJ					126b						
110 01	44. VIN 3VWRZ71K99M067564				45. Expires 04/01/2024				74. VIN WBANF33577CW69661		75. Expires 04/01/2024								126c							
111 01	46. Vehicle Removed to:								76. Vehicle Removed to:												126d					
112	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded								<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												126e					
113	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police								77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police												127a 26					
114 -	48. 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				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.				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				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.								127b					
115 -	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending								Results: <input type="checkbox"/> % <input type="checkbox"/> Pending												127c					
116 02	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		82. Motor Carrier or Government Entity						127d									
117 02	<input type="checkbox"/> MC/MX																		127e 26							
Number & Street														Number & Street												128 26
City _____ State _____ Zip _____														City _____ State _____ Zip _____												129 01
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown							Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown											130 01				
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown									153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown											131 08				
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																										132 08
Oper.		136. Charge							137. Summons No.		Oper.		138. Charge							139. Summons No.				133 03		
Oper.		140. Charge							141. Summons No.		Oper.		142. Charge							143. Summons No.				134 03		
														Names & Addresses of Occupants If Deceased, Date & Time of Death												
A	83	84	85	86	87	88	89	90	91	92	93	94	95													
	01	01	-	-	71	M			04	04				DERECK R SQUIRE 76 LOUIS ST APT 4S NEW BRUNSWICK NJ 08901-2371												
	B	01	03	01	-	62	F			04	04				Karen Jones 76 Louis St. APT 4S New Brunswick NJ 08901											
	C	02	01	-	-	27	M			04	04				DANIEL F VELA PENALOZA 554 LEWIS ST SOMERSET NJ 08873-3663											
D																										

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of veh. 1 stated that he was traveling on State Hwy 18 (South bound) in the local left lane. Driver stated that he was proceeding straight ahead, when veh. 2, came from Paul Robeson Blvd. onto State Hwy 18 (South bound). Driver stated that as veh. 2 made its way onto State Hwy 18, it quickly attempted to merge into his lane, and while doing this, veh. 2 struck veh. 1. Occupants of veh. 1 were not injured.

Driver of veh. 2 stated that he was traveling on Paul Robeson Blvd. and took the State Hwy 18 (South) entrance ramp. Driver stated that as he merged onto State Hwy 18 (South), he stayed in his lane and veh. 1 attempted to merge into the right lane striking his vehicle. Driver of veh. 2 was not injured.

146. Officer's Signature

Chang, Miguel

147. Badge #

7244

148. Reviewer

Regan, Richard

Badge #

7313

149. Case Status

Pending Complete

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: _____
Station: _____ Case No: 23NB009601

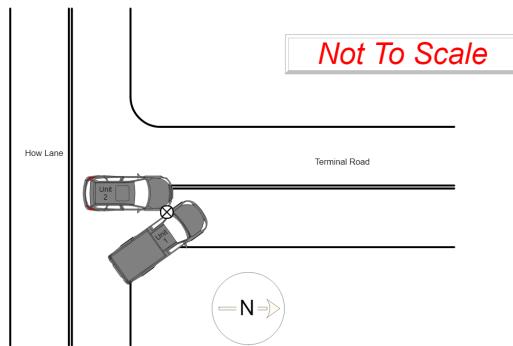
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report															
		Fatal							Reportable				Non-Reportable			Change Report	
96 05	1. Case Number 23NB09605	10. Crash Occurred On: MIDDLESEX COUNTY 680							11. Speed Limit E 25		680					118a 25	
97 01	2. Police Dept. of New Brunswick City Police Department	Code 01		Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles							Dir of: TERMINAL RD		12. Route No. Suffix 13. Milepost 18. Speed Limit 25			118b -	
98 01	3. Station/Precinct			14 15		16		19. To: 17. Cross Road Name/Route No. Ramp From: 21. Latitude 20. Route Name/Route No. 22. Longitude							119a 02		
99 07	4. Date of Crash 11/02/2023	5. Day of Week Thursday		6. Time (use 2400 hrs.) 1435		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		25. NJ Ins. Code 207			119b 04		
100a 01											53. Veh. # 02 4613-23-84-45			120a 01			
100b 04	23. Veh. # 01 S2471216	24. Policy No. S2471216		25. NJ Ins. Code 207		54. Policy No. 55. NJ Ins. Code 100								120b 01			
101 02	26. Driver's First Name PERRY	Initial J		Last Name MAKRIS		29. Sex M		56. Driver's First Name ISRAEL			Initial N		Last Name SOTO		121a 01		
102 01	27. Number & Street 10 ASHLEY CT							57. Number & Street 16 PROSPECT PLACE							121b 01		
103 01	28. City MONROE TWNSP	State NJ		Zip 08831-3202		58. City WEST ORANGE			State NJ		Zip 07052-5608						
104 02	30. Eyes 02	DL Class D		Restrictions 00		Endorsements M		31. State NJ		60. Eyes 02		DL Class D		Restrictions 1		122 02	
105 02	32. Driver's License Number M02266247110572	33. DOB 10/16/1957		34. Expires 10/16/2025		62. Driver's License Number S67733760001722			63. DOB 01/09/1972		64. Expires 01/09/2024				123 03		
106 -	35. Owner's First Name Same as Driver Saint Peters university hospital	Initial		Last Name		65. Owner's First Name Same as Driver Joyce			Initial L		Last Name Sotto				124 04		
107 -	36. Number & Street 254 Easton Avenue					66. Number & Street 16 Prospect Place									125 04		
108 05	37. City New Beunswick	State NJ		Zip 08901		67. City West Orange			State NJ		Zip 07052				126a 26		
109 04	38. Make CHEVROLET	39. Model Silverado		40. Color WT		41. Year 2017		42. Plate No. U92NDT		43. State NJ		68. Make CHEVROLET		69. Model Equinox		126b -	
110 02	44. VIN 1GC0KUEG0HZ342241					45. Expires 10/31/2023		74. VIN 3GNAXUEV5KS510665					75. Expires 11/01/2023				126c -
111 01	46. Vehicle Removed to:					76. Vehicle Removed to:											126d -
112 -	<input checked="" type="checkbox"/> Driven Left at Scene	<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene			<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded						126e 26
113 -	47. Authority Owner	<input type="checkbox"/> Driver		<input type="checkbox"/> Police		77. Authority <input type="checkbox"/> Owner			<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Police						127a 26
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending			49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.		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: <input type="checkbox"/> % <input type="checkbox"/> Pending			79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.						127b -		
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX			81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.							127c -			
116 01	52. Motor Carrier or Government Entity			82. Motor Carrier or Government Entity													128 26
117 01	Number & Street			Number & Street													129 10
	City	State		Zip		City			State		Zip						130 10
Level of Autonomy	150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown					Level of Autonomy			152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown							131 01	
Autonomy	151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown					Autonomy			153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown							132 01	
135. Damage to Other Property	<input type="checkbox"/> Yes (If Yes, describe)	<input checked="" type="checkbox"/> No															133 03
Oper.	136. Charge							137. Summons No.		Oper.		138. Charge			139. Summons No.		134 03
Oper.	140. Charge							141. Summons No.		Oper.		142. Charge			143. Summons No.		
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death			
	01	01	01	05	66	M	-	-	-	04	04	06	-	PERRY J MAKRIS 10 ASHLEY CT MONROE TWNSP NJ 08831-3202			
	01	03	01	05	58	M	-	-	-	04	04	06	-	PETER J ECK 13 RT 639 BLOOMSBURY NJ 08804-3417			
	02	01	01	05	51	M	-	-	-	04	04	06	-	ISRAEL N SOTO 16 PROSPECT PLACE WEST ORANGE NJ 07052-5608			

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

144. Crash Diagram



145. Crash Description/Narrative

On Thursday, November 2, 2023 at 1435, Hetzler, Thomas responded to a crash on Middlesex County 680 and Terminal Rd. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - White Chevrolet Silverado, Making Right Turn (Not Turn On Red)
 Unit 2, Vehicle - Blue Chevrolet Equinox, Making Left Turn

Driver 1 stated that he was making a right hand turn from How Lane onto Terminal Road. Driver 1 stated that as he was making his right turn, vehicle 2 which was making a left hand turn, struck his vehicle.

Driver 2 stated that he was making a left hand turn from How Lane onto Terminal Road. Driver 2 stated that as he was making his left hand turn, vehicle 1 made a right hand turn from How Lane and struck his vehicle.

*****Other Descriptions*****

02 - yield row - Field 119a

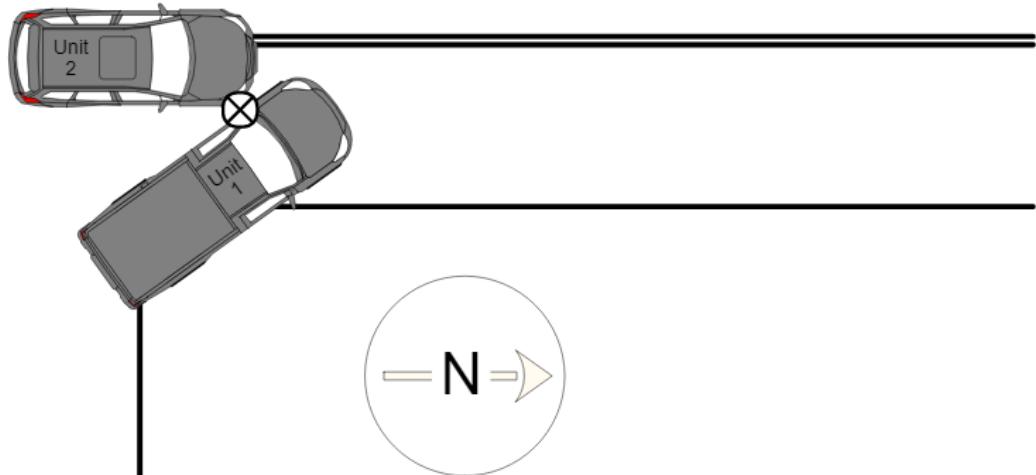
146. Officer's Signature Hetzler, Thomas	147. Badge # 7281	148. Reviewer Martinez, Ronoldy	Badge # 5250	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

Not To Scale

How Lane

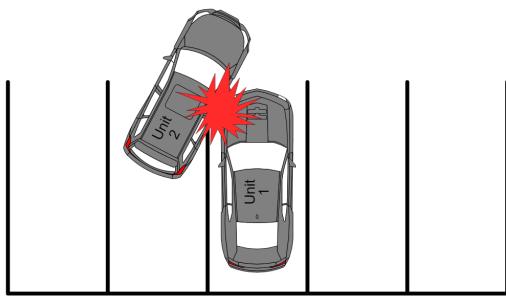
Terminal Road



		New Jersey Police Crash Investigation Report																												
		Fatal				Reportable				Non-Reportable				Change Report																
96 05		1. Case Number 23NB09606				10. Crash Occurred On: 150 BAYARD ST				Road Name At Intersection with		Dir		11. Speed Limit				118a												
97 -		2. Police Dept. of New Brunswick City Police Department				Code				<input type="checkbox"/> N <input type="checkbox"/> E				12. Route No.		Suffix		118b												
98 01		3. Station/Precinct								<input type="checkbox"/> Feet <input type="checkbox"/> Miles		<input type="checkbox"/> S <input type="checkbox"/> W		of:				119a												
99 09		4. Date of Crash 11/02/2023		5. Day of Week Thursday		6. Time (use 2400 hrs.) 0800		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. <input type="checkbox"/> To: Ramp		17. Cross Road Name/Route No. 21. Latitude 40.493237		18. Speed Limit SB		119b										
100a																		22. Longitude -74.450099		120a										
100b		23. Veh. # 01 HPA00002831217				24. Policy No. 017				25. NJ Ins. Code 017				53. Veh. # 02		54. Policy No. 951808360		55. NJ Ins. Code 134		120b										
101 02		<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run												<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run				121a												
102 01		26. Driver's First Name OSCAR				Initial M				29. Sex				56. Driver's First Name ROJAS SARMIENTO		Initial M		121b												
103		27. Number & Street 345 COOK AVE												57. Number & Street 345 COOK AVE																
104 2		28. City MIDDLESEX				State NJ				58. City MIDDLESEX				State NJ		Zip 08846		122												
105 06		30. Eyes 02		DL Class D		Restrictions 1		Endorsements 02		31. State NJ		60. Eyes 02		DL Class D		Restrictions 1		Endorsements 02		123										
106 -		32. Driver's License Number R61886090007042				33. DOB 07/24/2004				34. Expires 07/24/2025				62. Driver's License Number R61886090007042		63. DOB 07/24/2004		64. Expires 07/24/2025		124										
107 -		35. Owner's First Name OSCAR				Initial M				36. Number & Street 345 COOK AVE				65. Owner's First Name ROJAS SARMIENTO		Initial M				125										
108 01		37. City MATAWAN				State NJ				38. Make DODGE				39. Model Challenger		40. Color BK		41. Year 2018		42. Plate No. F79RCN		43. State NJ		67. City MIDDLESEX		State NJ		Zip 08846		126a
109 WAGON		68. Make Nissan		69. Model ROG		70. Color BK		71. Year 2018		72. Plate No. H71RSA		73. State NJ		126b																
110 01		44. VIN 2C3CDZAG4JH245581				45. Expires 01/01/2024				74. VIN JN1BJ1CP2JW160242										75. Expires 12/01/2024		126c								
111 01		46. Vehicle Removed to:								76. Vehicle Removed to:												126d								
112 -		<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded								126e								
113		47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police								77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												127a								
114 -		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				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				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				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill								127b								
115 -		Results: <input type="checkbox"/> % <input type="checkbox"/> Pending								Results: <input type="checkbox"/> % <input type="checkbox"/> Pending												127c								
116		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None				51. GVWR/GCWR (trucks & buses only) <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"/> None				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.								127d								
117 01		52. Motor Carrier or Government Entity								82. Motor Carrier or Government Entity												128								
		Number & Street								Number & Street												129								
		City State Zip								City State Zip												130								
		Level of Autonomy 150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				Level of Autonomy 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown								131										
		135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																				132								
		Oper. 136. Charge				137. Summons No.				Oper.		138. Charge				139. Summons No.						133								
		Oper. 140. Charge				141. Summons No.				Oper.		142. Charge				143. Summons No.						134								
														Names & Addresses of Occupants If Deceased, Date & Time of Death										03						
A		83	84	85	86	87	88	89	90	91	92	93	94	95	OSCAR ROJAS SARMIENTO 345 COOK AVE MIDDLESEX NJ 08846															
B		02	01	-	05	19	M	-	-	04			-																	
C																														
D																														

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

144. Crash Diagram



Not To Scale

145. Crash Description/Narrative

On Thursday, November 2, 2023 at 1527, I responded to a crash at 150 Bayard Street. At the time of the crash, the weather was clear and the road surface was dry. Vehicles were moved prior to my arrival. All parties declined EMS. Unit 2 attempting to park struck Unit 1 which was parked and unoccupied. The accident occurred around 0800 when Unit 2 was parking heading into work.

Unit 1, Vehicle - Black Dodge Challenge: Parked, unoccupied, and found a note stating that a vehicle hit his car

Unit 2, Vehicle - Blue Nissan Rog: Parking and the space was tight when leaving the parking space, it struck Unit 1

BWC exists.

Nothing else to report at this time.

Ptlm. E. Rodriguez #7332/#914

146. Officer's Signature

Rodriguez, Eddie

147. Badge #

7332

148. Reviewer

Martinez, Ronoldy

Badge #

5250

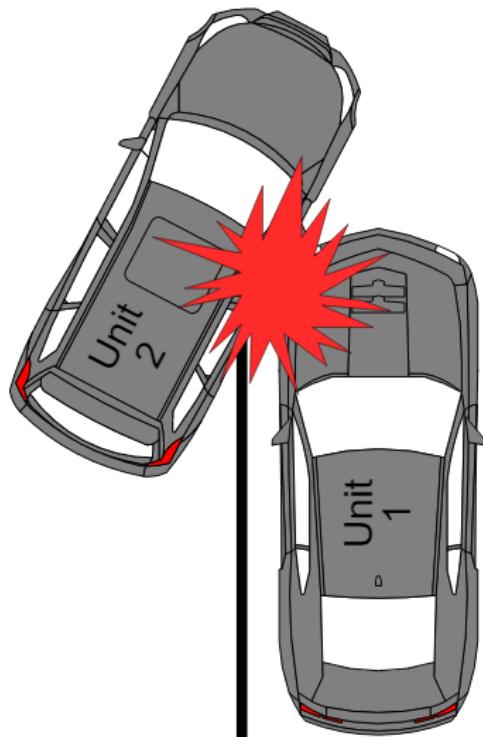
149. Case Status

Pending Complete

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: _____
Station: _____ Case No: 23NB09606

144. Crash Diagram (NOT TO SCALE)



Not To Scale

New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report							
96 04	<input type="checkbox"/> Fatal						10. Crash Occurred On: REDMOND ST						11. Speed Limit 25						118a 25				
97 01	1. Case Number 23NB09608						Road Name <input checked="" type="checkbox"/> At Intersection with E						Dir		12. Route No. 13. Milepost		18. Speed Limit 25		118b				
98 01	2. Police Dept. of New Brunswick City Police Department 01						<input type="checkbox"/> Feet N <input checked="" type="checkbox"/> Miles S								19. <input type="checkbox"/> To: 17. Cross Road Name/Route No.		<input type="checkbox"/> NB <input type="checkbox"/> EB		119a 04				
99 07	3. Station/Precinct						14 15 16						Ramp <input type="checkbox"/> From: 21. Latitude		<input type="checkbox"/> SB <input type="checkbox"/> WB		20. Route Name/Route No. 22. Longitude		119b				
100a 01	4. Date of Crash 11/02/2023		5. Day of Week Thursday		6. Time (use 2400 hrs.) 1635		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 1		25. NJ Ins. Code 411		53. Veh. # 019469396U		54. Policy No. 355		120a 01				
100b 04	24. Veh. # HPA0002674347												26. Driver's First Name Lily Initial Xing Last Name F		29. Sex AMELIA		56. Driver's First Name K Initial ESTRELLA-RODRIGUE Last Name F		59. Sex ESTRELLA-RODRIGUE		120b		
101 02	27. Number & Street 16 Dorothy Ln.												28. City Milltown State NJ Zip 08850		58. City EAST BRUNSWICK State NJ Zip 08816-5117		60. Eyes 02 DL Class D Restrictions Endorsements NJ		61. State NJ		121a 01		
102 01	30. Eyes 02 DL Class D Restrictions Endorsements NJ						31. State NJ						62. Driver's License Number E80720387254852		63. DOB 04/13/1985		64. Expires 04/13/2024		121b				
103 01	32. Driver's License Number X44864710058032						33. DOB 08/29/2003						34. Expires 08/29/2024		65. Owner's First Name JOSE Initial I Last Name RODRIGUEZ		66. Number & Street 438 DANBURY LANE		122 01				
104 02	35. Owner's First Name JINPENG Initial XING						36. Number & Street 16 DOROTHY LN						67. City EAST BRUNSWICK State NJ Zip 08816-5117		68. Make GMC 69. Model ACA 70. Color BK 71. Year 2019		72. Plate No. E21KXR 73. State NJ		123 01				
105 03	37. City MILLTOWN State NJ Zip 08850-2109						38. Make Toyota 39. Model COR 40. Color BK 41. Year 2022 42. Plate No. B81RNT 43. State NJ						74. VIN 5YFEPMAE1NP369482		75. Expires 10/01/2026		76. Vehicle Removed to: Rich's Towing		124 11				
106 -	<input type="checkbox"/> Same as Driver JINPENG						<input type="checkbox"/> Same as Driver JOSE						77. Authority Police		78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		125 08				
107 -	44. VIN 5YFEPMAE1NP369482						45. Expires 10/01/2026						80. Carrier No. None		81. GVWR/GCWR (trucks & buses only) None		82. Motor Carrier or Government Entity		126a 26				
108 01	46. Vehicle Removed to: Rich's Towing						47. Authority Police						83. GVWR/GCWR (trucks & buses only) None		84. Motor Carrier or Government Entity		85. Number & Street		126b				
109 04	48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused						49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						86. Number & Street		87. City Milltown State NJ Zip 08850-2109		88. Number & Street		126c				
110 01	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine						Results: <input type="checkbox"/> % <input type="checkbox"/> Pending						89. City EAST BRUNSWICK State NJ Zip 08816-5117		90. GVWR/GCWR (trucks & buses only) None		91. Motor Carrier or Government Entity		126d				
111 01	50. Carrier No. None						51. GVWR/GCWR (trucks & buses only) None						92. Carrier No. None		93. GVWR/GCWR (trucks & buses only) None		94. Motor Carrier or Government Entity		126e				
112 -	52. Motor Carrier or Government Entity						53. GVWR/GCWR (trucks & buses only) None						95. Carrier No. None		96. GVWR/GCWR (trucks & buses only) None		97. Motor Carrier or Government Entity		126f				
113 -	Number & Street						Number & Street						98. Carrier No. None		99. GVWR/GCWR (trucks & buses only) None		100. Motor Carrier or Government Entity		126g				
114 -	City Milltown State NJ Zip 08850-2109						City EAST BRUNSWICK State NJ Zip 08816-5117						101. Carrier No. None		102. GVWR/GCWR (trucks & buses only) None		103. Motor Carrier or Government Entity		126h				
115 -	Level of Autonomy 150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						Level of Autonomy 152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						104. Carrier No. None		105. GVWR/GCWR (trucks & buses only) None		106. Motor Carrier or Government Entity		126i				
116 01	151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						107. Carrier No. None		108. GVWR/GCWR (trucks & buses only) None		109. Motor Carrier or Government Entity		126j				
117 02	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No						136. Charge						137. Summons No.		138. Charge		139. Summons No.		126k				
	Oper. 140. Charge						141. Summons No.						Oper. 142. Charge		143. Summons No.				126l				
A B C D													Names & Addresses of Occupants If Deceased, Date & Time of Death										
	83	84	85	86	87	88	89	90	91	92	93	94	95										
	01	01	01	04	20	F	08	05	01	04	04	01	Lily Xing 16 Dorothy Ln. Milltown NJ 08850										
	02	01	01	05	38	F	-	-	-	04	04	-	AMELIA K ESTRELLA-RODRIGUE 438 DANBURY LANE EAST BRUNSWICK NJ 08816-5117										

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of veh. 1 stated that she was traveling on Livingston Ave. (North bound) going straight ahead. She stated that as she was entering the intersection Redmond St., veh. 2 came from Redmond St. (East bound) crossing Livingston Ave., and struck veh. 1. Driver of veh. 1 had contusions on her left arm and left leg and was seen by EMS personnel at the scene. She however refused to go to the hospital for further treatment. Passenger of veh. 1 was not injured.

Driver of veh. 2 stated that she was stopped at the stop sign on Redmond St. (East bound) at the intersection of Livingston Ave. Driver stated that when there was no oncoming traffic on Livingston Ave., she proceeded to go straight across. As she was doing so, she did not see any on coming traffic from the north bound lane and continued. As she did so, she was struck by veh. 1. Driver of veh. 2 was not injured.

146. Officer's Signature

Chang, Miguel

147. Badge #

7244

148. Reviewer

Regan, Richard

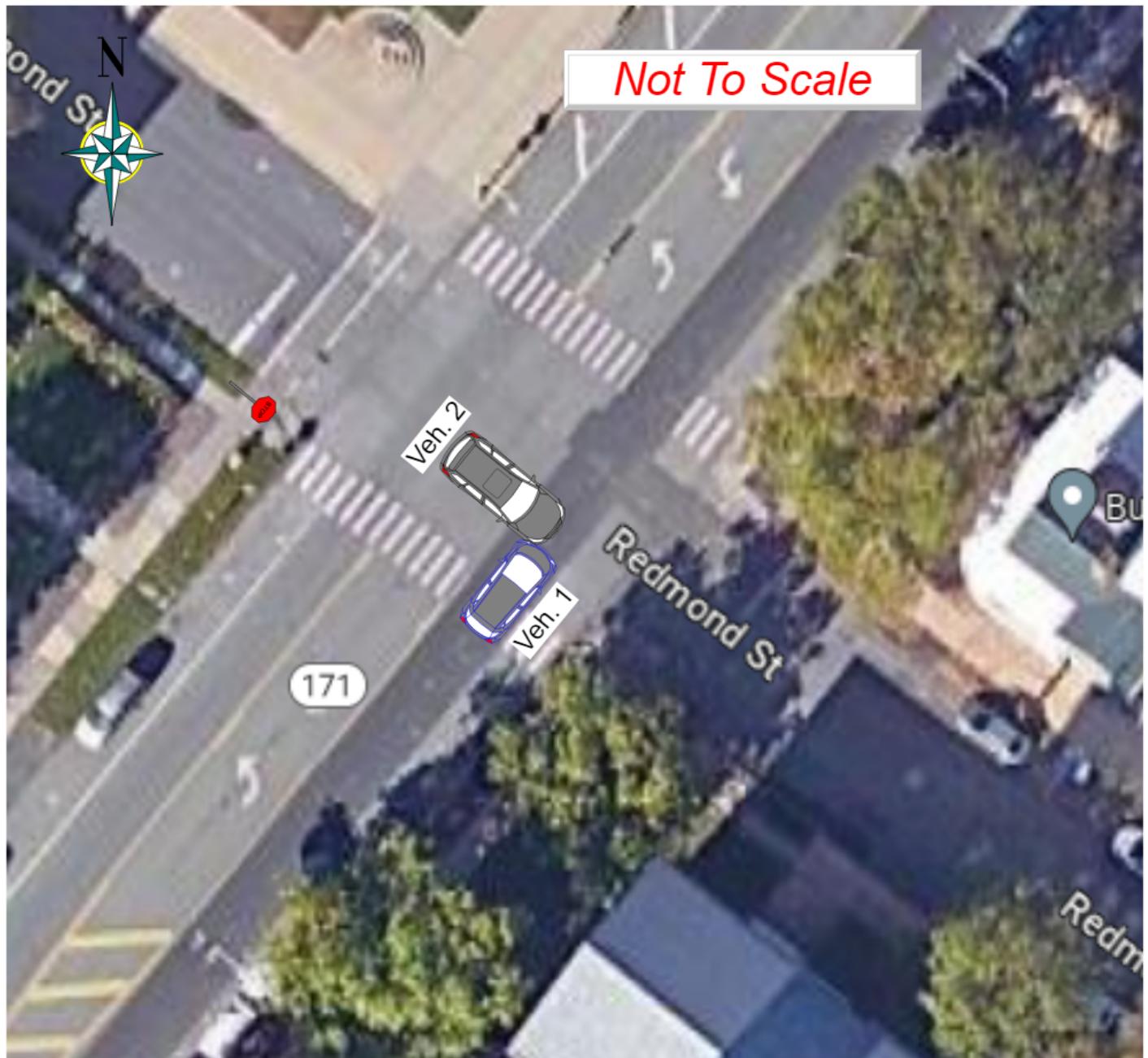
Badge #

7313

149. Case Status

Pending Complete

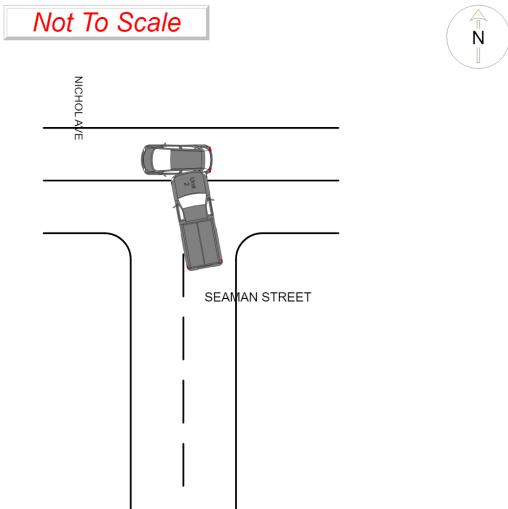
144. Crash Diagram (NOT TO SCALE)



96 04	<input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report														118a 25									
97 -	1. Case Number 23NB09611					10. Crash Occurred On: NICHOL AVE					11. Speed Limit E 25					118b -								
98 06	2. Police Dept. of New Brunswick City Police Department					Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles					Dir <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		12. Route No. Suffix 13. Milepost			119a 02								
99 07	3. Station/Precinct					of: SEAMAN STREET					14. To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB			119b -										
100a 01	4. Date of Crash 11/02/2023		5. Day of Week Thursday			6. Time (use 2400 hrs.) 1858		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 1		18. Speed Limit 40.483055 21. Latitude -74.439336 20. Route Name/Route No. 22. Longitude			120a -							
100b 04	23. Veh. # 01 967836488					24. Policy No. 134					25. NJ Ins. Code 134					53. Veh. # 02 3834895GA-PP001	54. Policy No. UNK		55. NJ Ins. Code UNK	120b -				
101 02	26. Driver's First Name OFORI Initial C Last Name ANING					27. Number & Street 100 HOFFMAN BLVD APT 3E					29. Sex M					56. Driver's First Name VICTOR Initial M Last Name PEREZALVARADO	59. Sex M		121a -					
102 01	28. City NEW BRUNSWICK					30. Eyes 02					State Zip NJ 08901-1584					58. City NEW BRUNSWICK	State Zip NJ 08901-2603		121b -					
103 01	31. State NJ					32. Driver's License Number A59356026303602					33. DOB 03/10/1960					34. Expires 03/10/2024	60. Eyes 02		61. State NJ	122 01				
104 02	35. Owner's First Name OFORI Initial C Last Name ANING					36. Number & Street 100 HOFFMAN BLVD APT 3E					37. City NEW BRUNSWICK					62. Driver's License Number P26797677403852	63. DOB 03/16/1985		64. Expires 03/16/2027	123 03				
105 03	38. Make Honda					39. Model ACC					40. Color GY	41. Year 2002	42. Plate No. C14PEG	43. State NJ	66. Number & Street 141 REDMOND ST	67. City NEW BRUNSWICK		68. Make FORD	69. Model F-150	70. Color GY	71. Year 2016	72. Plate No. SCT8292	73. State GA	124 -
106 -	44. VIN 1HGCG668X2A160488					45. Expires 09/01/2024					74. VIN 1FTEW1EF0GFB92244					75. Expires 03/17/2024		125 -						
107 -	46. Vehicle Removed to:					76. Vehicle Removed to:												126d -						
111 00	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded					<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded												126e -						
112 -	<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded					<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												126 26						
113 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police					77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police												127a -						
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending					49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class _____ Placard No. _____					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: <input type="checkbox"/> % <input type="checkbox"/> Pending					79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class _____ Placard No. _____		127b -						
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None					51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None					81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		127c -						
116 01	52. Motor Carrier or Government Entity					82. Motor Carrier or Government Entity												127d -						
117 02	Number & Street					Number & Street												128 -						
City _____ State _____ Zip _____																	129 08							
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown					152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown					Level of Autonomy		153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown					130 08					
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																	131 11					
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																		132 11						
Oper. 01		136. Charge 39:4-67					137. Summons No. E23 002985					Oper.		138. Charge					133 02					
		140. Charge					141. Summons No.					Oper.		142. Charge					134 01					
Oper. 01		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death									
		A	01	01	01	03	63	M	05	-	01	-	04	-		OFORI C ANING 100 HOFFMAN BLVD APT 3E NEW BRUNSWICK NJ 08901-1584								
B	02	01	01	-	38	M	-	-	01	04	-	-		VICTOR M PEREZALVARADO 141 REDMOND ST NEW BRUNSWICK NJ 08901-2603										
C																								
D																								

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

144. Crash Diagram



145. Crash Description/Narrative

On Thursday, November 2, 2023 at 1858, Raoul, Thomas responded to a crash on Nichol Ave and Seaman Street . At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Gray Honda Acc, Going Straight Ahead
Unit 2, Vehicle - Gray Ford F-150, Making Left Turn

{V1 DRIVER STATED THAT HE WAS DRIVING ON NICHOL AVENUE APPROACHING SEAMAN STREET WHEN V2'S DRIVER MADE A LEFT TURN FROM SEAMAN STREET ONTO NICHOL AND STRUCK THE REAR DRIVER'S SIDE BUMPER. V1 SUSTAINED MINOR DAMAGE TO THE REAR DRIVER'S SIDE BUMPER. V1 DRIVER HAD A COMPLAINT OF PAIN TO HIS CHEST. EMS WAS DISPATCHED AND LATER ARRIVED. V1 DRIVER WAS EVALUATED ON SCENE AND LATER RELEASED. V2 DRIVER STATED THAT HE DID NOT SEE V1 APPROACHING, HE MADE A LEFT TURN FROM SEAMAN STREET ONTO NICHOL AND COLLIDED WITH V1. V2 DID NOT HAVE ANY VISIBLE DAMAGE TO HIS VEHICLE AND REFUSED MEDICAL ATTENTION. SUMMONS NUMBER E23 002985 WAS LATER ISSUED TO V2 FOR OBSTRUCTING PASSAGE OF OTHER VEHICLE}

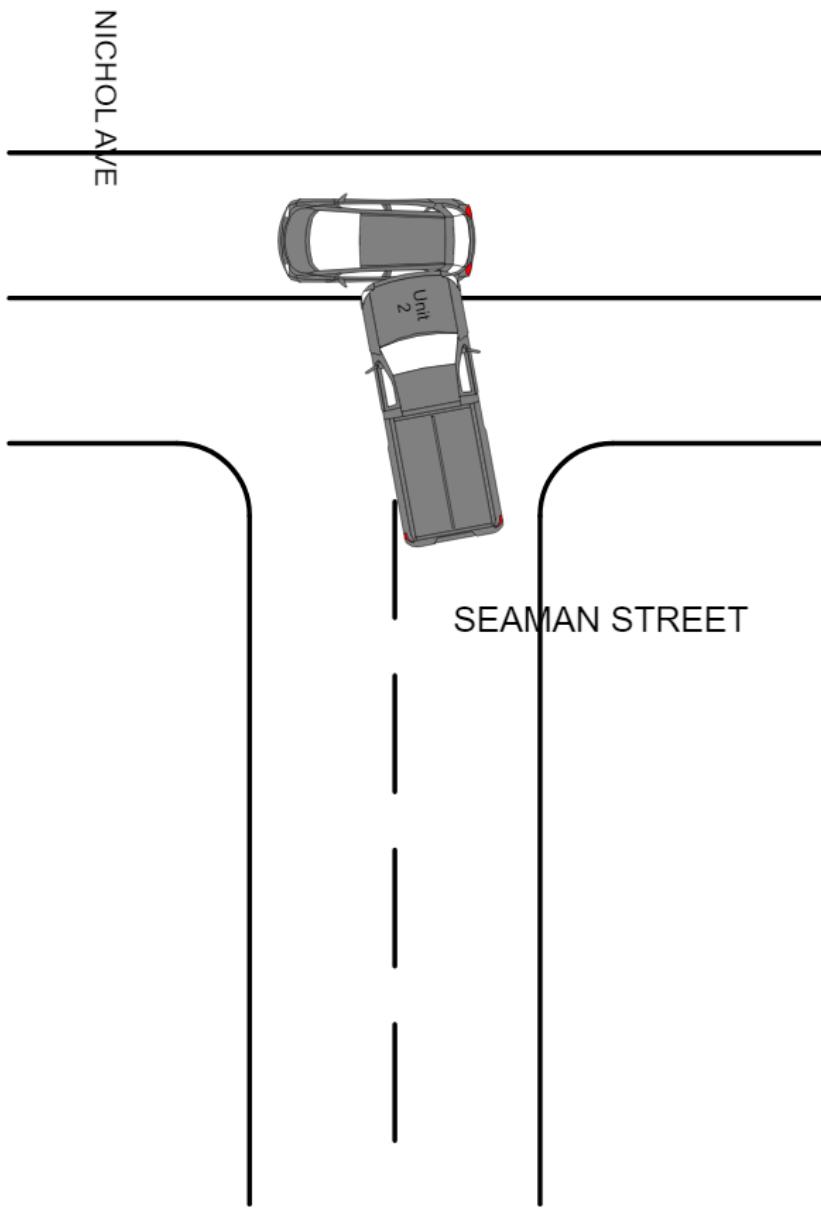
*****Other Descriptions*****

02 - MAKING LEFT TURN - Field 119a
02 - GEORGIA LIABILITY - Field 55

146. Officer's Signature Raoul, Thomas	147. Badge # 7344	148. Reviewer Regan, Richard	Badge # 7313	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

Not To Scale

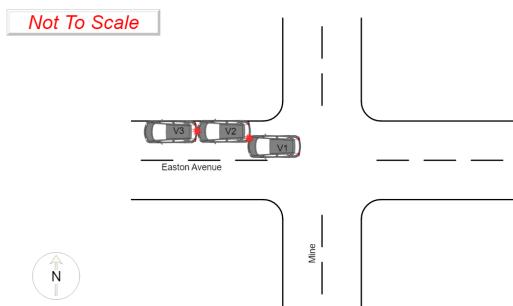


		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
96 04		<input type="checkbox"/> Fatal																				118a 02																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
97 01	1. Case Number 23NB09616				10. Crash Occurred On: 131 EASTON AVENUE								Road Name Dir		11. Speed Limit 25						118b -																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
98 06	2. Police Dept. of New Brunswick City Police Department				Code 01		<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 59.00 Miles								<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W		12. Route No. Suffix		13. Milepost		119a 25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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100a 01	4. Date of Crash 11/03/2023		5. Day of Week Friday		6. Time (use 2400 hrs.) 0005		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. To: 17. Cross Road Name/Route No. Ramp		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		18. Speed Limit		120a 01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
100b 04	23. Veh. # 01		24. Policy No. 946574490		25. NJ Ins. Code 135		26. Driver's First Name YAHIR		27. Number & Street 92 GULDEN STREET		28. City NEW BRUNSWICK		29. Sex M		30. Eyes 02		31. State NJ		32. Veh. # P23427890006032		33. DOB 06/04/2003		34. Expires 06/04/2025		35. Owner's First Name SINDY	Initial E	36. Number & Street 92 GULDEN STREET		37. City NEW BRUNSWICK		38. Make Toyota		39. Model RAV		40. Color BK		41. Year 2021		42. Plate No. R67PJY		43. State NJ		44. VIN 2T3F1RFV9MC241234		45. Expires 10/01/2024		46. Vehicle Removed to: -	47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None On Board Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity Number & Street		53. Veh. # 613573199		54. Policy No. 206		55. NJ Ins. Code 206		56. Driver's First Name MITCHELL		Initial T	57. Number & Street 21 BENNINGTON PL.		58. City MORGANVILLE		59. Sex NJ		60. Eyes 02		61. State NJ		62. Veh. # 1C4PJMDS6EW156448		63. DOB		64. Expires 11/01/2023		65. Owner's First Name MITCHELL	Initial T	66. Number & Street TOLAND		67. City MORGANVILLE		68. Make Jeep		69. Model CHE		70. Color BL		71. Year 2014		72. Plate No. P55KRT		73. State NJ		74. VIN 1C4PJMDS6EW156448		75. Expires 11/01/2023		76. Vehicle Removed to: -	77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None On Board Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity Number & Street		83. Veh. # 113573199		84. Policy No. 206		85. NJ Ins. Code 206		86. Veh. # 1C4PJMDS6EW156448		87. DOB		88. Expires 11/01/2023		89. Vehicle Removed to: -		90. Authority Owner		91. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		92. Hazardous Material None On Board Spill		93. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		94. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		95. Motor Carrier or Government Entity Number & Street		96. Veh. # 113573199		97. Policy No. 206		98. NJ Ins. Code 206		99. Veh. # 1C4PJMDS6EW156448		100. DOB		101. Expires 11/01/2023		102. Vehicle Removed to: -		103. Authority Owner		104. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		105. Hazardous Material None On Board Spill		106. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		107. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		108. Motor Carrier or Government Entity Number & Street		109. Veh. # 113573199		110. Policy No. 206		111. NJ Ins. Code 206		112. Veh. # 113573199		113. DOB		114. Expires 11/01/2023		115. Vehicle Removed to: -		116. Authority Owner		117. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		118. Hazardous Material None On Board Spill		119. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		120. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		121. Motor Carrier or Government Entity Number & Street		122. Veh. # 113573199		123. Policy No. 206		124. NJ Ins. Code 206		125. Veh. # 113573199		126. DOB		127. Expires 11/01/2023		128. Vehicle Removed to: -		129. Authority Owner		130. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		131. Hazardous Material None On Board Spill		132. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		133. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		134. Motor Carrier or Government Entity Number & Street		135. Veh. # 113573199		136. Policy No. 206		137. NJ Ins. Code 206		138. Veh. # 113573199		139. DOB		140. Expires 11/01/2023		141. Vehicle Removed to: -		142. Authority Owner		143. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		144. Hazardous Material None On Board Spill		145. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		146. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		147. Motor Carrier or Government Entity Number & Street		148. Veh. # 113573199		149. Policy No. 206		150. NJ Ins. Code 206		151. Veh. # 113573199		152. DOB		153. Expires 11/01/2023		154. Vehicle Removed to: -		155. Authority Owner		156. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		157. Hazardous Material None On Board Spill		158. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		159. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		160. Motor Carrier or Government Entity Number & Street		161. Veh. # 113573199		162. Policy No. 206		163. NJ Ins. Code 206		164. Veh. # 113573199		165. DOB		166. Expires 11/01/2023		167. Vehicle Removed to: -		168. Authority Owner		169. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		170. Hazardous Material None On Board Spill		171. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		172. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		173. Motor Carrier or Government Entity Number & Street		174. Veh. # 113573199		175. Policy No. 206		176. NJ Ins. Code 206		177. Veh. # 113573199		178. DOB		179. Expires 11/01/2023		180. Vehicle Removed to: -		181. Authority Owner		182. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		183. Hazardous Material None On Board Spill		184. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		185. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		186. Motor Carrier or Government Entity Number & Street		187. Veh. # 113573199		188. Policy No. 206		189. NJ Ins. Code 206		190. Veh. # 113573199		191. DOB		192. Expires 11/01/2023		193. Vehicle Removed to: -		194. Authority Owner		195. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		196. Hazardous Material None On Board Spill		197. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		198. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		199. Motor Carrier or Government Entity Number & Street		200. Veh. # 113573199		201. Policy No. 206		202. NJ Ins. Code 206		203. Veh. # 113573199		204. DOB		205. Expires 11/01/2023		206. Vehicle Removed to: -		207. Authority Owner		208. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		209. Hazardous Material None On Board Spill		210. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		211. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		212. Motor Carrier or Government Entity Number & Street		213. Veh. # 113573199		214. Policy No. 206		215. NJ Ins. Code 206		216. Veh. # 113573199		217. DOB		218. Expires 11/01/2023		219. Vehicle Removed to: -		220. Authority Owner		221. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		222. Hazardous Material None On Board Spill		223. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		224. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		225. Motor Carrier or Government Entity Number & Street		226. Veh. # 113573199		227. Policy No. 206		228. NJ Ins. Code 206		229. Veh. # 113573199		230. DOB		231. Expires 11/01/2023		232. Vehicle Removed to: -		233. Authority Owner		234. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		235. Hazardous Material None On Board Spill		236. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		237. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		238. Motor Carrier or Government Entity Number & Street		239. Veh. # 113573199		240. Policy No. 206		241. NJ Ins. Code 206		242. Veh. # 113573199		243. DOB		244. Expires 11/01/2023		245. Vehicle Removed to: -		246. Authority Owner		247. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		248. Hazardous Material None On Board Spill		249. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		250. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		251. Motor Carrier or Government Entity Number & Street		252. Veh. # 113573199		253. Policy No. 206		254. NJ Ins. Code 206		255. Veh. # 113573199		256. DOB		257. Expires 11/01/2023		258. Vehicle Removed to: -		259. Authority Owner		260. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		261. Hazardous Material None On Board Spill		262. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		263. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		264. Motor Carrier or Government Entity Number & Street		265. Veh. # 113573199		266. Policy No. 206		267. NJ Ins. Code 206		268. Veh. # 113573199		269. DOB		270. Expires 11/01/2023		271. Vehicle Removed to: -		272. Authority Owner		273. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		274. Hazardous Material None On Board Spill		275. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		276. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		277. Motor Carrier or Government Entity Number & Street		278. Veh. # 113573199		279. Policy No. 206		280. NJ Ins. Code 206		281. Veh. # 113573199		282. DOB		283. Expires 11/01/2023		284. Vehicle Removed to: -		285. Authority Owner		286. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		287. Hazardous Material None On Board Spill		288. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		289. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		290. Motor Carrier or Government Entity Number & Street		291. Veh. # 113573199		292. Policy No. 206		293. NJ Ins. Code 206		294. Veh. # 113573199		295. DOB		296. Expires 11/01/2023		297. Vehicle Removed to: -		298. Authority Owner		299. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		300. Hazardous Material None On Board Spill		301. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		302. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		303. Motor Carrier or Government Entity Number & Street		304. Veh. # 113573199		305. Policy No. 206		306. NJ Ins. Code 206		307. Veh. # 113573199		308. DOB		309. Expires 11/01/2023		310. Vehicle Removed to: -		311. Authority Owner		312. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		313. Hazardous Material None On Board Spill		314. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		315. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		316. Motor Carrier or Government Entity Number & Street		317. Veh. # 113573199		318. Policy No. 206		319. NJ Ins. Code 206		320. Veh. # 113573199		321. DOB		322. Expires 11/01/2023		323. Vehicle Removed to: -		324. Authority Owner		325. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		326. Hazardous Material None On Board Spill		327. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		328. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		329. Motor Carrier or Government Entity Number & Street		330. Veh. # 113573199		331. Policy No. 206		332. NJ Ins. Code 206		333. Veh. # 113573199		334. DOB		335. Expires 11/01/2023		336. Vehicle Removed to: -		337. Authority Owner		338. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		339. Hazardous Material None On Board Spill		340. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		341. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		342. Motor Carrier or Government Entity Number & Street		343. Veh. # 113573199		344. Policy No. 206		345. NJ Ins. Code 206		346. Veh. # 113573199		347. DOB		348. Expires 11/01/2023		349. Vehicle Removed to: -		350. Authority Owner		351. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		352. Hazardous Material None On Board Spill		353. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		354. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		355. Motor Carrier or Government Entity Number & Street		356. Veh. # 113573199		357. Policy No. 206		358. NJ Ins. Code 206		359. Veh. # 113573199		360. DOB		361. Expires 11/01/2023		362. Vehicle Removed to: -		363. Authority Owner		364. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		365. Hazardous Material None On Board Spill		366. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		367. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		368. Motor Carrier or Government Entity Number & Street		369. Veh. # 113573199		370. Policy No. 206		371. NJ Ins. Code 206		372. Veh. # 113573199		373. DOB		374. Expires 11/01/2023		375. Vehicle Removed to: -		376. Authority Owner		377. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/>	

		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																																																																																																
96 04		<input type="checkbox"/> Fatal				1. Case Number 23NB09616				10. Crash Occurred On: 131 EASTON AVENUE				11. Speed Limit 25						118a 25																																																																																																														
97 01										Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 59.00				<input type="checkbox"/> N <input type="checkbox"/> E				Dir		12. Route No. Suffix 13. Milepost		118b -																																																																																																												
98 06										<input type="checkbox"/> Miles 14 15				<input type="checkbox"/> S <input checked="" type="checkbox"/> W				of: MINE STREET				119a -																																																																																																												
99 07		4. Date of Crash 11/03/2023		5. Day of Week Friday		6. Time (use 2400 hrs.) 0005		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> Ramp <input type="checkbox"/> From: 40.499094		18. Speed Limit <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB -74.451964		119b -																																																																																																																
100a 01																		120a -																																																																																																																
100b 04		23. Veh. # 00				24. Policy No. UNK				25. NJ Ins. Code UNK				53. Veh. #		54. Policy No.		55. NJ Ins. Code -		120b -																																																																																																														
101 02		<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run 03												<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run						121a -																																																																																																														
102 01		26. Driver's First Name KRISTIE				Initial S Last Name SOLIS				29. Sex				56. Driver's First Name -		Initial - Last Name -		59. Sex		121b -																																																																																																														
103 01		27. Number & Street 39 BLOOMFIELD AVE								57. Number & Street																																																																																																																								
104 03		28. City PINE BROOK				State NJ				Zip 07058-9706				58. City -		State -		Zip -																																																																																																																
105 06		30. Eyes Honda		DL Class ACC		Restrictions SL		Endorsements 2007		31. State T18AKY		32. Driver's License Number -		33. DOB -		34. Expires -		62. Driver's License Number -		63. DOB -		64. Expires -		122 10																																																																																																										
106 -		<input type="checkbox"/> Same as Driver KRISTIE								35. Owner's First Name SOLIS				65. Owner's First Name -		Initial - Last Name -								123 -																																																																																																										
107 -		36. Number & Street 39 BLOOMFIELD AVE								66. Number & Street												125 -																																																																																																												
108 01		37. City PINE BROOK				State NJ				Zip 07058-9706				67. City -		State -		Zip -				126a 26																																																																																																												
109 -		38. Make Honda		39. Model ACC		40. Color SL		41. Year 2007		42. Plate No. T18AKY		43. State NJ		68. Make -		69. Model -		70. Color -		71. Year -		72. Plate No. -		73. State -		126b -																																																																																																								
110 01		44. VIN 1HGCM56447A196894				45. Expires 02/01/2024				74. VIN -				75. Expires -												126c -																																																																																																								
111 -		46. Vehicle Removed to: -								76. Vehicle Removed to: -																126d -																																																																																																								
112 -		<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded								<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded																126e 26																																																																																																								
113 -		47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police								77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police																127a -																																																																																																								
114 -		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: % <input type="checkbox"/> Pending				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.				78. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: % <input type="checkbox"/> Pending				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.										127b -																																																																																																										
115 -		50. Carrier No. <input type="checkbox"/> USDOT _____ <input type="checkbox"/> None <input type="checkbox"/> MC/MX _____				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX _____				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.										127c -																																																																																																										
116 -		52. Motor Carrier or Government Entity Number & Street								82. Motor Carrier or Government Entity Number & Street														128 26																																																																																																										
117 -		City State Zip								City State Zip														129 06																																																																																																										
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown				152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown										130 06																																																																																																														
151 - ENGAGED																								131 -																																																																																																										
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																										132 -																																																																																																								
Oper.		136. Charge				137. Summons No.				Oper.		138. Charge				139. Summons No.										133 03																																																																																																								
Oper.		140. Charge				141. Summons No.				Oper.		142. Charge				143. Summons No.										134 -																																																																																																								
<table border="1"> <tr> <td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td colspan="8">Names & Addresses of Occupants If Deceased, Date & Time of Death</td> </tr> <tr> <td colspan="13">E</td><td colspan="8"></td> </tr> <tr> <td colspan="13">F</td><td colspan="8"></td> </tr> <tr> <td colspan="13">G</td><td colspan="8"></td> </tr> <tr> <td colspan="13">H</td><td colspan="8"></td> </tr> </table>														83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death								E																					F																					G																					H																																
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I	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death	

144. Crash Diagram



145. Crash Description/Narrative

On Friday, November 3, 2023 at 0005, the undersigned Officer responded to a crash outside of 131 Easton Avenue. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Black Toyota Rav, Going Straight Ahead, stated that he dozed off resulting in him swerving towards the right side of the road causing collision to the rear of parked Vehicle 2, which collided with the rear of parked Vehicle 3. No injuries were sustained as a result to this accident. The driver of Vehicle 1 refused to be medically evaluated. Officers left the crash report case number along with the New Brunswick Police Department contact number on both of the parked vehicles. Officers body worn cameras were actively recording.

P/O B. Sims 7384

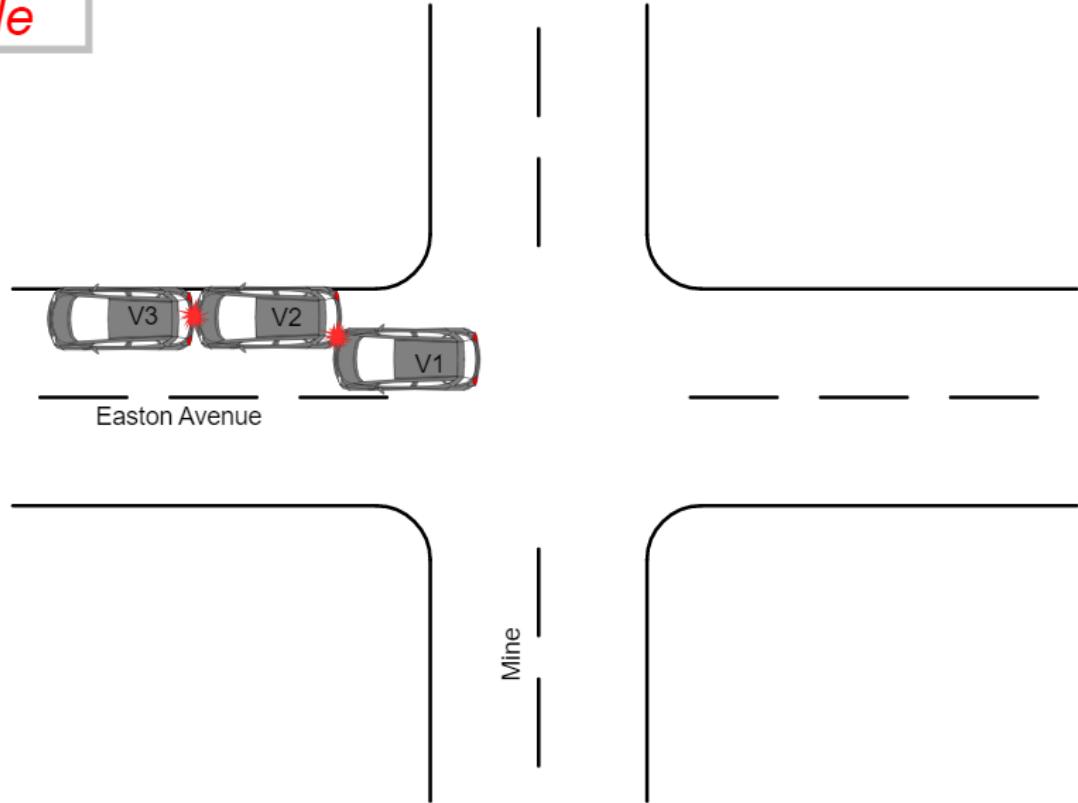
*****Other Descriptions*****

01 - Dozing off - Field 118a

146. Officer's Signature Sims, Bennett	147. Badge # 7384	148. Reviewer Bobadilla, James	Badge # 5229	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

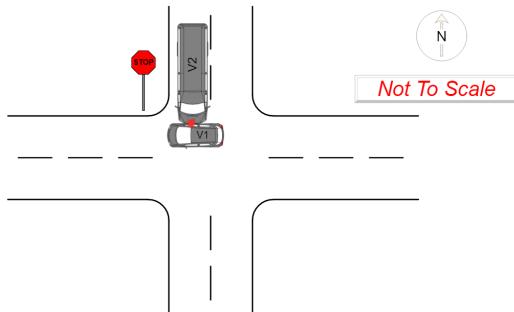
Not To Scale



96	New Jersey Police Crash Investigation Report														118a 25																										
97	<input type="checkbox"/> Fatal				<input checked="" type="checkbox"/> Reportable				<input type="checkbox"/> Non-Reportable				<input type="checkbox"/> Change Report				118b -																								
98	1. Case Number 23NB09634				10. Crash Occurred On: MAPLE ST				11. Speed Limit 25				12. Route No. Suffix 13. Milepost				119a 02																								
01	2. Police Dept. of New Brunswick City Police Department				Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles				Dir				18. Speed Limit 25				119b 25																								
99	3. Station/Precinct				14 15 16				of: SOMERSET ST				19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 20. Route Name/Route No. 22. Longitude				120a 01																								
07	4. Date of Crash 11/04/2023		5. Day of Week Saturday		6. Time (use 2400 hrs.) 1314		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		25. NJ Ins. Code 426		53. Veh. # 915282417		54. Policy No. 134		120b -																						
100a	23. Veh. # 04		24. Policy No. F539220-4		25. NJ Ins. Code 426		26. Driver's First Name Mason		Initial J		Last Name Lim		27. Number & Street 1901 Dahlia Circle		28. City Dayton		State NJ		Zip 08810		121a 01																				
01	<input type="checkbox"/> Parked		<input type="checkbox"/> Ped		<input type="checkbox"/> Pedalcyclist		<input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		29. Sex M		30. Eyes 02		DL Class D		Restrictions		Endorsements		31. State NJ		121b -																		
101	<input type="checkbox"/> Parked		<input type="checkbox"/> Ped		<input type="checkbox"/> Pedalcyclist		<input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		56. Driver's First Name Christoph		57. Number & Street 20 Maple Street Apartment 2B		58. City New Brunswick		State NJ		Zip 08901		122 01																				
02	<input type="checkbox"/> Parked		<input type="checkbox"/> Ped		<input type="checkbox"/> Pedalcyclist		<input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		59. Sex M		60. Eyes 05		DL Class D		Restrictions		Endorsements		61. State NJ		123 01																		
102	<input type="checkbox"/> Parked		<input type="checkbox"/> Ped		<input type="checkbox"/> Pedalcyclist		<input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		62. Driver's License Number P41851247108725		63. DOB 08/07/1972		64. Expires 08/07/2024		65. Owner's First Name Christoph		Initial P		Last Name Pierce		124 -																		
01	<input type="checkbox"/> Same as Driver Loi		<input type="checkbox"/> Same as Driver T		<input type="checkbox"/> Same as Driver Lim		<input type="checkbox"/> Same as Driver T		<input type="checkbox"/> Same as Driver Lim		66. Number & Street 20 Maple Street Apartment 2B		67. City New Brunswick		State NJ		Zip 08901		68. Make FORD		69. Model E-150		70. Color GN		71. Year 2003		72. Plate No. W72MKX		73. State NJ		125 08										
103	32. Driver's License Number L44085287103022		33. DOB 03/18/2002		34. Expires 11/29/2023		35. Owner's First Name T		Initial T		Last Name Lim		36. Number & Street 1901 Dahlia Circle		37. City Dayton		State NJ		Zip 08810		38. Make HONDA		39. Model Civic		40. Color GY		41. Year 2018		42. Plate No. S53RTC		43. State NJ		44. VIN 2HGFC2F57JH535261		45. Expires 01/01/2024		74. VIN 1FMRE11W73HB06285		75. Expires 03/31/2024		126a 26
01	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126d -										
111	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126e 26										
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117	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126g -										
01	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126h -										
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117	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126m -										
01	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126n -										
117	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126o -										
01	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126p -										
117	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126q -										
01	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		76. Vehicle Removed to:		126r -										
117	46. Vehicle Removed to: Dependable		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		76. Vehicle Removed to:		77. Authority Owner		78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="																						

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

144. Crash Diagram



145. Crash Description/Narrative

Driver 1 stated he was driving on Somerset Street when he was struck on the right side by Vehicle 1. Vehicle 1 had visible damage to the right passenger side.

Driver 2 stated he stopped at the stop sign and was inching up when he struck Vehicle 1. Vehicle 1 had minor damage to the front bumper.

The passenger of Vehicle 1 was evaluated by EMS, but signed off refusing medical attention. No further injuries were reported at this time. I advised both parties that a report would be generated for them, and to follow up with their insurance companies regarding this incident.

*****Other Descriptions*****

02 - Failing to look after stop sign - Field 119a

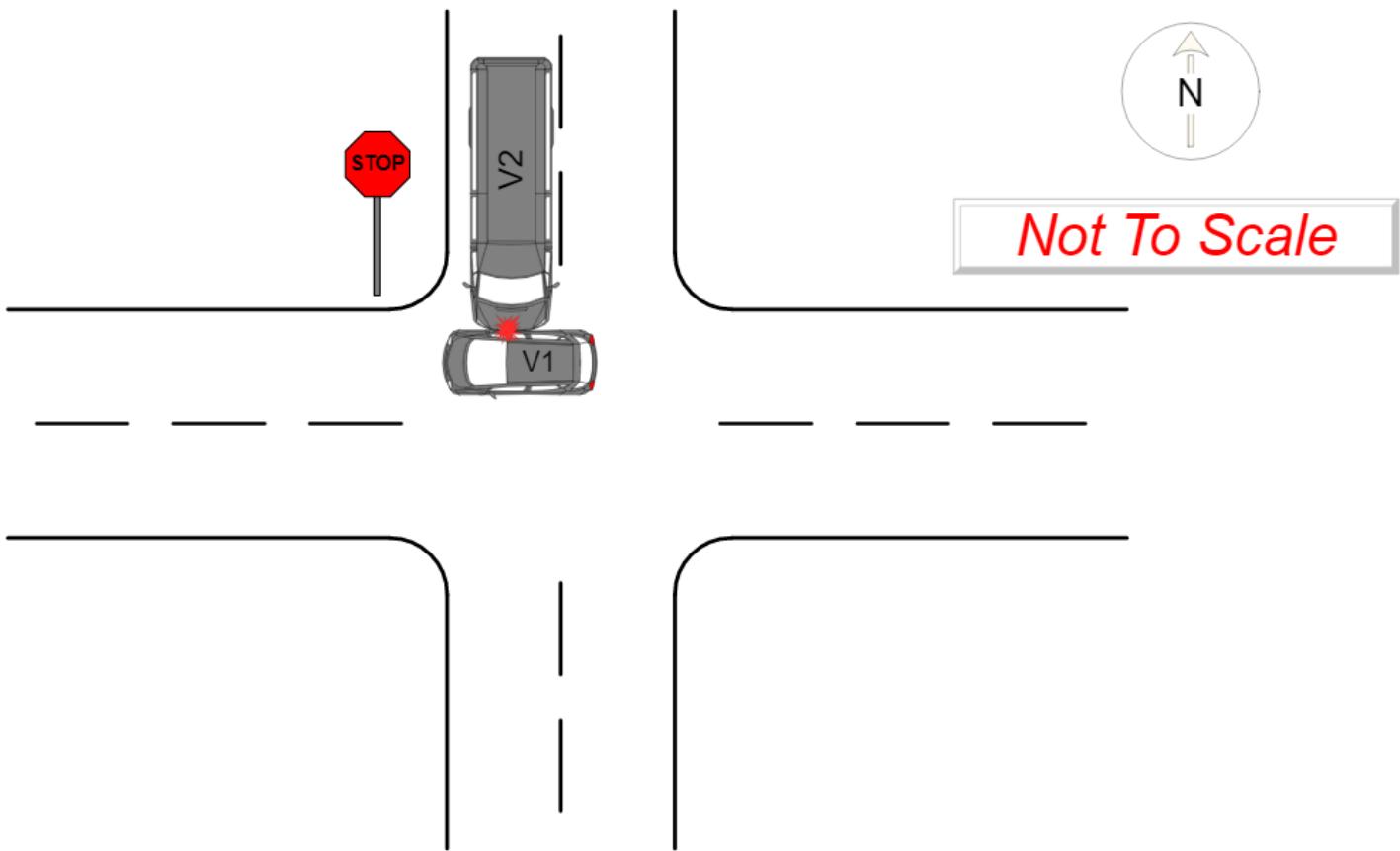
146. Officer's Signature Tiongson-Cradic, Taylor	147. Badge # 7379	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09634

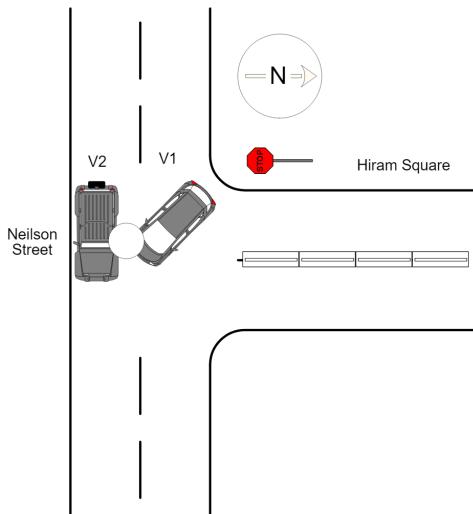
144. Crash Diagram (NOT TO SCALE)



96 04	<input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report														118a 02													
97 -	1. Case Number 23NB09635				10. Crash Occurred On: NEILSON ST				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 29.00 Miles 14 15		Dir <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W 16		11. Speed Limit 25		12. Route No. 0	Suffix 13. Milepost	118b -											
98 01	2. Police Dept. of New Brunswick City Police Department				Code 01		18. Speed Limit 25				19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> Ramp <input type="checkbox"/> From: HIRAM SQ/0				20. Route Name/Route No. 21. Latitude 40.495037 22. Longitude -74.441929		119a 25											
99 07	3. Station/Precinct				6. Time (use 2400 hrs.) 11/03/2023				7. Municipality Code 1320	8. Total Killed 1214	9. Total Injured 0	12. Route No. 0				Suffix 13. Milepost	119b -											
100a 01	4. Date of Crash 11/03/2023				5. Day of Week Friday		16. Time (use 2400 hrs.) 1320				7. Municipality Code 1214	8. Total Killed 0	9. Total Injured 0	17. Cross Road Name/Route No. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB				120a 01										
100b 04	23. Veh. # 01				24. Policy No. 44118-03-89-93				25. NJ Ins. Code 148		53. Veh. # 02				54. Policy No. 130 9802-F17-30E	55. NJ Ins. Code 962		120b -										
101 02	26. Driver's First Name BARTON				Initial W		Last Name SAIFF				29. Sex M				56. Driver's First Name ASHLEY				Initial -	Last Name QUINTEROFLORES	59. Sex F	121a 01						
102 01	27. Number & Street 1416 CENTRAL AVENUE				28. City HIGHLAND PARK				State NJ		31. State 08904-3542				58. City EAST BRUNSWICK				State NJ		Zip 08816-1434	121b -						
103 01	30. Eyes 02				DL Class D		Restrictions 00		Endorsements 00		31. State NJ		60. Eyes 02				DL Class D		Restrictions 1	Endorsements 00	61. State NJ	122 03						
104 02	32. Driver's License Number S01800768612572				33. DOB 12/04/1957		34. Expires 12/04/2026				62. Driver's License Number Q91740630060942				63. DOB 10/10/1994		64. Expires 10/10/2025		123 01									
105 03	35. Owner's First Name <input checked="" type="checkbox"/> Same as Driver BARTON				Initial W		Last Name SAIFF				65. Owner's First Name <input type="checkbox"/> Same as Driver				Initial -		Last Name		124 08									
106 -	36. Number & Street 1416 CENTRAL AVENUE				37. City HIGHLAND PARK				State NJ		38. Make Honda				39. Model CIV	40. Color RD	41. Year 2008	42. Plate No. WDN10X	43. State NJ	67. City NJ				State 26		125 08		
107 -	38. Make Honda				39. Model CIV	40. Color RD	41. Year 2008	42. Plate No. WDN10X	43. State NJ	68. Make Jeep				69. Model GRA	70. Color BK	71. Year 2019	72. Plate No. V46PYA	73. State NJ	68. Make Jeep				69. Model GRA	70. Color BK	71. Year 2019	72. Plate No. V46PYA	73. State NJ	126b -
108 01	44. VIN 1HGFA16598L024356				45. Expires 01/01/2024				74. VIN 1C4RJFAG3KC670047				75. Expires 04/01/2024				126c -											
109 01	46. Vehicle Removed to: -				76. Vehicle Removed to: -				77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police				78. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police				126d -											
110 01	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.				126e 26											
111 01	48. 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				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				78. Alcohol/Drug Test Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				127a -											
112 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None				51. GVWR/GCWR (trucks & buses only) <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"/> None				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.				127b -											
113 00	52. Motor Carrier or Government Entity				Number & Street				Number & Street				82. Motor Carrier or Government Entity				127c -											
114 -	53. Motor Carrier or Government Entity				City State Zip				City State Zip				83. Motor Carrier or Government Entity				127d -											
115 -	54. Motor Carrier or Government Entity				Level of Autonomy 150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				Level of Autonomy 152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				84. Motor Carrier or Government Entity				127e -											
116 03	55. Motor Carrier or Government Entity				135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No				85. Motor Carrier or Government Entity				86. Motor Carrier or Government Entity				128 -											
117 02	56. Motor Carrier or Government Entity				87. Motor Carrier or Government Entity				88. Motor Carrier or Government Entity				89. Motor Carrier or Government Entity				129 01											
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136 22	75. Motor Carrier or Government Entity				144. Motor Carrier or Government Entity				145. Motor Carrier or Government Entity				146. Motor Carrier or Government Entity				136 -											
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145 31	84. Motor Carrier or Government Entity				171. Motor Carrier or Government Entity				172. Motor Carrier or Government Entity				173. Motor Carrier or Government Entity				145 -											
146 32	85. Motor Carrier or Government Entity				174. Motor Carrier or Government Entity				175. Motor Carrier or Government Entity				176. Motor Carrier or Government Entity				146 -											
147 33	86. Motor Carrier or Government Entity				177. Motor Carrier or Government Entity				178. Motor Carrier or Government Entity				179. Motor Carrier or Government Entity				147 -											
148 34	87. Motor Carrier or Government Entity				180. Motor Carrier or Government Entity				181. Motor Carrier or Government Entity				182. Motor Carrier or Government Entity				148 -											
149 35	88. Motor Carrier or Government Entity				183. Motor Carrier or Government Entity				184. Motor Carrier or Government Entity				185. Motor Carrier or Government Entity				149 -											
150 36	89. Motor Carrier or Government Entity				186. Motor Carrier or Government Entity				187. Motor Carrier or Government Entity				188. Motor Carrier or Government Entity				150 -											
151 37	90. Motor Carrier or Government Entity				189. Motor Carrier or Government Entity				190. Motor Carrier or Government Entity				191. Motor Carrier or Government Entity				151 -											
152 38	91. Motor Carrier or Government Entity				192. Motor Carrier or Government Entity				193. Motor Carrier or Government Entity				194. Motor Carrier or Government Entity				152 -											
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154 40	93. Motor Carrier or Government Entity				198. Motor Carrier or Government Entity				199. Motor Carrier or Government Entity				200. Motor Carrier or Government Entity				154 -											
155 41	94. Motor Carrier or Government Entity				201. Motor Carrier or Government Entity				202. Motor Carrier or Government Entity				203. Motor Carrier or Government Entity				155 -											
156 42	95. Motor Carrier or Government Entity				204. Motor Carrier or Government Entity				205. Motor Carrier or Government Entity				206. Motor Carrier or Government Entity				156 -											
157 43	96. Motor Carrier or Government Entity				207. Motor Carrier or Government Entity				208. Motor Carrier or Government Entity				209. Motor Carrier or Government Entity				157 -											
158 44	97. Motor Carrier or Government Entity				210. Motor Carrier or Government Entity				211. Motor Carrier or Government Entity				212. Motor Carrier or Government Entity				158 -											
159 45	98. Motor Carrier or Government Entity				213. Motor Carrier or Government Entity				214. Motor Carrier or Government Entity				215. Motor Carrier or Government Entity				159 -											
160 46	99. Motor Carrier or Government Entity				216. Motor Carrier or Government Entity				217. Motor Carrier or Government Entity				218. Motor Carrier or Government Entity				160 -											
161 47	100. Motor Carrier or Government Entity				219. Motor Carrier or Government Entity				220. Motor Carrier or Government Entity				221. Motor Carrier or Government Entity				161 -											
162 48	101. Motor Carrier or Government Entity				222. Motor Carrier or Government Entity				223. Motor Carrier or Government Entity				224. Motor Carrier or Government Entity				162 -											
163 49	102. Motor Carrier or Government Entity				225. Motor Carrier or Government Entity				226. Motor Carrier or Government Entity				227. Motor Carrier or Government Entity				163 -											
164 50	103. Motor Carrier or Government Entity				228. Motor Carrier or Government Entity				229. Motor Carrier or Government Entity				230. Motor Carrier or Government Entity				164 -											
165 51	104. Motor Carrier or Government Entity				231. Motor Carrier or Government Entity				232. Motor Carrier or Government Entity				233. Motor Carrier or Government Entity				165 -											
166 52	105. Motor Carrier or Government Entity				234. Motor Carrier or Government Entity				235. Motor Carrier or Government Entity				236. Motor Carrier or Government Entity				166 -											
167 53	106. Motor Carrier or Government Entity				237. Motor Carrier or Government Entity				238. Motor Carrier or Government Entity				239. Motor Carrier or Government Entity				167 -											
168 54	107. Motor Carrier or Government Entity				240. Motor Carrier or Government Entity				241. Motor Carrier or Government Entity				242. Motor Carrier or Government Entity				168 -											
169 55	108. Motor Carrier or Government Entity				243. Motor Carrier or Government Entity				244. Motor Carrier or Government Entity				245. Motor Carrier or Government Entity				169 -											
170 56	109. Motor Carrier or Government Entity				246. Motor Carrier or Government Entity				247. Motor Carrier or Government Entity				248. Motor Carrier or Government Entity				170 -											
171 57	110. Motor Carrier or Government Entity				249. Motor Carrier or Government Entity				250. Motor Carrier or Government Entity				251. Motor Carrier or Government Entity				171 -											
172 58	111. Motor Carrier or Government Entity				252. Motor Carrier or Government Entity				253. Motor Carrier or Government Entity				254. Motor Carrier or Government Entity				172 -											
173 59	112. Motor Carrier or Government Entity				255. Motor Carrier or Government Entity				256. Motor Carrier or Government Entity				257. Motor Carrier or Government Entity				173 -											
174 60	113. Motor Carrier or Government Entity				258. Motor Carrier or Government Entity				259. Motor Carrier or Government Entity				260. Motor Carrier or Government Entity				174 -											
175 61	114. Motor Carrier or Government Entity				261. Motor Carrier or Government Entity				262. Motor Carrier or Government Entity				263. Motor Carrier or Government Entity				175 -											
176 62	115. Motor Carrier or Government Entity				264. Motor Carrier or Government Entity				265. Motor Carrier or Government Entity				266. Motor Carrier or Government Entity				176 -											
177 63	116. Motor Carrier or Government Entity				267. Motor Carrier or Government Entity				268. Motor Carrier or Government Entity				269. Motor Carrier or Government Entity				177 -											
178 64	117. Motor Carrier or Government Entity				270. Motor Carrier or Government Entity				271. Motor Carrier or Government Entity				272. Motor Carrier or Government Entity				178 -											
179 65	118. Motor Carrier or Government Entity				273. Motor Carrier or Government Entity				274. Motor Carrier or Government Entity				275. Motor Carrier or Government Entity				179 -											
180 66	119. Motor Carrier or Government Entity				276. Motor Carrier or Government Entity				277. Motor Carrier or Government Entity				278. Motor Carrier or Government Entity				180 -											
181 67	120. Motor Carrier or Government Entity				279. Motor Carrier or Government Entity				280. Motor Carrier or Government Entity				281. Motor Carrier or Government Entity				181 -											
182 68	121. Motor Carrier or Government Entity				282. Motor Carrier or Government Entity				283. Motor Carrier or Government Entity				284. Motor Carrier or Government Entity				182 -											
183 69	122. Motor Carrier or Government Entity				285. Motor Carrier or Government Entity				286. Motor Carrier or Government Entity				287. Motor Carrier or Government Entity				183 -											
184 70	123. Motor Carrier or Government Entity				288. Motor Carrier or Government Entity				289. Motor Carrier or Government Entity				290. Motor Carrier or Government Entity				184 -											
185 71	124. Motor Carrier or Government Entity				291. Motor Carrier or Government Entity				292. Motor Carrier or Government Entity				293. Motor Carrier or Government Entity				185 -											
186 72	125. Motor Carrier or Government Entity				294. Motor Carrier or Government Entity				295. Motor Carrier or Government Entity				296. Motor Carrier or Government Entity				186 -											
187 73	126. Motor Carrier or Government Entity				297. Motor Carrier or Government Entity				298. Motor Carrier or Government Entity				299. Motor Carrier or Government Entity				187 -											
188 74	127. Motor Carrier or Government Entity				300. Motor Carrier or Government Entity				301. Motor Carrier or Government Entity				302. Motor Carrier or Government Entity				188 -											
189 75	128. Motor Carrier or Government Entity				303. Motor Carrier or Government Entity				304. Motor Carrier or Government Entity				305. Motor Carrier or Government Entity				189 -											
190 76	129. Motor Carrier or Government Entity				306. Motor Carrier or Government Entity				307. Motor Carrier or Government Entity				308. Motor Carrier or Government Entity				190 -											
191 77	130. Motor Carrier or Government Entity				309. Motor Carrier or Government Entity																							

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

144. Crash Diagram



145. Crash Description/Narrative

According to Driver 1, he was making a left turn from Hiram Square onto Neilson Street, V2 was traveling East on Neilson Street. V1 then collided into V1. V1 had extensive damage to the front passenger side quarter panel.

According to Driver 2, she was safely traveling East on Neilson Street. Vehicle 1 made a left turn from Hiram Square onto Neilson Street. Vehicle 1 then collided into Vehicle 2. Vehicle 2 had extensive damage to the driver door. In fact, Driver 2 had difficulty exiting the vehicle.

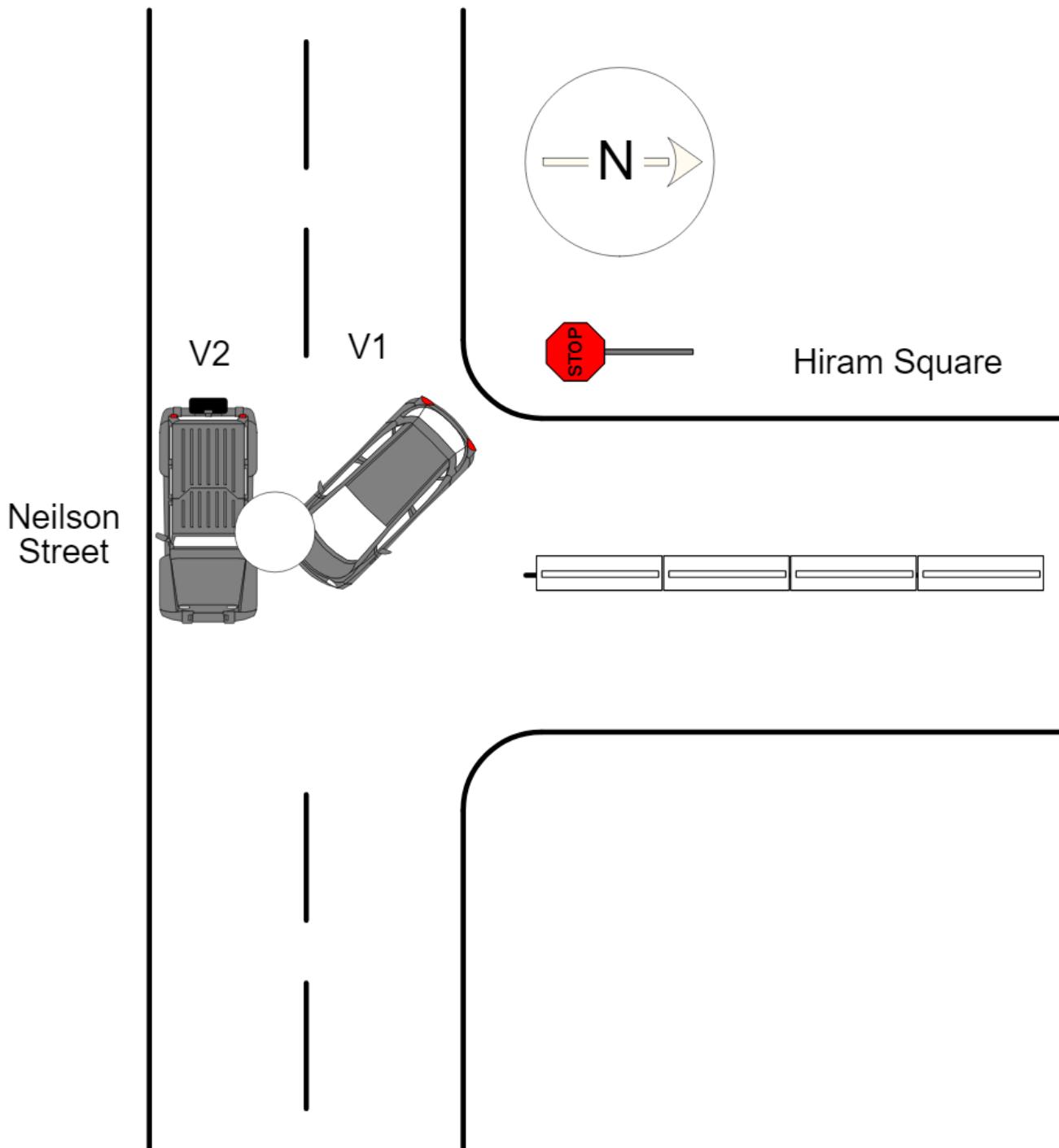
Driver 2 was evaluated by EMS on scene, but refused further medical attention.

*****Other Descriptions*****

01 - - - Field 118a

146. Officer's Signature Chatterjee, Josh	147. Badge # 7349	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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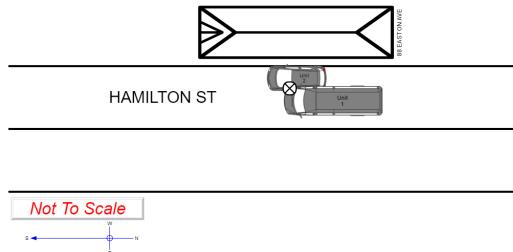
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												118a 25																																							
96 05		97 01		98 01		99 07		100a 01		100b 04		101 02		102 01		103 01		104 02		105 06		106 -		107 -		108 02		109 01		110 02		111 01		112 -		113 -		114 -		115 -		116 03		117 03		118 -		119a 02		119b -	
1. Case Number 23NB09638				10. Crash Occurred On: HAMILTON ST				11. Speed Limit E 25				12. Route No. 514				13. Milepost				18. Speed Limit																															
2. Police Dept. of New Brunswick City Police Department				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 126.0 <input type="checkbox"/> Miles 14 15 16				Dir N E				Suffix																																							
3. Station/Precinct				of: HARDENBERG ST				19. To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.498138				18. Speed Limit NB EB SB WB				20. Route Name/Route No. 22. Longitude -74.450859																																			
4. Date of Crash 11/03/2023		5. Day of Week Friday		6. Time (use 2400 hrs.) 1302		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		25. NJ Ins. Code 153		53. Veh. # 02		54. Policy No. HPA00002752031		55. NJ Ins. Code 411																																	
26. Driver's First Name MARIE		Initial T		Last Name MANGANO		29. Sex F		56. Driver's First Name		Initial		Last Name		59. Sex																																					
27. Number & Street 20 WOODS END TRAIL												57. Number & Street																																							
28. City NEWTON												58. City State Zip NJ 07860																																							
30. Eyes 04		DL Class D		Restrictions 1		Endorsements		31. State NJ		60. Eyes		DL Class		Restrictions		Endorsements		61. State																																	
32. Driver's License Number m04205198353974				33. DOB 03/27/1997				34. Expires 03/27/2027				62. Driver's License Number				63. DOB				64. Expires																															
35. Owner's First Name Initial Last Name												65. Owner's First Name Initial Last Name																																							
<input type="checkbox"/> Same as Driver RBHN TOPCO LLC												<input type="checkbox"/> Same as Driver ANEESUDDI - MOHAMMAD																																							
36. Number & Street 270 SYLVAN AVE STE 2260												66. Number & Street 639 BAINBRIDGE DR																																							
37. City ENGLEWOOD CLFS												67. City MULLICA HILL																																							
38. Make CHEVROLET		39. Model EXPRESS		40. Color WT		41. Year 2016		42. Plate No. XNVZ65		43. State NJ		68. Make HONDA		69. Model ACCORD		70. Color GY		71. Year 2023		72. Plate No. H68SCY		73. State NJ																													
44. VIN 1GAWGFFG4G1273646												45. Expires 10/31/2024												74. VIN 1HGCY2F55PA029696				75. Expires 05/31/2027																							
46. Vehicle Removed to: DRIVEN AWAY BY DRIVER												76. Vehicle Removed to: PULEIO'S TOWING																																							
<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded												<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded																																							
<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded																																							
47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police																																							
48. 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						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						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						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill																																	
Results: <input type="checkbox"/> % <input type="checkbox"/> Pending												Results: <input type="checkbox"/> % <input type="checkbox"/> Pending																																							
50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None						51. GVWR/GCWR (trucks & buses only) <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"/> None						81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.																																	
52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity																																							
Number & Street												Number & Street																																							
City State Zip												City State Zip																																							
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																																					
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																																					
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																																																			
Oper.	136. Charge								137. Summons No.				Oper.	138. Charge								139. Summons No.																													
Oper.	140. Charge								141. Summons No.				Oper.	142. Charge								143. Summons No.																													
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death																																					
	01	01	-	05	26	F	-	-	-	04	04	06	-	MARIE T MANGANO 20 WOODS END TRAIL NEWTON NJ 07860																																					
	01	03	-	05	37	M	-	-	-	04	04	-	-	DAN - KURYLO - NJ -																																					

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

144. Crash Diagram



145. Crash Description/Narrative

D1 was travelling on Hamilton St when the occupant of V2 opened the drivers side door in front of V1, V1 struck V2. V1 had no visible damage. V1 was safely driven from the scene by D1.

The occupant of V2 was exiting V2 when she opened the driver's side door in front of V1, causing V1 to strike V2. V2 had damage to the driver's side door, the door was unable to be secured. V2 was towed from the scene by Puleio's Towing. Nothing further.

*****Other Descriptions*****

02 - OPENED DRIVERS DOOR IN FRONT OF V1 - Field 119a

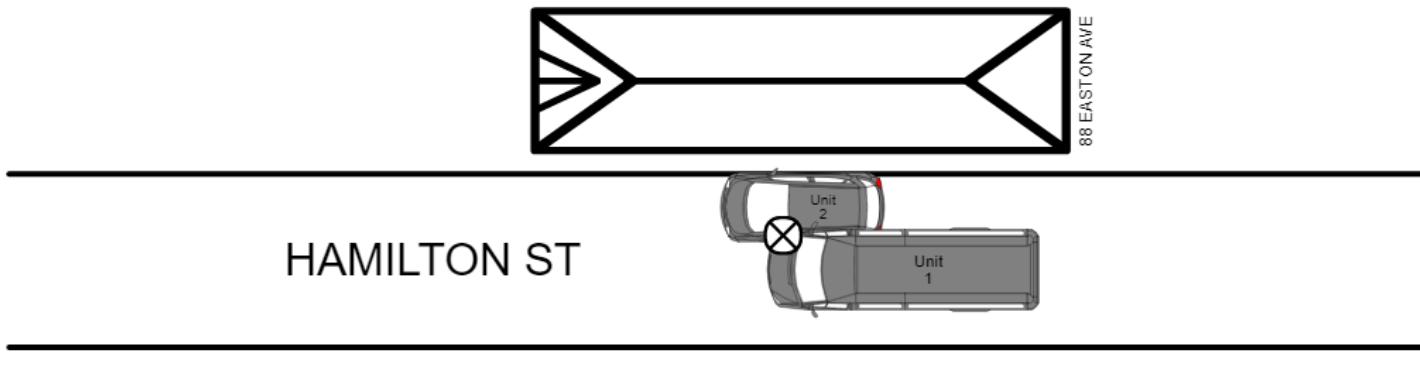
146. Officer's Signature Carroll, William	147. Badge # 7342	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

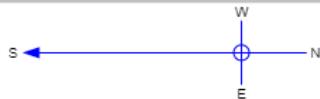
Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09638

144. Crash Diagram (NOT TO SCALE)



Not To Scale

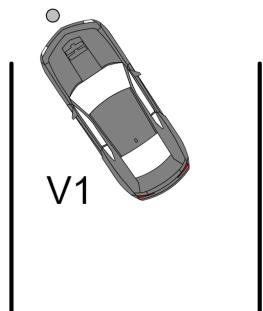


		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Fatal		<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report		118a																	
96 01	97 01	1. Case Number 23NB09639				10. Crash Occurred On: CHURCH ST						Road Name At Intersection with 149.0 Feet 14 Miles		Dir S		11. Speed Limit 5		12. Route No. 0		13. Milepost 18. Speed Limit 25		02																	
98 01	99 07	2. Police Dept. of New Brunswick City Police Department				Code 01		<input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		of: George Street/0		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		21. Latitude 40.495967		20. Route Name/Route No. 22. Longitude -74.443582		-																			
100a 01	101 01	4. Date of Crash 11/03/2023		5. Day of Week Friday		6. Time (use 2400 hrs.) 1255		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		53. Veh. # -		54. Policy No. -		55. NJ Ins. Code -		-																			
100b 04	102 01	26. Driver's First Name MIGNA				Initial L		Last Name ROSA		29. Sex F		56. Driver's First Name -		Initial -		Last Name -		59. Sex -		121a -																			
103 01	104 1	27. Number & Street 209-A SO 10TH AVE				State 08904-3116		Zip		58. City -		State -		Zip -		-		121b -																					
105 11	106 -	30. Eyes 02		DL Class D		Restrictions 1		Endorsements 00		31. State NJ		60. Eyes -		DL Class -		Restrictions -		61. State -		122 03																			
107 -	108 01	32. Driver's License Number R66855467357512				33. DOB 07/18/1951		34. Expires 07/18/2027		62. Driver's License Number -		63. DOB -		64. Expires -		-		-		123 -																			
109 -	110 00	35. Owner's First Name MIGNA				Initial L		Last Name ROSA		65. Owner's First Name -		Initial -		Last Name -		-		-		124 -																			
111 -	112 00	36. Number & Street 209-A SO 10TH AVE				State 08904-3116		Zip		66. Number & Street -		State -		Zip -		-		-		125 -																			
113 -	114 -	37. City HIGHLAND PK				State 08904-3116		Zip		67. City -		State -		Zip -		-		-		126a 26																			
115 -	116 02	38. Make Subaru		39. Model XV		40. Color RD		41. Year 2016		42. Plate No. F15GPH		43. State -		68. Make -		69. Model -		70. Color -		71. Year -		126b 30																	
117 -	118 -	44. VIN JF2GPADC7GH268447				45. Expires 04/01/2024		74. VIN -		46. Vehicle Removed to: -		76. Vehicle Removed to: -		77. Authority -		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		80. Carrier No. -		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		126c -									
119a -	119b -	47. Authority -				48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material Given: <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Type: <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		50. Carrier No. -		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity -		53. Motor Carrier or Government Entity -		54. Motor Carrier or Government Entity -		55. Motor Carrier or Government Entity -		56. Motor Carrier or Government Entity -		126d -															
120a 00	121a -	57. Number & Street -				58. City -		59. Sex -		60. Eyes -		61. DL Class -		62. Restrictions -		63. Endorsements -		64. State -		65. State -		66. State -		67. State -		122 03													
122 03	123 -	68. Driver's License Number -				69. DOB -		70. Expires -		71. Driver's License Number -		72. DOB -		73. Expires -		74. Driver's License Number -		75. DOB -		76. Expires -		77. Driver's License Number -		78. DOB -		79. Expires -		123 -											
124 -	125 -	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		124 -													
125 -	126a 26	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		125 -													
126b 30	127a -	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		126b 30													
127b -	128 30	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		127b -													
127c -	129 00	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		127c -													
127d -	130 00	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		127d -													
128 30	131 -	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		128 30													
129 00	132 -	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		129 00													
130 00	133 00	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		130 00													
131 -	134 -	80. Carrier No. -				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity -		83. Motor Carrier or Government Entity -		84. Motor Carrier or Government Entity -		85. Motor Carrier or Government Entity -		86. Motor Carrier or Government Entity -		87. Motor Carrier or Government Entity -		88. Motor Carrier or Government Entity -		89. Motor Carrier or Government Entity -		90. Motor Carrier or Government Entity -		131 -													
Oper. 01		136. Charge 39:4-97 - Careless Driving						137. Summons No. E23 002987			Oper.		138. Charge						139. Summons No.				140. Charge 39:4-129B - Leaving the scene of an Accident - Property Damage		141. Summons No. E23 002988			Oper.		142. Charge						143. Summons No.			
Oper. 01		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death																								
A		01	01	01	00	72	F	00	00	00	00	00	00	00	MIGNA L ROSA 209-A SO 10TH AVE HIGHLAND PK 08904-3116																								
B																																							
C																																							
D																																							

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

144. Crash Diagram

90 Church Street



145. Crash Description/Narrative

New Brunswick Parking Authority witnessed V1 struck a pole at the entrance of the 90 Church Street Parking Deck. V1 then fled the scene. As a result, the pole was damaged. There were no reported injuries or complaint of pain.

*****Additional Citations*****

01 - 39:4-130 - Failure to Report an Accident - E23 002989

*****Other Descriptions*****

01 - struck pole - Field 118a

01 - None - Field 25

146. Officer's Signature

Chatterjee, Josh

147. Badge #

7349

148. Reviewer

Evans, Patrick

Badge #

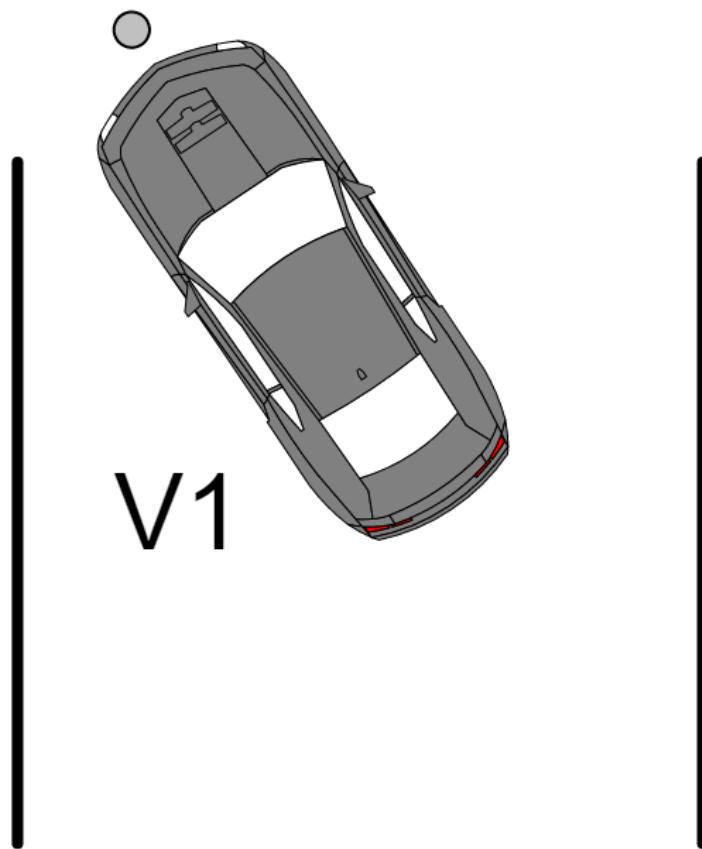
5275

149. Case Status

Pending Complete

144. Crash Diagram (NOT TO SCALE)

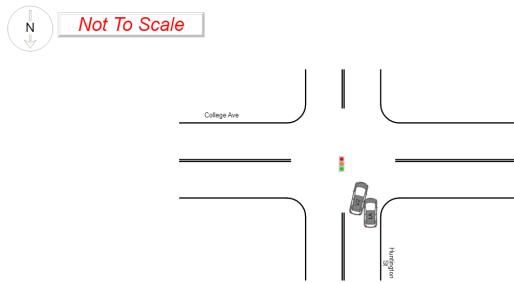
90 Church Street



96 05	<input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report														118a -										
97 01	1. Case Number 23NB09645				10. Crash Occurred On: HUNTINGTON ST						11. Speed Limit 25						118b -								
98 01	2. Police Dept. of New Brunswick City Police Department				Code 01		Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles						Dir		12. Route No. Suffix		13. Milepost	119a -							
99 07	3. Station/Precinct						of: COLLEGE AVE										18. Speed Limit	119b -							
100a 01	4. Date of Crash 11/03/2023		5. Day of Week Friday		6. Time (use 2400 hrs.) 1552		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		120a 01								
100b 04	23. Veh. # 01		24. Policy No. 224 4574-B24-30		25. NJ Ins. Code 896		53. Veh. # 02		54. Policy No. S2465722		55. NJ Ins. Code 008						120b 01								
101 02	26. Driver's First Name Osmar				Initial S		Last Name Zelaya-Mendoza				29. Sex M		56. Driver's First Name Janelle		Initial S		59. Sex F	121a 01							
102 01	27. Number & Street 247 Hale St										57. Number & Street 214 B Front St						121b 01								
103 01	28. City New Brunswick				State NJ		Zip 08901		58. City Elizabeth		State NJ		Zip 07206												
104 02	30. Eyes 02		DL Class D		Restrictions 00		Endorsements 00		31. State NJ		60. Eyes 02		DL Class D		Restrictions 00		61. State NJ	122 01							
105 02	32. Driver's License Number Z23536100001742				33. DOB 01/12/1974		34. Expires 01/12/2026		62. Driver's License Number A54383848259882		63. DOB 09/20/1988		64. Expires 09/20/2027						123 02						
106 -	35. Owner's First Name <input type="checkbox"/> Same as Driver Dolores				Initial C		Last Name Castaneda				65. Owner's First Name <input type="checkbox"/> Same as Driver SMH		Initial O		Last Name Operations LLC				124 03						
107 -	36. Number & Street 375 Westpoint Ave										66. Number & Street 745 5th Ave								125 03						
108 01	37. City Somerset				State NJ		Zip 08873		67. City New York		State NY		Zip 10151				126a 26								
109 03	38. Make NISSAN		39. Model SENTRA		40. Color BL		41. Year 2010		42. Plate No. G17RUW		43. State NJ		68. Make FORD		69. Model Transit Connect		70. Color WT		71. Year 2022	72. Plate No. XLSW14	73. State NJ	126b -			
110 01	44. VIN 3N1AB6AP9AL639837						45. Expires 02/28/2024		74. VIN NM0GS9F27N1535489										75. Expires 07/30/2024	126c -					
111 02	46. Vehicle Removed to:														76. Vehicle Removed to:								126d -		
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded								<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												126e 26				
113 -	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police														77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police								127a 26		
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.				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: <input type="checkbox"/> % <input type="checkbox"/> Pending				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.						127b -						
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						127c -						
116 04	52. Motor Carrier or Government Entity														82. Motor Carrier or Government Entity								128 26		
117 04	Number & Street														Number & Street								129 11		
	City State Zip														City State Zip								130 11		
	Level of Autonomy 150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				Level of Autonomy 152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												131 03								
									153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												132 03				
	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																						133 02		
	Oper.		136. Charge						137. Summons No.				Oper.		138. Charge				139. Summons No.		134 02				
	Oper.		140. Charge						141. Summons No.				Oper.		142. Charge				143. Summons No.						
															Names & Addresses of Occupants If Deceased, Date & Time of Death										
A	01	01	01	-	49	M	-	-	01	04	04	-		Osmar Zelaya-Mendoza 247 Hale St New Brunswick NJ 08901											
B	01	03	01	-	29	M	-	-	01	04	04	-		Edgar Rufino 25 Hazelhurst Ave New Brunswick NJ 08901											
C	02	01	01	05	35	F	-	-	04	04	-	-		Janelle S Allen 214 B Front St Elizabeth NJ 07206											
D																									

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

144. Crash Diagram



145. Crash Description/Narrative

D1 stated that V2 was stopped in preparation to make a left hand turn. D1 said that V2's left turn signal was applied. D1 said that as he was passing by V2 V1 abruptly changed directions and began to make a right hand turn and contacted V1 as V1 was attempting to pass by.

D2 said she wasn't sure where V1 came from, but she was attempting to make a right turn and V1 and V2 made contact. The implication was that V1 was attempting to illegally pass V2 on the right.

After hearing both drivers accounts of the incident, both are plausible and I could not determine fault in this crash. Neither driver or passenger claimed any injuries at the scene.

Nothing further.

146. Officer's Signature Ganzer, Matthew	147. Badge # 7295	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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**New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram**

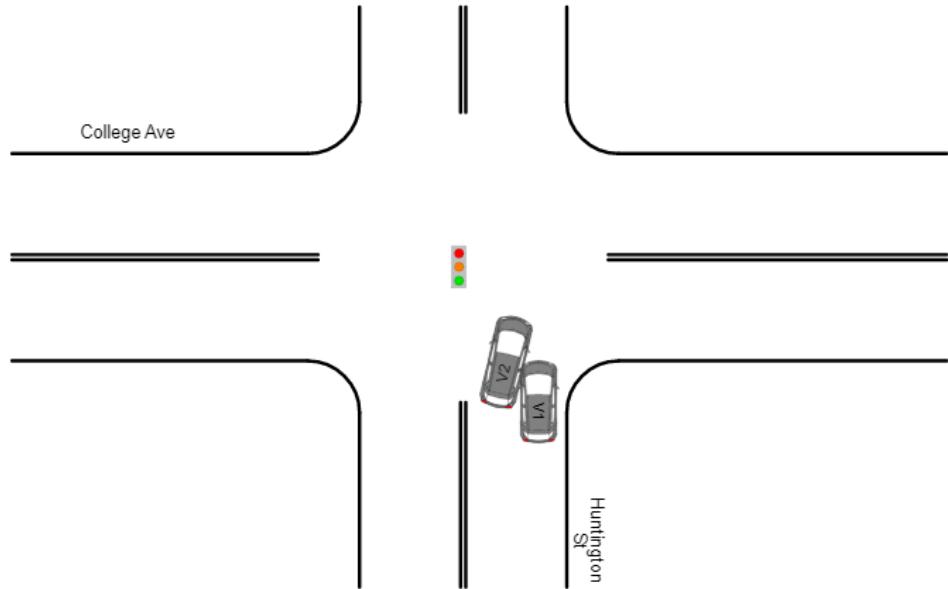
Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09645

144. Crash Diagram (NOT TO SCALE)



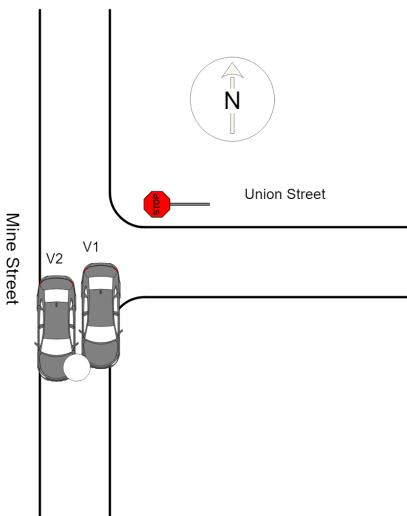
Not To Scale



New Jersey Police Crash Investigation Report												118a 02
Fatal												118b -
1. Case Number 23NB09647												119a 25
2. Police Dept. of New Brunswick City Police Department												119b -
3. Station/Precinct												120a 01
4. Date of Crash 11/03/2023												120b -
5. Day of Week Friday												121a 01
6. Time (use 2400 hrs.) 1548												121b -
7. Municipality Code 1214												122 03
8. Total Killed 0												123 01
9. Total Injured 0												124 08
10. Crash Occurred On: MINE ST												125
Road Name At Intersection with Feet Miles												126
Dir S 14 15 16												127
of: UNION ST/0												128
11. Speed Limit 25												129
12. Route No. 0												130 01
13. Milepost 25												131 12
14. To: Ramp												132 12
15. From: 21. Latitude 40.499830												133 04
16. Cross Road Name/Route No. 17. Route Name/Route No. 20. Route Name/Route No. 22. Longitude -74.451271												134 04
18. Speed Limit 25												135
19. To: Ramp												136
20. From: 21. Latitude 22. Longitude												137
23. Veh. # 01												138
24. Policy No. PANJ-009458508												139
25. NJ Ins. Code 071												140
26. Driver's First Name Initial VARUN												141
Last Name MATHUR												142
27. Number & Street 171 GRANTHAM DR												143
28. City SOMERSET												144
State NJ												145
Zip 08873-6459												146
30. Eyes 02												147
DL Class D												148
Restrictions T												149
Endorsements 00												150
31. State NJ												151
32. Driver's License Number M08187630012032												152
33. DOB 12/09/2003												153
34. Expires 12/09/2027												154
35. Owner's First Name Initial DIPAK												155
Last Name C MATHUR												156
36. Number & Street 171 GRANTHAM DR												157
37. City SOMERSET												158
State NJ												159
Zip 08873-6459												160
38. Make Nissan												161
39. Model ALTIMA												162
40. Color WT												163
41. Year 2015												164
42. Plate No. N62KBS												165
43. State NJ												166
44. VIN 1N4AL3AP7FC298102												167
45. Expires 05/01/2024												168
46. Vehicle Removed to: -												169
47. Authority Owner												170
48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending												171
49. Hazardous Material None On Board Spill												172
50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>												173
51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												174
52. Motor Carrier or Government Entity												175
Number & Street												176
City State Zip												177
Level of Autonomy 150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Unknown												178
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												179
Oper. 136. Charge												180
Oper. 140. Charge												181
137. Summons No.												182
141. Summons No.												183
Oper. 138. Charge												184
Oper. 142. Charge												185
143. Summons No.												186
Names & Addresses of Occupants If Deceased, Date & Time of Death												187
A 01 01 01 - 19 M - - 02 04 04 - - VARUN MATHUR 171 GRANTHAM DR SOMERSET NJ 08873-6459												188
B 02 01 01 - 20 F - - 02 04 03 - - ADRIANA M HRELJA 16 EARHART DR SUCCASUNNA NJ 07876-1081												189
C												190
D												191

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

144. Crash Diagram



145. Crash Description/Narrative

While V2 was trying to parallel park in front of 41 Mine Street, V1 made a left turn from Union Street onto Mine Street. V1 then collided into V2's front driver side quarter panel. Both V1 and V2 had extensive front end damage.

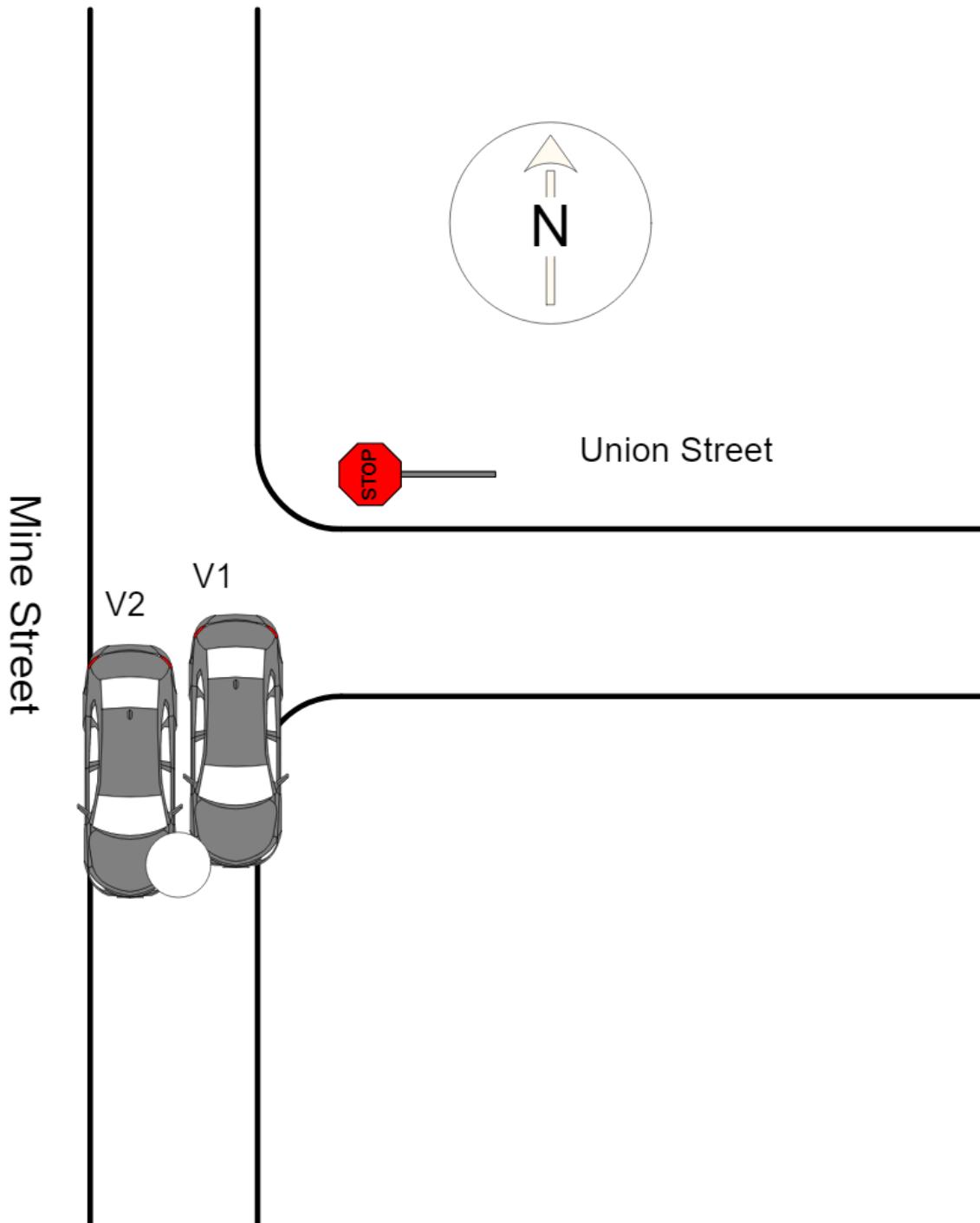
V2 was towed by Dependable Motors. There were no reported injuries or complaint of pain.

*****Other Descriptions*****

01 - - - Field 118a

146. Officer's Signature Chatterjee, Josh	147. Badge # 7349	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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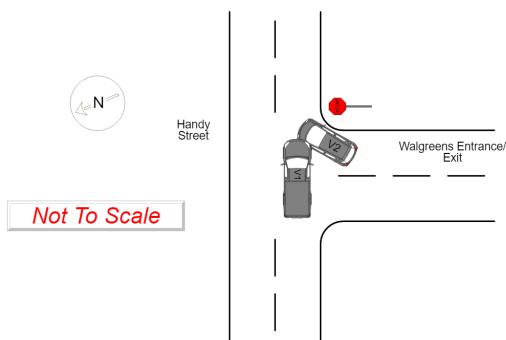
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report			
96 04	<input type="checkbox"/> Fatal						10. Crash Occurred On: HANDY ST						11. Speed Limit					118a 02	
97 01	1. Case Number 23NB09648						Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 238.0 Miles						Dir E	12. Route No.	Suffix	13. Milepost	18. Speed Limit	118b -	
98 01	2. Police Dept. of New Brunswick City Police Department						of: ALEXANDER ST						19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp	NB	EB	SB	WB	119a 02	
99 07	3. Station/Precinct New Brunswick						14 15 16						21. Latitude 40.491073	20. Route Name/Route No.	22. Longitude -74.453898	12. Route No.	Suffix	13. Milepost	119b -
100a 01	4. Date of Crash 11/03/2023		5. Day of Week Friday		6. Time (use 2400 hrs.) 1622		7. Municipality Code 1214	8. Total Killed 0	9. Total Injured 0	53. Veh. #	54. Policy No. nc10222389	55. NJ Ins. Code 946	120a 01						
100b 04	24. Veh. # 01 AX90779821						25. NJ Ins. Code 000						53. Veh. #	54. Policy No. nc10222389	55. NJ Ins. Code 946	120b 01			
101 02	26. Driver's First Name MIGUEL						Initial Last Name A MERINO-GARCIA						29. Sex M	56. Driver's First Name JACOB	Initial Last Name E CABAN	59. Sex M	121a 01		
102 01	27. Number & Street 80 LEE AVE APT 2						57. Number & Street 13 CANAL ST						121b 01						
103 01	28. City NEW BRUNSWICK						58. City LANDING						State Zip NJ 08901-3994	State Zip NJ 07850-1001	122 01				
104 02	30. Eyes 01	DL Class D	Restrictions 00	Endorsements 00	31. State NJ	60. Eyes 02	DL Class D	Restrictions 00	Endorsements 00	61. State NJ	123 02								
105 03	32. Driver's License Number M26925476107821						33. DOB 07/02/1982						34. Expires 07/02/2025	62. Driver's License Number C00043816507042	63. DOB 07/27/2004	64. Expires 07/27/2026	124 11		
106 -	35. Owner's First Name Driver MIGUEL						Initial Last Name A MERINO-GARCIA						65. Owner's First Name Driver JACOB	Initial Last Name E CABAN	125 08				
107 -	36. Number & Street 80 LEE AVE APT 2						66. Number & Street 13 CANAL ST						126a 26						
108 05	37. City NEW BRUNSWICK						67. City LANDING						State Zip NJ 08901-3994	State Zip NJ 07850-1001	126b -				
109 01	38. Make FORD	39. Model F-250	40. Color WT	41. Year 2020	42. Plate No. ZRA4673	43. State PA	68. Make AUDI	69. Model A5	70. Color BK	71. Year 2012	72. Plate No. Z653494	73. State NJ	126c -						
110 01	44. VIN 1FT7X2B68LEC66154						45. Expires 08/31/2024						74. VIN WAULFAFR8CA001433	75. Expires 11/28/2023			126d -		
111 01	46. Vehicle Removed to:												76. Vehicle Removed to: -			126e 26			
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene						<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded						<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded			127a -		
113 -	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			127b 26			
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="checkbox"/> Placard No.						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: <input type="checkbox"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="checkbox"/> Placard No.			127c -		
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX	81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			127d -		
116 02	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity			128 26			
117 01	Number & Street												Number & Street			129 12			
	City State Zip												City State Zip			130 12			
	Level of Autonomy 150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						Level of Autonomy 152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						131 11						
	151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						132 11						
	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												Names & Addresses of Occupants If Deceased, Date & Time of Death			133 01			
	Oper.	136. Charge						137. Summons No.			Oper.	138. Charge			139. Summons No.	134 02			
	Oper.	140. Charge						141. Summons No.			Oper.	142. Charge			143. Summons No.				
		83	84	85	86	87	88	89	90	91	92	93	94	95					
		A	01	01	-	-	41	M	-	-	02	04	04	06	-	MIGUEL A MERINO-GARCIA 80 LEE AVE APT 2 NEW BRUNSWICK NJ 08901-3994			
		B	02	01	-	05	19	M	-	-	-	04	04	06	-	JACOB E CABAN 13 CANAL ST LANDING NJ 07850-1001			
		C	02	03	-	05	23	F	-	-	-	04	04	06	-	Jhilyan S Astacio 920 nassau street North Brunswick NJ 08902			
		D																	

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

144. Crash Diagram



145. Crash Description/Narrative

On Friday, November 3, 2023 at 1622, Plaza, Josue responded to a crash on 238 Feet E of Handy St and Alexander St. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - White Ford F-250, Going Straight Ahead

Unit 2, Vehicle - Black Audi A5, Making Right Turn (Not Turn On Red)

D1 stated he didn't observe V2 causing him to strike V2.

D2 stated he stopped for the stop sign, but as he made the right turn was struck by V1.

Both parties denied medical attention. I have nothing further to report.

P.O. Plaza #7352

Other Descriptions

01 - Failed to observe vehicle 2 - Field 118a

01 - Out of state - Field 25

02 - Turned even tho observed V1 not stopping - Field 119a

146. Officer's Signature

Plaza, Josue

147. Badge #

7352

148. Reviewer

Evans, Patrick

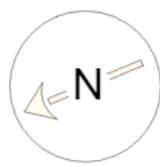
Badge #

5275

149. Case Status

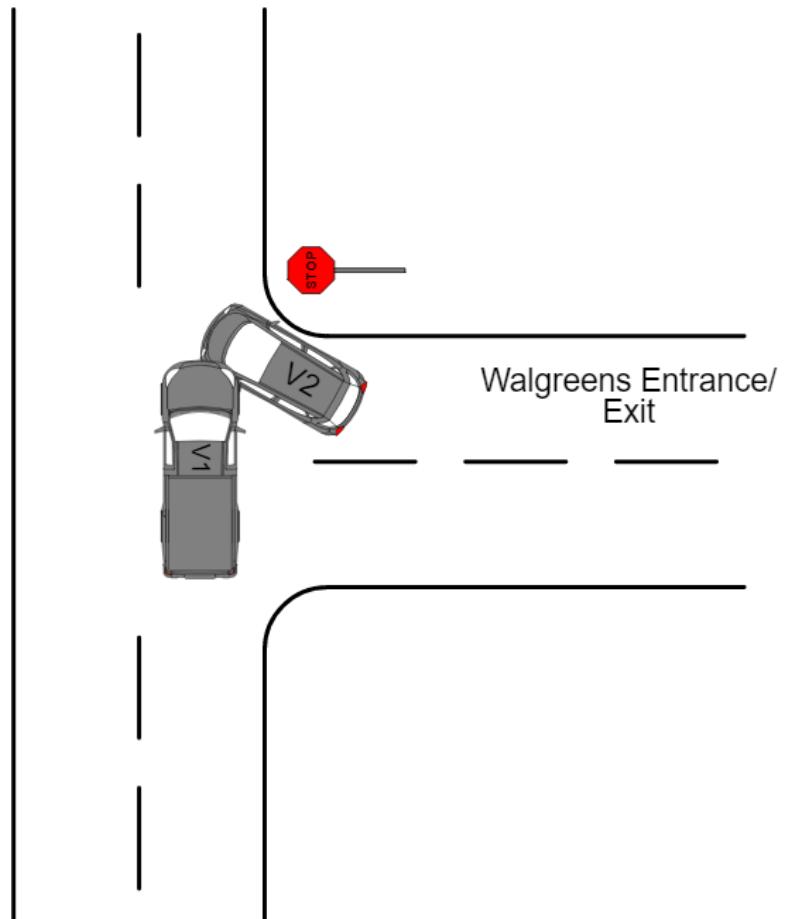
Pending Complete

144. Crash Diagram (NOT TO SCALE)



Handy
Street

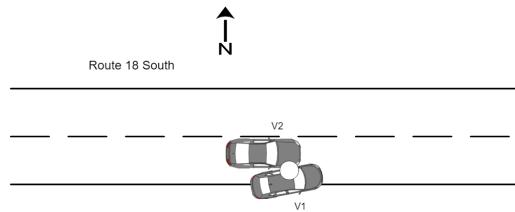
Not To Scale



New Jersey Police Crash Investigation Report														<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report	
96 01	<input type="checkbox"/> Fatal					10. Crash Occurred On: PHELPS AV					11. Speed Limit 50					118a 02			
97 01	1. Case Number 23NB09653				Road Name					Dir			12. Route No.		13. Milepost		118b - 119a 25		
98 06	2. Police Dept. of New Brunswick City Police Department				Code 01		<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 55.00 Miles					<input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W			14 15 16		18. Speed Limit 25		
99 02	3. Station/Precinct New Brunswick					of: NJ 18 SECONDARY/18					19. <input type="checkbox"/> To: 17. Cross Road Name/Route No.		<input type="checkbox"/> NB <input type="checkbox"/> EB		119b - 120a 01				
100a 01	4. Date of Crash 11/03/2023		5. Day of Week Friday		6. Time (use 2400 hrs.) 1924		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.485559		20. Route Name/Route No. 22. Longitude -74.425955				
100b 04	23. Veh. # 6125-75-21-85					25. NJ Ins. Code 000					53. Veh. # 6071-32-93-92		54. Policy No. 100		55. NJ Ins. Code 100		120b - 121a 01		
101 02	01 <input 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 ELIZABETH Initial G Last Name MEJIACELIS		29. Sex F		56. Driver's First Name ANTHONY Initial G Last Name PERALTA-HOYOS		59. Sex M		
102 01	27. Number & Street 64 WILLETT AVE														57. Number & Street 398 HILCREST AVE		121b - 122a 01		
103 01	28. City SOUTH RIVER State NJ Zip 08882-1631					31. State NJ					58. City SOMERSET State NJ Zip 08873-3079		122b - 123a 01						
104 02	30. Eyes 02		DL Class D		Restrictions 00		Endorsements 00		31. State NJ		60. Eyes 02		DL Class D		Restrictions 1		61. State NJ		
105 02	32. Driver's License Number M23262126762792					33. DOB 12/13/1979		34. Expires 12/13/2027		62. Driver's License Number P26460530007992		63. DOB 07/15/1999		64. Expires 07/15/2025		124a 08			
106 -	35. Owner's First Name ELIZABETH Initial G Last Name MEJIACELIS					65. Owner's First Name ANTONIO Initial R Last Name PERALTA					125a 04								
107 -	36. Number & Street 64 WILLETT AVE														66. Number & Street 57 QUENTIN AVE		126a - 126b - 126c - 126d - 126e - 126f - 126g - 126h - 126i - 126j - 126k - 126l - 126m - 126n - 126o - 126p - 126q - 126r - 126s - 126t - 126u - 126v - 126w - 126x - 126y - 126z - 127a - 127b - 127c - 127d - 127e - 127f - 127g - 127h - 127i - 127j - 127k - 127l - 127m - 127n - 127o - 127p - 127q - 127r - 127s - 127t - 127u - 127v - 127w - 127x - 127y - 127z - 128a - 128b - 128c - 128d - 128e - 128f - 128g - 128h - 128i - 128j - 128k - 128l - 128m - 128n - 128o - 128p - 128q - 128r - 128s - 128t - 128u - 128v - 128w - 128x - 128y - 128z - 129a - 129b - 129c - 129d - 129e - 129f - 129g - 129h - 129i - 129j - 129k - 129l - 129m - 129n - 129o - 129p - 129q - 129r - 129s - 129t - 129u - 129v - 129w - 129x - 129y - 129z - 130a - 130b - 130c - 130d - 130e - 130f - 130g - 130h - 130i - 130j - 130k - 130l - 130m - 130n - 130o - 130p - 130q - 130r - 130s - 130t - 130u - 130v - 130w - 130x - 130y - 130z - 131a - 131b - 131c - 131d - 131e - 131f - 131g - 131h - 131i - 131j - 131k - 131l - 131m - 131n - 131o - 131p - 131q - 131r - 131s - 131t - 131u - 131v - 131w - 131x - 131y - 131z - 132a - 132b - 132c - 132d - 132e - 132f - 132g - 132h - 132i - 132j - 132k - 132l - 132m - 132n - 132o - 132p - 132q - 132r - 132s - 132t - 132u - 132v - 132w - 132x - 132y - 132z - 133a - 133b - 133c - 133d - 133e - 133f - 133g - 133h - 133i - 133j - 133k - 133l - 133m - 133n - 133o - 133p - 133q - 133r - 133s - 133t - 133u - 133v - 133w - 133x - 133y - 133z - 134a - 134b - 134c - 134d - 134e - 134f - 134g - 134h - 134i - 134j - 134k - 134l - 134m - 134n - 134o - 134p - 134q - 134r - 134s - 134t - 134u - 134v - 134w - 134x - 134y - 134z - 135a - 135b - 135c - 135d - 135e - 135f - 135g - 135h - 135i - 135j - 135k - 135l - 135m - 135n - 135o - 135p - 135q - 135r - 135s - 135t - 135u - 135v - 135w - 135x - 135y - 135z - 136a - 136b - 136c - 136d - 136e - 136f - 136g - 136h - 136i - 136j - 136k - 136l - 136m - 136n - 136o - 136p - 136q - 136r - 136s - 136t - 136u - 136v - 136w - 136x - 136y - 136z - 137a - 137b - 137c - 137d - 137e - 137f - 137g - 137h - 137i - 137k - 137l - 137m - 137n - 137o - 137p - 137q - 137r - 137s - 137t - 137u - 137v - 137w - 137x - 137y - 137z - 138a - 138b - 138c - 138d - 138e - 138f - 138g - 138h - 138i - 138k - 138l - 138m - 138n - 138o - 138p - 138q - 138r - 138s - 138t - 138u - 138v - 138w - 138x - 138y - 138z - 139a - 139b - 139c - 139d - 139e - 139f - 139g - 139h - 139i - 139k - 139l - 139m - 139n - 139o - 139p - 139q - 139r - 139s - 139t - 139u - 139v - 139w - 139x - 139y - 139z - 140a - 140b - 140c - 140d - 140e - 140f - 140g - 140h - 140i - 140k - 140l - 140m - 140n - 140o - 140p - 140q - 140r - 140s - 140t - 140u - 140v - 140w - 140x - 140y - 140z - 141a - 141b - 141c - 141d - 141e - 141f - 141g - 141h - 141i - 141k - 141l - 141m - 141n - 141o - 141p - 141q - 141r - 141s - 141t - 141u - 141v - 141w - 141x - 141y - 141z - 142a - 142b - 142c - 142d - 142e - 142f - 142g - 142h - 142i - 142k - 142l - 142m - 142n - 142o - 142p - 142q - 142r - 142s - 142t - 142u - 142v - 142w - 142x - 142y - 142z - 143a - 143b - 143c - 143d - 143e - 143f - 143g - 143h - 143i - 143k - 143l - 143m - 143n - 143o - 143p - 143q - 143r - 143s - 143t - 143u - 143v - 143w - 143x - 143y - 143z - 144a - 144b - 144c - 144d - 144e - 144f - 144g - 144h - 144i - 144k - 144l - 144m - 144n - 144o - 144p - 144q - 144r - 144s - 144t - 144u - 144v - 144w - 144x - 144y - 144z - 145a - 145b - 145c - 145d - 145e - 145f - 145g - 145h - 145i - 145k - 145l - 145m - 145n - 145o - 145p - 145q - 145r - 145s - 145t - 145u - 145v - 145w - 145x - 145y - 145z - 146a - 146b - 146c - 146d - 146e - 146f - 146g - 146h - 146i - 146k - 146l - 146m - 146n - 146o - 146p - 146q - 146r - 146s - 146t - 146u - 146v - 146w - 146x - 146y - 146z - 147a - 147b - 147c - 147d - 147e - 147f - 147g - 147h - 147i - 147k - 147l - 147m - 147n - 147o - 147p - 147q - 147r - 147s - 147t - 147u - 147v - 147w - 147x - 147y - 147z - 148a - 148b - 148c - 148d - 148e - 148f - 148g - 148h - 148i - 148k - 148l - 148m - 148n - 148o - 148p - 148q - 148r - 148s - 148t - 148u - 148v - 148w - 148x - 148y - 148z - 149a - 149b - 149c - 149d - 149e - 149f - 149g - 149h - 149i - 149k - 149l - 149m - 149n - 149o - 149p - 149q - 149r - 149s - 149t - 149u - 149v - 149w - 149x - 149y - 149z - 150a - 150b - 150c - 150d - 150e - 150f - 150g - 150h - 150i - 150k - 150l - 150m - 150n - 150o - 150p - 150q - 150r - 150s - 150t - 150u - 150v - 150w - 150x - 150y - 150z - 151a - 151b - 151c - 151d - 151e - 151f - 151g - 151h - 151i - 151k - 151l - 151m - 151n - 151o - 151p - 151q - 151r - 151s - 151t - 151u - 151v - 151w - 151x - 151y - 151z - 152a - 152b - 152c - 152d - 152e - 152f - 152g - 152h - 152i - 152k - 152l - 152m - 152n - 152o - 152p - 152q - 152r - 152s - 152t - 152u - 152v - 152w - 152x - 152y - 152z - 153a - 153b - 153c - 153d - 153e - 153f - 153g - 153h - 153i - 153k - 153l - 153m - 153n - 153o - 153p - 153q - 153r - 153s - 153t - 153u - 153v - 153w - 153x - 153y - 153z - 154a - 154b - 154c - 154d - 154e - 154f - 154g - 154h - 154i - 154k - 154l - 154m - 154n - 154o - 154p - 154q - 154r - 154s - 154t - 154u - 154v - 154w - 154x - 154y - 154z - 155a - 155b - 155c - 155d - 155e - 155f - 155g - 155h - 155i - 155k - 155l - 155m - 155n - 155o - 155p - 155q - 155r - 155s - 155t - 155u - 155v - 155w - 155x - 155y - 155z - 156a - 156b - 156c - 156d - 156e - 156f - 156g - 156h - 156i - 156k - 156l - 156m - 156n - 156o - 156p - 156q - 156r - 156s - 156t - 156u - 156v - 156w - 156x - 156y - 156z - 157a - 157b - 157c - 157d - 157e - 157f - 157g - 157h - 157i - 157k - 157l - 157m - 157n - 157o - 157p - 157q - 157r - 157s - 157t - 157u - 157v - 157w - 157x - 157y - 157z - 158a - 158b - 158c - 158d - 158e - 158f - 158g - 158h - 158i - 158k - 158l - 158m - 158n - 158o - 158p - 158q - 158r - 158s - 158t - 158u - 158v - 158w - 158x - 158y - 158z - 159a - 159b - 159c - 159d - 159e - 159f - 159g - 159h - 159i - 159k - 159l - 159m - 159n - 159o - 159p - 159q - 159r - 159s - 159t - 159u - 159v - 159w - 159x - 159y - 159z - 160a - 160b - 160c - 160d - 160e - 160f - 160g - 160h - 160i - 160k - 160l - 160m - 160n - 160o - 160p - 160q - 160r - 160s - 160t - 160u - 160v - 160w - 160x - 160y - 160z - 161a - 161b - 161c - 161d - 161e - 161f - 161g - 161h - 161i - 161k - 161l - 161m - 161n - 161o - 161p - 161q - 161r - 161s - 161t - 161u - 161v - 161w - 161x - 161y - 161z - 162a - 162b - 162c - 162d - 162e - 162f - 162g - 162h - 162i - 162k - 162l - 162m - 162n - 162o - 162p - 162q - 162r - 162s - 162t - 162u - 162v - 162w - 162x - 162y - 162z - 163a - 163b - 163c - 163d - 163e - 163f - 163g - 163h - 163i - 163k - 163l - 163m - 163n - 163o - 163p - 163q - 163r - 163s - 163t - 163u - 163v - 163w - 163x - 163y - 163z - 164a - 164b - 164c - 164d - 164e - 164f - 164g - 164h - 164i - 164k - 164l - 164m - 164n - 164o - 164p - 164q - 164r - 164s - 164t - 164u - 164v - 164w - 164x - 164y - 164z - 165a - 165b - 165c - 165d - 165e - 165f - 165g - 165h - 165i - 165k - 165l - 165m - 165n - 165o - 165p - 165q - 165r - 165s - 165t - 165u - 165v - 165w - 165x - 165y - 165z - 166a - 166b - 166c - 166d - 166e - 166f - 166g - 166h - 166i - 166k - 166l - 166m - 166n - 166o - 166p - 166q 		

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

144. Crash Diagram



145. Crash Description/Narrative

Vehicle 2 was traveling on the right lane on Route 18 South. Vehicle 1 made a right turn from Phelps Avenue onto Route 18 South. Vehicle 1 then collided into Vehicle 2.

Vehicle 1 had moderate damages to the driver side doors. Vehicle 2 had extensive front end damage, and was towed by Rich's Towing. There were no reported injuries or complaint of pain.

*****Other Descriptions*****

01 - did not pay attention to oncoming traffic - Field 118a

01 - 369 - Field 25

146. Officer's Signature Chatterjee, Josh	147. Badge # 7349	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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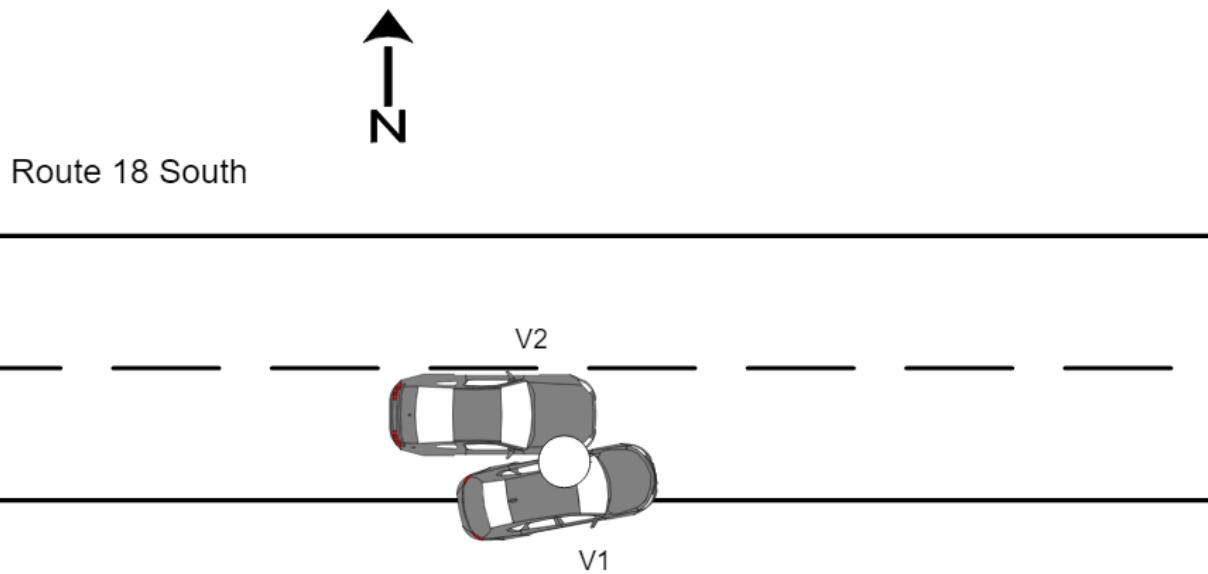
**New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram**

Police Dept: New Brunswick City Police Department Code: 01

Station: New Brunswick

Case No: 23NB09653

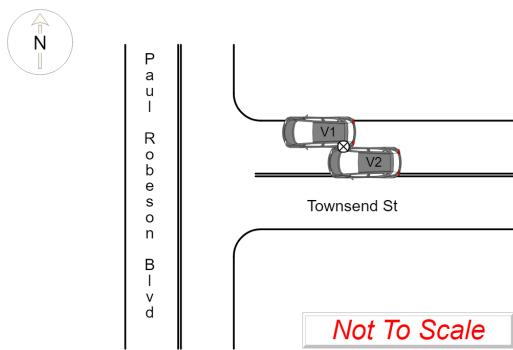
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												118a 25															
Fatal				Reportable				Non-Reportable				Change Report															
96 04	1. Case Number 23NB09656				10. Crash Occurred On: TOWNSEND ST				11. Speed Limit W 25						118b -												
97 01	2. Police Dept. of New Brunswick City Police Department				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 25.00 <input type="checkbox"/> Miles 14 15 16				Dir N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		12. Route No. Suffix 13. Milepost of: PAUL ROBESON BLVD 25				119a 00												
98 00	3. Station/Precinct New Brunswick				14. Time (use 2400 hrs.) 11/03/2023				15. Municipality Code 2057		16. Total Killed 1214 0		17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.486017				119b 00										
99 07	18. Speed Limit 25				19. To: 17. Cross Road Name/Route No. NB <input type="checkbox"/> EB SB <input type="checkbox"/> WB				20. Route Name/Route No. 22. Longitude -74.440904				120a														
100a 01	23. Veh. # 24. Policy No. 01 946208978				25. NJ Ins. Code 134				26. Driver's First Name Initial Last Name Initial Last Name				27. Number & Street 00				120b										
100b 04					28. City State Zip 00				29. Sex 00				30. Eyes DL Class Restrictions Endorsements 31. State 00 00 00 99				121a 00										
101 02	<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run								56. Driver's First Name Initial Last Name Initial Last Name				57. Number & Street 00				121b 00										
102 01									58. City State Zip 00																		
103 01																											
104 02																											
105 06	32. Driver's License Number Initial Last Name				33. DOB				34. Expires				62. Driver's License Number 00				122 10										
106 -	<input type="checkbox"/> Same as Driver ABIGAIL ALVAREZ												63. DOB				123 00										
107 -	36. Number & Street 106 PAUL ROBESON BLV.												64. Expires														
108 01	37. City State Zip NEW BRUNSWICK NJ 08901-2701								67. City State Zip 00								125 04										
109 00	38. Make Audi		39. Model A6		40. Color BK	41. Year 2021	42. Plate No. Y62NSR	43. State NJ	68. Make 00				69. Model 00	70. Color UK	71. Year 00	72. Plate No. 00	73. State -	126a 28									
110 01	44. VIN WAUE3AF2XMN066623				45. Expires 05/31/2025				74. VIN 00								75. Expires	126c -									
111 00	46. Vehicle Removed to: -								76. Vehicle Removed to: 00									126d -									
112 -	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded								<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded									126e 28									
113 00	47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police								77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police									127a 26									
114 -																		127b									
115 -	48. Alcohol/Drug Test Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <input type="checkbox"/> % <input type="checkbox"/> Pending				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ <input type="checkbox"/> Placard No.				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: <input type="checkbox"/> % <input type="checkbox"/> Pending				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ <input type="checkbox"/> Placard No.					127c -									
116 04					50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.					127d -					
117 00	52. Motor Carrier or Government Entity								82. Motor Carrier or Government Entity									128 26									
Number & Street												Number & Street													129 07		
City State Zip												City State Zip													130 07		
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown											131 00		
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown											132 00		
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																									133 02		
Oper.	136. Charge								137. Summons No.				Oper.	138. Charge								139. Summons No.					134 00
Oper.	140. Charge								141. Summons No.				Oper.	142. Charge								143. Summons No.					
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death													
	02	01	00	00		U	00	00	02	00	00	00	00	00 - 00 00 00													

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

144. Crash Diagram



145. Crash Description/Narrative

On Friday, November 3, 2023, I (Officer Vazquez) was on patrol and attired in the uniform of the day utilizing marked patrol vehicle 931. At approximately 2104 hrs, I was dispatched to 106 Paul Robeson Blvd for a belated motor vehicle accident.

The owner of V1 stated she parked her vehicle on Townsend St at approximately 1430 hrs. She was then notified at approximately 1530 hrs. that her vehicle appeared to be damaged. She further stated that it is unlikely the damage was caused when she was at work and had to happen when it was parked on Townsend St.

V1 sustained minor damage to the driver side rear bumper and quarter panel.

Nothing further to report at this time.

146. Officer's Signature

Vazquez, Noe

147. Badge #

7367

148. Reviewer

Evans, Patrick

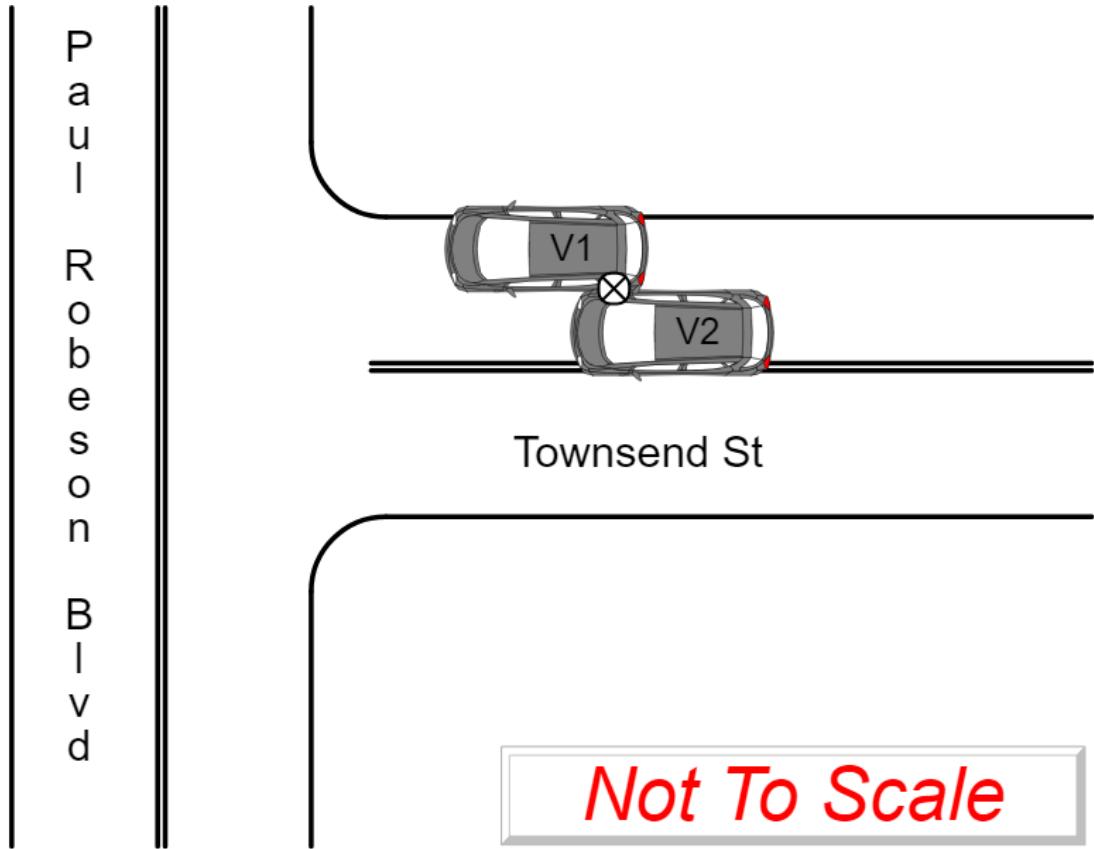
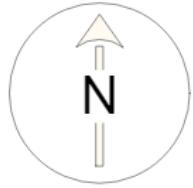
Badge #

5275

149. Case Status

Pending Complete

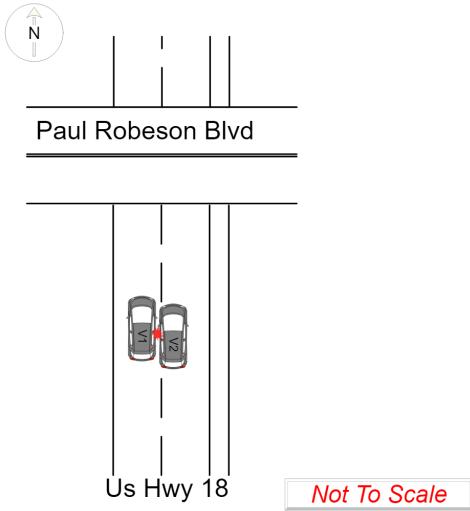
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report											
96 01	<input type="checkbox"/> Fatal						10. Crash Occurred On: NJ 18 EXPRESS						N	11. Speed Limit	45	18		41.7									
97 01	1. Case Number 23NB09657						Road Name <input checked="" type="checkbox"/> At Intersection with						Dir	12. Route No.	Suffix	13. Milepost	18. Speed Limit										
98 06	2. Police Dept. of New Brunswick City Police Department						<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W						of: PAUL ROBESON BLVD														
99 02	3. Station/Precinct NEW BRUNSWICK						14 15 16						19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 20. Route Name/Route No. 22. Longitude														
100a 01	4. Date of Crash 11/03/2023						5. Day of Week Friday						6. Time (use 2400 hrs.)	7. Municipality Code	8. Total Killed	9. Total Injured	10. Speed Limit	18. Speed Limit									
100b 04	23. Veh. # 01 4562870552						25. NJ Ins. Code 100						53. Veh. # 02 6059755542061	54. Policy No. 55. NJ Ins. Code 884													
101 02	26. Driver's First Name Initial Last Name TIMOTHY R BROWN						29. Sex M						56. Driver's First Name Initial Last Name THOMAS MARINO														
102 01	27. Number & Street 8-3 WESTERLEA AVE						57. Number & Street 87 STANWICK CT																				
103 01	28. City State Zip HIGHTSTOWN NJ 08520-3958						58. City State Zip SOMERSET NJ 08873-4412																				
104 02	30. Eyes 02		DL Class A		Restrictions L		Endorsements H		31. State NJ		60. Eyes 02		DL Class D		Restrictions 00		61. State NJ										
105 02	32. Driver's License Number B76107427907722						33. DOB 07/15/1972						34. Expires 07/15/2026						62. Driver's License Number M06017400057742		63. DOB 07/18/1974		64. Expires 07/18/2024				
106 -	35. Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same as Driver TIMOTHY R BROWN						65. Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same as Driver THOMAS MARINO																				
107 -	36. Number & Street 8-3 WESTERLEA AVE						66. Number & Street 87 STANWICK CT																				
108 01	37. City State Zip HIGHTSTOWN NJ 08520-3958						67. City State Zip SOMERSET NJ 08873-4412																				
109 01	38. Make Ford		39. Model FUS		40. Color WT		41. Year 2018		42. Plate No. P31SHL		43. State NJ		68. Make Honda		69. Model CIV		70. Color GY		71. Year 2023		72. Plate No. A92MAY		73. State NJ				
110 01	44. VIN 3FA6P0HD4JR183214						45. Expires 06/01/2024						74. VIN 2HGFE2F56PH542687						75. Expires 01/01/2024								
111 01	46. Vehicle Removed to: -												76. Vehicle Removed to: -														
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded														
113 -	47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police														
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ <input type="checkbox"/> Placard No.						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: <input type="checkbox"/> % <input type="checkbox"/> Pending						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ <input type="checkbox"/> Placard No.								
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX						81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.								
116 01	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity														
117 01	Number & Street												Number & Street														
City State Zip												City State Zip															
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																	
151 - ENGAGED		<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						153 - ENGAGED		<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																	
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												136. Charge															
Oper.	136. Charge											137. Summons No.		Oper.	138. Charge											139. Summons No.	
Oper.	140. Charge											141. Summons No.		Oper.	142. Charge											143. Summons No.	
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death													
	01	01	01	-	51	M	-	-	04	04	-	-	-	TIMOTHY R BROWN 8-3 WESTERLEA AVE HIGHTSTOWN NJ 08520-3958													
	02	01	01	-	49	F	-	-	01	00	00	-	-	THOMAS MARINO 87 STANWICK CT SOMERSET NJ 08873-4412													
	02	03	01	-	15	M	-	-	01	00	00	-	-	Vincent - Marino 87 Stanwick Ct Somerset NJ 08873													

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

144. Crash Diagram



145. Crash Description/Narrative

On Friday, November 3, 2023, I (Officer Vazquez) was on patrol and attired in the uniform of the day utilizing marked patrol vehicle 931. At approximately 2138 hrs, I was dispatched to US Hwy 18 N and Paul Robeson Blvd for a motor vehicle accident.

D1 stated that he was driving in the left hand lane of Us Hwy 18 N Express approximately across from the Exxon Gas Station (80 Memorial Pkwy). D1 stated that V2 was driving aggressively behind him and attempting to pass him. D1 stated that V2 then switched to the right hand lane and began to pass him and while doing so struck V1. D1 did not report any injuries. D1 stated that V2 fled the scene and could only describe V2 as a gray sports car. V1 sustained minor damage to the rear and front passenger side door and the passenger side fender.

D2 called NBPD dispatch at a later time and I was able to contact him for his side of the story. D2 stated that he was driving on Us Hwy 18 N approaching the George St exit. D2 stated that while he was behind V1, V1 began to brake check him. D2 stated that his told him to get away from V1 so he began to switch to the right hand lane. D2 stated as he was passing V1, V1 suddenly swerved onto the ride hand lane striking V2. D2 stated he left the area as he was scared for his son for his medical history. D2 stated he called NBPD dispatch immediately once he arrived home. D2 stated no one was injured from this accident and V2 sustained minor damage to the drive side rear and front door.

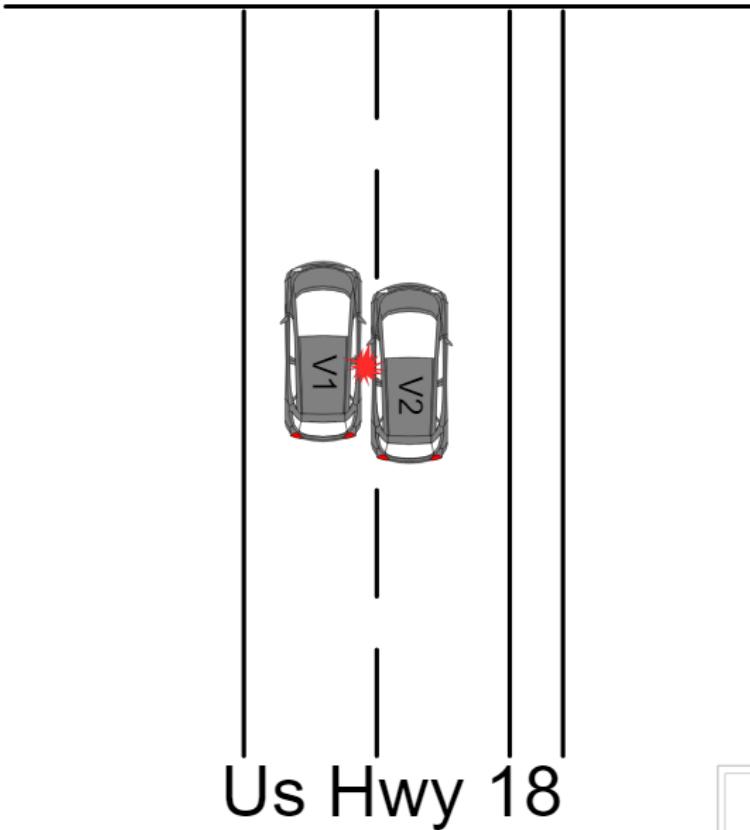
Nothing further to report at this time.

146. Officer's Signature Vazquez, Noe	147. Badge # 7367	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)



Paul Robeson Blvd



Not To Scale

Vazquez, Noe

NJTR-1B (Rev. 01/17)

Officer's Signature

7367

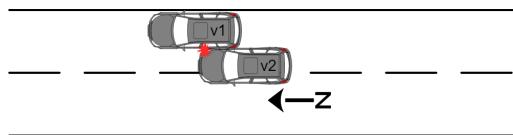
Badge Number

New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																																																																
96 05	<input type="checkbox"/> Fatal				10. Crash Occurred On: JONES AV												11. Speed Limit 25					118a 25																																																																										
97 01	1. Case Number 23NB09658				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles 86.00												Dir	12. Route No. Suffix		13. Milepost	118b 25																																																																											
98 06	2. Police Dept. of New Brunswick City Police Department				Code 01				of: COMSTOCK ST												18. Speed Limit			119a 02																																																																								
99 07	3. Station/Precinct New Brunswick				8. Total Killed 0				9. Total Injured 0				19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:				<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b 00																																																																													
100a 01	4. Date of Crash 11/03/2023				5. Day of Week Friday				6. Time (use 2400 hrs.) 2156				7. Municipality Code 1214		21. Latitude 40.481989		20. Route Name/Route No. -74.443000		22. Longitude		120a																																																																											
100b 04	23. Veh. # 01				24. Policy No. int60104878101				25. NJ Ins. Code 078				53. Veh. # 02				54. Policy No. 00				55. NJ Ins. Code UNK		120b																																																																									
101 02	<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input checked="" type="checkbox"/> Hit & Run				26. Driver's First Name Iwaquim				Initial W				29. Sex Riles				56. Driver's First Name 00				Initial 0		59. Sex U	121a 00																																																																								
102 01	27. Number & Street 1314 birchwood court				28. City north brunswick				State NJ				29. State 08901				30. Eyes 00				31. State 00		32. Driver's License Number 2HNYD2H68AH510373	33. DOB RD	34. Expires 2010 h44sel	35. Owner's First Name Iwaquim	Initial W	Last Name Riles	36. Number & Street 00	37. City 00	38. Make ACURA	39. Model MDX	40. Color RD	41. Year 2010	42. Plate No. h44sel	43. State NJ	44. VIN 2HNYD2H68AH510373	45. Expires 00	46. Vehicle Removed to: 00	47. Authority Owner	48. Alcohol Drug Test Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <input type="checkbox"/> % <input type="checkbox"/> Pending	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill 00	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	52. Motor Carrier or Government Entity 00	53. Number & Street 00	54. City 00	55. State 00	56. Zip 00	57. Number & Street 00	58. City 00	59. State 00	60. Zip 00	61. Eyes 00	62. Driver's License Number 00	63. DOB 00	64. Expires 00	65. Owner's First Name 00	66. Number & Street 00	67. City 00	68. Make 00	69. Model 00	70. Color UK	71. Year 00	72. Plate No. 00	73. State 00	74. VIN 00	75. Expires 00	76. Vehicle Removed to: 00	77. Authority Driver	78. Alcohol Drug Test Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <input type="checkbox"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill 00	80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	82. Motor Carrier or Government Entity 00	83. Number & Street 00	84. City 00	85. State 00	86. Zip 00	87. Level of Autonomy 150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown	88. 152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown	89. 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown	90. 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No	91. 136. Charge 00	92. 137. Summons No. 00	93. Oper. 00	94. 138. Charge 00	95. Oper. 00	96. 139. Summons No. 00	97. Oper. 00	98. 140. Charge 00	99. 141. Summons No. 00	100. Oper. 00	101. 142. Charge 00	102. 143. Summons No. 00	103. Names & Addresses of Occupants If Deceased, Date & Time of Death 00 00 00 00 00 00
A	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death 00 00 00 00 00 00																																																																																		
B	02	01	-	00		U	00	00	00	00	00	00	00																																																																																			
C																																																																																																
D																																																																																																

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

144. Crash Diagram

Not To Scale



145. Crash Description/Narrative

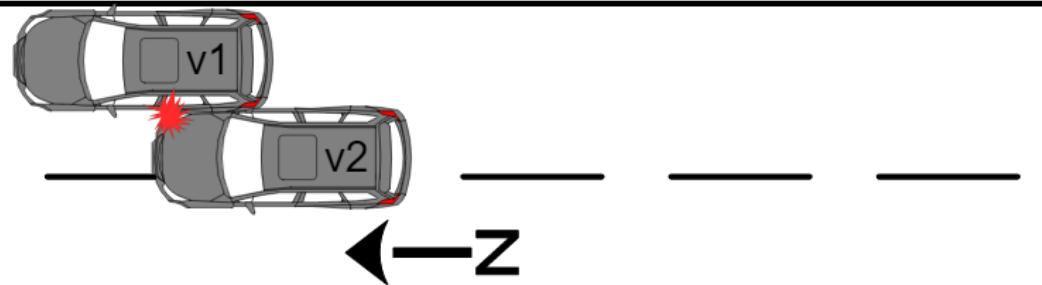
Owner of Parked 2 stated he was in the house when he heard the noise. V1 state he was in the residence and when he walked out he observed his vehicle to have scratches. V1 received moderate damage and vehicle was left on scene.

It should be noted V2 left the scene prior to our arrival.

146. Officer's Signature Maldonado, Deanna	147. Badge # 7364	148. Reviewer Faller, Daniel	Badge # 7355	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

Not To Scale

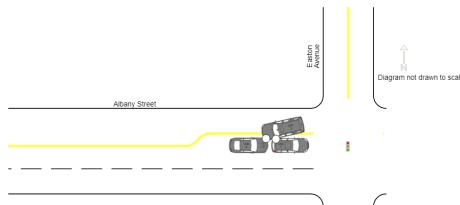


New Jersey Police Crash Investigation Report														118a 25															
96 04		<input type="checkbox"/> Fatal		10. Crash Occurred On: NJ 27				11. Speed Limit N 25		27				16.2															
97 -		1. Case Number 23NB09659		Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 15.00 Miles <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W				Dir		12. Route No. Suffix				18. Speed Limit 25															
98 06		2. Police Dept. of New Brunswick City Police Department		Code 01		of: EASTON AVENUE										118b -													
99 05		3. Station/Precinct		14 15 16		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.496237 20. Route Name/Route No. 22. Longitude -74.446235										119a 25													
100a 01		4. Date of Crash 11/03/2023		5. Day of Week Friday		6. Time (use 2400 hrs.) 2221		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0						119b -											
100b 04		23. Veh. # 01		24. Policy No. 939939379		25. NJ Ins. Code 054		53. Veh. # 02		54. Policy No. 909856310						120a 01													
101 02		26. Driver's First Name OSCAR		Initial J		Last Name ZEGARRA		29. Sex M		56. Driver's First Name HAMID		Initial WALLI				120b -													
102 01		27. Number & Street 10A S 13TH AVE								57. Number & Street 2014 MAPLE AVENUE						121a 01													
103 01		28. City MANVILLE		State NJ		Zip 08835-1739		58. City SO. PLAINFIELD		State NJ		Zip 07080-4700				121b -													
104 03		30. Eyes 01		DL Class D		Restrictions 0		31. State NJ		60. Eyes 02		DL Class D		Restrictions 0		Endorsements 61. State NJ		122 08											
105 04		32. Driver's License Number Z22176097104951		33. DOB 04/12/1995		34. Expires 04/12/2025		62. Driver's License Number W02973110005972		63. DOB 05/08/1997		64. Expires 05/08/2026						123 08											
106 -		35. Owner's First Name OSCAR		Initial J		Last Name ZEGARRA				65. Owner's First Name HAMID		Initial WALLI						124 03											
107 -		36. Number & Street 10A S 13TH AVE								66. Number & Street 2014 MAPLE AVENUE								125 03											
108 01		37. City MANVILLE		State NJ		Zip 08835-1739		67. City SO. PLAINFIELD		State NJ		Zip 07080-4700						126a 26											
109 01		38. Make FORD		39. Model Escape		40. Color SL		41. Year 2018		42. Plate No. e69ppp		43. State NJ		68. Make BMW		69. Model 235		70. Color BK		71. Year 2015		72. Plate No. 12EZLE		73. State NJ				126b -	
110 01		44. VIN 1FMCU0F79JUA04592						45. Expires 04/30/2025		74. VIN WBA1J7C59FV253487														75. Expires 08/01/2024				126c -	
111 01		46. Vehicle Removed to: Guaranteed towing								76. Vehicle Removed to: Guaranteed Towing																		126d -	
112 -		<input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene		<input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded						<input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene		<input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded														126e 26			
113 -		47. Authority								77. Authority																		127a -	
114 -		<input type="checkbox"/> Owner		<input type="checkbox"/> Driver		<input checked="" type="checkbox"/> Police				<input type="checkbox"/> Owner		<input type="checkbox"/> Driver		<input checked="" type="checkbox"/> Police												127b -			
115 -		48. 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				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.				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				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.										127c -					
116 02		Results: <input type="checkbox"/> % <input type="checkbox"/> Pending																										127d -	
117 02		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.										127e -					
52. Motor Carrier or Government Entity										82. Motor Carrier or Government Entity																128 26			
Number & Street										Number & Street																129 08			
City						State Zip				City				State Zip												130 08			
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														131 11					
151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														132 11					
135. Damage to Other Property		<input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																								133 04			
Oper.		136. Charge				137. Summons No.		Oper.		138. Charge				139. Summons No.										134 04					
Oper.		140. Charge				141. Summons No.		Oper.		142. Charge				143. Summons No.												135 04			
83		84		85		86		87		88		89		90		91		92		93		94		95		Names & Addresses of Occupants If Deceased, Date & Time of Death			
A		01		01		-		-		28		M														OSCAR J ZEGARRA 10A S 13TH AVE MANVILLE NJ 08835-1739			
B		02		01		-		-		26		M														HAMID WALLI 2014 MAPLE AVENUE SO. PLAINFIELD NJ 07080-4700			
C		03		01		-		-		36		F														GABRIELLE J HARDY 80 FRANKLIN ST S BOUND BROOK NJ 08880-1455			
D		03		03		01		-		84		M														Robert J Dronebarger 80 Franklin Street South Bound Brook NJ 08880			

		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																							
96	04	<input type="checkbox"/> Fatal				1. Case Number 23NB09659				10. Crash Occurred On: NJ 27				11. Speed Limit Dir N 25		27		16.2		118a 02																					
97	-									Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 15.00 <input type="checkbox"/> Miles 14 15				<input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W 16		12. Route No. Suffix 13. Milepost 25				118b																					
98	06									of: EASTON AVENUE								119a -																							
99	05									19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 20. Route Name/Route No. 22. Longitude				<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input checked="" type="checkbox"/> WB 40.496237 -74.446235				119b -																							
100a	01	4. Date of Crash 11/03/2023		5. Day of Week Friday		6. Time (use 2400 hrs.) 2221		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0						120a 01																							
100b	04	23. Veh. # 23173301001				24. Policy No. 997				25. NJ Ins. Code 997				53. Veh. # -		54. Policy No. -		55. NJ Ins. Code -		120b																					
101	02	26. Driver's First Name GABRIELLE				Initial J				Last Name HARDY				29. Sex F		56. Driver's First Name -				59. Sex -		121a -																			
102	01	27. Number & Street 80 FRANKLIN ST												57. Number & Street -								121b -																			
103	01	28. City S BOUND BROOK												State Zip NJ 08880-1455				58. City -				State Zip -																			
104	3	30. Eyes 05		DL Class D		Restrictions 0		Endorsements		31. State NJ		60. Eyes -		DL Class -		Restrictions -		Endorsements -		61. State -		122 02																			
105	04	32. Driver's License Number H05722707155875				33. DOB 05/23/1987				34. Expires 05/23/2024				62. Driver's License Number -		63. DOB -		64. Expires -						123 -																	
106	-	35. Owner's First Name Same as Driver MIGUEL				Initial GUTIERREZ				65. Owner's First Name Same as Driver -				Initial Last Name								124 03																			
107	-	36. Number & Street 80 FRANKLIN ST												66. Number & Street -												125 -															
108	-	37. City WAGOS BOUND BROOK				State Zip NJ 08880-1455				67. City -				State Zip -				68. Make -				126a 26																			
109	-	38. Make Chevrolet		39. Model TRA		40. Color SL		41. Year 2014		42. Plate No. W79RDU		43. State NJ		69. Model -		70. Color -		71. Year -		72. Plate No. -		73. State -		126b 26																	
110	01	44. VIN 1GNKRGKD6EJ157886				45. Expires 06/01/2024				74. VIN -				75. Expires -												126c															
111	-	46. Vehicle Removed to: Puleio's Towing												76. Vehicle Removed to: -																126d											
112	-	<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												126e 26															
113	-	47. Authority Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police												77. Authority Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police																127a											
114	-	48. 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				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Results: <input type="checkbox"/> % <input type="checkbox"/> Pending				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				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Results: <input type="checkbox"/> % <input type="checkbox"/> Pending												127b															
115	-	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.												127c															
116	04	52. Motor Carrier or Government Entity Number & Street												82. Motor Carrier or Government Entity Number & Street																127d											
117	-	City State Zip				City State Zip																				128 26															
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														129 11																	
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																																130 11									
Oper. 03		136. Charge 39:4-97								137. Summons No. 1214 Q 523297				Oper.		138. Charge						139. Summons No.								131 -											
Oper.		140. Charge								141. Summons No.				Oper.		142. Charge						143. Summons No.								132 -											
E		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death																133 04										
F																																						134 -			
G																																									
H																																									

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

144. Crash Diagram



145. Crash Description/Narrative

D1 stated while stopped at the traffic signal, V1 was struck by V3.

D2 stated while stopped at the traffic signal behind V1, V2 was struck by V3.

D3 stated while making the right turn onto Albany Street from Easton Avenue, her passenger began to complain of chest and stomach pain, causing her to take her eyes off the roadway. At this time V3 struck V1 and V2.

*****Other Descriptions*****

03 - Not paying attention to the roadway - Field 118a

146. Officer's Signature

Fatula, Guiseppi

147. Badge #

7357

148. Reviewer

Evans, Patrick

Badge #

5275

149. Case Status

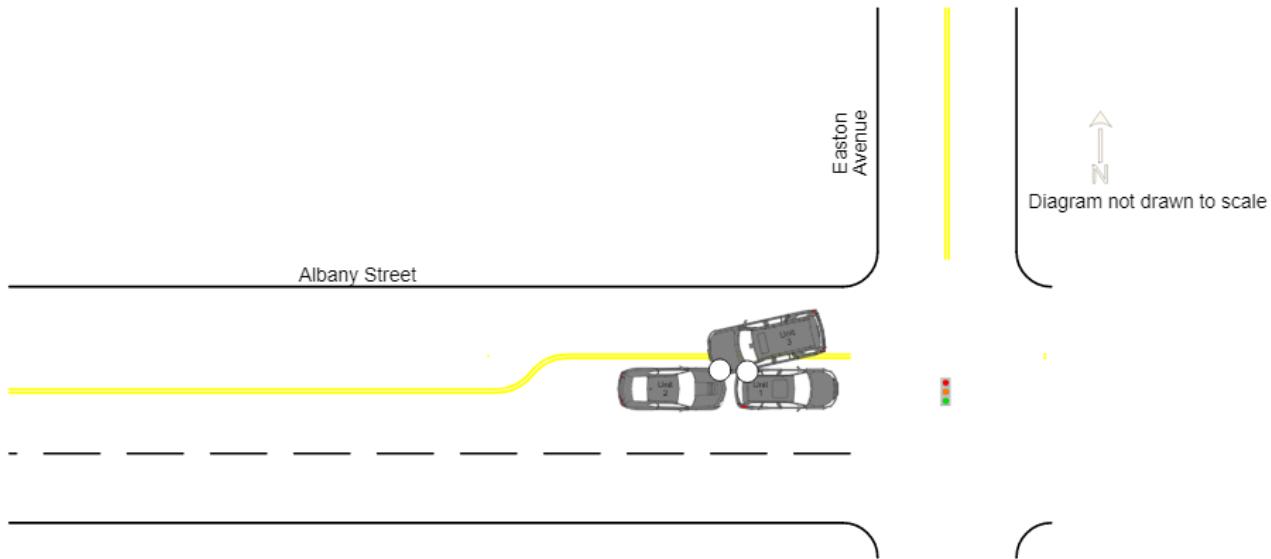
Pending Complete

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

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09659

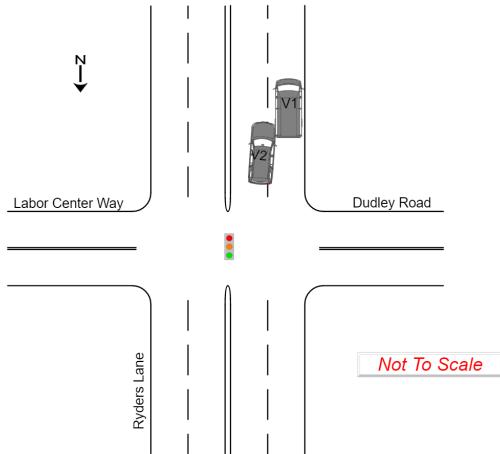
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report													Reportable		Non-Reportable		Change Report																																																																																																						
96 04		<input type="checkbox"/> Fatal															<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																																																																																																				
97 01	1. Case Number 23NB09672				10. Crash Occurred On: RYDERS LANE							Road Name Dir		11. Speed Limit N 25		617		0																																																																																																							
98 01	2. Police Dept. of New Brunswick City Police Department				Code 01		<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 105.0 Miles							<input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W		12. Route No. Suffix 13. Milepost of: LABOR CENTER WAY/0 25																																																																																																									
99 07	3. Station/Precinct				14 15		15 16							18. Speed Limit Ramp <input type="checkbox"/> To: 17. Cross Road Name/Route No. From: <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB																																																																																																											
100a 01	4. Date of Crash 11/04/2023		5. Day of Week Saturday		6. Time (use 2400 hrs.) 0845		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.480510 20. Route Name/Route No. 22. Longitude -74.428426																																																																																																												
100b 04	23. Veh. # 01 0915100B1030A				24. Policy No. 962				25. NJ Ins. Code 962				53. Veh. # 02		54. Policy No. PAA80002147426				55. NJ Ins. Code 963																																																																																																						
101 02	26. Driver's First Name Initial G Last Name QUIROZ				27. Sex M				28. City NEW BRUNSWICK State NJ Zip 08901				56. Driver's First Name Initial M Last Name FLORET		57. Number & Street 64 HILLCREST AVENUE				59. Sex F																																																																																																						
102 01	29. Sex M				30. Eyes 02 DL Class D Restrictions 00 Endorsements 00 NJ				31. State NJ				60. Eyes 01 DL Class 00 Restrictions 00 NJ		61. State NJ																																																																																																										
103 01	32. Driver's License Number Q91771246712032				33. DOB 12/15/2003				34. Expires 12/01/2025				62. Driver's License Number P68782657457541		63. DOB 07/11/1954				64. Expires 07/01/2024																																																																																																						
104 02	35. Owner's First Name Initial Last Name ATLANTIS TILE & MARBLE LLC				36. Number & Street 16 WESTON WAY				37. City W. LONG BRANCH State NJ Zip 07764				65. Owner's First Name Initial M Last Name FLORET		66. Number & Street 64 HILLCREST AVENUE																																																																																																										
105 02	38. Make FORD Model TRANSIT Color WT Year 2020 Plate No. XKBB49 State NJ				39. Make HONDA Model CR-V Color RD Year 2010 Plate No. GE651K State NJ				40. Color WT Year 2020 Plate No. XKBB49 State NJ				68. Make HONDA Model CR-V Color RD Year 2010 Plate No. GE651K State NJ		69. Model CR-V Color RD Year 2010 Plate No. GE651K State NJ																																																																																																										
106 -	41. Year 2020				42. Plate No. XKBB49				43. State NJ				70. Color RD Year 2010 Plate No. GE651K State NJ		71. Year 2010 Plate No. GE651K State NJ																																																																																																										
107 -	44. VIN 1FTBR1C88LKA74068				45. Expires 09/01/2024				46. Vehicle Removed to: -				74. VIN 5J6RE4H50AL070110		75. Expires 10/01/2024																																																																																																										
108 03	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police				48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending				49. Hazardous Material None On Board Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.				76. Vehicle Removed to: N/A		77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police																																																																																																										
109 01	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX None				51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.				52. Motor Carrier or Government Entity				80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX None		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.																																																																																																										
110 02	53. Motor Carrier or Government Entity				54. Number & Street				55. City State Zip				82. Motor Carrier or Government Entity		83. Number & Street																																																																																																										
111 01	56. City State Zip				57. City State Zip				58. City State Zip				84. City State Zip		85. Number & Street																																																																																																										
112 -	59. City State Zip				60. City State Zip				61. City State Zip				86. City State Zip		87. Number & Street																																																																																																										
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116 03	71. City State Zip				72. City State Zip				73. City State Zip				94. City State Zip		95. Number & Street																																																																																																										
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118 04	77. City State Zip				78. City State Zip				79. City State Zip				98. City State Zip		99. Number & Street																																																																																																										
119 01	80. City State Zip				81. City State Zip				82. City State Zip				100. City State Zip		101. Number & Street																																																																																																										
120 01	83. City State Zip				84. City State Zip				85. City State Zip				102. City State Zip		103. Number & Street																																																																																																										
121 01	86. City State Zip				87. City State Zip				88. City State Zip				104. City State Zip		105. Number & Street																																																																																																										
122 01	89. City State Zip				90. City State Zip				91. City State Zip				106. City State Zip		107. Number & Street																																																																																																										
123 11	92. City State Zip				93. City State Zip				94. City State Zip				108. City State Zip		109. Number & Street																																																																																																										
124 11	95. City State Zip				96. City State Zip				97. City State Zip				110. City State Zip		111. Number & Street																																																																																																										
125 11	98. City State Zip				99. City State Zip				100. City State Zip				112. City State Zip		113. Number & Street																																																																																																										
126 -	101. City State Zip				102. City State Zip				103. City State Zip				114. City State Zip		115. Number & Street																																																																																																										
127 -	104. City State Zip				105. City State Zip				106. City State Zip				116. City State Zip		117. Number & Street																																																																																																										
128 26	107. City State Zip				108. City State Zip				109. City State Zip				118. City State Zip		119. Number & Street																																																																																																										
129 08	110. City State Zip				111. City State Zip				112. City State Zip				120. City State Zip		121. Number & Street																																																																																																										
130 08	113. City State Zip				114. City State Zip				115. City State Zip				122. City State Zip		123. Number & Street																																																																																																										
131 01	116. City State Zip				117. City State Zip				118. City State Zip				124. City State Zip		125. Number & Street																																																																																																										
132 01	119. City State Zip				120. City State Zip				121. City State Zip				126. City State Zip		127. Number & Street																																																																																																										
133 03	122. City State Zip				123. City State Zip				124. City State Zip				127. City State Zip		128. Number & Street																																																																																																										
134 03	125. City State Zip				126. City State Zip				127. City State Zip				128. City State Zip		129. Number & Street																																																																																																										
Oper.		136. Charge							137. Summons No.			Oper.		138. Charge							139. Summons No.																																																																																																				
Oper.		140. Charge							141. Summons No.			Oper.		142. Charge							143. Summons No.																																																																																																				
<table border="1"> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td colspan="7">Names & Addresses of Occupants If Deceased, Date & Time of Death</td></tr> <tr><td>A</td><td>01</td><td>01</td><td>01</td><td>-</td><td>19</td><td>M</td><td>-</td><td>-</td><td>01</td><td>04</td><td>04</td><td>-</td><td colspan="7">CHRISTIAN G QUIROZ 57 JERSEY AVENUE NEW BRUNSWICK NJ 08901</td></tr> <tr><td>B</td><td>01</td><td>03</td><td>01</td><td>-</td><td>31</td><td>M</td><td>-</td><td>-</td><td>01</td><td>04</td><td>04</td><td>-</td><td colspan="7">EDUARDO - GUZMAN 214 SEAMAN STREET NEW BRUNSWICK NJ 08901</td></tr> <tr><td>C</td><td>02</td><td>01</td><td>01</td><td>-</td><td>69</td><td>F</td><td>-</td><td>-</td><td>01</td><td>04</td><td>04</td><td>-</td><td colspan="7">FLORET M POWELL 64 HILLCREST AVENUE SOMERSET NJ 08873</td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="7"></td></tr> </table>		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death							A	01	01	01	-	19	M	-	-	01	04	04	-	CHRISTIAN G QUIROZ 57 JERSEY AVENUE NEW BRUNSWICK NJ 08901							B	01	03	01	-	31	M	-	-	01	04	04	-	EDUARDO - GUZMAN 214 SEAMAN STREET NEW BRUNSWICK NJ 08901							C	02	01	01	-	69	F	-	-	01	04	04	-	FLORET M POWELL 64 HILLCREST AVENUE SOMERSET NJ 08873							D																				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	01	01	01	-	19	M	-	-	01	04	04	-	CHRISTIAN G QUIROZ 57 JERSEY AVENUE NEW BRUNSWICK NJ 08901																																																																																																										
		B	01	03	01	-	31	M	-	-	01	04	04	-	EDUARDO - GUZMAN 214 SEAMAN STREET NEW BRUNSWICK NJ 08901																																																																																																										
		C	02	01	01	-	69	F	-	-	01	04	04	-	FLORET M POWELL 64 HILLCREST AVENUE SOMERSET NJ 08873																																																																																																										
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E	83	84	85	86	87	88	89	90	91	92	93	94	95		Names & Addresses of Occupants If Deceased, Date & Time of Death

144. Crash Diagram



145. Crash Description/Narrative

On 11/04/23 at approximately 0845 Hrs., the undersigned responded in unit 910 to 151 Ryders Lane for an accident. The accident occurred on Ryders Lane approximately 200 feet from Labor Center Way.

The driver of vehicle #1 stated, he was traveling straight southbound in the right lane. The driver of vehicle #1 continued to state as he traveled straight, vehicle #2 attempted to enter his lane. At which point vehicle #2 struck him.

The driver of vehicle #2 stated, she was traveling in the same direction as vehicle #1. However, she was in the left lane. The driver of vehicle #2 explained, she attempted to change lanes. The driver of vehicle #2 continued to explain while entering the right lane, vehicle #1 came from behind and side swipe her vehicle.

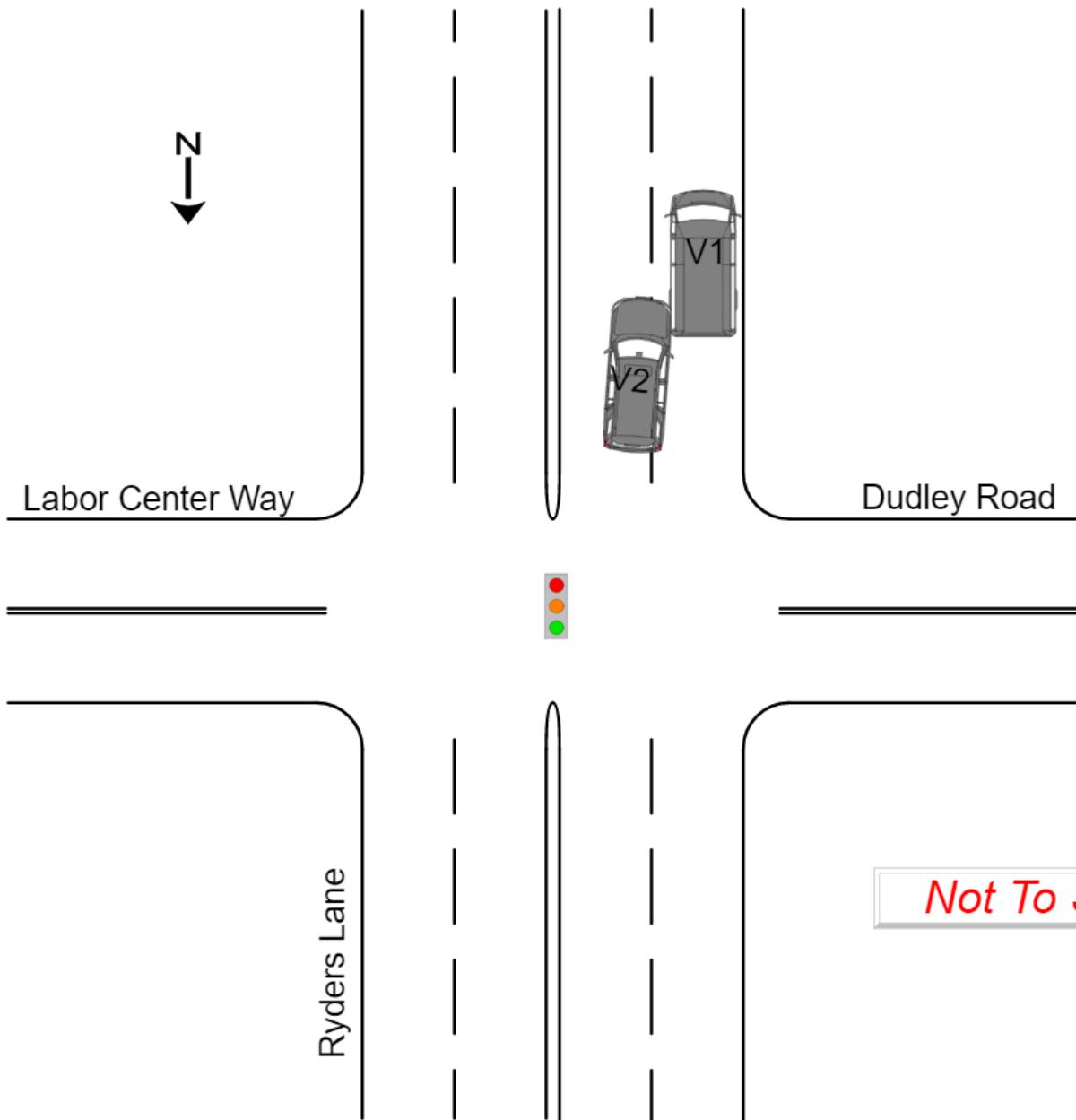
The occupants of both vehicles stated, no injuries.

*****Other Descriptions*****

02 - - - Field 119a

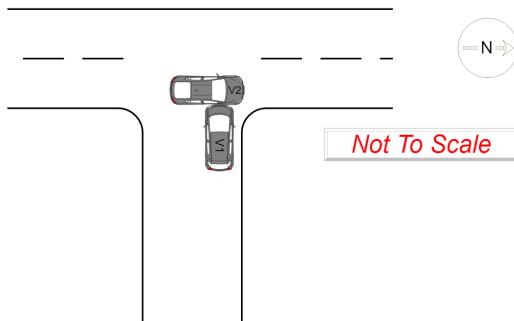
146. Officer's Signature Gray, Dale	147. Badge # 7227	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)



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

144. Crash Diagram



145. Crash Description/Narrative

Driver 1 stated she was pulling out of a street and onto Somerset street when she struck Vehicle 2. Vehicle 1 had minor damage to the front bumper.

Driver 2 stated she was driving on Somerset street when she was struck on the right side by Vehicle 1. Vehicle 2 had minor damage to the right side. Vehicle 2 was unregistered at the time of the accident. Driver 2 was issued Summons 1214 Q 525010 for an unregistered motor vehicle (39:3-4).

No injuries were reported at this time. I advised both parties that a report would be generated for them, and to follow up with their insurance companies regarding this incident.

*****Other Descriptions*****

02 - Unregistered Motor Vehicle - Field 119a

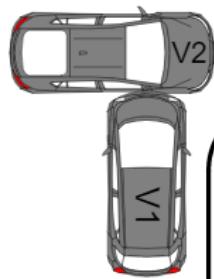
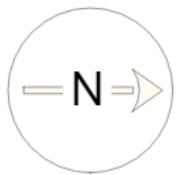
146. Officer's Signature Tiongson-Cradic, Taylor	147. Badge # 7379	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09679

144. Crash Diagram (NOT TO SCALE)



Not To Scale

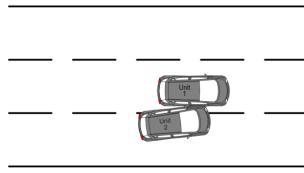
		New Jersey Police Crash Investigation Report													Reportable		Non-Reportable		Change Report						
96 01		<input type="checkbox"/> Fatal		10. Crash Occurred On: NJ 18 SECONDARY													11. Speed Limit	18		40.4	118a 25				
97 01	1. Case Number 23NB09682			Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 38.00 Miles													Dir	12. Route No.	Suffix	13. Milepost	118b -				
98 01	2. Police Dept. of New Brunswick City Police Department			Code 01		of: <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W													18. Speed Limit		119a 05				
99 02	3. Station/Precinct			14 15		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> Ramp <input type="checkbox"/> From: 21. Latitude 20. Route Name/Route No. 22. Longitude													<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b 05				
100a 03	4. Date of Crash 11/04/2023			5. Day of Week Saturday		6. Time (use 2400 hrs.) 1624		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		40.482401		-74.414478		120a 01							
100b 04	23. Veh. # 01			24. Policy No. 231 0523-D26-30		25. NJ Ins. Code 962		53. Veh. # 02		54. Policy No. F239901-2		55. NJ Ins. Code 426		120b 01											
101 01	26. Driver's First Name Arie			Initial -		Last Name Jakobowicz		29. Sex M		56. Driver's First Name Leah		Initial C		Last Name McQueen		59. Sex F									
102 01	27. Number & Street 239 South 6th Ave Apt 408									57. Number & Street 53 Amethyst Way						121a 01									
103 01	28. City Highland Park			State NJ		Zip 08904		58. City Franklin Park		State NJ		Zip 08823				121b 01									
104 02	30. Eyes 04		DL Class D		Restrictions		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions 1		61. State NJ								
105 02	32. Driver's License Number J02220580012464			33. DOB 12/18/1946		34. Expires 12/18/2025		62. Driver's License Number M17344506354032		63. DOB 04/23/2003		64. Expires 04/23/2024						122 01							
106 -	35. Owner's First Name Miriam			Initial G		Last Name Jakobowicz		65. Owner's First Name Tricia		Initial L		Last Name Gladden						123 11							
107 -	36. Number & Street 239 South 6th Ave Apt 408							66. Number & Street 53 Amethyst Way								124 04									
108 01	37. City Highland Park			State NJ		Zip 08904		67. City Franklin Park		State NJ		Zip 08823				125 04									
109 01	38. Make NISSAN		39. Model Altima		40. Color SL	41. Year 2014	42. Plate No. L54EJN	43. State NJ	68. Make HONDA		69. Model ACCORD		70. Color BK	71. Year 2010	72. Plate No. V52RZM	73. State NJ			126a 26						
110 01	44. VIN 1N4AL3APXEN343178					45. Expires 07/31/2024		74. VIN 1HGCP2F34AA143858						75. Expires 04/30/2024				126b -							
111 01	46. Vehicle Removed to: -							76. Vehicle Removed to: -										126c -							
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded			<input type="checkbox"/> Left at Scene <input checked="" type="checkbox"/> Towed Impounded				<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		<input type="checkbox"/> Left at Scene <input checked="" type="checkbox"/> Towed Impounded								126d -							
113 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police							77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police										126e 26							
114 -	48. 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			49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		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		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						127a 26							
115 -	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending							Results: <input type="checkbox"/> % <input type="checkbox"/> Pending										127b -							
116 03	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.								127c -							
117	52. Motor Carrier or Government Entity							82. Motor Carrier or Government Entity										127d -							
Number & Street																Number & Street									
City State Zip																City State Zip									
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown											
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown											
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																									
Oper.	136. Charge										137. Summons No.		Oper.	138. Charge										139. Summons No.	
Oper.	140. Charge										141. Summons No.		Oper.	142. Charge										143. Summons No.	
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death											
	01	01	01	-	76	M	-	-	01	04	04	06		Arie - Jakobowicz 239 South 6th Ave Apt 408 Highland Park NJ 08904											
	01	03	01	-	76	F	-	-	01	04	04	-		Miriam G Jakobowicz 239 South 6th Ave Apt 408 Highland Park NJ 08904											
	02	01	01	-	20	F	-	-	01	04	04	06		Leah C McQueen 53 Amethyst Way Franklin Park NJ 08823											
	02	03	01	05	22	F	-	-	-	04	04	-	-		Dasia Jackson 1101 Sweet Briar Court Monmouth Junction NJ 08852										

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

144. Crash Diagram



Not To Scale



145. Crash Description/Narrative

D1 stated that he was traveling in the middle lane of Rt18S when V2 attempted to change lanes from the right lane to the middle lane and struck V1.

D2 stated that she attempted to change lanes from the right to middle lane, and did not see V1. D2 said she accidentally struck V1.

Neither driver or passenger claimed any injuries at the scene. D2 is at fault in this crash.

Nothing further.

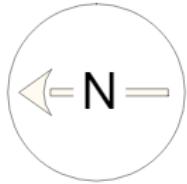
146. Officer's Signature Ganzer, Matthew	147. Badge # 7295	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Complete
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**New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram**

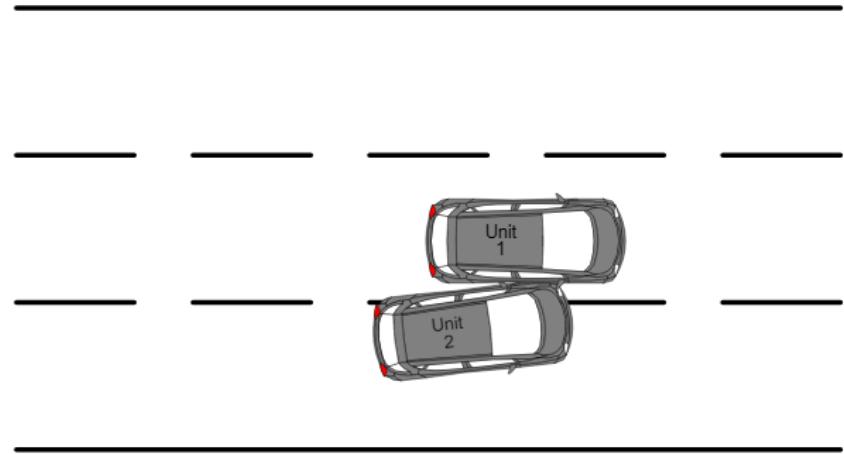
Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09682

144. Crash Diagram (NOT TO SCALE)



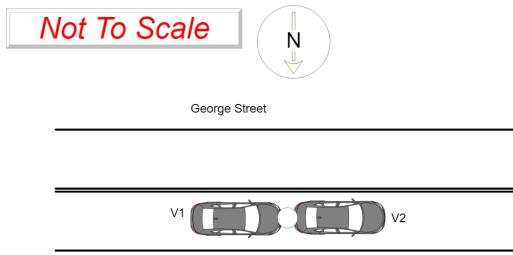
Not To Scale



		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report										
96 02		<input type="checkbox"/> Fatal						10. Crash Occurred On: GEORGE STREET						W	11. Speed Limit 25	672			118a 02									
97 01	1. Case Number 23NB09683						Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 151.0 <input type="checkbox"/> Miles 14 15						Dir <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W 16	12. Route No. 13. Milepost			118b 17											
98 02	2. Police Dept. of New Brunswick City Police Department						of: ROUTE 18/18						18. Speed Limit 50				119a 25											
99 07	3. Station/Precinct New Brunswick						19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> Ramp <input type="checkbox"/> From: 21. Latitude 40.503525						<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB	20. Route Name/Route No. -74.448209	22. Longitude		119b -											
100a 01	4. Date of Crash 11/04/2023		5. Day of Week Saturday		6. Time (use 2400 hrs.) 1636		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		53. Veh. # 01		54. Policy No. ABP300016441		55. NJ Ins. Code 169											
100b 05	23. Veh. # 225 9134-D15-30						25. NJ Ins. Code 962						56. Driver's First Name JOBEDA		Initial 02		57. Number & Street KHANOM		59. Sex F									
101 02	26. Driver's First Name ALFONSO						27. Number & Street N SANTANAPEREZ						58. City ATLANTIC CITY		State NJ		60. Eyes 01		61. State NJ									
102 01	28. City SOMERVILLE						29. Sex M						62. Driver's License Number K32004040062031		30. Eyes 02		63. DOB 12/07/2003		64. Expires 12/07/2025									
103 01	31. State NJ						32. Driver's License Number S04810207512012						33. DOB 12/18/2001		34. Expires 12/18/2027		35. Owner's First Name JOBEDA		Initial 01									
104 02	36. Number & Street 36 FAIRVIEW AVE						37. City SOMERVILLE						38. Make Toyota		39. Model CAMRY		40. Color BK		41. Year 2007		42. Plate No. A64SCR		43. State NJ					
105 01	44. VIN JTNBNE46KX73004734						45. Expires 04/01/2024						46. Vehicle Removed to: -		47. Authority - 48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending						49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ Hazard Class <input type="checkbox"/> Placard No. _____ 50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity Number & Street City State Zip		53. Motor Carrier or Government Entity Number & Street City State Zip	
106 -	54. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending						55. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ Hazard Class <input type="checkbox"/> Placard No. _____ 56. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						57. Authority - 58. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		59. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ Hazard Class <input type="checkbox"/> Placard No. _____ 60. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		61. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.											
107 -	62. Motor Carrier or Government Entity Number & Street City State Zip						63. Motor Carrier or Government Entity Number & Street City State Zip						64. Motor Carrier or Government Entity Number & Street City State Zip															
108 01	65. Motor Carrier or Government Entity Number & Street City State Zip						66. Motor Carrier or Government Entity Number & Street City State Zip						67. Motor Carrier or Government Entity Number & Street City State Zip															
109 01	68. Motor Carrier or Government Entity Number & Street City State Zip						69. Motor Carrier or Government Entity Number & Street City State Zip						70. Motor Carrier or Government Entity Number & Street City State Zip															
110 01	71. Motor Carrier or Government Entity Number & Street City State Zip						72. Motor Carrier or Government Entity Number & Street City State Zip						73. Motor Carrier or Government Entity Number & Street City State Zip															
111 01	74. Motor Carrier or Government Entity Number & Street City State Zip						75. Motor Carrier or Government Entity Number & Street City State Zip						76. Motor Carrier or Government Entity Number & Street City State Zip															
112 00	77. Motor Carrier or Government Entity Number & Street City State Zip						78. Motor Carrier or Government Entity Number & Street City State Zip						79. Motor Carrier or Government Entity Number & Street City State Zip															
113 -	80. Motor Carrier or Government Entity Number & Street City State Zip						81. Motor Carrier or Government Entity Number & Street City State Zip						82. Motor Carrier or Government Entity Number & Street City State Zip															
114 -	83. Motor Carrier or Government Entity Number & Street City State Zip						84. Motor Carrier or Government Entity Number & Street City State Zip						85. Motor Carrier or Government Entity Number & Street City State Zip															
115 -	86. Motor Carrier or Government Entity Number & Street City State Zip						87. Motor Carrier or Government Entity Number & Street City State Zip						88. Motor Carrier or Government Entity Number & Street City State Zip															
116 -	89. Motor Carrier or Government Entity Number & Street City State Zip						90. Motor Carrier or Government Entity Number & Street City State Zip						91. Motor Carrier or Government Entity Number & Street City State Zip															
117 -	92. Motor Carrier or Government Entity Number & Street City State Zip						93. Motor Carrier or Government Entity Number & Street City State Zip						94. Motor Carrier or Government Entity Number & Street City State Zip															
118a 02	95. Motor Carrier or Government Entity Number & Street City State Zip						96. Motor Carrier or Government Entity Number & Street City State Zip						97. Motor Carrier or Government Entity Number & Street City State Zip															
118b 17	98. Motor Carrier or Government Entity Number & Street City State Zip						99. Motor Carrier or Government Entity Number & Street City State Zip						100. Motor Carrier or Government Entity Number & Street City State Zip															
119a 25	101. Motor Carrier or Government Entity Number & Street City State Zip						102. Motor Carrier or Government Entity Number & Street City State Zip						103. Motor Carrier or Government Entity Number & Street City State Zip															
119b -	104. Motor Carrier or Government Entity Number & Street City State Zip						105. Motor Carrier or Government Entity Number & Street City State Zip						106. Motor Carrier or Government Entity Number & Street City State Zip															
120a 01	107. Motor Carrier or Government Entity Number & Street City State Zip						108. Motor Carrier or Government Entity Number & Street City State Zip						109. Motor Carrier or Government Entity Number & Street City State Zip															
120b -	110. Motor Carrier or Government Entity Number & Street City State Zip						111. Motor Carrier or Government Entity Number & Street City State Zip						112. Motor Carrier or Government Entity Number & Street City State Zip															
121a 01	113. Motor Carrier or Government Entity Number & Street City State Zip						114. Motor Carrier or Government Entity Number & Street City State Zip						115. Motor Carrier or Government Entity Number & Street City State Zip															
121b -	116. Motor Carrier or Government Entity Number & Street City State Zip						117. Motor Carrier or Government Entity Number & Street City State Zip						118. Motor Carrier or Government Entity Number & Street City State Zip															
122 01	119. Motor Carrier or Government Entity Number & Street City State Zip						120. Motor Carrier or Government Entity Number & Street City State Zip						121. Motor Carrier or Government Entity Number & Street City State Zip															
123 01	122. Motor Carrier or Government Entity Number & Street City State Zip						123. Motor Carrier or Government Entity Number & Street City State Zip						124. Motor Carrier or Government Entity Number & Street City State Zip															
124 04	125. Motor Carrier or Government Entity Number & Street City State Zip						126. Motor Carrier or Government Entity Number & Street City State Zip						127. Motor Carrier or Government Entity Number & Street City State Zip															
125 04	128. Motor Carrier or Government Entity Number & Street City State Zip						129. Motor Carrier or Government Entity Number & Street City State Zip						130. Motor Carrier or Government Entity Number & Street City State Zip															
126 26	131. Motor Carrier or Government Entity Number & Street City State Zip						132. Motor Carrier or Government Entity Number & Street City State Zip						133. Motor Carrier or Government Entity Number & Street City State Zip															
127a -	134. Motor Carrier or Government Entity Number & Street City State Zip						135. Motor Carrier or Government Entity Number & Street City State Zip						136. Motor Carrier or Government Entity Number & Street City State Zip															
127b -	137. Motor Carrier or Government Entity Number & Street City State Zip						138. Motor Carrier or Government Entity Number & Street City State Zip						139. Motor Carrier or Government Entity Number & Street City State Zip															
127c -	140. Motor Carrier or Government Entity Number & Street City State Zip						141. Motor Carrier or Government Entity Number & Street City State Zip						142. Motor Carrier or Government Entity Number & Street City State Zip															
127d -	143. Motor Carrier or Government Entity Number & Street City State Zip						144. Motor Carrier or Government Entity Number & Street City State Zip						145. Motor Carrier or Government Entity Number & Street City State Zip															
128 26	146. Motor Carrier or Government Entity Number & Street City State Zip						147. Motor Carrier or Government Entity Number & Street City State Zip						148. Motor Carrier or Government Entity Number & Street City State Zip															
129 12	149. Motor Carrier or Government Entity Number & Street City State Zip						150. Motor Carrier or Government Entity Number & Street City State Zip						151. Motor Carrier or Government Entity Number & Street City State Zip															
130 12	152. Motor Carrier or Government Entity Number & Street City State Zip						153. Motor Carrier or Government Entity Number & Street City State Zip						154. Motor Carrier or Government Entity Number & Street City State Zip															
131 06	155. Motor Carrier or Government Entity Number & Street City State Zip						156. Motor Carrier or Government Entity Number & Street City State Zip						157. Motor Carrier or Government Entity Number & Street City State Zip															
132 06	158. Motor Carrier or Government Entity Number & Street City State Zip						159. Motor Carrier or Government Entity Number & Street City State Zip						160. Motor Carrier or Government Entity Number & Street City State Zip															
133 02	161. Motor Carrier or Government Entity Number & Street City State Zip						162. Motor Carrier or Government Entity Number & Street City State Zip						163. Motor Carrier or Government Entity Number & Street City State Zip															
134 03	164. Motor Carrier or Government Entity Number & Street City State Zip						165. Motor Carrier or Government Entity Number & Street City State Zip						166. Motor Carrier or Government Entity Number & Street City State Zip															
	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	01	01	01	-	21	M	-		01	04	04	06	-	ALFONSO N SANTANAPEREZ 36 FAIRVIEW AVE SOMERVILLE NJ 08876-3012														
C	02	01	01	-	19	F	-	-	01	04	04	06		EMELY RODRIGUEZ 10 JENNINGS CT NEW BRUNSWICK NJ 08901-3555														
D														JOBEDA KHANOM 245 N NEVADA AVENUE ATLANTIC CITY NJ 08401-3926														

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

144. Crash Diagram



145. Crash Description/Narrative

In stop and go traffic V1 and V2 were traveling West on George Street. V1 then struck V2. V1 had minor front end damage. V2 had moderate damage to its rear bumper.

The front passenger of V1 witnessed D1 use his cell phone for GPS purposes by holding it in his hand.

There were no reported injuries or complaint of pain.

*****Other Descriptions*****

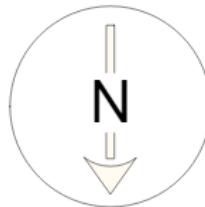
01 - use of cell phone - Field 118a

01 - used cell phone for GPS - Field 118b

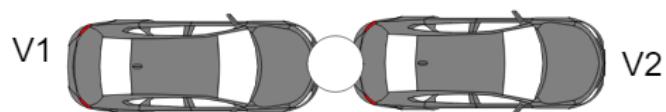
146. Officer's Signature Chatterjee, Josh	147. Badge # 7349	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

Not To Scale



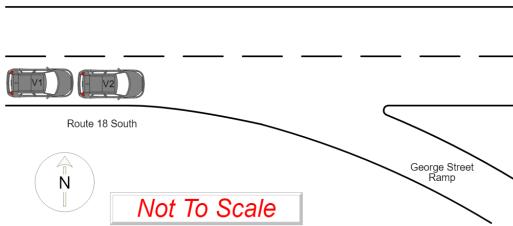
George Street



		New Jersey Police Crash Investigation Report													Reportable		Non-Reportable		Change Report					
96 05		<input type="checkbox"/> Fatal															<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
97 01	1. Case Number 23NB09685					10. Crash Occurred On: NJ 18 SECONDARY							Road Name At Intersection with X Feet		Dir S		11. Speed Limit 45		12. Route No. 18		13. Milepost 43.5			
98 02	2. Police Dept. of New Brunswick City Police Department					Code 01									N E						18. Speed Limit			
99 02	3. Station/Precinct 22.00 Miles					14 15		16							of:									
100a 01	4. Date of Crash 11/05/2023		5. Day of Week Sunday		6. Time (use 2400 hrs.) 1726		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 1		19. To: Ramp		17. Cross Road Name/Route No. 40.506966		18. NB EB SB WB		21. Latitude -74.456567		22. Longitude			
100b 04	23. Veh. # 01 INT60104589201					25. NJ Ins. Code 073							53. Veh. # 02 F10264109-9		54. Policy No. 55. NJ Ins. Code 426									
101 02	26. Driver's First Name POLA					Initial BETANCES		29. Sex F							56. Driver's First Name FILOMENA		Initial C		Last Name CITARELLA		59. Sex F			
102 01	27. Number & Street 90 TUNISON ROAD												57. Number & Street 17 HUNTERS TRAIL											
103 01	28. City NEW BRUNSWICK					State NJ		Zip 08901-1656							58. City WARREN		State NJ		Zip 07059-7105					
104 2	30. Eyes 02		DL Class D		Restrictions 0		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions 0		Endorsements		61. State NJ					
105 01	32. Driver's License Number B28406300057962					33. DOB 07/01/1996		34. Expires 07/01/2026							62. Driver's License Number C46892646352642		63. DOB 02/05/1964		64. Expires 02/05/2026					
106 -	35. Owner's First Name Driver POLA					Initial BETANCES									65. Owner's First Name Driver FILOMENA		Initial C		Last Name CITARELLA					
107 -	36. Number & Street 90 TUNISON ROAD												66. Number & Street 17 HUNTERS TRAIL											
108 4 DR	37. City NEW BRUNSWICK					State NJ		Zip 08901-1656							67. City WARREN		State NJ		Zip 07059-7105					
109 WAGO	38. Make Mercedes-Benz		39. Model C22		40. Color BK		41. Year 1996		42. Plate No. W57SDT		43. State NJ		68. Make Subaru		69. Model CRO		70. Color RD		71. Year 2016		72. Plate No. U24LRH		73. State NJ	
110 01	44. VIN WDBHA22E7TF424621					45. Expires 05/01/2024							74. VIN JF2GPABC5G8292961		75. Expires 09/01/2024									
111 01	46. Vehicle Removed to:												76. Vehicle Removed to:											
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene					<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded							<input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene		<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded					
113 -																								
114 -	47. Authority <input type="checkbox"/> Owner					<input type="checkbox"/> Driver		<input type="checkbox"/> Police							77. Authority <input type="checkbox"/> Owner		<input type="checkbox"/> Driver		<input type="checkbox"/> Police					
115 -	48. 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					49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.							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		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.									
116 03	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending																							
117	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX					51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		82. Motor Carrier or Government Entity							
	Number & Street					Number & Street																		
	City					State		Zip							City		State		Zip					
	Level of Autonomy 150 - AVAILABLE					<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		152 - AVAILABLE		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		Level of Autonomy 151 - ENGAGED		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		153 - ENGAGED		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						
	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe)					<input checked="" type="checkbox"/> No																		
	Oper.		136. Charge					137. Summons No.		Oper.		138. Charge					139. Summons No.							
	Oper.		140. Charge					141. Summons No.		Oper.		142. Charge					143. Summons No.							
															Names & Addresses of Occupants If Deceased, Date & Time of Death									
A	01	01	01	05	27	F	-	-	-	04	04	-	-	POLA BETANCES 90 TUNISON ROAD NEW BRUNSWICK NJ 08901-1656										
B	02	01	01	03	59	F	06	08	01	04	04	-		FILOMENA C CITARELLA 17 HUNTERS TRAIL WARREN NJ 07059-7105										
C																								
D																								

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

144. Crash Diagram



145. Crash Description/Narrative

On Sunday, November 5, 2023 at 1726, Mohr, Christopher responded to a crash on Nj 18 Secondary S at milepost 43.5. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Black Mercedes-benz C22, Going Straight Ahead
Unit 2, Vehicle - Red Subaru Cro, Stopped In Traffic

Driver 1 stated she was driving on Route 18 South in the right lane of travel in traffic. Driver 1 stated she looked down for a brief moment and when she looked up Vehicle 1 struck Vehicle 2.

Driver 2 stated she was in traffic on Route 18 South in the right lane of travel. All of a sudden Vehicle 1 struck Vehicle 2 from behind.

*****Other Descriptions*****

01 - Looking down - Field 118a

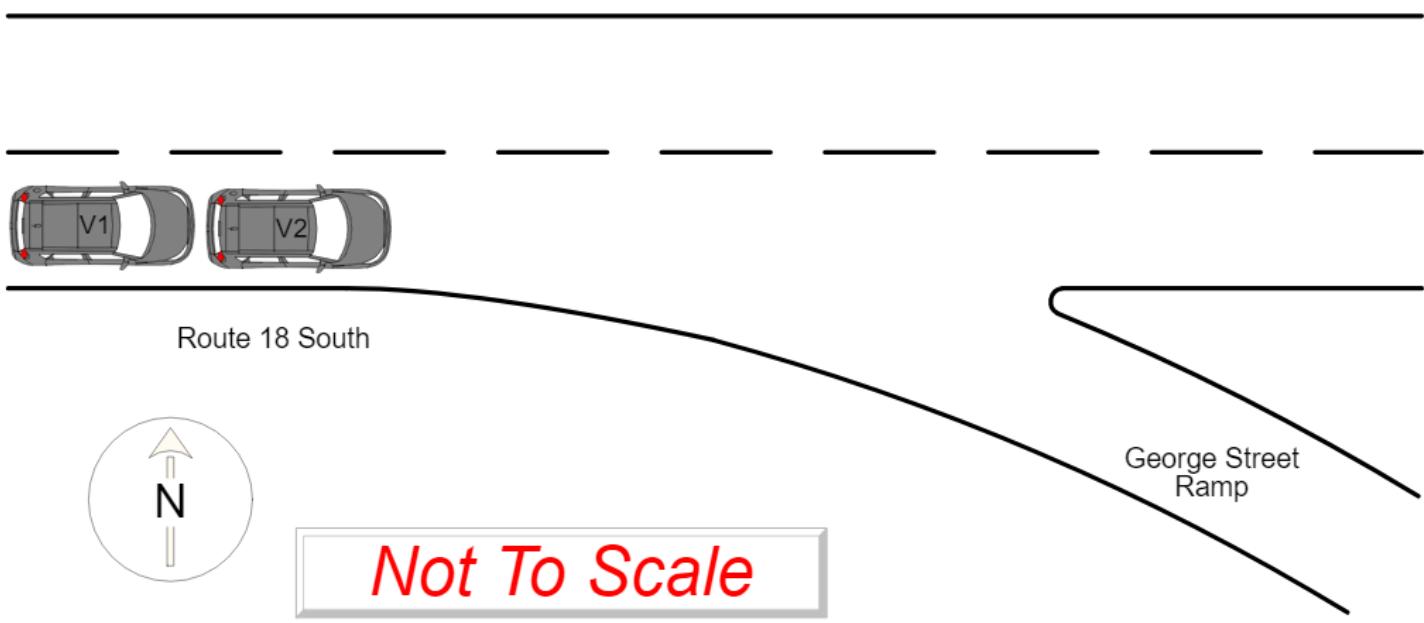
146. Officer's Signature Mohr, Christopher	147. Badge # 7362	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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**New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram**

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09685

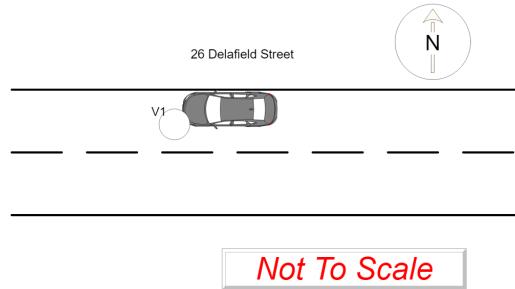
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable	<input type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report																	
96 05	<input type="checkbox"/> Fatal				New Jersey Police Crash Investigation Report												118a 25														
97 01	1. Case Number 23NB09686				10. Crash Occurred On: DELAFIELD ST								11. Speed Limit 25	12. Route No. 0	13. Milepost 18. Speed Limit 25	118b -															
98 01	2. Police Dept. of New Brunswick City Police Department				Code 01				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 358.0 Miles				Dir <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	of: BRISTOL ST/0				119a 00													
99 07	3. Station/Precinct New Brunswick				14 15 16				19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.500071				18. Speed Limit 25	12. Route No. Suffix 0	13. Milepost 18. Speed Limit 25	119b 00															
100a 01	4. Date of Crash 11/04/2023		5. Day of Week Saturday		6. Time (use 2400 hrs.) 1615		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		20. Route Name/Route No. 22. Longitude -74.458405				120a														
100b 04	23. Veh. # 01				24. Policy No. 921602992				25. NJ Ins. Code 135				53. Veh. # 02				54. Policy No. -				120b										
101 02	<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 Initial A				27. Number & Street				56. Driver's First Name Initial -				59. Sex U				121a 00										
102 01																					121b										
103 01	28. City				State Zip				58. City				State Zip																		
104 02	30. Eyes		DL Class		Restrictions		Endorsements		31. State		60. Eyes 00		DL Class 00		Restrictions 00		Endorsements		61. State 99		122 10										
105 06	32. Driver's License Number				33. DOB				34. Expires				62. Driver's License Number 00				63. DOB 11/19/2019				64. Expires 11/05/2023		123 00								
106 -	<input type="checkbox"/> Same as Driver GIUSEPPE A CIAMBRONE												65. Owner's First Name Initial -				Last Name -						124 -								
107 -	36. Number & Street 15 EMPRESS COURT												66. Number & Street										125 00								
108 01	37. City FREEHOLD				State Zip NJ 07728-4303				67. City				State Zip										126a 28								
109 00	38. Make Audi		39. Model A4		40. Color BK		41. Year 2015		42. Plate No. K62JVG		43. State NJ		68. Make Unknown		69. Model 1		70. Color UK		71. Year -		72. Plate No.		73. State -		126b -						
110 01	44. VIN WAUFFAFL7FN019217								45. Expires 03/01/2024				74. VIN UNKNOWN0000000000								75. Expires						126c -				
111 00	46. Vehicle Removed to: -												76. Vehicle Removed to: -														126d -				
112 -	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded														126e 28				
113 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police												77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police														127a 00				
114 -	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: <input type="checkbox"/> % <input type="checkbox"/> Pending												49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ Hazard Class Placard No.												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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ Hazard Class Placard No.				127b 00
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX												51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.				127c 00
116 02	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity																127d 00		
117 00	Number & Street												Number & Street																128 28		
	City State Zip												City State Zip																129 11		
	Level of Autonomy 150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown												Level of Autonomy 152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																130 11		
	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																												131 00		
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	Oper. 140. Charge												141. Summons No.				Oper.		142. Charge				143. Summons No.								

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

144. Crash Diagram



145. Crash Description/Narrative

The driver of Vehicle 1 reported his front fender struck by an unknown vehicle. There was damage to the front driver side fender. There were no reported injuries or complaint of pain at this time.

146. Officer's Signature Chatterjee, Josh	147. Badge # 7349	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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**New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram**

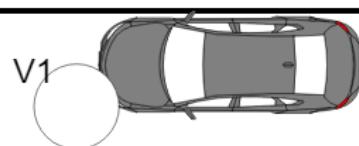
Police Dept: New Brunswick City Police Department Code: 01

Station: New Brunswick

Case No: 23NB09686

144. Crash Diagram (NOT TO SCALE)

26 Delafield Street



Not To Scale

Chatterjee, Josh

Officer's Signature

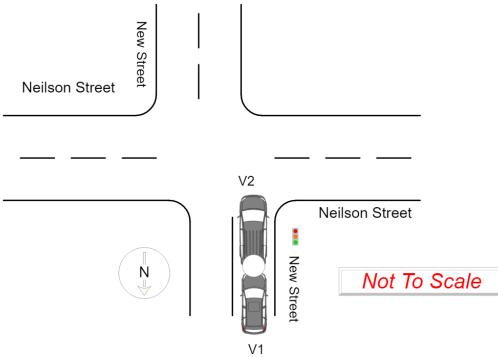
7349

Badge Number

New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input checked="" type="checkbox"/> Change Report											
96 01	<input type="checkbox"/> Fatal																118a 02										
97 01	1. Case Number 23NB09688				10. Crash Occurred On: NEW STREET				Road Name		11. Speed Limit 25		12. Route No.		13. Milepost		118b -										
98 06	2. Police Dept. of New Brunswick City Police Department				Code 01				<input checked="" type="checkbox"/> At Intersection with		<input type="checkbox"/> N <input type="checkbox"/> E		Dir		18. Speed Limit		119a 25										
99 07	3. Station/Precinct New Brunswick				14 15				<input type="checkbox"/> Feet		<input type="checkbox"/> Miles		<input type="checkbox"/> S <input type="checkbox"/> W		of: NEILSON STREET/0		119b -										
100a 01	4. Date of Crash 11/04/2023		5. Day of Week Saturday		6. Time (use 2400 hrs.) 1802		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No.		18. Speed Limit 25		120a 01										
100b 06	20. Route Name/Route No. 40.492582				21. Latitude -74.441241				22. Longitude				Ramp <input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		120b -										
101 02	23. Veh. # 01				24. Policy No. 55PHG688876				25. NJ Ins. Code 655				53. Veh. # 02		54. Policy No. CBA3970986		55. NJ Ins. Code 000		121a 01								
102 01	26. Driver's First Name Celestine				Initial U				Last Name Ohale				29. Sex M		56. Driver's First Name HEATHER		Initial L		Last Name WEINSTOCK		121b -						
103 01	27. Number & Street 138 Lawrence Street												57. Number & Street 89 SUMMIT WAY														
104 02	28. City New Brunswick				State NJ				Zip 08901				58. City SYOSSET		State NY		Zip 11791										
105 01	30. Eyes 03		DL Class D		Restrictions 00		Endorsements 00		31. State NJ		60. Eyes 02		DL Class D		Restrictions 0		Endorsements		61. State NV	122 01							
106 -	32. Driver's License Number O31531188403533				33. DOB 03/10/1953				34. Expires 03/10/2024				62. Driver's License Number 980497136		63. DOB		64. Expires		12/28/1975		123 08						
107 -	35. Owner's First Name Initial W				Last Name				65. Owner's First Name Initial W				Last Name														
108 01	36. Number & Street 666 GARLAND PLACE DES								66. Number & Street												125 03						
109 01	37. City PLAINES		State IL		Zip 60016		67. City NJ		State NJ		Zip 11791		126a 26														
110 01	38. Make NISSAN				39. Model Rogue		40. Color WT		41. Year 2009		42. Plate No. F34AJU		43. State NJ		68. Make TOYOTA		69. Model SIENNA		70. Color BK		71. Year 2021		72. Plate No. KNS4425		73. State NY		126b -
111 02	44. VIN JN8AS58T19W320680				45. Expires				74. VIN 5TDYSKFC7MS025524				75. Expires		12/30/2025										126c -		
112 -	46. Vehicle Removed to: -								76. Vehicle Removed to: -														126d -				
113 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded										126e 26				
114 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police								77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police														127a 26				
115 -	48. 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				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				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				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill										127b -				
116 -	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending				Hazard Class Placard No.				Results: <input type="checkbox"/> % <input type="checkbox"/> Pending				Hazard Class Placard No.										127c -				
117 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.										127d -				
118 -	52. Motor Carrier or Government Entity								82. Motor Carrier or Government Entity														128 26				
119 -	Number & Street												Number & Street												129 12		
120 -	City				State Zip				City				State Zip										130 12				
121 -	Level of Autonomy				150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown				152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown				153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown										131 06				
122 -	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																						132 05				
123 -	Oper.	136. Charge								137. Summons No.				Oper.	138. Charge								139. Summons No.				133 03
124 -	Oper.	140. Charge								141. Summons No.				Oper.	142. Charge								143. Summons No.				134 03
125 -													Names & Addresses of Occupants If Deceased, Date & Time of Death														
126 -	A	01	01	01	-	70	M	-	-	01	04	04	-	Celestine U Ohale 138 Lawrence Street New Brunswick NJ 08901													
127 -	B	02	01	01	-	47	F	-	-	01	04	04	06	HEATHER L WEINSTOCK 89 SUMMIT WAY SYOSSET NY 11791													
128 -	C	02	03	01	05	54	M	-	-	04	04	06	-	PETER A WEINSTOCK 89 SUMMIT WAY SYOSSET NY 11791													
129 -	D																										

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

144. Crash Diagram



145. Crash Description/Narrative

Driver 1 stated that Vehicle 2 abruptly stopped in front of him at the traffic light on New Street and Neilson Street. Vehicle 1 then collided into Vehicle 2. Vehicle 1 had moderate front end damage on the driver side.

Driver 2 stated that while she was waiting at the traffic light on New Street and Neilson Street approximately 8 cars back, Vehicle 1 struck Vehicle 2. Vehicle 2 had moderate damages to the rear fender.

There were no reported injuries or complaint of pain.

*****Other Descriptions*****

01 - - - Field 118a

02 - QBE INSURANCE CORP - Field 55

146. Officer's Signature

Chatterjee, Josh

147. Badge #

7349

148. Reviewer

Evans, Patrick

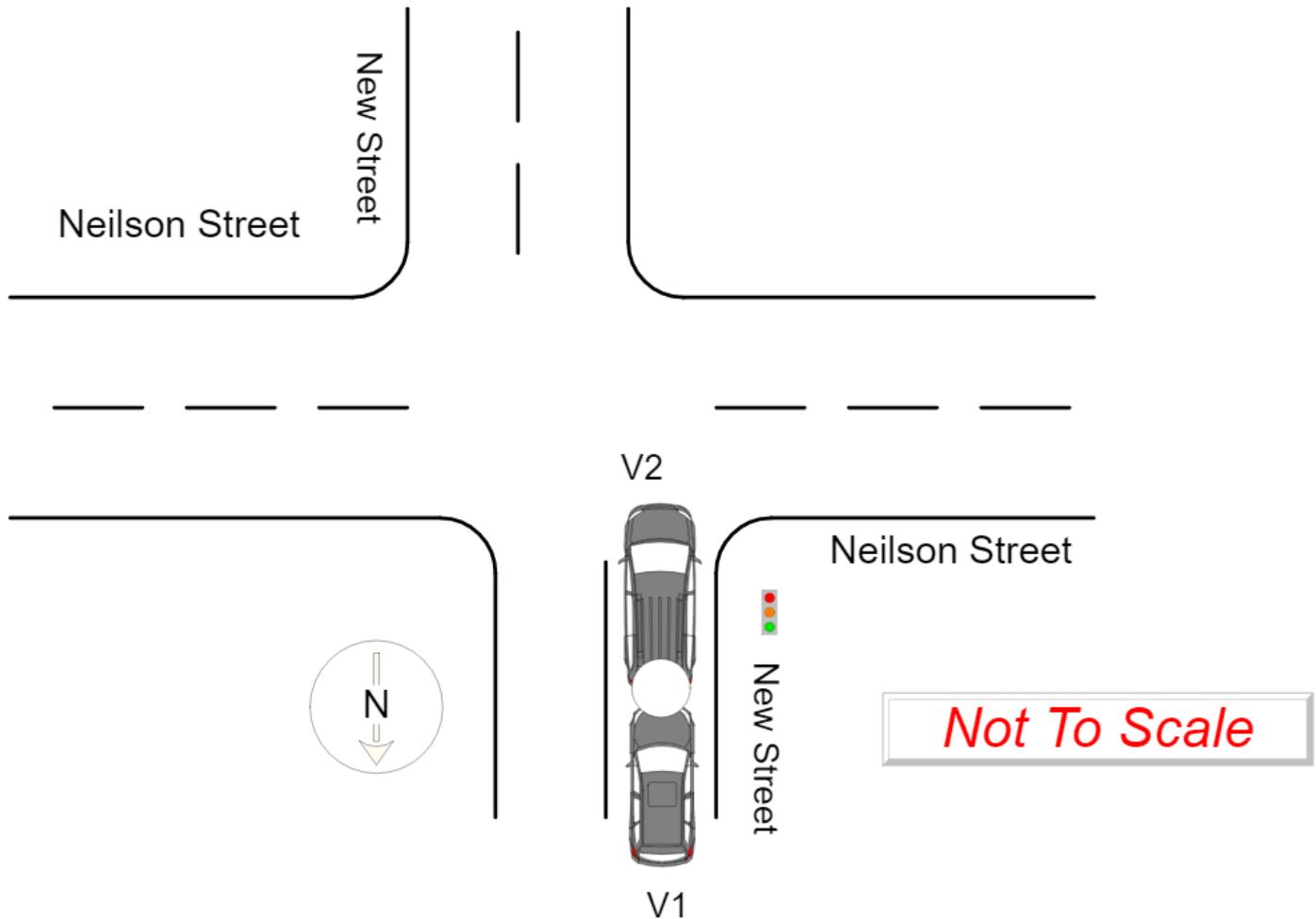
Badge #

5275

149. Case Status

Pending Complete

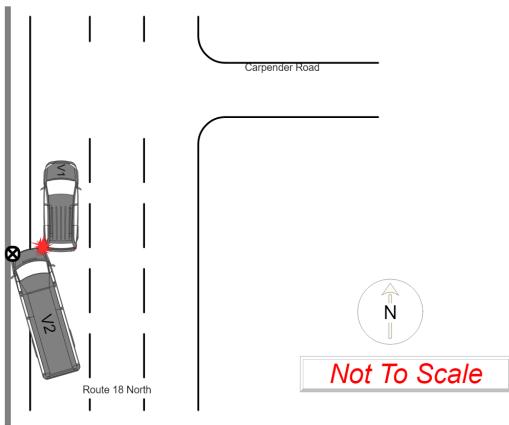
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable	<input type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report						
96 01	<input type="checkbox"/> Fatal					New Jersey Police Crash Investigation Report												118a 25		
97 01	1. Case Number 23NB09690					10. Crash Occurred On: NJ 18					N	11. Speed Limit 45	18	41	118b -					
98 02	2. Police Dept. of New Brunswick City Police Department					Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 70.00 Miles					Dir <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	12. Route No. Suffix 13. Milepost			18. Speed Limit					
99 02	3. Station/Precinct					of:					19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:			<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB						
100a 01	4. Date of Crash 11/05/2023		5. Day of Week Sunday			6. Time (use 2400 hrs.) 1724	7. Municipality Code 1214	8. Total Killed 0	9. Total Injured 1	21. Latitude 40.485560			20. Route Name/Route No. 22. Longitude -74.423843							
100b 04	23. Veh. # 01 955780751					25. NJ Ins. Code 134					53. Veh. # 02 1540862c23-30	54. Policy No. 55. NJ Ins. Code 962								
101 02	26. Driver's First Name MICHELLE					Initial S					29. Sex F	56. Driver's First Name KEVIN			Initial A	59. Sex M				
102 01	27. Number & Street 18 DORIA RD										57. Number & Street 72 REDBUD RD									
103 01	28. City SOMERSET					State NJ					58. City PISCATAWAY			State NJ	Zip 08854-5927					
104 02	30. Eyes 02		DL Class D		Restrictions T		Endorsements		31. State NJ		60. Eyes 02	DL Class D	Restrictions T	Endorsements	61. State NJ					
105 01	32. Driver's License Number O59055448262052					33. DOB 12/07/2005					34. Expires 12/07/2027	62. Driver's License Number H27184336103972			63. DOB 03/07/1997	64. Expires 03/07/2027				
106 -	35. Owner's First Name SUSAN					Initial L					Last Name ONEILL			65. Owner's First Name ROBERTO			Initial H		Last Name SANTOSAGUILAR	
107 -	36. Number & Street 32 HOLLY STREET										66. Number & Street 239 MONTGOMERY ST APT 2E									
108 01	37. City SOMERSET					State NJ					67. City HIGHLAND PARK			State NJ		Zip 08904-2432				
109 03	38. Make Honda		39. Model ODY		40. Color BK	41. Year 2024	42. Plate No. U17SUS	43. State NJ	68. Make GMC	69. Model SAB	70. Color WT	71. Year 2003	72. Plate No. Y93RJU	73. State NJ						
110 01	44. VIN 5FNRL6H96RB002578					45. Expires 10/01/2027					74. VIN 1GTHG39U531134457			75. Expires 09/01/2024						
111 02	46. Vehicle Removed to:												76. Vehicle Removed to:							
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene					<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded					<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene			<input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Towed Impounded						
113 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police							
114 -	48. 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					49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.					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			79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.						
115 -	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending										Results: <input type="checkbox"/> % <input type="checkbox"/> Pending									
116 03	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX					51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX			81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						
117 01	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity							
Number & Street												Number & Street								
City State Zip												City State Zip								
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown					Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown											
		151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown							153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown											
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																				
Oper.	136. Charge					137. Summons No.			Oper.	138. Charge					139. Summons No.					
Oper.	140. Charge					141. Summons No.			Oper.	142. Charge					143. Summons No.					
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death						
	01	01	01	04	17	F	04	08	02	04	04	06	-	MICHELLE S ONEILL 18 DORIA RD SOMERSET NJ 08873-2713						
	02	01	01	05	26	M	-	-	-	04	04	06	-	KEVIN A HERNANDEZIRAHETA 72 REDBUD RD PISCATAWAY NJ 08854-5927						

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

144. Crash Diagram



145. Crash Description/Narrative

On Sunday, November 5, 2023 at 1724, Mohr, Christopher responded to a crash on Nj 18 N at milepost 41 . At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Black Honda Ody, Stopped In Traffic
Unit 2, Vehicle - White Gmc Sab, Going Straight Ahead

Driver 1 stated she was in the left lane on Route 18 North in traffic. She stated she saw Vehicle 2 approaching from behind her at high rate of speed. She stated she saw Vehicle 2 try to avoid striking her vehicle by turning left. It was at this time Vehicle 2 struck Vehicle 1 from behind and then Vehicle 2 struck the middle barrier.

Driver 2 stated he was in the middle lane driving on Route 18 North. Driver 2 stated he attempted to merge left into the left lane. Driver 2 stated Vehicle 2 then struck Vehicle 1 and then Vehicle 2 struck the middle barrier.

146. Officer's Signature

Mohr, Christopher

147. Badge #

7362

148. Reviewer

Evans, Patrick

Badge #

5275

149. Case Status

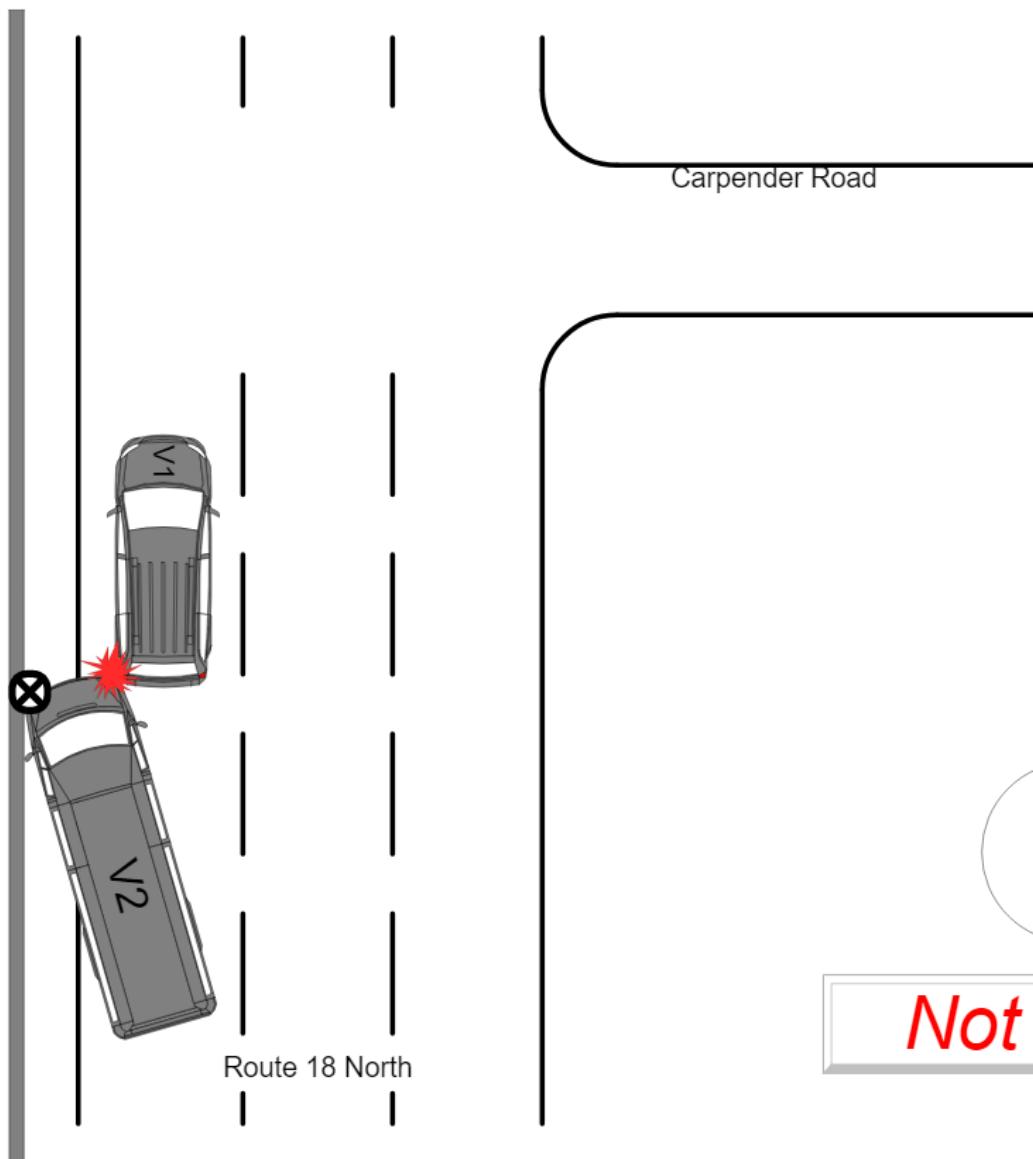
Pending Complete

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09690

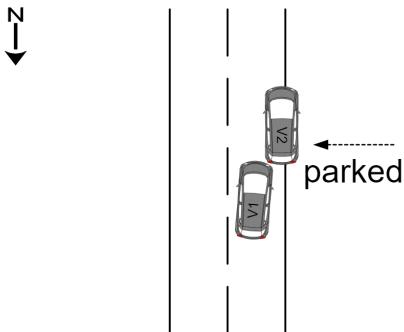
144. Crash Diagram (NOT TO SCALE)



Not To Scale

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

144. Crash Diagram



Not To Scale

145. Crash Description/Narrative

Driver 1 stated he was traveling on Paul Robeson Blvd. Driver 1 stated he closed his eyes because he had a headache and struck vehicle 2 on the driver side rear bumper. It should be noted, driver 1 license number was his driver's permit number (#N69197677112052).

Vehicle 2 was parked near 271 Paul Robeson Blvd.

Vehicle 1 had damages on the passenger side front bumper.

Vehicle 2 had damages on the driver side rear bumper.

Driver 1 was uninjured and refused medical attention.

*****Additional Citations*****

01 - 39:3-29 - Failure to Exhibit Documents - 1214Q525205

*****Other Descriptions*****

01 - - - Field 118a

146. Officer's Signature

Estevez, Pablo

147. Badge #

7378

148. Reviewer

Evans, Patrick

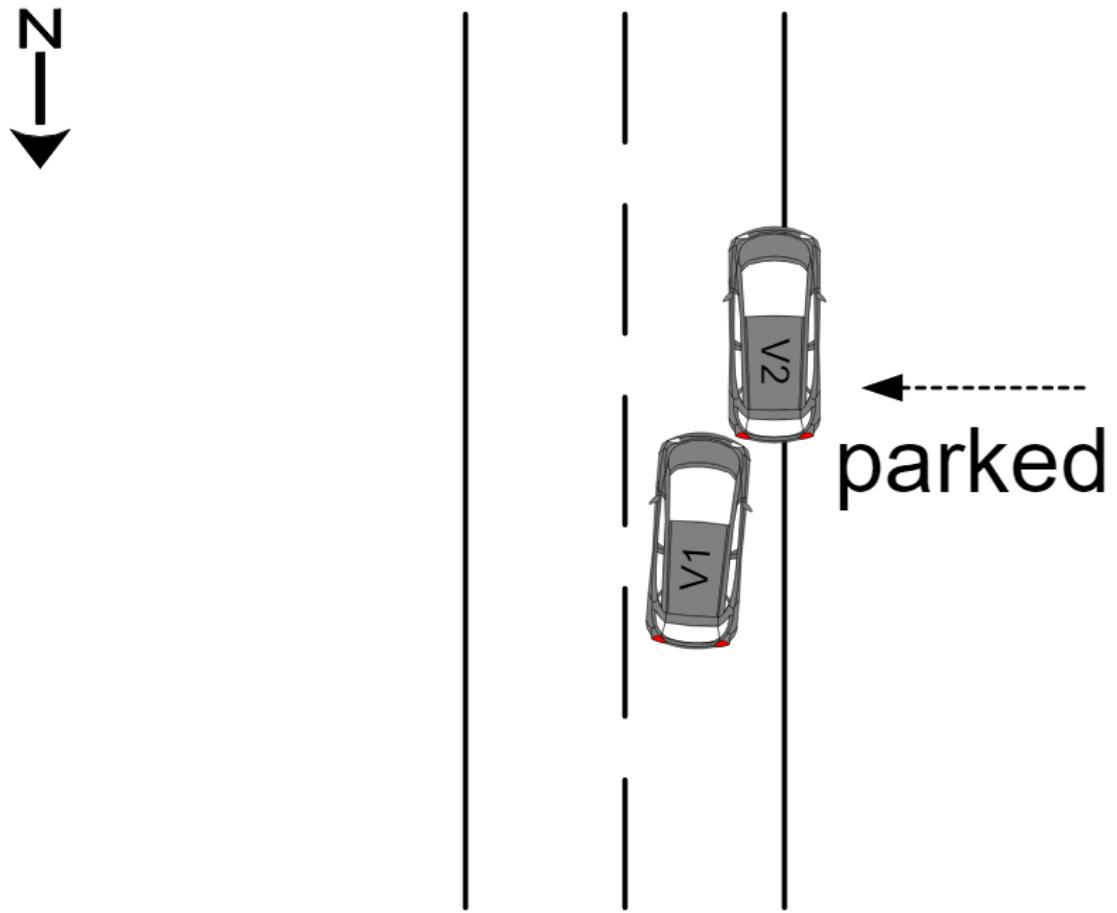
Badge #

5275

149. Case Status

Pending Complete

144. Crash Diagram (NOT TO SCALE)



Not To Scale

Estevez, Pablo

Officer's Signature

NJTR-1B (Rev. 01/17)

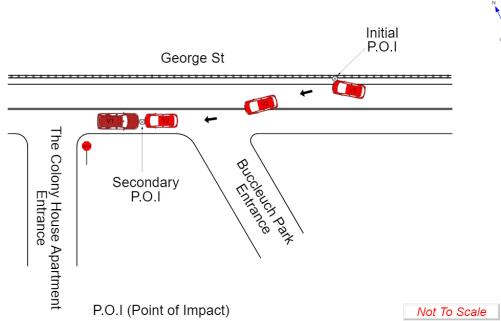
7378

Badge Number

96 05	<input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input checked="" type="checkbox"/> Change Report														118a 25																				
97 01	1. Case Number 23NB09692					10. Crash Occurred On: MIDDLESEX COUNTY 672					11. Speed Limit N 25		12. Route No. 672		13. Milepost		118b																		
98 06	2. Police Dept. of New Brunswick City Police Department					Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet E <input type="checkbox"/> Miles					Dir		18. Speed Limit 25				119a 02																		
99 07	3. Station/Precinct New Brunswick					430.0 14 15 16					of: MIDDLESEX COUNTY 609/609							119b 14																	
100a 01	4. Date of Crash 11/04/2023		5. Day of Week Saturday			6. Time (use 2400 hrs.) 2115		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 1		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.507582		20. Route Name/Route No. -74.462495		22. Longitude	120a 01																
100b 04	23. Veh. # 01 A7999107810					25. NJ Ins. Code 163					53. Veh. # 02 INT60104658801					54. Policy No.		55. NJ Ins. Code 073		120b															
101 02	26. Driver's First Name Maria					Initial C Last Name Feigelmuller					29. Sex F					56. Driver's First Name Michael					Initial A Last Name Kuchar		59. Sex M	121a 00											
102 01	27. Number & Street 9 Banner Ct										57. Number & Street 1 Valley Rd												121b 00												
103 01	28. City East Brunswick					State NJ Zip 08816					58. City Manalapan					State NJ Zip 07726																			
104 02	30. Eyes 02		DL Class D		Restrictions 1			Endorsements		31. State NJ		60. Eyes 06		DL Class D		Restrictions 00			61. State NJ		122 01														
105 04	32. Driver's License Number F22655196356732					33. DOB 06/13/1973					34. Expires 06/13/2026					62. Driver's License Number K90525446101866					63. DOB 01/03/1986		64. Expires 01/03/2025	123 01											
106 -	35. Owner's First Name Maria					Initial C Last Name Feigelmuller					65. Owner's First Name Michael					Initial A Last Name Kuchar					124 04														
107 -	36. Number & Street 9 Banner Ct										66. Number & Street 1 Valley Rd												125 04												
108 04	37. City East Brunswick					State NJ Zip 08816					67. City Manalapan					State NJ Zip 07726							126a 26												
109 01	38. Make MAZDA		39. Model CX-5		40. Color RD		41. Year 2023		42. Plate No. M57SSC		43. State NJ		68. Make TOYOTA		69. Model Camry		70. Color MN		71. Year 2001		72. Plate No. M50SHD		73. State NJ		126b -										
110 01	44. VIN JM3KFBAY7P0272828					45. Expires 09/01/2027					74. VIN 4T1BF22K71U971066										75. Expires 06/01/2024				126c -										
111 01	46. Vehicle Removed to: Guaranteed Motors														76. Vehicle Removed to: Rich's Towing																126d -				
112 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police										77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police												126e 26												
113 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending										49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.										78. Alcohol/Drug Test Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <input type="checkbox"/> % <input checked="" type="checkbox"/> Pending		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.				127a 46								
114 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX										51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.				127b 08								
115 -	52. Motor Carrier or Government Entity Number & Street														82. Motor Carrier or Government Entity Number & Street																127c 26				
116 01	City State Zip														City State Zip																127d -				
117 03	Level of Autonomy 150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown														Level of Autonomy 152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																127e -				
135. Damage to Other Property <input checked="" type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No Middlesex County DOT : Guard Rail																														128 26					
Oper.		136. Charge							137. Summons No.			Oper. 02		138. Charge 39:4-97 - Careless Driving							139. Summons No. Q524109		140. Charge		141. Summons No.			Oper. 142. Charge		143. Summons No.			144. Names & Addresses of Occupants If Deceased, Date & Time of Death		129 12
A		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death														130 12						
		01	01	01	04	50	F	08	07	02	04	04	04	6202	Maria C Feigelmuller 9 Banner Ct East Brunswick NJ 08816														131 12						
		01	03	01	05	11	M	-	-	-	04	04	04	04	-	Mario Feigelmuller 9 Banner ct East Brunswick NJ 08816														132 12					
		02	01	01	00	37	M	00	00	02	04	04	06	6202	Michael A Kuchar 1 Valley Rd Manalapan NJ 07726														133 04						
D																												134 04							

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

144. Crash Diagram



145. Crash Description/Narrative

On Saturday, November 4, 2023 at 2115, I responded to a crash on 430 Feet E of Middlesex County 672 and Middlesex County 609. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Red Mazda Cx-5, Going Straight Ahead

Vehicle #1 (V1) was traveling east on George St, just passed the entrance to the Colony House Apartments (1050 George St). The driver of V1 stated that while traveling on George St, she observed the headlights from vehicle #2 (V2) heading towards her lane of travel. She stated that she came to a complete stop, as she believed that the driver of V2 was attempting make a left-hand turn towards the entrance to Buccleuch Park. She stated that when V2 continued towards her vehicle, she began to blare on the horn in an attempt to alert the driver of V2 but, her efforts were unsuccessful. She stated that during that time, a collision occurred between both vehicles. Vehicle #1 sustained heavy front end damages with multiple air bag deployment, rendering this vehicle to be disabling. The driver of V1 complained of pain and suffered an injury to the right wrist/ arm and she was subsequently transported to Robert Wood Johnson Hospital (RWJH) for further medical treatment. The passenger of V1, a minor, was evaluated at the scene but, did not require further medical treatment.

Unit 2, Vehicle - Maroon Toyota Camry, Going Straight Ahead

Vehicle #2 (V2) was traveling west on George St, near the Colony House Apartment, and was heading towards the direction of Landing Lane. Upon police arrival, the driver of V2 was found unconscious and unresponsive. Due to a possible medical emergency, responding officers forced their way inside the vehicle to extricate the driver. EMS were requested to the scene and upon their arrival, a Narcan was administered to the driver of V2. It should be noted that a Narcan is used to treat narcotic overdose in an emergency situation. He was subsequently transported to RWJH for further medical treatment where a blood sample kit was taken for further investigation.

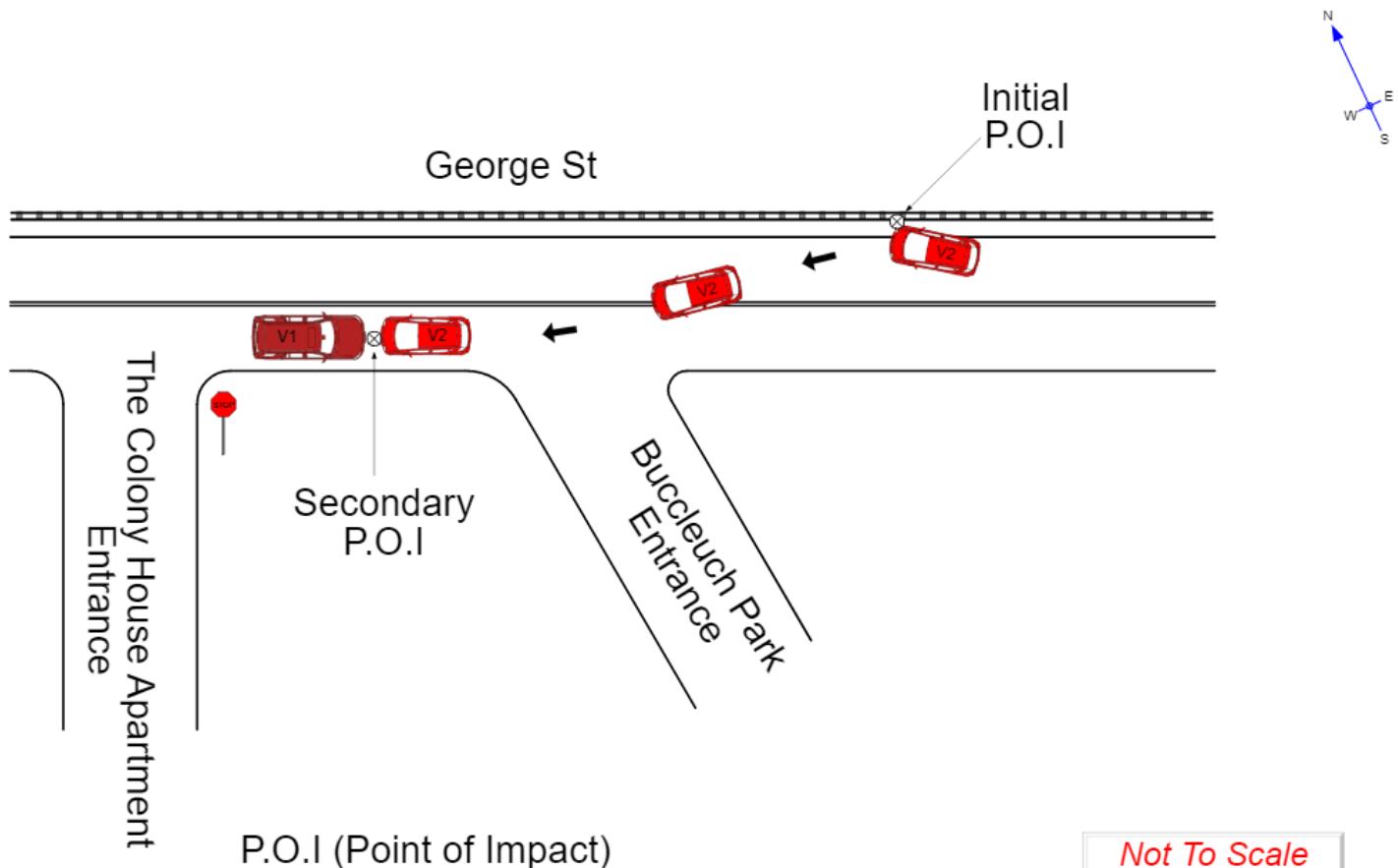
An accident investigation revealed that as V2 was traveling west on George St, the vehicle veered to the right, impacting the curb and the guardrail. After colliding with the guardrail, V2 then crossed the center line and was traveling on the wrong side of the road. Vehicle #2 continued its forward momentum, causing a head-on collision with V1. Vehicle #2 sustained heavy front end damages, rendering this vehicle to be disabling.

Other Descriptions

02 - Crossed center line and driving on wrong side of the road - Field 119a

146. Officer's Signature Maldonado, Deanna	147. Badge # 7364	148. Reviewer Martinez, Ronoldy	Badge # 5250	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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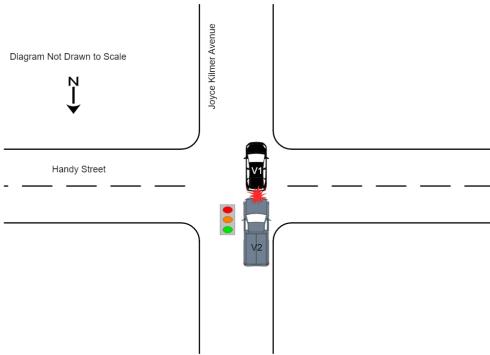
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												Reportable		Non-Reportable		Change Report																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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97 01	1. Case Number 23NB09697					10. Crash Occurred On: HANDY ST						Road Name At Intersection with Feet Miles			Dir E		11. Speed Limit 25						118b																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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100a 01	4. Date of Crash 11/05/2023		5. Day of Week Sunday			6. Time (use 2400 hrs.) 0125		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. Route No. Ramp		11. Speed Limit 25		12. Route No. Suffix		13. Milepost		119a 06																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
100b 06	23. Veh. # 01		24. Policy No. 4391442474			25. NJ Ins. Code 100		26. Driver's First Name MIGUEL		27. Number & Street 238 LIVINGSTON AVE APT 1		28. City NEW BRUNSWICK		29. Sex M		30. Eyes 02		31. State NJ		32. Veh. # C66375476509902		33. DOB 09/10/1990		34. Expires 09/10/2026		35. Owner's First Name Same as Driver ALTAGRACI		36. Number & Street 364 PROSPECT ST APT 1		37. City PERTH AMBOY		38. Make TOYOTA		39. Model HIGHLANDER		40. Color BK		41. Year 2018		42. Plate No. Y33KCY		43. State NJ		44. VIN 5TDBZRFH4JS861146		45. Expires 06/30/2024		46. Vehicle Removed to: -		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None On Board Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Veh. # 02		54. Policy No. AOD-T31-394515-7034		55. NJ Ins. Code 648		56. Driver's First Name GERMAN		57. Number & Street LORETTA ST APT 30-A		58. City NEW BRUNSWICK		59. Sex M		60. Eyes 02		61. State NJ		62. Veh. # O80522800010512		63. DOB 10/06/1951		64. Expires 10/06/2026		65. Owner's First Name Same as Driver GERMAN		66. Number & Street LORETTA ST APT 30-A		67. City NEW BRUNSWICK		68. Make Toyota		69. Model SR5		70. Color GY		71. Year 2003		72. Plate No. UWS70F		73. State NJ		74. VIN 5TBBT44143S389634		75. Expires 07/01/2020		76. Vehicle Removed to: Dependable		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None On Board Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		83. Veh. # 02		84. Policy No. 1214 Q 525481		85. NJ Ins. Code 139. Summons No.		86. Driver's First Name OSORTOPARAJON		87. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		88. City NEW BRUNSWICK		89. State NJ		90. Zip 08901-3418		91. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		92. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		93. Motor Carrier or Government Entity		94. Veh. # 02		95. Policy No. 140. Summons No.		96. Driver's First Name OSORTOPARAJON		97. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		98. City NEW BRUNSWICK		99. State NJ		100. Zip 08901-3418		101. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		102. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		103. Motor Carrier or Government Entity		104. Veh. # 02		105. Policy No. 141. Summons No.		106. Driver's First Name OSORTOPARAJON		107. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		108. City NEW BRUNSWICK		109. State NJ		110. Zip 08901-3418		111. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		112. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		113. Motor Carrier or Government Entity		114. Veh. # 02		115. Policy No. 142. Summons No.		116. Driver's First Name OSORTOPARAJON		117. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		118. City NEW BRUNSWICK		119. State NJ		120. Zip 08901-3418		121. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		122. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		123. Motor Carrier or Government Entity		124. Veh. # 02		125. Policy No. 143. Summons No.		126. Driver's First Name OSORTOPARAJON		127. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		128. City NEW BRUNSWICK		129. State NJ		130. Zip 08901-3418		131. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		132. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		133. Motor Carrier or Government Entity		134. Veh. # 02		135. Policy No. 144. Summons No.		136. Driver's First Name OSORTOPARAJON		137. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		138. City NEW BRUNSWICK		139. State NJ		140. Zip 08901-3418		141. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		142. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		143. Motor Carrier or Government Entity		144. Veh. # 02		145. Policy No. 146. Summons No.		147. Driver's First Name OSORTOPARAJON		148. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		149. City NEW BRUNSWICK		150. State NJ		151. Zip 08901-3418		152. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		153. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		154. Motor Carrier or Government Entity		155. Veh. # 02		156. Policy No. 157. Summons No.		158. Driver's First Name OSORTOPARAJON		159. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		160. City NEW BRUNSWICK		161. State NJ		162. Zip 08901-3418		163. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		164. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		165. Motor Carrier or Government Entity		166. Veh. # 02		167. Policy No. 168. Summons No.		169. Driver's First Name OSORTOPARAJON		170. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		171. City NEW BRUNSWICK		172. State NJ		173. Zip 08901-3418		174. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		175. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		176. Motor Carrier or Government Entity		177. Veh. # 02		178. Policy No. 179. Summons No.		180. Driver's First Name OSORTOPARAJON		181. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		182. City NEW BRUNSWICK		183. State NJ		184. Zip 08901-3418		185. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		186. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		187. Motor Carrier or Government Entity		188. Veh. # 02		189. Policy No. 190. Summons No.		191. Driver's First Name OSORTOPARAJON		192. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		193. City NEW BRUNSWICK		194. State NJ		195. Zip 08901-3418		196. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		197. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		198. Motor Carrier or Government Entity		199. Veh. # 02		200. Policy No. 201. Summons No.		202. Driver's First Name OSORTOPARAJON		203. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		204. City NEW BRUNSWICK		205. State NJ		206. Zip 08901-3418		207. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		208. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		209. Motor Carrier or Government Entity		210. Veh. # 02		211. Policy No. 212. Summons No.		213. Driver's First Name OSORTOPARAJON		214. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		215. City NEW BRUNSWICK		216. State NJ		217. Zip 08901-3418		218. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		219. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		220. Motor Carrier or Government Entity		221. Veh. # 02		222. Policy No. 223. Summons No.		224. Driver's First Name OSORTOPARAJON		225. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		226. City NEW BRUNSWICK		227. State NJ		228. Zip 08901-3418		229. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		230. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		231. Motor Carrier or Government Entity		232. Veh. # 02		233. Policy No. 234. Summons No.		235. Driver's First Name OSORTOPARAJON		236. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		237. City NEW BRUNSWICK		238. State NJ		239. Zip 08901-3418		240. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		241. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		242. Motor Carrier or Government Entity		243. Veh. # 02		244. Policy No. 245. Summons No.		246. Driver's First Name OSORTOPARAJON		247. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		248. City NEW BRUNSWICK		249. State NJ		250. Zip 08901-3418		251. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		252. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		253. Motor Carrier or Government Entity		254. Veh. # 02		255. Policy No. 256. Summons No.		257. Driver's First Name OSORTOPARAJON		258. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		259. City NEW BRUNSWICK		260. State NJ		261. Zip 08901-3418		262. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		263. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		264. Motor Carrier or Government Entity		265. Veh. # 02		266. Policy No. 267. Summons No.		268. Driver's First Name OSORTOPARAJON		269. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		270. City NEW BRUNSWICK		271. State NJ		272. Zip 08901-3418		273. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		274. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		275. Motor Carrier or Government Entity		276. Veh. # 02		277. Policy No. 278. Summons No.		279. Driver's First Name OSORTOPARAJON		280. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		281. City NEW BRUNSWICK		282. State NJ		283. Zip 08901-3418		284. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		285. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		286. Motor Carrier or Government Entity		287. Veh. # 02		288. Policy No. 289. Summons No.		290. Driver's First Name OSORTOPARAJON		291. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		292. City NEW BRUNSWICK		293. State NJ		294. Zip 08901-3418		295. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		296. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		297. Motor Carrier or Government Entity		298. Veh. # 02		299. Policy No. 300. Summons No.		301. Driver's First Name OSORTOPARAJON		302. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		303. City NEW BRUNSWICK		304. State NJ		305. Zip 08901-3418		306. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		307. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		308. Motor Carrier or Government Entity		309. Veh. # 02		310. Policy No. 311. Summons No.		312. Driver's First Name OSORTOPARAJON		313. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		314. City NEW BRUNSWICK		315. State NJ		316. Zip 08901-3418		317. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		318. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		319. Motor Carrier or Government Entity		320. Veh. # 02		321. Policy No. 322. Summons No.		323. Driver's First Name OSORTOPARAJON		324. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		325. City NEW BRUNSWICK		326. State NJ		327. Zip 08901-3418		328. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		329. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		330. Motor Carrier or Government Entity		331. Veh. # 02		332. Policy No. 333. Summons No.		334. Driver's First Name OSORTOPARAJON		335. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		336. City NEW BRUNSWICK		337. State NJ		338. Zip 08901-3418		339. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		340. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		341. Motor Carrier or Government Entity		342. Veh. # 02		343. Policy No. 344. Summons No.		345. Driver's First Name OSORTOPARAJON		346. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		347. City NEW BRUNSWICK		348. State NJ		349. Zip 08901-3418		350. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		351. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		352. Motor Carrier or Government Entity		353. Veh. # 02		354. Policy No. 355. Summons No.		356. Driver's First Name OSORTOPARAJON		357. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		358. City NEW BRUNSWICK		359. State NJ		360. Zip 08901-3418		361. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		362. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		363. Motor Carrier or Government Entity		364. Veh. # 02		365. Policy No. 366. Summons No.		367. Driver's First Name OSORTOPARAJON		368. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		369. City NEW BRUNSWICK		370. State NJ		371. Zip 08901-3418		372. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		373. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		374. Motor Carrier or Government Entity		375. Veh. # 02		376. Policy No. 377. Summons No.		378. Driver's First Name OSORTOPARAJON		379. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		380. City NEW BRUNSWICK		381. State NJ		382. Zip 08901-3418		383. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		384. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		385. Motor Carrier or Government Entity		386. Veh. # 02		387. Policy No. 388. Summons No.		389. Driver's First Name OSORTOPARAJON		390. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		391. City NEW BRUNSWICK		392. State NJ		393. Zip 08901-3418		394. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		395. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		396. Motor Carrier or Government Entity		397. Veh. # 02		398. Policy No. 399. Summons No.		400. Driver's First Name OSORTOPARAJON		401. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		402. City NEW BRUNSWICK		403. State NJ		404. Zip 08901-3418		405. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		406. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		407. Motor Carrier or Government Entity		408. Veh. # 02		409. Policy No. 410. Summons No.		411. Driver's First Name OSORTOPARAJON		412. Number & Street LORETTA ST APT 30-A NEW BRUNSWICK NJ 08901-3418		413. City NEW BRUNSWICK		414. State NJ		415. Zip 08901-3418		416. Carrier No. USDOT <input type="checkbox"/> None 	

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

144. Crash Diagram



145. Crash Description/Narrative

Driver 1 stated that he was driving on Joyce Kilmer Avenue past the traffic light of Handy Street when he started to apply his brakes because the road was unpaved. Driver 1 then stated that he felt impact from behind by V2.

Driver 2 stated that there was a vehicle in between V1 and V2 that took too long at the intersection. Driver 2 stated that he went around that vehicle and made impact with V1.

All parties were uninjured and refused medical attention. Vehicle 1 was driven from the scene by its driver with moderate damage to its rear. Vehicle 2 was taken by Dependable and was disabled from the incident. Driver 2 was issued a summons for driving with an expired registration.

P/O N. Sookhram #7382

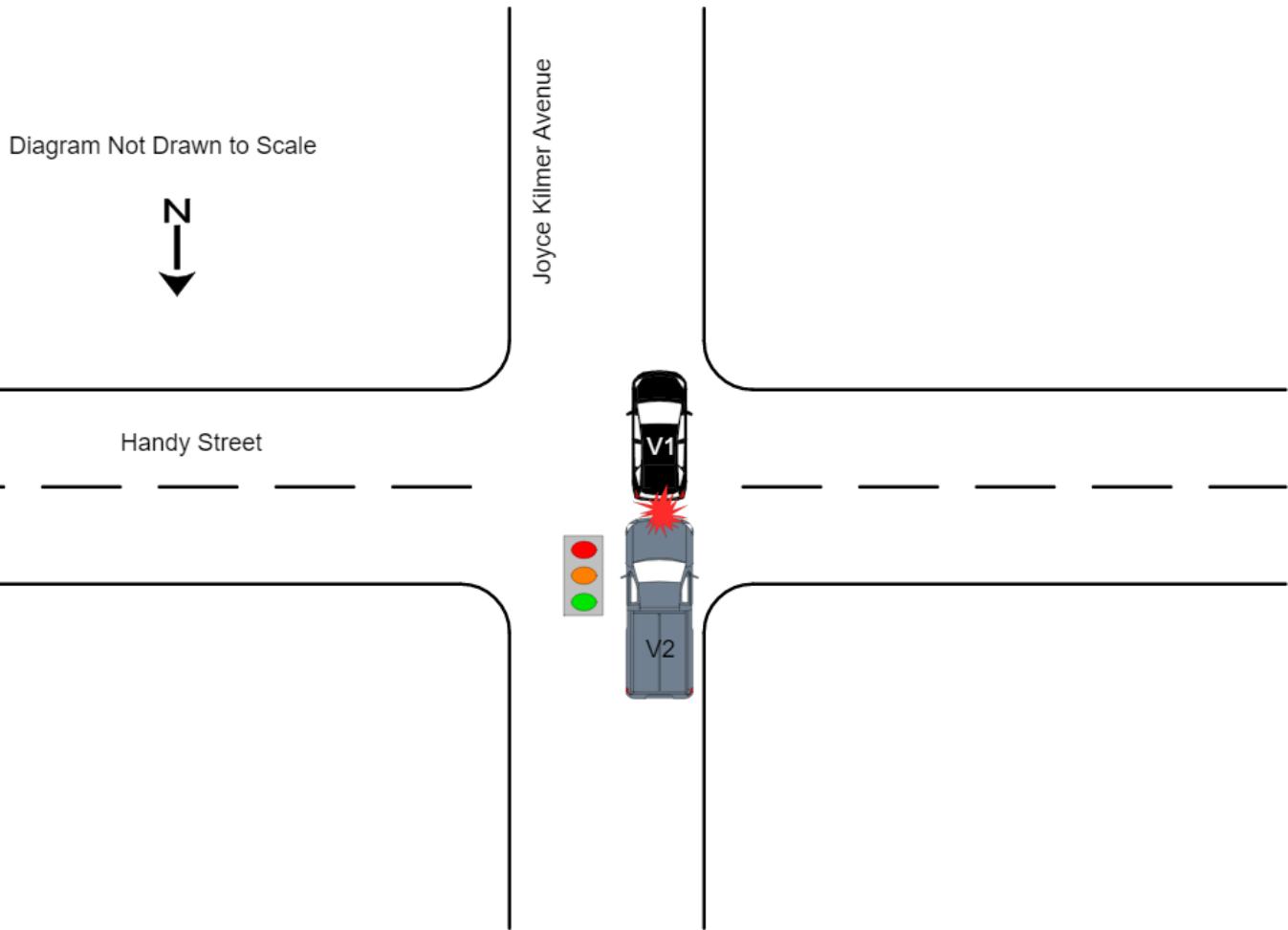
146. Officer's Signature Sookhram, Nasir	147. Badge # 7382	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09697

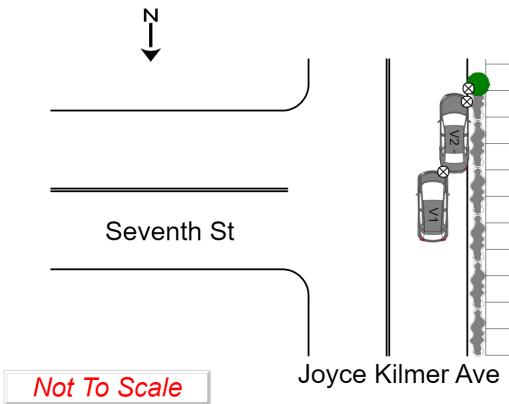
144. Crash Diagram (NOT TO SCALE)



96 04	<input type="checkbox"/> Fatal		New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable	<input type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report	118a 00																	
97 01	1. Case Number 23NB09698				10. Crash Occurred On: JOYCE KILMER AVE								11. Speed Limit 25						118b 00																
98 06	2. Police Dept. of New Brunswick City Police Department				Code 01		Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles				Dir of: 7TH ST		12. Route No. Ramp		Suffix From:		13. Milepost 18. Speed Limit 25		119a -																
99 07	3. Station/Precinct NEW BRUNSWICK				14 15 16		8. Total Killed 0				9. Total Injured 0		17. Cross Road Name/Route No. 21. Latitude 40.474930		19. To: 20. Route Name/Route No. 22. Longitude -74.466344		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b 25																
100a 01	4. Date of Crash 11/05/2023		5. Day of Week Sunday		6. Time (use 2400 hrs.) 0128		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. Route No. 20. Route Name/Route No. 21. Latitude 40.474930		11. Speed Limit 25		12. Route No. 20. Route Name/Route No. 21. Latitude -74.466344		120a 00																
100b 04	23. Veh. # 01 4381-83-74-51				24. Policy No. 100		25. NJ Ins. Code 100				53. Veh. # 02		54. Policy No. -				55. NJ Ins. Code 000		120b 00																
101 02	26. Driver's First Name FRANCHESC				Initial -		Last Name MADE-AQUINO				29. Sex F		56. Driver's First Name Initial -				Last Name 59. Sex		121a																
102 01	27. Number & Street 53A PHELPS AVENUE								57. Number & Street										121b																
103 01	28. City NEW BRUNSWICK				State NJ		Zip 08901-3714		58. City				State -		Zip																				
104 02	30. Eyes 02		DL Class D		Restrictions 00		Endorsements 00		31. State NJ		60. Eyes		DL Class		Restrictions		61. State		122 00																
105 06	32. Driver's License Number M00962670056982				33. DOB 06/15/1998		34. Expires 06/15/2026		62. Driver's License Number				63. DOB		64. Expires				123 10																
106 -	35. Owner's First Name FRANCHESC				Initial -		Last Name MADE-AQUINO				65. Owner's First Name BOYLAN				Initial -		Last Name FUNERAL HOME				124 04														
107 -	36. Number & Street 53A PHELPS AVENUE								66. Number & Street 188 EASTON AVE												125 04														
108 01	37. City NEW BRUNSWICK				State NJ		Zip 08901-3714		67. City NEW BRUNSWICK				State NJ		Zip 08901				126a 28																
109 01	38. Make Honda		39. Model CIV		40. Color GY		41. Year 2006		42. Plate No. B68MFB		43. State -		68. Make Cadillac		69. Model DEV		70. Color BK		71. Year 1972		72. Plate No. QQ71191		73. State NJ		126b -										
110 01	44. VIN 2HGFG12846H532422								45. Expires 03/01/2023				74. VIN 6D49R2E357899								75. Expires 12/01/2026				126c -										
111 01	46. Vehicle Removed to: GUARANTEED MOTORS												76. Vehicle Removed to: GUARANTEED MOTORS														126d -								
112 -	<input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene								<input checked="" type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Towed Impounded								<input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene								<input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded						126e 28				
113 -	47. Authority Owner												77. Authority Owner														127a								
114 -	<input type="checkbox"/> Driver												<input checked="" type="checkbox"/> Police												<input type="checkbox"/> Driver		<input checked="" type="checkbox"/> Police						127b		
115 -	48. 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				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None				51. GVWR/GCWR (trucks & buses only) <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				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						127c								
116 03	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending																Results: <input type="checkbox"/> % <input type="checkbox"/> Pending										127d								
117 03	52. Motor Carrier or Government Entity Number & Street								80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.										127e												
	City				State Zip				City				State Zip								128														
	Level of Autonomy 150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				Level of Autonomy 152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												129																		
	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												136. Charge Oper. 01 39:4-97												137. Summons No. E23003059		Oper.		138. Charge				139. Summons No.		130
	Oper. 01 39:4-129B												140. Charge				141. Summons No. E2300306				Oper.		142. Charge				143. Summons No.		01						
																									Names & Addresses of Occupants If Deceased, Date & Time of Death				131						
A	01	01	01	00	25	F	00	00	00	00	06	-	FRANCHESC - MADE-AQUINO 53A PHELPS AVENUE NEW BRUNSWICK NJ 08901-3714												07										
B																									07										
C																									04										
D																									03										

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

144. Crash Diagram



145. Crash Description/Narrative

On Sunday, November 5, 2023, I (Officer Vazquez) was on patrol and attired in the uniform of the day utilizing marked patrol vehicle 935. At approximately 0131 hrs., I was dispatched to Joyce Kilmer Ave and Seventh St for a motor vehicle accident.

Upon my arrival, I observed that V1 was directly under V2. V1 and V2 were both unoccupied. V1 had its hazard lights flashing and driver side window down, while V2 appeared to be parked. V1 sustained heavy front end passenger side damage. V2 sustained moderate damage to the rear driver side bumper/fender. V2 also was pushed over and into the curb next to a tree. The front windshield of V2 was found to be damaged.

Guaranteed Motors took possession of both V1 and V2.

D1 arrived to NBPD Headquarters at a later time and spoke with an assisting Officer and admitted to driving V1 at the time of the incident. D1 was issued multiple summonses.

*****Additional Citations*****

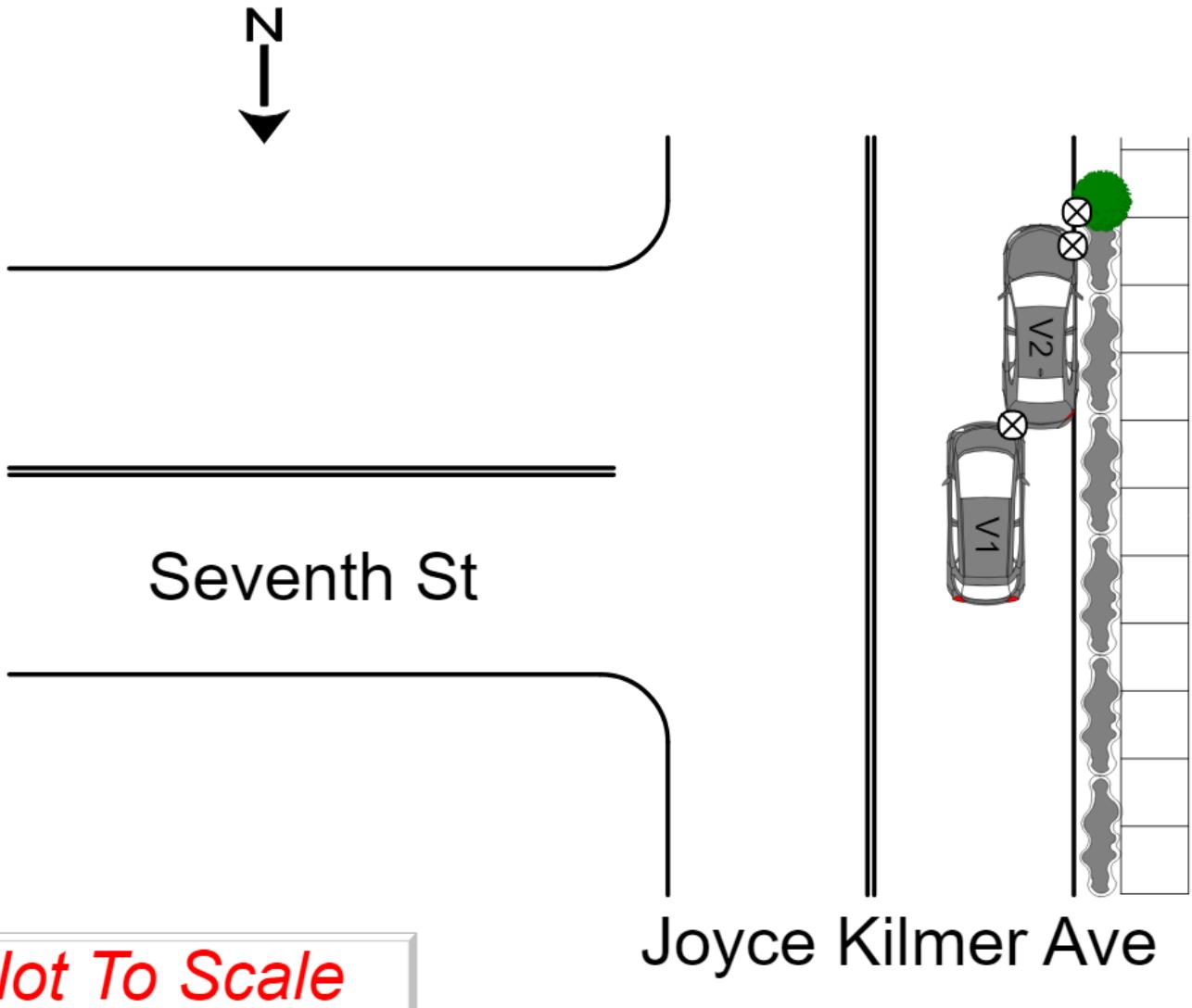
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01 - 39:3-4 - E23003062
01 - 39:8-1 - E23003063
01 - 39:4-56.5(A) - E23003064

*****Other Descriptions*****

02 - No insurance information at completion of report. - Field 55

146. Officer's Signature Vazquez, Noe	147. Badge # 7367	148. Reviewer Liszczak, Gregory	Badge # 5267	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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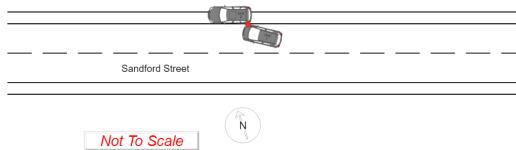
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Fatal		<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report									
96 05	1. Case Number 23NB09700	10. Crash Occurred On: SANDFORD ST												11. Speed Limit E 25							118a 33								
97 01	2. Police Dept. of New Brunswick City Police Department	Code 01	Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 222.0 Miles <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W												Dir	12. Route No. Suffix		13. Milepost		118b									
98 06	3. Station/Precinct	of: REMSEN AVE												18. Speed Limit 25					119a										
99 07	4. Date of Crash 11/05/2023	5. Day of Week Sunday	6. Time (use 2400 hrs.) 0226	7. Municipality Code 1214	8. Total Killed 0	9. Total Injured 0	19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.483123 20. Route Name/Route No. 22. Longitude -74.448412												NB <input type="checkbox"/> SB <input type="checkbox"/> EB <input type="checkbox"/> WB <input type="checkbox"/>	119b									
100a 01	23. Veh. # 24. Policy No. 01 02295 1663C71018												25. NJ Ins. Code 823	53. Veh. # 02	54. Policy No. - <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency												55. NJ Ins. Code UNK	120a 01	
101 02	26. Driver's First Name Initial Last Name ARGENY J ACOSTASALGADO												29. Sex M	56. Driver's First Name Initial Last Name JOSE A CABALLERO-BENITES												59. Sex M	120b -		
102 01	27. Number & Street 205 HALE ST APT 2												57. Number & Street 143 SANDFORD STREET														121a -		
103 01	28. City State Zip NEW BRUNSWICK NJ 08901-2907												58. City State Zip NEW BRUNSWICK NJ 08901														121b		
104 02	30. Eyes 02	DL Class D	Restrictions T	Endorsements 00	31. State NJ	60. Eyes 01	DL Class D	Restrictions 00	Endorsements 00	61. State NJ	122 01																		
105 06	32. Driver's License Number A17150577109982				33. DOB 09/08/1998	34. Expires 09/08/2027	62. Driver's License Number C00044106110031				63. DOB 10/17/2003	64. Expires 10/17/2026	123 10																
106 -	35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver ELLIER A ACOSTA-SALGADO												65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver JOSE A CABALLEROBENITEZ												124 00				
107 -	36. Number & Street 127 OLD GEORGETOWN RD												66. Number & Street 143 SANDFORD ST												125 11				
108 01	37. City State Zip PRINCENTON NJ 08540												67. City State Zip NEW BRUNSWICK NJ 08901-2671												126a 28				
109 01	38. Make HONDA	39. Model Accord	40. Color SL	41. Year 2009	42. Plate No. S28STL	43. State NJ	68. Make TOYOTA	69. Model RAV4	70. Color BL	71. Year 2015	72. Plate No. Z32RGG	73. State NJ	126b																
110 01	44. VIN 1HGCS22829A006509												45. Expires 09/30/2023	74. VIN 2T3RFREV4FW372220												75. Expires 08/31/2024	126c		
111 01	46. Vehicle Removed to: Rich's towing												76. Vehicle Removed to: -												126d				
112 00	<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												126e 26				
113 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police												77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police												127a				
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending												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: <input type="checkbox"/> % <input type="checkbox"/> Pending												127b 127c				
115 -	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____												79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____												127d				
116 04	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX												51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.												81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	127e 28			
117 -	52. Motor Carrier or Government Entity Number & Street												82. Motor Carrier or Government Entity Number & Street												128 28				
City State Zip												City State Zip												129 01					
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										130 01					
151 - ENGAGED		<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										153 - ENGAGED		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										131 07					
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												136. Charge												139. Summons No.	132 07				
Oper. 136. Charge												137. Summons No.		Oper.	138. Charge										139. Summons No.	133 04			
Oper. 140. Charge												141. Summons No.		Oper.	142. Charge										143. Summons No.	134 04			
																								Names & Addresses of Occupants If Deceased, Date & Time of Death					
A	01	01	01	05	25	M	-	-	-	04	04	04	-	ARGENY J ACOSTASALGADO 205 HALE ST APT 2 NEW BRUNSWICK NJ 08901-2907															
B	02	00	-	-	20	M	-	-	02	-				JOSE A CABALLERO-BENITES 143 SANDFORD STREET NEW BRUNSWICK NJ 08901															
C																													
D																													

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of Vehicle#1 stated he was driving on West on Sandford Street when the steering of his vehicle failed, making him loose control of his vehicle and striking V2 on the rear left side. Driver of vehicle#1 appeared to have no injuries and refused medical attention. V1 sustained major damages to the front of the vehicle, right side wheel and front and side airbags were deployed. Vehicle was towed by Rich's Towing.

V2 sustained damages to the rear left side and rear wheel. Vehicle was left at scene by owner's consent.

*****Other Descriptions*****

01 - steering failure - Field 118a

02 - - - Field 55

146. Officer's Signature

Fierro, Lenin

147. Badge #

7383

148. Reviewer

Evans, Patrick

Badge #

5275

149. Case Status

Pending

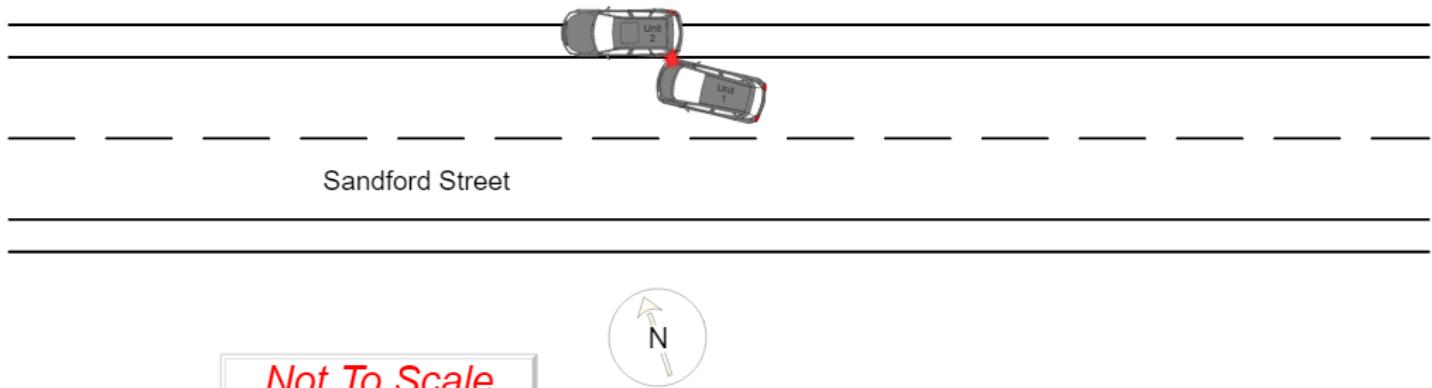
Complete

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09700

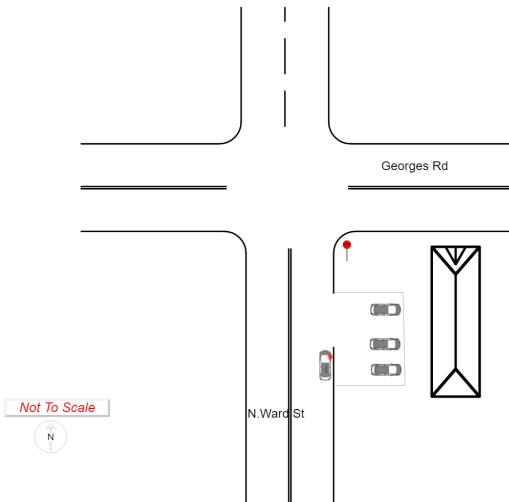
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
96 05		<input type="checkbox"/> Fatal				10. Crash Occurred On: N WARD AVE								11. Speed Limit	25				118a 25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
97 01		1. Case Number 23NB09704				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 55.00								Dir	12. Route No.		Suffix	13. Milepost	118b -																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
98 01		2. Police Dept. of New Brunswick City Police Department				of: GEORGES RD/171								14. To:		17. Cross Road Name/Route No.		<input type="checkbox"/> NB		<input type="checkbox"/> EB																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
99 07		3. Station/Precinct				<input type="checkbox"/> Miles 14 15 16								<input type="checkbox"/> From:		<input type="checkbox"/> SB		<input type="checkbox"/> WB		119a 02																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
100a 01		4. Date of Crash 11/05/2023		5. Day of Week Sunday		6. Time (use 2400 hrs.) 1108		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. Route No./Route No. 40.478544		11. Longitude -74.446881		119b -																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
100b 04		23. Veh. # 01				24. Policy No. 6041-70-13-32								25. NJ Ins. Code 148	53. Veh. # 02		54. Policy No. unk				55. NJ Ins. Code UNK		120a																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
101 02		<input checked="" type="checkbox"/> Parked				<input type="checkbox"/> Ped								<input type="checkbox"/> Pedalcyclist		<input type="checkbox"/> Resp. to Emergency		<input checked="" type="checkbox"/> Hit & Run		120b																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
102 01		26. Driver's First Name Initial				27. Number & Street								29. Sex 00	56. Driver's First Name Initial		57. Number & Street 00		59. Sex U		121a 00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
103 01		28. City				29. State Zip								30. Eyes	31. State		32. Driver's License Number	33. DOB		34. Expires	35. Owner's First Name	36. Number & Street		37. City	38. Make CHEVROLET		39. Model Malibu	40. Color GY	41. Year 2018	42. Plate No. 2288NYP	43. State NJ	44. VIN 1G1ZB5ST1JF253809	45. Expires 02/29/2024	46. Vehicle Removed to: 98	47. Authority <input checked="" type="checkbox"/> Owner	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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	52. Motor Carrier or Government Entity	53. Veh. # 00	54. Policy No. unk	55. NJ Ins. Code UNK	56. Driver's First Name Initial	57. Number & Street 00		58. City	59. Sex U		60. Eyes 00	61. State	62. Driver's License Number	63. DOB	64. Expires	65. Owner's First Name Initial	66. Number & Street		67. City	68. Make UK		69. Model 00	70. Color 00	71. Year 00	72. Plate No. 00	73. State	74. VIN	75. Expires	76. Vehicle Removed to: 98	77. Authority <input type="checkbox"/> Owner	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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.	80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	82. Motor Carrier or Government Entity	83. Veh. # 00	84. Policy No. unk	85. NJ Ins. Code UNK		86. Driver's First Name Initial	87. Number & Street		88. City	89. State Zip		90. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	91. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	92. Motor Carrier or Government Entity	93. Veh. # 00	94. Policy No. unk	95. NJ Ins. Code UNK		96. Driver's First Name Initial	97. Number & Street		98. City	99. State Zip		100. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	101. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	102. Motor Carrier or Government Entity	103. Veh. # 00	104. Policy No. unk	105. NJ Ins. Code UNK		106. Driver's First Name Initial	107. Number & Street 16 yarnell ave		108. City	109. Make CHEVROLET		110. Model Malibu	111. Color GY	112. Year 2018	113. Plate No. 2288NYP	114. State NJ	115. VIN 1G1ZB5ST1JF253809	116. DOB 02/29/2024	117. Expires	118. Vehicle Removed to: 98	119. Authority <input type="checkbox"/> Owner	120. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		121. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.	122. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	123. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	124. Motor Carrier or Government Entity	125. Veh. # 00	126. Policy No. unk	127. NJ Ins. Code UNK		128. Driver's First Name Initial	129. Number & Street		130. City	131. State Zip		132. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	133. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	134. Motor Carrier or Government Entity	135. Veh. # 00	136. Policy No. unk	137. NJ Ins. Code UNK		138. Driver's First Name Initial	139. Number & Street		140. City	141. State Zip		142. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	143. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	144. Motor Carrier or Government Entity	145. Veh. # 00	146. Policy No. unk	147. NJ Ins. Code UNK		148. Driver's First Name Initial	149. Number & Street		150. City	151. State Zip		152. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	153. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	154. Motor Carrier or Government Entity	155. Veh. # 00	156. Policy No. unk	157. NJ Ins. Code UNK		158. Driver's First Name Initial	159. Number & Street		160. City	161. State Zip		162. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	163. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	164. Motor Carrier or Government Entity	165. Veh. # 00	166. Policy No. unk	167. NJ Ins. Code UNK		168. Driver's First Name Initial	169. Number & Street		170. City	171. State Zip		172. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	173. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	174. Motor Carrier or Government Entity	175. Veh. # 00	176. Policy No. unk	177. NJ Ins. Code UNK		178. Driver's First Name Initial	179. Number & Street		180. City	181. State Zip		182. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	183. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	184. Motor Carrier or Government Entity	185. Veh. # 00	186. Policy No. unk	187. NJ Ins. Code UNK		188. Driver's First Name Initial	189. Number & Street		190. City	191. State Zip		192. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	193. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	194. Motor Carrier or Government Entity	195. Veh. # 00	196. Policy No. unk	197. NJ Ins. Code UNK		198. Driver's First Name Initial	199. Number & Street		200. City	201. State Zip		202. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	203. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	204. Motor Carrier or Government Entity	205. Veh. # 00	206. Policy No. unk	207. NJ Ins. Code UNK		208. Driver's First Name Initial	209. Number & Street		210. City	211. State Zip		212. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	213. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	214. Motor Carrier or Government Entity	215. Veh. # 00	216. Policy No. unk	217. NJ Ins. Code UNK		218. Driver's First Name Initial	219. Number & Street		220. City	221. State Zip		222. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	223. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	224. Motor Carrier or Government Entity	225. Veh. # 00	226. Policy No. unk	227. NJ Ins. Code UNK		228. Driver's First Name Initial	229. Number & Street		230. City	231. State Zip		232. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	233. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	234. Motor Carrier or Government Entity	235. Veh. # 00	236. Policy No. unk	237. NJ Ins. Code UNK		238. Driver's First Name Initial	239. Number & Street		240. City	241. State Zip		242. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	243. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	244. Motor Carrier or Government Entity	245. Veh. # 00	246. Policy No. unk	247. NJ Ins. Code UNK		248. Driver's First Name Initial	249. Number & Street		250. City	251. State Zip		252. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	253. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	254. Motor Carrier or Government Entity	255. Veh. # 00	256. Policy No. unk	257. NJ Ins. Code UNK		258. Driver's First Name Initial	259. Number & Street		260. City	261. State Zip		262. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	263. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	264. Motor Carrier or Government Entity	265. Veh. # 00	266. Policy No. unk	267. NJ Ins. Code UNK		268. Driver's First Name Initial	269. Number & Street		270. City	271. State Zip		272. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	273. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	274. Motor Carrier or Government Entity	275. Veh. # 00	276. Policy No. unk	277. NJ Ins. Code UNK		278. Driver's First Name Initial	279. Number & Street		280. City	281. State Zip		282. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	283. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	284. Motor Carrier or Government Entity	285. Veh. # 00	286. Policy No. unk	287. NJ Ins. Code UNK		288. Driver's First Name Initial	289. Number & Street		290. City	291. State Zip		292. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	293. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	294. Motor Carrier or Government Entity	295. Veh. # 00	296. Policy No. unk	297. NJ Ins. Code UNK		298. Driver's First Name Initial	299. Number & Street		300. City	301. State Zip		302. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	303. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	304. Motor Carrier or Government Entity	305. Veh. # 00	306. Policy No. unk	307. NJ Ins. Code UNK		308. Driver's First Name Initial	309. Number & Street		310. City	311. State Zip		312. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	313. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	314. Motor Carrier or Government Entity	315. Veh. # 00	316. Policy No. unk	317. NJ Ins. Code UNK		318. Driver's First Name Initial	319. Number & Street		320. City	321. State Zip		322. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	323. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	324. Motor Carrier or Government Entity	325. Veh. # 00	326. Policy No. unk	327. NJ Ins. Code UNK		328. Driver's First Name Initial	329. Number & Street		330. City	331. State Zip		332. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	333. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	334. Motor Carrier or Government Entity	335. Veh. # 00	336. Policy No. unk	337. NJ Ins. Code UNK		338. Driver's First Name Initial	339. Number & Street		340. City	341. State Zip		342. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	343. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	344. Motor Carrier or Government Entity	345. Veh. # 00	346. Policy No. unk	347. NJ Ins. Code UNK		348. Driver's First Name Initial	349. Number & Street		350. City	351. State Zip		352. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	353. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	354. Motor Carrier or Government Entity	355. Veh. # 00	356. Policy No. unk	357. NJ Ins. Code UNK		358. Driver's First Name Initial	359. Number & Street		360. City	361. State Zip		362. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	363. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	364. Motor Carrier or Government Entity	365. Veh. # 00	366. Policy No. unk	367. NJ Ins. Code UNK		368. Driver's First Name Initial	369. Number & Street		370. City	371. State Zip		372. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	373. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	374. Motor Carrier or Government Entity	375. Veh. # 00	376. Policy No. unk	377. NJ Ins. Code UNK		378. Driver's First Name Initial	379. Number & Street		380. City	381. State Zip		382. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	383. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	384. Motor Carrier or Government Entity	385. Veh. # 00	386. Policy No. unk	387. NJ Ins. Code UNK		388. Driver's First Name Initial	389. Number & Street		390. City	391. State Zip		392. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	393. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	394. Motor Carrier or Government Entity	395. Veh. # 00	396. Policy No. unk	397. NJ Ins. Code UNK		398. Driver's First Name Initial	399. Number & Street		400. City	401. State Zip		402. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	403. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	404. Motor Carrier or Government Entity	405. Veh. # 00	406. Policy No. unk	407. NJ Ins. Code UNK		408. Driver's First Name Initial	409. Number & Street		410. City	411. State Zip		412. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	413. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	414. Motor Carrier or Government Entity	415. Veh. # 00	416. Policy No. unk	417. NJ Ins. Code UNK		418. Driver's First Name Initial	419. Number & Street	

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

144. Crash Diagram



145. Crash Description/Narrative

Vehicle 1 parked unoccupied on North Ward St facing North was struck by unknown vehicle that fled the area. Vehicle 1 owner Jonathan Inoa stated he parked his vehicle on North Ward St and ran into restaurant for 5 minutes and when he returned and tried to drive off, he had a hard time driving. Vehicle 1 owner stepped out of his vehicle and check his vehicle and noticed there was passenger side damage near front wheel. Vehicle 1 owner states he parked near a parking lot, and he believes one of the vehicles that exited the parking lot while he was in restaurant struck his vehicle. Vehicle 1 owner attempted to obtain video from 7 North Ward St, but video did not extend out far enough.

There were no injuries reported at this time and vehicle 1 was driven from scene by owner. There are no suspect vehicles at this time or witnesses.

*****Other Descriptions*****

02 - hit and run - Field 119a

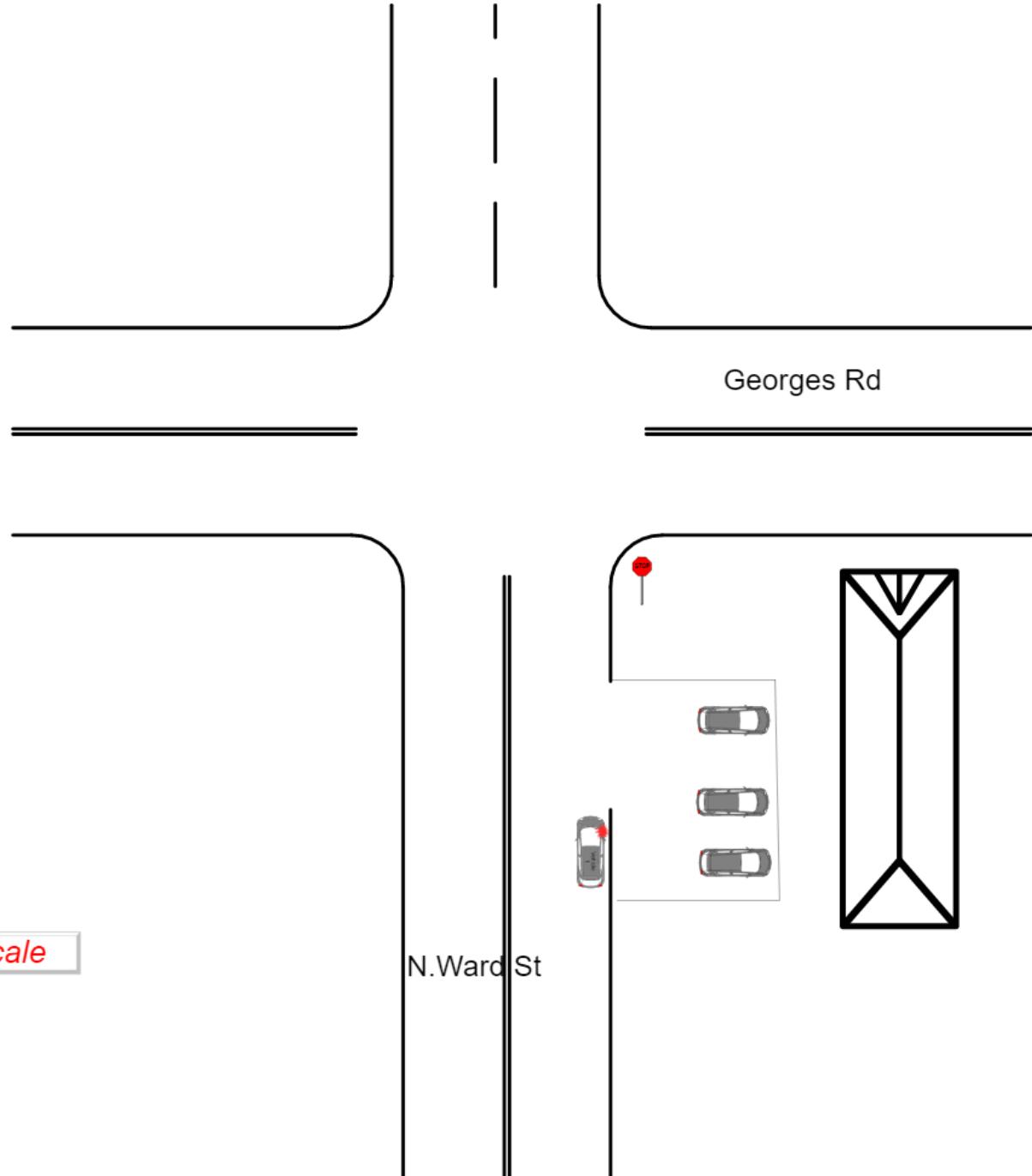
146. Officer's Signature Rodriguez, Reinaldo	147. Badge # 7251	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09704

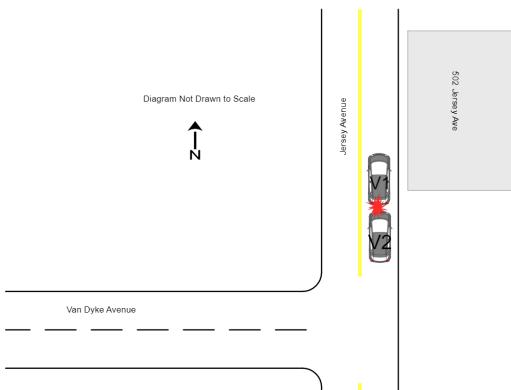
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input checked="" type="checkbox"/> Change Report																									
96 04	<input type="checkbox"/> Fatal						1. Case Number 23NB09706						10. Crash Occurred On: 502 JERSEY MIDDLESEX COUNTY 693						11. Speed Limit 25		693		12. Route No. 13. Milepost		118a 09																
97 01	2. Police Dept. of New Brunswick City Police Department						Code 01		Road Name <input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles						Dir <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		14 15 16 of: 19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 20. Route Name/Route No. 22. Longitude						<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		118b																
98 01	3. Station/Precinct						14 15 16						19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 20. Route Name/Route No. 22. Longitude						<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119a 09																				
99 05	4. Date of Crash 11/05/2023			5. Day of Week Sunday			6. Time (use 2400 hrs.) 1229		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 2		20. Route Name/Route No. 40.480680						22. Longitude -74.467303		119b																		
100a 01	23. Veh. # 05 6054-86-35-54						24. Policy No. 100						25. NJ Ins. Code 100						53. Veh. # 02 138 8406-A28-30A-001						55. NJ Ins. Code UNK		120a 01														
101 02	01 <input 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 BRIAN Initial E Last Name TURCIOSCOELLO						29. Sex M		56. Driver's First Name JASHUA Initial D Last Name SANTIAGORAMOS						59. Sex M		120b												
102 01	27. Number & Street 910 CRANBURY CROSS RD												57. Number & Street 55 HANDY STREET												121a 01																
103 01	28. City NO BRUNSWICK						State NJ		Zip 08902-2239		31. State NJ						58. City NEW BRUNSWICK						State NJ		Zip 08901-2756		121b														
104 02	30. Eyes 02		DL Class D		Restrictions 00		Endorsements 00		60. Eyes 02						DL Class D		Restrictions T		Endorsements 00		61. State NJ		122 01																		
105 01	32. Driver's License Number T93430966507002						33. DOB 07/11/2000		34. Expires 07/11/2026		62. Driver's License Number S04843886404992						63. DOB 04/06/1999		64. Expires 04/06/2024								123 01														
106 -	35. Owner's First Name <input type="checkbox"/> Same as Driver ELMER O COTOSOTO						65. Owner's First Name <input checked="" type="checkbox"/> Same as Driver JASHUA D SANTIAGORAMOS																		124 04																
107 -	36. Number & Street 958 BERGEN AVE												66. Number & Street 55 HANDY STREET												125 04																
108 01	37. City NO. BRUNSWICK						State NJ		Zip 08902-2335		67. City NEW BRUNSWICK						State NJ		Zip 08901-2756		126a 26																				
109 01	38. Make Mazda		39. Model 3		40. Color GY		41. Year 2008		42. Plate No. R25NMF		43. State NJ		68. Make Mazda		69. Model 3		70. Color BK		71. Year 2008		72. Plate No. Z52MSE		73. State NJ		126b																
110 01	44. VIN JM1BK32G481119139						45. Expires 04/01/2024						74. VIN JM1BK344681156812						75. Expires 08/01/2024												126c										
111 01	46. Vehicle Removed to:												76. Vehicle Removed to:																		126d										
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded						<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded						<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded						<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												126e 26										
113 -	47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police																		127a 26										
114 -	48. 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						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						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						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill												127b										
115 -	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending						Hazard Class <input type="checkbox"/> Placard No.						Results: <input type="checkbox"/> % <input type="checkbox"/> Pending						Hazard Class <input type="checkbox"/> Placard No.												127c										
116 01	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX						81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.												127d										
117 01	52. Motor Carrier or Government Entity Number & Street												82. Motor Carrier or Government Entity Number & Street																		128 26										
City State Zip												City State Zip																		129 06											
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																130 06											
151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																				131 12																			
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																														132											
Oper.		136. Charge								137. Summons No.				Oper.		138. Charge 39:3-29 - Failure to Exhibit Documents								139. Summons No.						133 02											
Oper.		140. Charge								141. Summons No.				Oper.		142. Charge 39:4-89								143. Summons No.						134 01											
																								Names & Addresses of Occupants If Deceased, Date & Time of Death																	
A		01	01	01	03	23	M	06	08	02	04	04	-	6202	BRIAN E TURCIOSCOELLO 910 CRANBURY CROSS RD NO BRUNSWICK NJ 08902-2239																										
B		01	03	01	03	49	M	04	08	02	04	04		6202	Oscar Edgardo Turcios NJ																										
C		02	01	01	05	24	M	-	-	-	04	04	06	-	JASHUA D SANTIAGORAMOS 55 HANDY STREET NEW BRUNSWICK NJ 08901-2756																										
D																																									

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

144. Crash Diagram



145. Crash Description/Narrative

Driver 1 stated he was driving in North Brunswick when the vehicle behind him (V2), started getting angry at him. Driver 1 further stated that he pulled up to the side of him yelling at him and honking his horn to gain his attention. He stated that he flipped him off and started using profanity at him. Driver 1 stated he was nervous so he threw a drink at V2. Driver 1 then states that he was followed very closely by V2 and could not get away from him. While driving on Jersey Avenue, V2 then struck V1 from behind.

Driver 2 stated that driver 1 was on his cellphone earlier. Driver 2 stated that he was upset at driver 1 and tried to gain his attention. Driver 2 stated that he followed V1 and that is when a drink was thrown at his vehicle by V1. Driver 2 got upset and started to follow V1 closely. V2 then struck V1 from behind.

Driver 1 complained of back pain and being dizzy. The passenger of V1 complained of neck and shoulder pain. They were both transported to RWJUH by EMS for further evaluation. V1 had minor damage and was left by the driver for a friend to take possession of the vehicle. Driver 2 was uninjured and refused medical attention. V2 had no damage and was driven from the scene by its owner.

Driver 2 was issued two summonses for following too closely and failure to provide registration documents.

UPDATE AS PER 12/21/2023

This change report has been made to reflect the information that has not been included in the original report.

There were several videos provided by the driver of V1 regarding the interaction of both drivers after impact. There was also a video provided to me by the driver of V2 recorded via third party showing the incident. It displays V2 closely following V1, and V1 hitting their brakes several times. The video provided by the driver of V2 shows where he believes V1 was "brake checking" V2.

*****Other Descriptions*****

02 - State Farm - Field 55

146. Officer's Signature Sookhram, Nasir	147. Badge # 7382	148. Reviewer Yurkovic, John	Badge # 5252	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09706

144. Crash Diagram (NOT TO SCALE)

Diagram Not Drawn to Scale

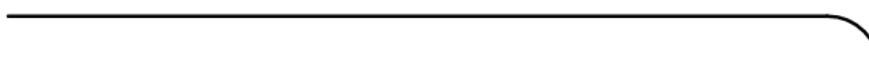


Jersey Avenue

502 Jersey Ave



Van Dyke Avenue



Sookhram, Nasir

Officer's Signature

NJTR-1B (Rev. 01/17)

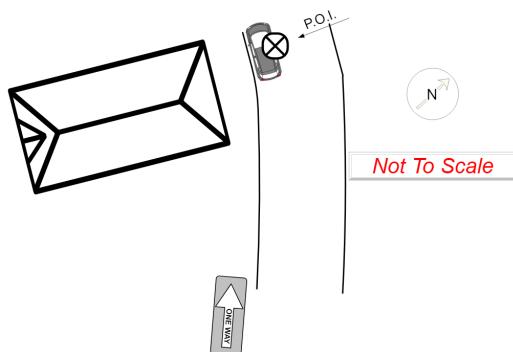
7382

Badge Number

New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report								
96 05	<input type="checkbox"/> Fatal						10. Crash Occurred On: UNION ST						11. Speed Limit 25				118a 25							
97 01	1. Case Number 23NB09709			Road Name			Dir			12. Route No.		13. Milepost		118b 25										
98 00	2. Police Dept. of New Brunswick City Police Department			At Intersection with <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles			<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W			14. To: 17. Cross Road Name/Route No.		18. Speed Limit		119a 00										
99 07	3. Station/Precinct			15. of: Hamilton Street			19. To: 17. Cross Road Name/Route No.			<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		20. Route Name/Route No. 22. Longitude		119b 00										
100a 01	4. Date of Crash 11/05/2023		5. Day of Week Sunday		6. Time (use 2400 hrs.) 1422		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.499105		22. Longitude -74.449367		120a							
100b 06	23. Veh. # AOU-238-173612-7036						24. Policy No. 090						25. NJ Ins. Code		53. Veh. # Unknown		54. Policy No. UNK		55. NJ Ins. Code					
101 02	01 <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency						02 <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency						Hit & Run		Hit & Run		120b							
102 01	26. Driver's First Name Initial Last Name						29. Sex						56. Driver's First Name Initial Last Name		59. Sex		121a 00							
103 00	27. Number & Street												57. Number & Street		-		121b 00							
104 02	28. City						State Zip						58. City		State Zip		-							
105 06	30. Eyes		DL Class		Restrictions		Endorsements		31. State		60. Eyes		DL Class		Restrictions		Endorsements		61. State					
106 -	32. Driver's License Number						33. DOB		34. Expires		62. Driver's License Number		63. DOB		64. Expires		122 10							
107 -	35. Owner's First Name Initial Last Name						65. Owner's First Name Initial Last Name						123 00											
108 04	36. Number & Street 982 SMITH ST						66. Number & Street Unknown						124 11											
109 00	37. City TRENTON						State Zip NJ 08610-6436						67. City		State Zip		125 00							
110 01	38. Make Audi		39. Model Q32		40. Color WT		41. Year 2020		42. Plate No. B16MRW		43. State NJ		68. Make		69. Model		70. Color UK		71. Year -		72. Plate No.		73. State	
111 00	44. VIN WA1AECF37L1103465						45. Expires 07/01/2024						74. VIN		75. Expires						126b -			
112 -	46. Vehicle Removed to:						76. Vehicle Removed to:						126c -											
113 00	126d -						126e -																	
114 -	126f -						126g -																	
115 -	126h -						126i -																	
116 04	47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police						77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police						127a 00											
117 04	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						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						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		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		127b 00							
118 04	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending						Hazard Class Placard No.						Results: <input type="checkbox"/> % <input type="checkbox"/> Pending		Hazard Class Placard No.		127c 00							
119 04	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						127d 00			
120 04	52. Motor Carrier or Government Entity						82. Motor Carrier or Government Entity						127e 00											
121 04	Number & Street						Number & Street						128 28											
122 04	City State Zip						City State Zip						129 02											
123 04	Level of Autonomy 150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						Level of Autonomy 152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown						130 01											
124 04	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No						136. Charge						137. Summons No.						131 00					
125 04	Oper.						138. Charge						139. Summons No.						132 00					
126 04	Oper.						140. Charge						141. Summons No.						133 03					
127 04	Oper.						142. Charge						143. Summons No.						134 00					
128 04													Names & Addresses of Occupants If Deceased, Date & Time of Death											
129 04													Unknown --											
130 04																								
131 04																								
132 04																								
133 04																								
134 04																								

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

144. Crash Diagram



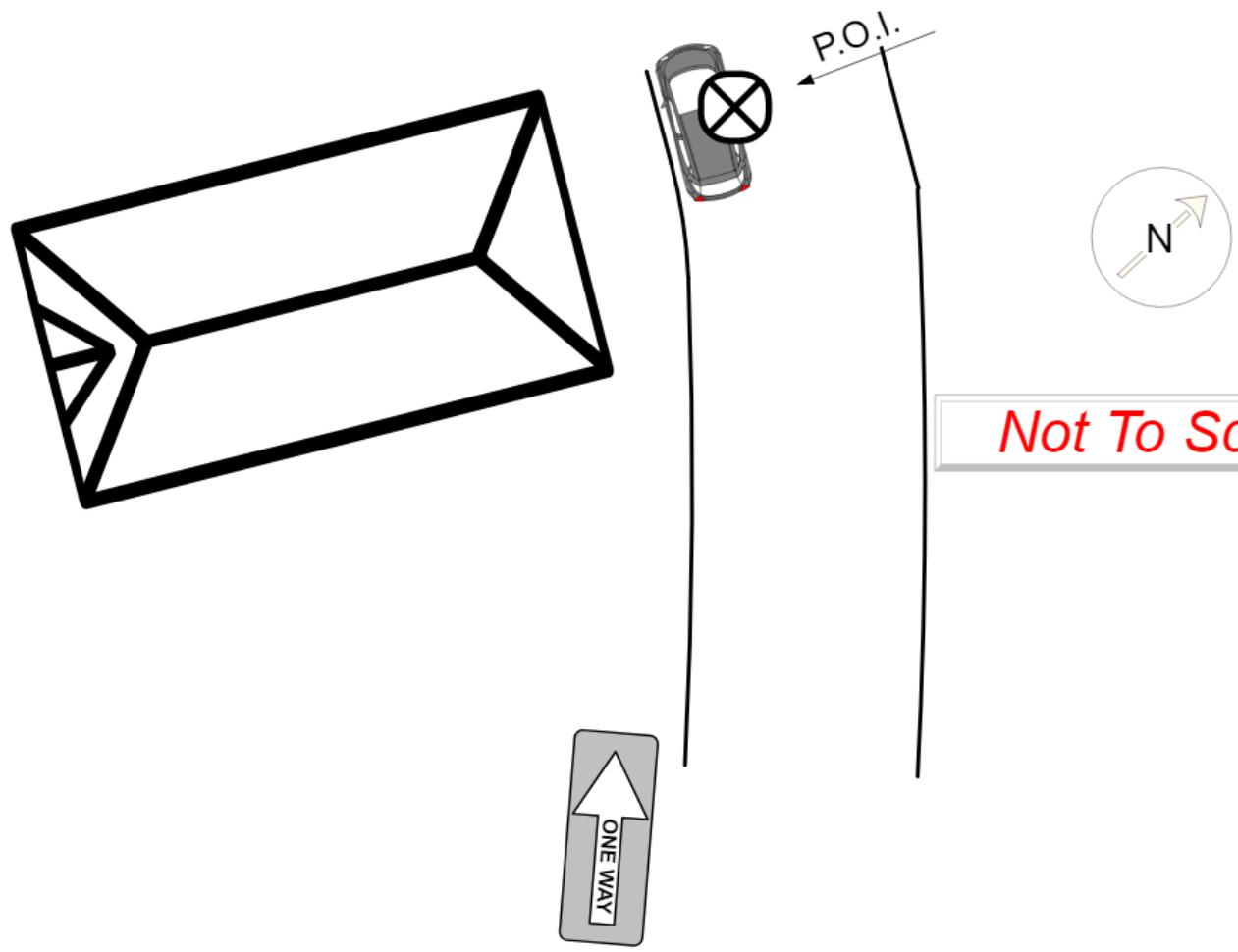
145. Crash Description/Narrative

The reporting party reported that her vehicle was struck while parked and unoccupied. The vehicle was last parked on Friday, November 03rd, 2023 at approximately 9:00 P.M. in front of 10 Union Street and was returned to on Sunday, November 05th, 2023 at approximately 2:20 P.M. Vehicle 1 had damages to its passenger side door, fender, and side skirt. The suspect was not on scene.

Ptlm. Gomez, S. #7316

146. Officer's Signature Gomez, Samuel	147. Badge # 7316	148. Reviewer Yurkovic, John	Badge # 5252	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)



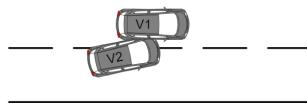
		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																					
96 01		<input type="checkbox"/> Fatal				10. Crash Occurred On: NJ 18 SECONDARY				Road Name		11. Speed Limit		18		42.6		118a 25																					
97 01		1. Case Number 23NB09711				10. Crash Occurred On: NJ 18 SECONDARY				Dir		11. Speed Limit		18		42.6		118b 25																					
98 01		2. Police Dept. of New Brunswick City Police Department				Code 01		<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 8.000 Miles				N E <input type="checkbox"/> S <input checked="" type="checkbox"/> W		12. Route No. Suffix 13. Milepost				18. Speed Limit		119a 05																			
99 02		3. Station/Precinct				14 15 16				of:				19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:				<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b 05																			
100a 01		4. Date of Crash 11/05/2023		5. Day of Week Sunday		6. Time (use 2400 hrs.) 1527		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		20. Route Name/Route No. 21. Latitude 40.500709				22. Longitude -74.442524		120a 01																			
100b 04		23. Veh. # 01 PAA80002183260				24. Policy No. 963				25. NJ Ins. Code				53. Veh. # 02 01011 12 91C 7104 0				55. NJ Ins. Code 823		120b 01																			
101 02		26. Driver's First Name Phoebe				Initial J		Last Name Wroblewski				29. Sex F				56. Driver's First Name Max				59. Sex M		121a 01																	
102 01		27. Number & Street 711 Elizabeth Ave												57. Number & Street 116 Westview Rd						121b 01																			
103 01		28. City Toms River				State NJ		Zip 08753				58. City Montclair				State NJ		Zip 07043																					
104 02		30. Eyes 04		DL Class D		Restrictions 99		Endorsements		31. State NJ		60. Eyes 06		DL Class D		Restrictions 99		Endorsements		61. State NJ	122 01																		
105 02		32. Driver's License Number W75026287162044				33. DOB 12/16/2004				34. Expires 12/16/2025				62. Driver's License Number M96425327110036				63. DOB		64. Expires 10/23/2003	10/23/2024	123 11																	
106 -		35. Owner's First Name <input type="checkbox"/> Same as Driver Laura				Initial A		Last Name Wicki				65. Owner's First Name <input type="checkbox"/> Same as Driver Max				Initial J		Last Name Myers			124 04																		
107 -		36. Number & Street 711 Elizabeth Ave								66. Number & Street 116 Westview Rd											125 04																		
108 01		37. City Toms River				State NJ		Zip 08753				67. City Montclair				State NJ		Zip 07043	126a 26																				
109 01		38. Make HYUNDAI		39. Model ELANTRA		40. Color GY		41. Year 2018		42. Plate No. Y72MPY		43. State NJ		68. Make AUDI		69. Model S3		70. Color BL		71. Year 2018	72. Plate No. H53STJ	73. State NJ	126b -																
110 01		44. VIN 5NPD84LFSJH243325				45. Expires 10/31/2024				74. VIN WAUB1GFF7J1031703				75. Expires 09/30/2024							126c -																		
111 01		46. Vehicle Removed to:								76. Vehicle Removed to:											126d -																		
112 -		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded								<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded											126e 26																		
113 -		47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police								77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police											127a 26																		
114 -		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class _____ Placard No. _____				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: <input type="checkbox"/> % <input type="checkbox"/> Pending				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class _____ Placard No. _____							127b -																		
115 -		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.							127c -																		
116 03		52. Motor Carrier or Government Entity								82. Motor Carrier or Government Entity											128 26																		
117 03		Number & Street								Number & Street											129 03																		
		City _____ State _____ Zip _____								City _____ State _____ Zip _____											130 03																		
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				Level of Autonomy		153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown							131 11																				
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																			132 11																		
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																											133 03												
Oper. 01	136. Charge 39:3-4 Unregistered Vehicle								137. Summons No. Q 525304				Oper.		138. Charge								139. Summons No.		140. Charge		141. Summons No.				142. Charge		143. Summons No.						134 02
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death																									
A	01	01	01	-	18	F	-	-	02	04	04	06		Phoebe J Wroblewski 711 Elizabeth Ave Toms River NJ 08753																									
B	02	01	01	-	20	M	-	-	02	04	04	06		Max J Myers 116 Westview Rd Montclair NJ 07043																									
C	02	03	01	-	19	M	-	-	02	04	04	06		Michael A Desimini 544 Wittich Terrace River Vale NJ 07675																									
D	02	09	01	-	19	M	-	-	02	04	04	06		Sachin Hosmane 5668 Faircloth Ct Centerville VA 20120																									

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

144. Crash Diagram



Rt18S



145. Crash Description/Narrative

D1 stated she was driving south in the left lane of Rt18 when she was abruptly struck by V2 as it changed lanes from the right.

D2 gave a wavering account of the incident and seemed unsure of exactly what had occurred. D2 attempted to change lanes and accidentally struck V1. D2 is at fault in this crash.

Neither driver or any of the passengers in V2 claimed any injuries at the scene. V1 had moderate damage but was drivable. V2 had minor damage and was drivable.

V1 was found to be unregistered during the course of the crash investigation. D1 was issued a traffic summons for operating an unregistered vehicle on a public roadway.

Nothing further.

*****Other Descriptions*****

01 - Provisional License - Field 30/Restrictions
02 - Provisional License - Field 60/Restrictions

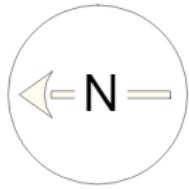
146. Officer's Signature Ganzer, Matthew	147. Badge # 7295	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

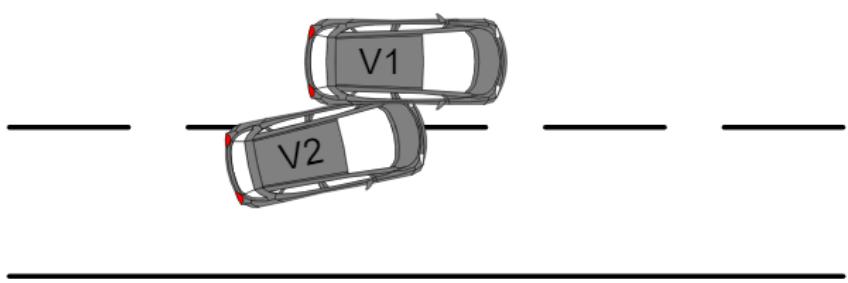
Station: _____ Case No: 23NB09711

144. Crash Diagram (NOT TO SCALE)



Not To Scale

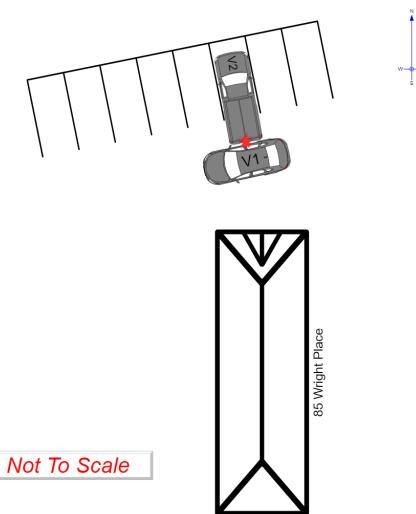
Rt18S



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
96 05	<input type="checkbox"/> Fatal						10. Crash Occurred On: <u>85 WRIGHT PLACE</u>						11. Speed Limit	25				118a 25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
97 01	1. Case Number <u>23nb09712</u>						Road Name <input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles						Dir	12. Route No.	Suffix	13. Milepost	118b -																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
98 01	2. Police Dept. of New Brunswick City Police Department						14 15 16						of:	18. Speed Limit	25	119a 10																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
99 09	3. Station/Precinct						17. Cross Road Name/Route No.						<input type="checkbox"/> To:	19. <input type="checkbox"/> To: <input type="checkbox"/> From:	NB EB SB WB	119b 120a 01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
100a 01	4. Date of Crash		5. Day of Week		6. Time (use 2400 hrs.)		7. Municipality Code	8. Total Killed	9. Total Injured	21. Latitude		20. Route Name/Route No.	22. Longitude	120b 01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
100b 04	11/05/2023		Sunday		1457		1214	0	0	40.484613		-74.472019		121a 01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
101 02	23. Veh. # <u>01</u> <u>nc10231087</u>						25. NJ Ins. Code <u>946</u>						53. Veh. #	54. Policy No. <u>PA000635603</u>	55. NJ Ins. Code <u>000</u>	121b 122a 01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
102 01	26. Driver's First Name <u>David</u>						27. Sex <u>M</u>						56. Driver's First Name <u>Ramon</u>	57. Number & Street <u>4918 Ella St</u>	59. Sex <u>M</u>	122b 01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
103 01	28. City <u>New Brunswick</u>						30. Eyes <u>05</u>						31. State <u>NJ</u>	32. Driver's License Number <u>r47521560005815</u>	33. DOB <u>05/22/1981</u>	34. Expires <u>05/22/2024</u>	35. Owner's First Name <u>Same as Driver</u>	36. Number & Street <u>72 Jersey Ave</u>	37. City <u>New Brunswick</u>	38. Make <u>LEXUS</u>	39. Model <u>ES</u>	40. Color <u>BK</u>	41. Year <u>2015</u>	42. Plate No. <u>y61nlz</u>	43. State <u>NJ</u>	44. VIN <u>JTHBK1GG4F2162897</u>	45. Expires <u>03/30/2024</u>	46. Vehicle Removed to:	47. Authority <u>Owner</u>	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	52. Motor Carrier or Government Entity Number & Street City State Zip	53. Veh. # <u>02</u> <u>PA000635603</u>	54. Policy No. <u>PA000635603</u>	55. NJ Ins. Code <u>000</u>	56. Driver's First Name <u>Ramon</u>	57. Number & Street <u>4918 Ella St</u>	58. City <u>Philadelphia</u>	59. Sex <u>M</u>	60. Eyes <u>02</u>	61. State <u>PA</u>	62. Driver's License Number <u>33160780</u>	63. DOB <u>12/10/1963</u>	64. Expires <u>12/11/2026</u>	65. Owner's First Name <u>Same as Driver</u>	66. Number & Street <u>72 Jersey Ave</u>	67. City <u>Philadelphia</u>	68. Make <u>FORD</u>	69. Model <u>F-250</u>	70. Color <u>BL</u>	71. Year <u>2000</u>	72. Plate No. <u>ZRW1765</u>	73. State <u>NJ</u>	74. VIN <u>1FTNX21L6YEA04994</u>	75. Expires <u>09/30/2024</u>	76. Vehicle Removed to:	77. Authority <u>Owner</u>	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: <input type="checkbox"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	82. Motor Carrier or Government Entity Number & Street City State Zip	83. Veh. # <u>03</u> <u>PA000635603</u>	84. Policy No. <u>PA000635603</u>	85. NJ Ins. Code <u>000</u>	86. Driver's First Name <u>David Rivera</u>	87. Number & Street <u>72 Jersey Ave New Brunswick NJ 08901</u>	88. Sex <u>M</u>	89. Eyes <u>03</u>	90. State <u>NJ</u>	91. DOB <u>04/04/1981</u>	92. Sex <u>M</u>	93. Eyes <u>04</u>	94. State <u>PA</u>	95. DOB <u>06/06/1963</u>	96. Sex <u>M</u>	97. Eyes <u>05</u>	98. State <u>PA</u>	99. DOB <u>03/30/2024</u>	100. Sex <u>M</u>	101. Eyes <u>06</u>	102. State <u>PA</u>	103. DOB <u>11/11/2026</u>	104. Sex <u>M</u>	105. Eyes <u>07</u>	106. State <u>PA</u>	107. DOB <u>11/11/2026</u>	108. Sex <u>M</u>	109. Eyes <u>08</u>	110. State <u>PA</u>	111. DOB <u>11/11/2026</u>	112. Sex <u>M</u>	113. Eyes <u>09</u>	114. State <u>PA</u>	115. DOB <u>11/11/2026</u>	116. Sex <u>M</u>	117. Eyes <u>10</u>	118. State <u>PA</u>	119. DOB <u>11/11/2026</u>	120. Sex <u>M</u>	121. Eyes <u>11</u>	122. State <u>PA</u>	123. DOB <u>11/11/2026</u>	124. Sex <u>M</u>	125. Eyes <u>12</u>	126. State <u>PA</u>	127. DOB <u>11/11/2026</u>	128. Sex <u>M</u>	129. Eyes <u>13</u>	130. State <u>PA</u>	131. DOB <u>11/11/2026</u>	132. Sex <u>M</u>	133. Eyes <u>14</u>	134. State <u>PA</u>	135. DOB <u>11/11/2026</u>	136. Sex <u>M</u>	137. Eyes <u>15</u>	138. State <u>PA</u>	139. DOB <u>11/11/2026</u>	140. Sex <u>M</u>	141. Eyes <u>16</u>	142. State <u>PA</u>	143. DOB <u>11/11/2026</u>	144. Sex <u>M</u>	145. Eyes <u>17</u>	146. State <u>PA</u>	147. DOB <u>11/11/2026</u>	148. Sex <u>M</u>	149. Eyes <u>18</u>	150. State <u>PA</u>	151. DOB <u>11/11/2026</u>	152. Sex <u>M</u>	153. Eyes <u>19</u>	154. State <u>PA</u>	155. DOB <u>11/11/2026</u>	156. Sex <u>M</u>	157. Eyes <u>20</u>	158. State <u>PA</u>	159. DOB <u>11/11/2026</u>	160. Sex <u>M</u>	161. Eyes <u>21</u>	162. State <u>PA</u>	163. DOB <u>11/11/2026</u>	164. Sex <u>M</u>	165. Eyes <u>22</u>	166. State <u>PA</u>	167. DOB <u>11/11/2026</u>	168. Sex <u>M</u>	169. Eyes <u>23</u>	170. State <u>PA</u>	171. DOB <u>11/11/2026</u>	172. Sex <u>M</u>	173. Eyes <u>24</u>	174. State <u>PA</u>	175. DOB <u>11/11/2026</u>	176. Sex <u>M</u>	177. Eyes <u>25</u>	178. State <u>PA</u>	179. DOB <u>11/11/2026</u>	180. Sex <u>M</u>	181. Eyes <u>26</u>	182. State <u>PA</u>	183. DOB <u>11/11/2026</u>	184. Sex <u>M</u>	185. Eyes <u>27</u>	186. State <u>PA</u>	187. DOB <u>11/11/2026</u>	188. Sex <u>M</u>	189. Eyes <u>28</u>	190. State <u>PA</u>	191. DOB <u>11/11/2026</u>	192. Sex <u>M</u>	193. Eyes <u>29</u>	194. State <u>PA</u>	195. DOB <u>11/11/2026</u>	196. Sex <u>M</u>	197. Eyes <u>30</u>	198. State <u>PA</u>	199. DOB <u>11/11/2026</u>	200. Sex <u>M</u>	201. Eyes <u>31</u>	202. State <u>PA</u>	203. DOB <u>11/11/2026</u>	204. Sex <u>M</u>	205. Eyes <u>32</u>	206. State <u>PA</u>	207. DOB <u>11/11/2026</u>	208. Sex <u>M</u>	209. Eyes <u>33</u>	210. State <u>PA</u>	211. DOB <u>11/11/2026</u>	212. Sex <u>M</u>	213. Eyes <u>34</u>	214. State <u>PA</u>	215. DOB <u>11/11/2026</u>	216. Sex <u>M</u>	217. Eyes <u>35</u>	218. State <u>PA</u>	219. DOB <u>11/11/2026</u>	220. Sex <u>M</u>	221. Eyes <u>36</u>	222. State <u>PA</u>	223. DOB <u>11/11/2026</u>	224. Sex <u>M</u>	225. Eyes <u>37</u>	226. State <u>PA</u>	227. DOB <u>11/11/2026</u>	228. Sex <u>M</u>	229. Eyes <u>38</u>	230. State <u>PA</u>	231. DOB <u>11/11/2026</u>	232. Sex <u>M</u>	233. Eyes <u>39</u>	234. State <u>PA</u>	235. DOB <u>11/11/2026</u>	236. Sex <u>M</u>	237. Eyes <u>40</u>	238. State <u>PA</u>	239. DOB <u>11/11/2026</u>	240. Sex <u>M</u>	241. Eyes <u>41</u>	242. State <u>PA</u>	243. DOB <u>11/11/2026</u>	244. Sex <u>M</u>	245. Eyes <u>42</u>	246. State <u>PA</u>	247. DOB <u>11/11/2026</u>	248. Sex <u>M</u>	249. Eyes <u>43</u>	250. State <u>PA</u>	251. DOB <u>11/11/2026</u>	252. Sex <u>M</u>	253. Eyes <u>44</u>	254. State <u>PA</u>	255. DOB <u>11/11/2026</u>	256. Sex <u>M</u>	257. Eyes <u>45</u>	258. State <u>PA</u>	259. DOB <u>11/11/2026</u>	260. Sex <u>M</u>	261. Eyes <u>46</u>	262. State <u>PA</u>	263. DOB <u>11/11/2026</u>	264. Sex <u>M</u>	265. Eyes <u>47</u>	266. State <u>PA</u>	267. DOB <u>11/11/2026</u>	268. Sex <u>M</u>	269. Eyes <u>48</u>	270. State <u>PA</u>	271. DOB <u>11/11/2026</u>	272. Sex <u>M</u>	273. Eyes <u>49</u>	274. State <u>PA</u>	275. DOB <u>11/11/2026</u>	276. Sex <u>M</u>	277. Eyes <u>50</u>	278. State <u>PA</u>	279. DOB <u>11/11/2026</u>	280. Sex <u>M</u>	281. Eyes <u>51</u>	282. State <u>PA</u>	283. DOB <u>11/11/2026</u>	284. Sex <u>M</u>	285. Eyes <u>52</u>	286. State <u>PA</u>	287. DOB <u>11/11/2026</u>	288. Sex <u>M</u>	289. Eyes <u>53</u>	290. State <u>PA</u>	291. DOB <u>11/11/2026</u>	292. Sex <u>M</u>	293. Eyes <u>54</u>	294. State <u>PA</u>	295. DOB <u>11/11/2026</u>	296. Sex <u>M</u>	297. Eyes <u>55</u>	298. State <u>PA</u>	299. DOB <u>11/11/2026</u>	300. Sex <u>M</u>	301. Eyes <u>56</u>	302. State <u>PA</u>	303. DOB <u>11/11/2026</u>	304. Sex <u>M</u>	305. Eyes <u>57</u>	306. State <u>PA</u>	307. DOB <u>11/11/2026</u>	308. Sex <u>M</u>	309. Eyes <u>58</u>	310. State <u>PA</u>	311. DOB <u>11/11/2026</u>	312. Sex <u>M</u>	313. Eyes <u>59</u>	314. State <u>PA</u>	315. DOB <u>11/11/2026</u>	316. Sex <u>M</u>	317. Eyes <u>60</u>	318. State <u>PA</u>	319. DOB <u>11/11/2026</u>	320. Sex <u>M</u>	321. Eyes <u>61</u>	322. State <u>PA</u>	323. DOB <u>11/11/2026</u>	324. Sex <u>M</u>	325. Eyes <u>62</u>	326. State <u>PA</u>	327. DOB <u>11/11/2026</u>	328. Sex <u>M</u>	329. Eyes <u>63</u>	330. State <u>PA</u>	331. DOB <u>11/11/2026</u>	332. Sex <u>M</u>	333. Eyes <u>64</u>	334. State <u>PA</u>	335. DOB <u>11/11/2026</u>	336. Sex <u>M</u>	337. Eyes <u>65</u>	338. State <u>PA</u>	339. DOB <u>11/11/2026</u>	340. Sex <u>M</u>	341. Eyes <u>66</u>	342. State <u>PA</u>	343. DOB <u>11/11/2026</u>	344. Sex <u>M</u>	345. Eyes <u>67</u>	346. State <u>PA</u>	347. DOB <u>11/11/2026</u>	348. Sex <u>M</u>	349. Eyes <u>68</u>	350. State <u>PA</u>	351. DOB <u>11/11/2026</u>	352. Sex <u>M</u>	353. Eyes <u>69</u>	354. State <u>PA</u>	355. DOB <u>11/11/2026</u>	356. Sex <u>M</u>	357. Eyes <u>70</u>	358. State <u>PA</u>	359. DOB <u>11/11/2026</u>	360. Sex <u>M</u>	361. Eyes <u>71</u>	362. State <u>PA</u>	363. DOB <u>11/11/2026</u>	364. Sex <u>M</u>	365. Eyes <u>72</u>	366. State <u>PA</u>	367. DOB <u>11/11/2026</u>	368. Sex <u>M</u>	369. Eyes <u>73</u>	370. State <u>PA</u>	371. DOB <u>11/11/2026</u>	372. Sex <u>M</u>	373. Eyes <u>74</u>	374. State <u>PA</u>	375. DOB <u>11/11/2026</u>	376. Sex <u>M</u>	377. Eyes <u>75</u>	378. State <u>PA</u>	379. DOB <u>11/11/2026</u>	380. Sex <u>M</u>	381. Eyes <u>76</u>	382. State <u>PA</u>	383. DOB <u>11/11/2026</u>	384. Sex <u>M</u>	385. Eyes <u>77</u>	386. State <u>PA</u>	387. DOB <u>11/11/2026</u>	388. Sex <u>M</u>	389. Eyes <u>78</u>	390. State <u>PA</u>	391. DOB <u>11/11/2026</u>	392. Sex <u>M</u>	393. Eyes <u>79</u>	394. State <u>PA</u>	395. DOB <u>11/11/2026</u>	396. Sex <u>M</u>	397. Eyes <u>80</u>	398. State <u>PA</u>	399. DOB <u>11/11/2026</u>	400. Sex <u>M</u>	401. Eyes <u>81</u>	402. State <u>PA</u>	403. DOB <u>11/11/2026</u>	404. Sex <u>M</u>	405. Eyes <u>82</u>	406. State <u>PA</u>	407. DOB <u>11/11/2026</u>	408. Sex <u>M</u>	409. Eyes <u>83</u>	410. State <u>PA</u>	411. DOB <u>11/11/2026</u>	412. Sex <u>M</u>	413. Eyes <u>84</u>	414. State <u>PA</u>	415. DOB <u>11/11/2026</u>	416. Sex <u>M</u>	417. Eyes <u>85</u>	418. State <u>PA</u>	419. DOB <u>11/11/2026</u>	420. Sex <u>M</u>	421. Eyes <u>86</u>	422. State <u>PA</u>	423. DOB <u>11/11/2026</u>	424. Sex <u>M</u>	425. Eyes <u>87</u>	426. State <u>PA</u>	427. DOB <u>11/11/2026</u>	428. Sex <u>M</u>	429. Eyes <u>88</u>	430. State <u>PA</u>	431. DOB <u>11/11/2026</u>	432. Sex <u>M</u>	433. Eyes <u>89</u>	434. State <u>PA</u>	435. DOB <u>11/11/2026</u>	436. Sex <u>M</u>	437. Eyes <u>90</u>	438. State <u>PA</u>	439. DOB <u>11/11/2026</u>	440. Sex <u>M</u>	441. Eyes <u>91</u>	442. State <u>PA</u>	443. DOB <u>11/11/2026</u>	444. Sex <u>M</u>	445. Eyes <u>92</u>	446. State <u>PA</u>	447. DOB <u>11/11/2026</u>	448. Sex <u>M</u>	449. Eyes <u>93</u>	450. State <u>PA</u>	451. DOB <u>11/11/2026</u>	452. Sex <u>M</u>	453. Eyes <u>94</u>	454. State <u>PA</u>	455. DOB <u>11/11/2026</u>	456. Sex <u>M</u>	457. Eyes <u>95</u>	458. State <u>PA</u>	459. DOB <u>11/11/2026</u>	460. Sex <u>M</u>	461. Eyes <u>96</u>	462. State <u>PA</u>	463. DOB <u>11/11/2026</u>	464. Sex <u>M</u>	465. Eyes <u>97</u>	466. State <u>PA</u>	467. DOB <u>11/11/2026</u>	468. Sex <u>M</u>	469. Eyes <u>98</u>	470. State <u>PA</u>	471. DOB <u>11/11/2026</u>	472. Sex <u>M</u>	473. Eyes <u>99</u>	474. State <u>PA</u>	475. DOB <u>11/11/2026</u>	476. Sex <u>M</u>	477. Eyes <u>100</u>	478. State <u>PA</u>	479. DOB <u>11/11/2026</u>	480. Sex <u>M</u>	481. Eyes <u>101</u>	482. State <u>PA</u>	483. DOB <u>11/11/2026</u>	484. Sex <u>M</u>	485. Eyes <u>102</u>	486. State <u>PA</u>	487. DOB <u>11/11/2026</u>	488. Sex <u>M</u>	489. Eyes <u>103</u>	490. State <u>PA</u>	491. DOB <u>11/11/2026</u>	492. Sex <u>M</u>	493. Eyes <u>104</u>	494. State <u>PA</u>	495. DOB <u>11/11/2026</u>	496. Sex <u>M</u>	497. Eyes <u>105</u>	498. State <u>PA</u>	499. DOB <u>11/11/2026</u>	500. Sex <u>M</u>	501. Eyes <u>106</u>	502. State <u>PA</u>	503. DOB <u>11/11/2026</u>	504. Sex <u>M</u>	505. Eyes <u>107</u>	506. State <u>PA</u>	507. DOB <u>11/11/2026</u>	508. Sex <u>M</u>	509. Eyes <u>108</u>	510. State <u>PA</u>	511. DOB <u>11/11/2026</u>	512. Sex <u>M</u>	513. Eyes <u>109</u>	514. State <u>PA</u>	515. DOB <u>11/11/2026</u>	516. Sex <u>M</u>	517. Eyes <u>110</u>	518. State <u>PA</u>	519. DOB <u>11/11/2026</u>	520. Sex <u>M</u>	521. Eyes <u>111</u>	522. State <u>PA</u>	523. DOB <u>11/11/2026</u>	524. Sex <u>M</u>	525. Eyes <u>112</u>	526. State <u>PA</u>	527. DOB <u>11/11/2026</u>	528. Sex <u>M</u>	529. Eyes <u>113</u>	530. State <u>PA</u>	531. DOB <u>11/11/2026</u>	532. Sex <u>M</u>	533. Eyes <u>114</u>	534. State <u>PA</u>	535. DOB <u>11/11/202</u>

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

144. Crash Diagram



145. Crash Description/Narrative

V1 stated that he was travelling in the parking lot of Wright Place. V1 stated that when driving through the parking lot in the area of 85 Wright Place, V2 backed out of a parking space and struck the passenger side of his vehicle as he was passing.

V2 stated that he was backing out of the parking space and failed to observe V1 approaching until he collided with V1.

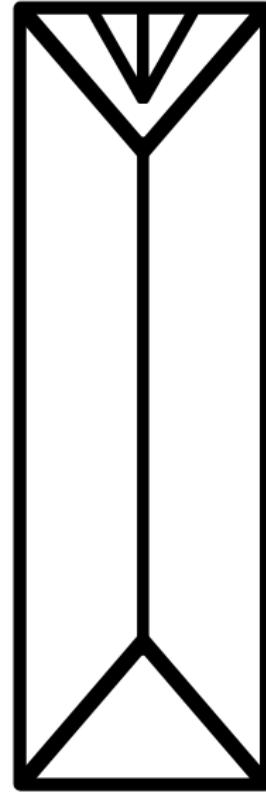
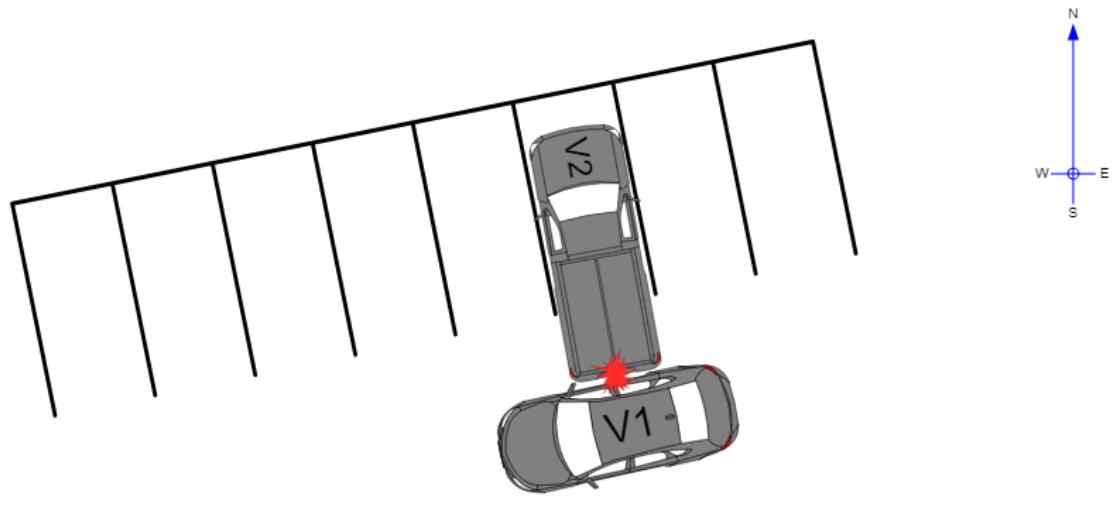
No injuries were reported. Both vehicles were driven from the scene.

*****Other Descriptions*****

02 - NAIC #13587 First Chicago Insurance Co. - Field 55

146. Officer's Signature Triebisch, Robert	147. Badge # 7317	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

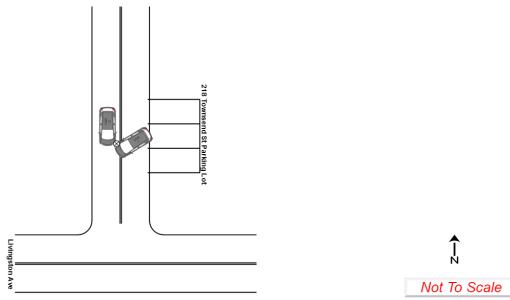


Not To Scale

		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Fatal		<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
96 05	97 01	1. Case Number 23NB09713					10. Crash Occurred On: TOWNSEND ST						11. Speed Limit 25									118a 04																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
98 01	99 07	2. Police Dept. of New Brunswick City Police Department					Code 01		Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 103.0 Miles						Dir <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		12. Route No. Suffix 13. Milepost			118b -																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
100a 01	101 02	3. Station/Precinct					of: Livingston Avenue						14. To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:			18. Speed Limit <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119a 25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
102 01	103 01	4. Date of Crash 11/05/2023		5. Day of Week Sunday		6. Time (use 2400 hrs.) 1830		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.489840			20. Route Name/Route No. 22. Longitude -74.447228		119b -																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
104 02	105 07	23. Veh. # 01 4184-18-31-52					25. NJ Ins. Code 148						53. Veh. # 02 4414-72-67-96			54. Policy No. 100		55. NJ Ins. Code 100		120a 01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
106 -	107 -	26. Driver's First Name JASWINDER					Initial SINGH		29. Sex M						56. Driver's First Name BRANDI			Initial C		59. Sex F		121a 01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
108 01	109 01	27. Number & Street 609 EVERGREEN DR					28. City NEW BRUNSWICK						30. Eyes 01			31. State NJ		32. Driver's License Number S44903900012871			33. DOB 12/04/1987		34. Expires 12/04/2026		35. Owner's First Name Initial A			36. Number & Street 609 Evergreen Rd		37. City New Brunswick			38. Make KIA MOTORS		39. Model UNKNOWN		40. Color SL		41. Year 2014		42. Plate No. R10FRD		43. State NJ		44. VIN KNDPBCAC0E7647029			45. Expires 07/01/2024		46. Vehicle Removed to: N/A			47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police			48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending			49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.			50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			52. Motor Carrier or Government Entity			53. Number & Street			54. City State Zip			55. City State Zip			56. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			57. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			58. Motor Carrier or Government Entity			59. Number & Street			60. City State Zip			61. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			62. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			63. Motor Carrier or Government Entity			64. Number & Street			65. City State Zip			66. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			67. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			68. Motor Carrier or Government Entity			69. Number & Street			70. City State Zip			71. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			72. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			73. Motor Carrier or Government Entity			74. Number & Street			75. City State Zip			76. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			77. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			78. Motor Carrier or Government Entity			79. Number & Street			80. City State Zip			81. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			82. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			83. Motor Carrier or Government Entity			84. Number & Street			85. City State Zip			86. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			87. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			88. Motor Carrier or Government Entity			89. Number & Street			90. City State Zip			91. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			92. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			93. Motor Carrier or Government Entity			94. Number & Street			95. City State Zip			96. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			97. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			98. Motor Carrier or Government Entity			99. Number & Street			100. City State Zip			101. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			102. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			103. Motor Carrier or Government Entity			104. Number & Street			105. City State Zip			106. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			107. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			108. Motor Carrier or Government Entity			109. Number & Street			110. City State Zip			111. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			112. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			113. Motor Carrier or Government Entity			114. Number & Street			115. City State Zip			116. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			117. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			118. Motor Carrier or Government Entity			119. Number & Street			120. City State Zip			121. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			122. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			123. Motor Carrier or Government Entity			124. Number & Street			125. City State Zip			126. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			127. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			128. Motor Carrier or Government Entity			129. Number & Street			130. City State Zip			131. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			132. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			133. Motor Carrier or Government Entity			134. Number & Street			135. City State Zip			136. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			137. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			138. Motor Carrier or Government Entity			139. Number & Street			140. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			141. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			142. Motor Carrier or Government Entity			143. Number & Street			144. City State Zip			145. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			146. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			147. Motor Carrier or Government Entity			148. Number & Street			149. City State Zip			150. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			151. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			152. Motor Carrier or Government Entity			153. Number & Street			154. City State Zip			155. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			156. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			157. Motor Carrier or Government Entity			158. Number & Street			159. City State Zip			160. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			161. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			162. Motor Carrier or Government Entity			163. Number & Street			164. City State Zip			165. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			166. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			167. Motor Carrier or Government Entity			168. Number & Street			169. City State Zip			170. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			171. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			172. Motor Carrier or Government Entity			173. Number & Street			174. City State Zip			175. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			176. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			177. Motor Carrier or Government Entity			178. Number & Street			179. City State Zip			180. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			181. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			182. Motor Carrier or Government Entity			183. Number & Street			184. City State Zip			185. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			186. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			187. Motor Carrier or Government Entity			188. Number & Street			189. City State Zip			190. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			191. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			192. Motor Carrier or Government Entity			193. Number & Street			194. City State Zip			195. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			196. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			197. Motor Carrier or Government Entity			198. Number & Street			199. City State Zip			200. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			201. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			202. Motor Carrier or Government Entity			203. Number & Street			204. City State Zip			205. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			206. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			207. Motor Carrier or Government Entity			208. Number & Street			209. City State Zip			210. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			211. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			212. Motor Carrier or Government Entity			213. Number & Street			214. City State Zip			215. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			216. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			217. Motor Carrier or Government Entity			218. Number & Street			219. City State Zip			220. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			221. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			222. Motor Carrier or Government Entity			223. Number & Street			224. City State Zip			225. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			226. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			227. Motor Carrier or Government Entity			228. Number & Street			229. City State Zip			230. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			231. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			232. Motor Carrier or Government Entity			233. Number & Street			234. City State Zip			235. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			236. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			237. Motor Carrier or Government Entity			238. Number & Street			239. City State Zip			240. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			241. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			242. Motor Carrier or Government Entity			243. Number & Street			244. City State Zip			245. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			246. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			247. Motor Carrier or Government Entity			248. Number & Street			249. City State Zip			250. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			251. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			252. Motor Carrier or Government Entity			253. Number & Street			254. City State Zip			255. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			256. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			257. Motor Carrier or Government Entity			258. Number & Street			259. City State Zip			260. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			261. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			262. Motor Carrier or Government Entity			263. Number & Street			264. City State Zip			265. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			266. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			267. Motor Carrier or Government Entity			268. Number & Street			269. City State Zip			270. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			271. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			272. Motor Carrier or Government Entity			273. Number & Street			274. City State Zip			275. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			276. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			277. Motor Carrier or Government Entity			278. Number & Street			279. City State Zip			280. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			281. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			282. Motor Carrier or Government Entity			283. Number & Street			284. City State Zip			285. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			286. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			287. Motor Carrier or Government Entity			288. Number & Street			289. City State Zip			290. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			291. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			292. Motor Carrier or Government Entity			293. Number & Street			294. City State Zip			295. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			296. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			297. Motor Carrier or Government Entity			298. Number & Street			299. City State Zip			300. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			301. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			302. Motor Carrier or Government Entity			303. Number & Street			304. City State Zip			305. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			306. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			307. Motor Carrier or Government Entity			308. Number & Street			309. City State Zip			310. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			311. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			312. Motor Carrier or Government Entity			313. Number & Street			314. City State Zip			315. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			316. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			317. Motor Carrier or Government Entity			318. Number & Street			319. City State Zip			320. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			321. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			322. Motor Carrier or Government Entity			323. Number & Street			324. City State Zip			3		

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

144. Crash Diagram



145. Crash Description/Narrative

Driver 1 stated that he exited the parking lot 218 Townsends Street and was attempting to make a left turn when he struck Vehicle 2. Vehicle 1 sustained damage to the front passenger side fender. Driver 1 declined medical attention.

Driver 2 stated that she was driving on Townsend Street towards Livingston Avenue when she was struck by Vehicle 1 causing damage to her front driver side fender. Driver 2 declined medical attention.

146. Officer's Signature

Lewis, Nicole

147. Badge #

7340

148. Reviewer

Evans, Patrick

Badge #

5275

149. Case Status

Pending

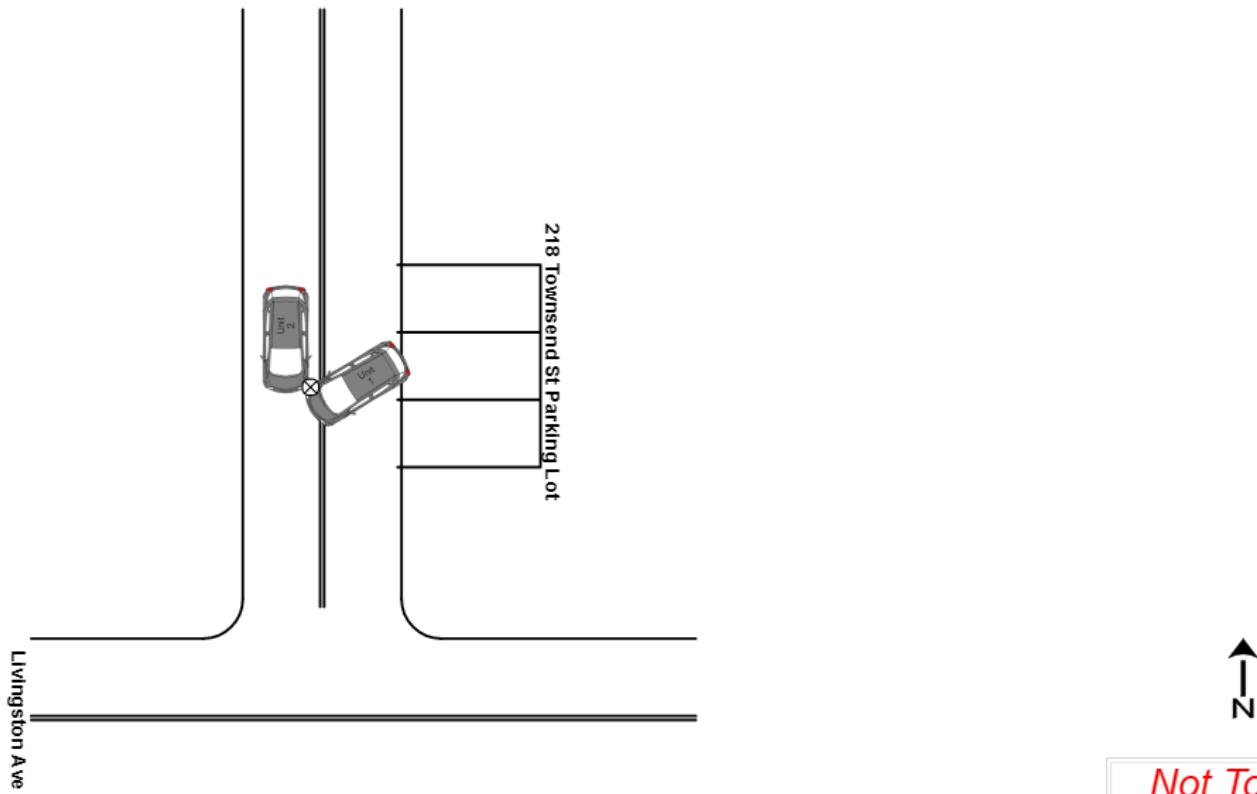
Complete

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09713

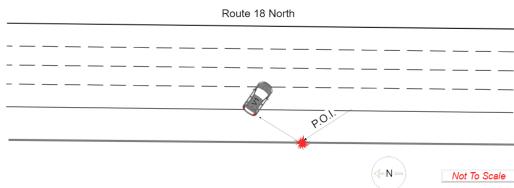
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Fatal		<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report		118a																			
96 01	97 01	1. Case Number 23NB09718				10. Crash Occurred On: NJ 18						Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 57.00 Miles		Dir <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		11. Speed Limit 45		12. Route No. 18		13. Milepost 40.6		29																			
98 06	99 02	2. Police Dept. of New Brunswick City Police Department				Code 01		14 15 16						of:						18. Speed Limit		118b																			
100a 01	101 02	3. Station/Precinct				19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:						18. NB <input type="checkbox"/> EB SB <input type="checkbox"/> WB						119a																							
100b 04	102 01	4. Date of Crash 11/05/2023		5. Day of Week Sunday		6. Time (use 2400 hrs.) 2031		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.482994		20. Route Name/Route No. -74.417546		22. Longitude		119b																					
103 01	104 1	23. Veh. # 24. Policy No. 01 4617-04-01-28												25. NJ Ins. Code 100		53. Veh. #		54. Policy No.		55. NJ Ins. Code -		120a																			
105 11	106 -	26. Driver's First Name MICHAEL												Initial K		Last Name MILLS		29. Sex M		56. Driver's First Name -		59. Sex -		120b																	
107 -	108 01	27. Number & Street 800 HOOVER DRIVE												57. Number & Street -		58. City -		59. Sex -		121a																					
109 -	110 01	28. City NO BRUNSWICK												State NJ		Zip 08902-3246		60. Eyes -		DL Class -		61. State -		121b																	
111 -	112 -	30. Eyes 02												DL Class D		Restrictions 0		Endorsements -		31. State NJ		62. Driver's License Number -		63. DOB -		64. Expires -		122													
113 -	114 -	32. Driver's License Number M43785447202002												33. DOB 02/05/2000		34. Expires 02/05/2025		65. Owner's First Name MICHAEL		Initial K		Last Name MILLS		66. Number & Street -		67. City -		68. Make -		69. Model -		70. Color -		71. Year -		72. Plate No. -		73. State -		123	
115 -	116 01	35. Owner's First Name Same as Driver MICHAEL												Initial K		Last Name MILLS		68. Make -		69. Model -		70. Color -		71. Year -		72. Plate No. -		73. State -		124											
117 -	118 -	36. Number & Street 800 HOOVER DRIVE												66. Number & Street -		67. City -		68. Make -		69. Model -		70. Color -		71. Year -		72. Plate No. -		73. State -		125											
119 -	120 01	37. City NO BRUNSWICK												State NJ		Zip 08902-3246		69. Model -		70. Color -		71. Year -		72. Plate No. -		73. State -		126a													
121 -	122 01	38. Make Acura		39. Model TLX		40. Color BK		41. Year 2020		42. Plate No. N97RHR		43. State NJ		74. VIN -		75. Expires -		126b																							
123 -	124 01	44. VIN 19UUB1F38LA004428												45. Expires 11/01/2024		76. Vehicle Removed to: -		77. Authority Owner		78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		79. Hazardous Material Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		126c											
125 -	126 01	46. Vehicle Removed to: Guaranteed Towing		47. Authority Owner												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		126d																			
127 -	128 01	48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		49. Hazardous Material Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		126e																			
129 -	130 01	50. Carrier No. USDOT		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		127a																			
131 -	132 -	52. Motor Carrier or Government Entity Number & Street		53. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		127b																			
133 -	134 01	54. Motor Carrier or Government Entity Number & Street		55. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		127c																			
135 -	136 01	56. Motor Carrier or Government Entity Number & Street		57. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		127d																			
137 -	138 01	58. Motor Carrier or Government Entity Number & Street		59. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		128																			
139 -	140 01	60. Motor Carrier or Government Entity Number & Street		61. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		129																			
141 -	142 01	62. Motor Carrier or Government Entity Number & Street		63. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		130																			
143 -	144 01	64. Motor Carrier or Government Entity Number & Street		65. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		131																			
145 -	146 01	66. Motor Carrier or Government Entity Number & Street		67. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		132																			
147 -	148 01	68. Motor Carrier or Government Entity Number & Street		69. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		133																			
149 -	150 01	70. Motor Carrier or Government Entity Number & Street		71. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		134																			
151 -	152 01	72. Motor Carrier or Government Entity Number & Street		73. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		135																			
153 -	154 01	74. Motor Carrier or Government Entity Number & Street		75. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		136																			
155 -	156 01	76. Motor Carrier or Government Entity Number & Street		77. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		137																			
157 -	158 01	78. Motor Carrier or Government Entity Number & Street		79. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		138																			
159 -	160 01	80. Motor Carrier or Government Entity Number & Street		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		139																			
161 -	162 01	82. Motor Carrier or Government Entity Number & Street		83. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		140																			
163 -	164 01	84. Motor Carrier or Government Entity Number & Street		85. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		141																			
165 -	166 01	86. Motor Carrier or Government Entity Number & Street		87. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		142																			
167 -	168 01	88. Motor Carrier or Government Entity Number & Street		89. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		143																			
169 -	170 01	90. Motor Carrier or Government Entity Number & Street		91. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		144																			
171 -	172 01	92. Motor Carrier or Government Entity Number & Street		93. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		145																			
173 -	174 01	94. Motor Carrier or Government Entity Number & Street		95. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		146																			
175 -	176 01	96. Motor Carrier or Government Entity Number & Street		97. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		147																			
177 -	178 01	98. Motor Carrier or Government Entity Number & Street		99. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		148																			
179 -	180 01	100. Motor Carrier or Government Entity Number & Street		101. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		149																			
181 -	182 01	102. Motor Carrier or Government Entity Number & Street		103. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		150																			
183 -	184 01	105. Motor Carrier or Government Entity Number & Street		106. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		151																			
185 -	186 01	107. Motor Carrier or Government Entity Number & Street		108. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		152																			
187 -	188 01	109. Motor Carrier or Government Entity Number & Street		110. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		153																			
189 -	190 01	111. Motor Carrier or Government Entity Number & Street		112. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		154																			
191 -	192 01	113. Motor Carrier or Government Entity Number & Street		114. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		155																			
193 -	194 01	115. Motor Carrier or Government Entity Number & Street		116. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		156																			
195 -	196 01	117. Motor Carrier or Government Entity Number & Street		118. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		157																			
197 -	198 01	119. Motor Carrier or Government Entity Number & Street		120. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		158																			
199 -	200 01	121. Motor Carrier or Government Entity Number & Street		122. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		159																			
201 -	202 01	123. Motor Carrier or Government Entity Number & Street		124. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		160																			
203 -	204 01	125. Motor Carrier or Government Entity Number & Street		126. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		161																			
205 -	206 01	127. Motor Carrier or Government Entity Number & Street		128. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		162																			
207 -	208 01	129. Motor Carrier or Government Entity Number & Street		130. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.												80. Carrier No. USDOT		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs.		82. Motor Carrier or Government Entity Number & Street		163																			
209 -	210 01	131. Motor Carrier or Government Entity Number & Street		132. GVWR/GCWR (trucks																																					

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

144. Crash Diagram



145. Crash Description/Narrative

On Sunday, November 5, 2023 at 2031, Mohr, Christopher responded to a crash on Nj 18 N at milepost 40.6 . At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Black Acura Tlx, Going Straight Ahead

Driver 1 stated he was driving Vehicle 1 in the left lane on Route 18 North. Driver 1 stated an unknown vehicle began to merge in front of him. Driver 1 stated he turned Vehicle 1 left to avoid the accident. It was at this time Vehicle 1 ran off the roadway to the left and struck the guard rail. After striking the guard rail the vehicle went back onto the roadway and stopped in the left lane.

*****Other Descriptions*****

01 - Unknown Vehicle merged in front of Vehicle 1 - Field 118a

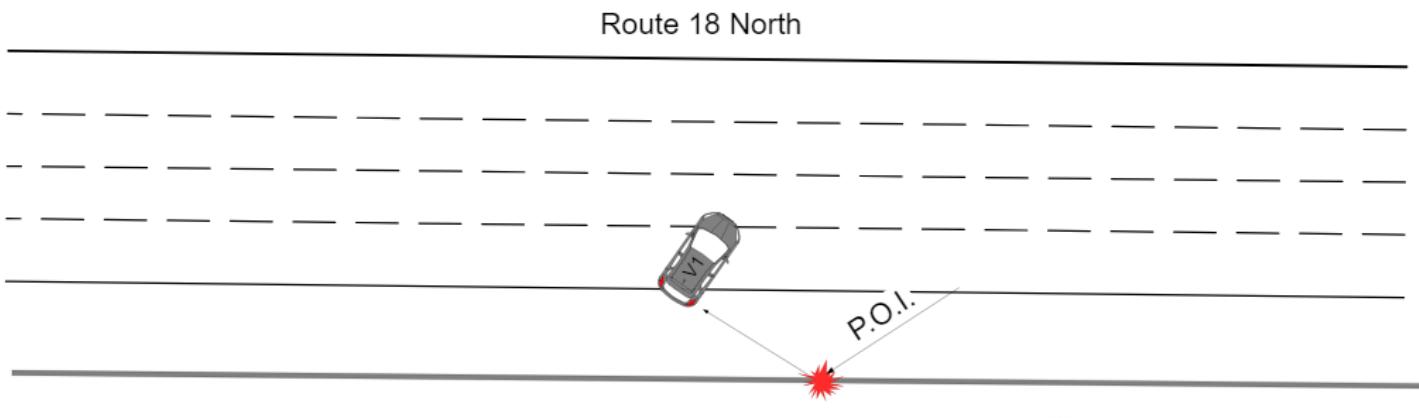
146. Officer's Signature Mohr, Christopher	147. Badge # 7362	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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**New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram**

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09718

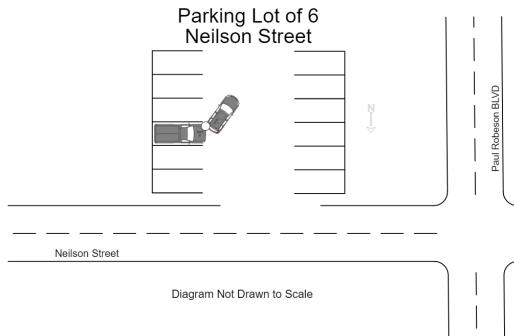
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												Reportable		Non-Reportable		Change Report								
96 05		<input type="checkbox"/> Fatal		10. Crash Occurred On: NEILSON ST												11. Speed Limit S 15							118a 21			
97 01		1. Case Number 23NB09720		Road Name		Dir		12. Route No.		Suffix		13. Milepost						118b								
98 06		2. Police Dept. of New Brunswick City Police Department		Code 01		<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 174.0		<input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> Miles 14 15		<input type="checkbox"/> S <input type="checkbox"/> W 16		of: COMMERCIAL AV						119a 25								
99 09		3. Station/Precinct												19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB				119b						
100a 01		4. Date of Crash 11/05/2023		5. Day of Week Sunday		6. Time (use 2400 hrs.) 2113		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.487728		20. Route Name/Route No. -74.438822		22. Longitude				120a 01				
100b 04		23. Veh. # 01		24. Policy No. 6105551813		25. NJ Ins. Code 148		53. Veh. # 02		54. Policy No. 6057579422061		55. NJ Ins. Code 884								120b						
101 02		<input type="checkbox"/> Parked 26. Driver's First Name GINA		<input type="checkbox"/> Ped Initial L		<input type="checkbox"/> Pedalcyclist Last Name BOWSER		<input type="checkbox"/> Resp. to Emergency F		<input type="checkbox"/> Hit & Run										121a						
102 01		27. Number & Street 204 DARWIN LANE						29. Sex				56. Driver's First Name Initial L		Last Name BOWSER		59. Sex F				121b						
103 01		28. City NO BRUNSWICK				State NJ		Zip 08902-4216				58. City				State Zip										
104 02		30. Eyes 01		DL Class D		Restrictions 0		Endorsements		31. State NJ		60. Eyes		DL Class		Restrictions		Endorsements		61. State	122 13					
105 06		32. Driver's License Number B69022887356621		33. DOB 06/30/1962		34. Expires 06/30/2027		62. Driver's License Number		63. DOB		64. Expires									123 10					
106 -		35. Owner's First Name GINA		Initial L		Last Name BOWSER				65. Owner's First Name Initial L		Last Name BOWSER										124 -				
107 -		36. Number & Street 204 DARWIN LANE						66. Number & Street 6 Neilson Street Apt. E														125 -				
108 01		37. City NO BRUNSWICK				State NJ		Zip 08902-4216		67. City New Brunswick		State NJ		Zip 08901								126a 28				
109 05		38. Make NISSAN		39. Model ROGUE		40. Color SL		41. Year 2013		42. Plate No. z647125		43. State NJ		68. Make TOYOTA		69. Model TUNDRA		70. Color BL		71. Year 2024		72. Plate No. g31rjd		73. State NJ		126b
110 01		44. VIN JN8AS5MV5DW114794				45. Expires 11/09/2023		74. VIN 5TFLA5ECORXO2161O				75. Expires												126c		
111 01		46. Vehicle Removed to:						76. Vehicle Removed to:																126d		
112 -		<input checked="" type="checkbox"/> Driven Left at Scene		<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Left at Scene		<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded										126e 28		
113 -		47. Authority Owner		Driver		Police		77. Authority Owner		Driver		Police												127a 26		
114 -		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None On Board Spill				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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None On Board Spill												127b				
115 -		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity										127c 26				
116 03																								127d		
117 -																								127e		
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																								134		
																								02		

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

144. Crash Diagram



145. Crash Description/Narrative

D1 stated while attempting to back out of a parking space in the lot of 6 Neilson Street, another vehicle was approaching, distracting her. At this time V1 impacted V2, which was parked inside another parking space within the lot. Both vehicles sustained minor damage.

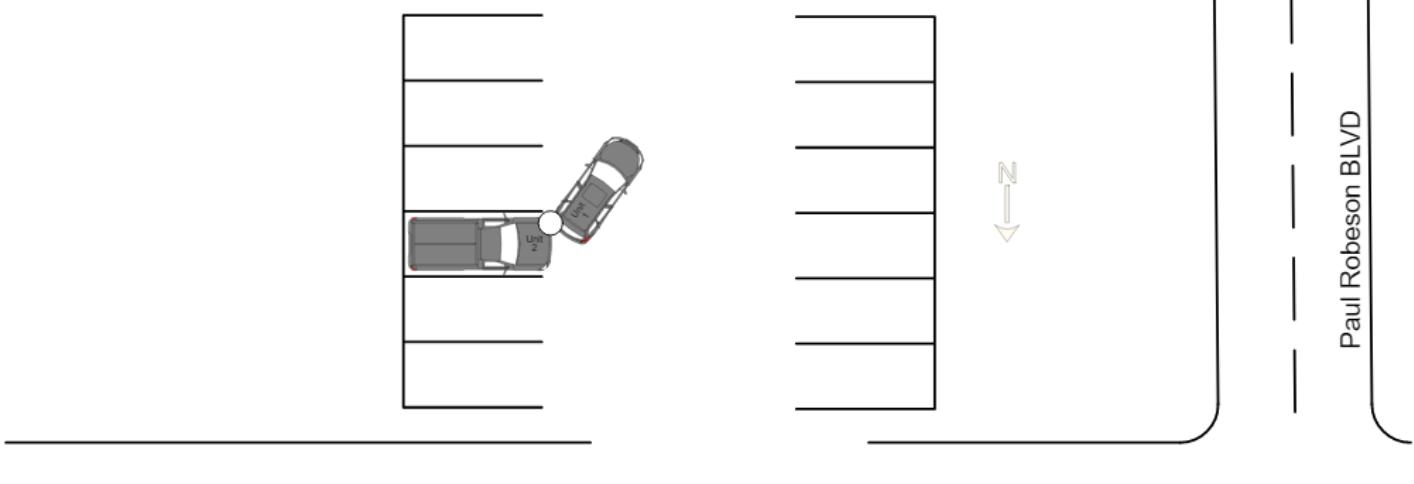
*****Other Descriptions*****

01 - headlights from another vehicle - Field 118a

146. Officer's Signature Fatula, Guiseppi	147. Badge # 7357	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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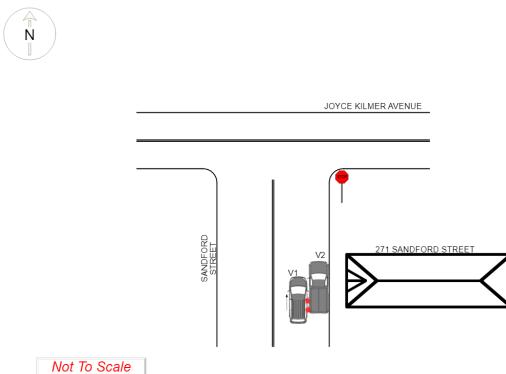
144. Crash Diagram (NOT TO SCALE)

Parking Lot of 6 Neilson Street



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

144. Crash Diagram



145. Crash Description/Narrative

On 11/6/2023 at 07:22 hours, I came across a motor vehicle accident that occurred outside 271 Sandford Street. I was in Unit 916 with the BWC on.

I met with the operator of Vehicle 1 (NJ Reg R53SNV), Carolina Flores Ramirez. Ramirez stated she was traveling north on Sandford Street and was looking at house numbers. It was at this time Vehicle 1's passenger side struck Vehicle 2's (NJ Reg E51RMZ) driver side. Ramirez stated Vehicle 2 was double-parked on Sandford Street. Vehicle 2 was operated by Luciano Fernandez. Fernandez stated he was parked curbside on Sandford Street when Vehicle 1 struck Vehicle 2's driver side. Fernandez stated he was not double-parked. Both Ramirez and Fernandez did not complain of pain and declined medical attention.

Vehicle 1's passenger side mirror was shattered. Vehicle 1's entire passenger side sustained several scrapes and scratches. Vehicle 2's rear driver side wheel well and truck bed sustained several scrapes and scratches. Vehicle 2's driver side mirror sustained several scrapes.

Vehicle 1 and Vehicle 2 were operational and did not require further action.

P/O Uzunis 7326

*****Other Descriptions*****

01 - Looking away from roadway - Field 118a

146. Officer's Signature Uzunis, Alexander	147. Badge # 7326	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

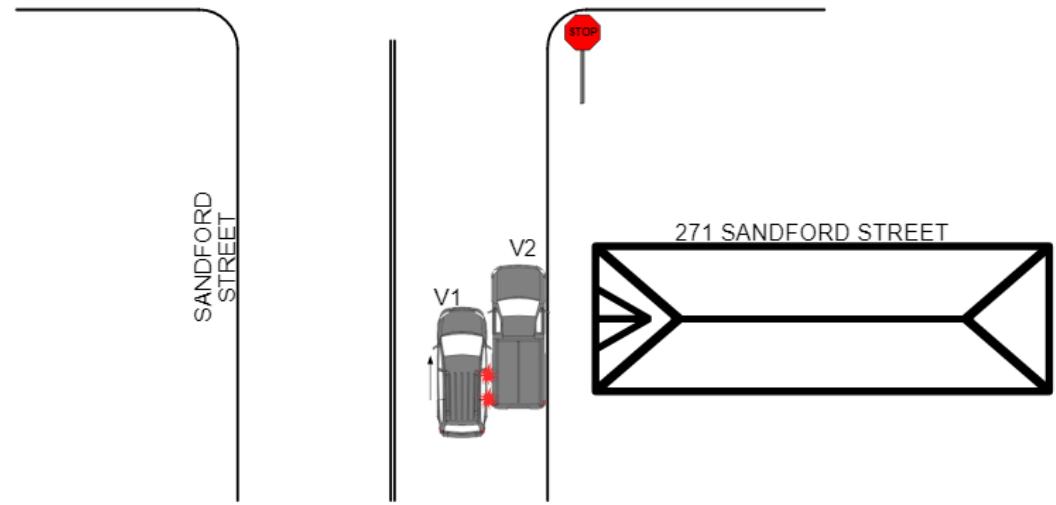
Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09728

144. Crash Diagram (NOT TO SCALE)



JOYCE KILMER AVENUE

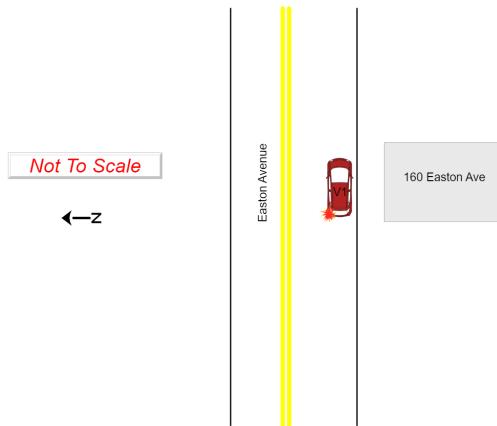


Not To Scale

		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Fatal		<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report		118a 25		
96 04	1. Case Number 23NB09730	10. Crash Occurred On: ROUTE 527												N	11. Speed Limit 25	527			12. Route No.	Suffix	13. Milepost	118b		
97 01	2. Police Dept. of New Brunswick City Police Department	Code 01	Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles												Dir	18. Speed Limit						119a 02		
98 05	3. Station/Precinct	48.00	N	E	S	W	of: STONE ST												19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> Ramp <input type="checkbox"/> From:	NB	EB	SB	WB	119b 25
99 07	4. Date of Crash 11/06/2023	5. Day of Week Monday	6. Time (use 2400 hrs.) 0721	7. Municipality Code 1214	8. Total Killed 0	9. Total Injured 0	21. Latitude 40.499815												20. Route Name/Route No. -74.453930	22. Longitude	120a			
100a 01	100b 04	23. Veh. # 01	24. Policy No. G01 3568093 00	25. NJ Ins. Code 392	53. Veh. # 02	54. Policy No. 00	55. NJ Ins. Code UNK	120b																
101 02	26. Driver's First Name Initial	Last Name	29. Sex	56. Driver's First Name Initial	Last Name	59. Sex	121a 00																	
102 01	27. Number & Street	00	57. Number & Street	00	121b -																			
103	28. City	State	Zip	58. City	State	Zip	00																	
104 2	30. Eyes	DL Class	Restrictions	Endorsements	31. State	60. Eyes 07	DL Class 00	Restrictions 00	Endorsements 00	61. State	122 10													
105 06	32. Driver's License Number	33. DOB	34. Expires	62. Driver's License Number 00	63. DOB	64. Expires	123 01																	
106 -	35. Owner's First Name <input type="checkbox"/> Same as Driver	Initial	Last Name	65. Owner's First Name <input checked="" type="checkbox"/> Same as Driver	Initial	Last Name	124 -																	
107 -	36. Number & Street 160 EASTON AVE APT B	State	Zip	66. Number & Street 00	State	Zip	125 04																	
108 02	37. City NEW BRUNSWICK	NJ	08901-1883	67. City 00	State	Zip	126a 28																	
109 00	38. Make Acura	39. Model TSX	40. Color MARO	41. Year 2010	42. Plate No. H68NBY	43. State NJ	68. Make 00	69. Model 00	70. Color UK	71. Year 00	72. Plate No.	73. State	126b											
110 01	44. VIN JH4CU2F62AC002033	45. Expires 12/01/2023	74. VIN 00	75. Expires	126c																			
111 00	46. Vehicle Removed to: -	76. Vehicle Removed to:	126d																					
112 -	<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Towed Disabled & Impounded	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Towed Disabled & Impounded	126e 28																	
113 00	47. Authority <input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Driver	<input type="checkbox"/> Police	77. Authority <input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Driver	<input type="checkbox"/> Police	127a 26																	
114 -	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: <input type="checkbox"/> % <input type="checkbox"/> Pending	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.	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: <input type="checkbox"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.	127b -																			
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX	51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX	81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	127c -																			
116 -	52. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	127d -																					
117 00	Number & Street	Number & Street	128 26																					
118 -	City	State	Zip	129 07																				
119 -	Level of Autonomy	150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown	Level of Autonomy	152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown	130 07																			
120 -	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe)	<input checked="" type="checkbox"/> No	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.	131 00																
121 -	Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.	132 00																	
122 -	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death	133 03									
123 -	A	02	01	00	00	U	00	00	02	04	04	00	00	00 0 0 0 00 0 0 0 0	134 00									
124 -	B																							
125 -	C																							
126 -	D																							

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

144. Crash Diagram



145. Crash Description/Narrative

The owner of V1 stated that the vehicle was parked in front of 160 Easton Avenue overnight. The owner discovered that the vehicle had substantial damage to the rear driver tail light, fender, and side mirror.

The owner of the business located at 160 Easton Avenue explained that there is a camera located in front of the store that may have caught the incident on surveillance. The business owner also stated that he heard a loud crashing noise between the hours of 0115 and 0125 hours on the morning of 11/06/2023.

V1 was left at the scene.

P/O N. Sookhram #7382

*****Other Descriptions*****

02 - Driver Inattention - Field 119a
02 - 00 - Field 55

146. Officer's Signature Sookhram, Nasir	147. Badge # 7382	148. Reviewer Evans, Patrick	Badge # 5275	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

Not To Scale

←—z

Easton Avenue

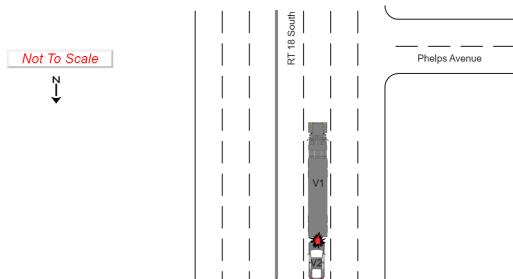


160 Easton Ave

New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable	<input type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report												
96 01	<input type="checkbox"/> Fatal					New Jersey Police Crash Investigation Report												118a 25								
97 01	1. Case Number 23NB09732					10. Crash Occurred On: NJ 18 SECONDARY					Road Name		Dir	11. Speed Limit 55	12. Route No.	Suffix	13. Milepost 41	118b 25								
98 01	2. Police Dept. of New Brunswick City Police Department					At Intersection with X Feet 64.00 Miles					N E		18. Speed Limit					119a 09								
99 02	3. Station/Precinct					S W					of:					119b 25										
100a 01	4. Date of Crash 11/06/2023		5. Day of Week Monday			6. Time (use 2400 hrs.) 0918		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. To: Ramp		17. Cross Road Name/Route No. 21. Latitude 40.485558		18. Speed Limit SB WB		120a 01						
100b 04	23. Veh. # 01 BAP4783718					24. Policy No. 379					25. NJ Ins. Code 628-250-6029					53. Veh. # 02		54. Policy No. 000		55. NJ Ins. Code 000		120b 01				
101 02	26. Driver's First Name CHRISTOPHER					Initial M			Last Name MATTIS					29. Sex M					56. Driver's First Name JEFFERY		Initial R			Last Name HUNT		121a 01
102 01	27. Number & Street 63 IVY HILL ROAD															57. Number & Street 433 CASKEY ST							121b 01			
103 01	28. City LEVITTOWN					State PA			Zip 19057		58. City PHILADELPHIA					State PA		Zip 19140								
104 02	30. Eyes 02		DL Class A		Restrictions 00		Endorsements 00		31. State NJ		60. Eyes 02		DL Class D		Restrictions 00		Endorsements 00		61. State NJ		122 07					
105 01	32. Driver's License Number 23319584					33. DOB 12/27/1973			34. Expires 12/28/2025					62. Driver's License Number 32931076					63. DOB 12/19/1986		64. Expires 12/20/2025		123 01			
106 01	35. Owner's First Name EJ FOLEY INC					Initial			Last Name					65. Owner's First Name JEFFERY					Initial R			Last Name HUNT		124 04		
107 -	36. Number & Street 855 Centennial Ave										66. Number & Street 433 CASKEY ST											125 04				
108 23	37. City Piscataway					State NJ			Zip 08854		67. City PHILADELPHIA					State PA		Zip 19140		126a 26						
109 01	38. Make PET		39. Model 567		40. Color WT		41. Year 2023		42. Plate No. AX389Y		43. State NJ		68. Make HONDA		69. Model CR-V		70. Color BL		71. Year 2024		72. Plate No. 760762T		73. State NJ		126b -	
110 02	44. VIN 1XPCD49X7PD838231					45. Expires 02/01/2024					74. VIN 5J6RS6H90RL006796										75. Expires 12/31/1969				126c -	
111 01	46. Vehicle Removed to: -										76. Vehicle Removed to: -														126d -	
112 01	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded										<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded														126e 26	
113 -	47. Authority Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police										77. Authority Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police														127a 26	
114 05	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending					49. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.					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: <input type="checkbox"/> % <input type="checkbox"/> Pending					79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.									127b 26	
115 -	50. Carrier No. <input checked="" type="checkbox"/> USDOT 349428 <input type="checkbox"/> None					51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input checked="" type="checkbox"/> ≥ 26,001 lbs.					80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None					81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.									127c 26	
116 02	52. Motor Carrier or Government Entity EJ FOLEY INC										82. Motor Carrier or Government Entity														127d 26	
117 02	Number & Street 855 Centennial Ave										Number & Street														128 26	
City Piscataway					State NJ			Zip 08854		City					State PA			Zip 19140				129 06				
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown					151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown		Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown					153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown				130 06						
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																										131 12
Oper.		136. Charge					137. Summons No.					Oper.		138. Charge					139. Summons No.							132 12
Oper.		140. Charge					141. Summons No.					Oper.		142. Charge					143. Summons No.							133 02
												Names & Addresses of Occupants If Deceased, Date & Time of Death														134 03
A	83	84	85	86	87	88	89	90	91	92	93	94	95													
	01	01	01	05	49	M	-	-	-	04	04	06	-	CHRISTOPHER M MATTIS 63 IVY HILL ROAD LEVITTOWN PA 19057												
	B	02	01	01	-	36	M			01	04	04	06		JEFFERY R HUNT 433 CASKEY ST PHILADELPHIA PA 19140											
	C																									
D																										

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

144. Crash Diagram



145. Crash Description/Narrative

Driver 1 stated that there was a lot of stop and go traffic on the roadway. After applying the brakes due to traffic, he then felt impact from something hitting his trailer from behind.

Driver 2 stated that there was also a lot of stop and go traffic on the roadway. Driver 2 stated that he saw V1 in front of him hit the brakes, but did not have enough time for him to apply the brakes. He then made impact with the V1 trailer.

Both parties were uninjured and refused medical attention. V1 had little to no damage on its trailer. V1 was driven from the scene by its driver. V2 had substantial damage and was driven from the scene by its owner.

*Trailer License Plate - NJ Reg TYH13K

P/O N. Sookhram #7382

*****Other Descriptions*****

02 - NAIC - 19658 - Field 55

146. Officer's Signature Sookhram, Nasir	147. Badge # 7382	148. Reviewer Yurkovic, John	Badge # 5252	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

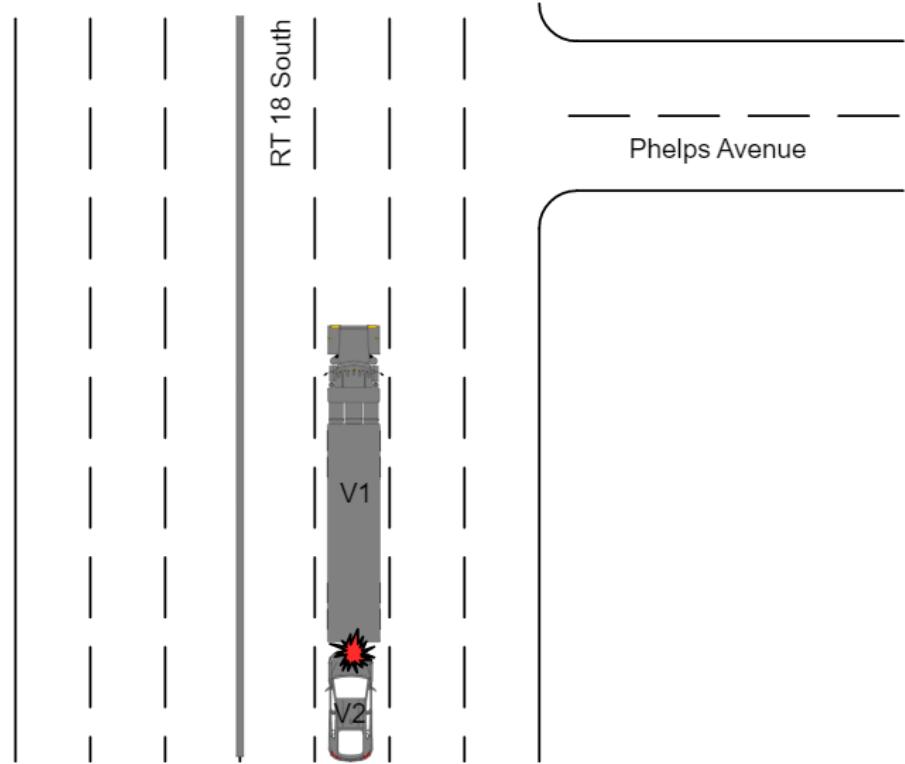
Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09732

144. Crash Diagram (NOT TO SCALE)

Not To Scale

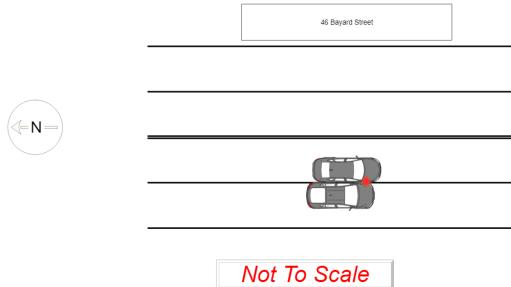
N
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		New Jersey Police Crash Investigation Report												Reportable		Non-Reportable		Change Report																													
96 05		<input type="checkbox"/> Fatal				23NB09742												<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		118a 00																							
97 01		1. Case Number				10. Crash Occurred On: 46 BAYARD ST												11. Speed Limit 25						118b 00																							
98 01		2. Police Dept. of New Brunswick City Police Department				Code 01		Road Name At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E 116.0 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> S <input checked="" type="checkbox"/> W												Dir		12. Route No. Suffix		13. Milepost 18. Speed Limit		119a 25																					
99 07		3. Station/Precinct				of: George Street												19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB				119b																							
100a 01		4. Date of Crash 11/06/2023				5. Day of Week Monday		6. Time (use 2400 hrs.) 1455		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.494265		20. Route Name/Route No. 22. Longitude -74.444116				120a 00																									
100b 04		23. Veh. # 01				24. Policy No. 000		25. NJ Ins. Code UNK												53. Veh. # 02		54. Policy No. 4344-37-71-99		55. NJ Ins. Code 100		120b 00																					
101 02		26. Driver's First Name unk				Initial unk		27. Sex U												56. Driver's First Name unk		Initial unk		Last Name		59. Sex		121a																			
102 01		28. City unk				State 000		29. Sex												57. Number & Street						121b																					
103 01		30. Eyes 00				DL Class		Restrictions		Endorsements		31. State 99		60. Eyes		DL Class		Restrictions		Endorsements		61. State		122 01																							
104 02		32. Driver's License Number 000				33. DOB		34. Expires		35. Owner's First Name unk												62. Driver's License Number		63. DOB		64. Expires		123 10																			
105 06		<input type="checkbox"/> Same as Driver Avis				36. Number & Street 121 George Crockett Road												65. Owner's First Name unk		Initial unk		Last Name				124 11																					
106 -		37. City Las Vegas				State NJ		Zip 89119		38. Make CHEVROLET												66. Number & Street 25 Luffberry Avenue						125 11																			
107 -		39. Model 000				40. Color UK		41. Year 2014		42. Plate No. 851X46		43. State NV		68. Make Toyota		69. Model CAM		70. Color SL		71. Year 2018		72. Plate No. W65PAL		73. State NJ		126a -																					
110 00		44. VIN 1G1ZD5ST7PF218405				45. Expires 12/31/1969		46. Vehicle Removed to: Fled Scene												74. VIN 4T1B11HK4JU032053		75. Expires 07/01/2024				126c -																					
111 01		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				126d -																							
112 00		<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police				47. Authority												<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police		77. Authority				126e 28																							
113 -		48. Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused				49. Hazardous Material Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine												78. Alcohol/Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		79. Hazardous Material Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				127a -																							
114 -		Results: <input type="checkbox"/> % <input type="checkbox"/> Pending				50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX												51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.				127b 26																					
115 -		52. Motor Carrier or Government Entity				Number & Street												53. Motor Carrier or Government Entity		Number & Street		54. Motor Carrier or Government Entity		Number & Street		128 28																					
116 -		55. City State Zip				56. City State Zip												57. City State Zip		58. City State Zip		59. City State Zip		129 00																							
117 -		Level of Autonomy 150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				Level of Autonomy 152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												Level of Autonomy 151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		Level of Autonomy 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				130 00																							
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No														136. Charge														137. Summons No.		Oper.		138. Charge		139. Summons No.		131 11											
														Oper. 01														140. Charge		141. Summons No.		Oper.		142. Charge		143. Summons No.		132 11									
														Oper. 02																												Names & Addresses of Occupants If Deceased, Date & Time of Death				133 00	
														A 01 01 00 00 U 00 00 00 00 unk - unk unk unk 000																														134 02			
														B																																	
														C																																	
														D																																	

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

144. Crash Diagram



145. Crash Description/Narrative

On Monday, November 6, 2023 at 1455, Plaza, Josue responded to a crash on 116 Feet W of 46 Bayard St and George Street. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Unknown Chevrolet 000, Going Straight Ahead
Unit 2, Vehicle - Silver Toyota Cam, Parked

The owner of V2 stated V1 struck her front driver side fender while she was parked. She stated V1 fled the scene.

*****Other Descriptions*****

01 - UNK - Field 25

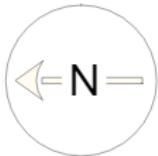
146. Officer's Signature Plaza, Josue	147. Badge # 7352	148. Reviewer Faller, Daniel	Badge # 7355	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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**New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram**

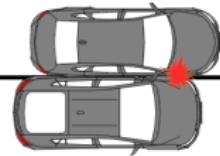
Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09742

144. Crash Diagram (NOT TO SCALE)



46 Bayard Street



Not To Scale

Plaza, Josue

Officer's Signature

NJTR-1B (Rev. 01/17)

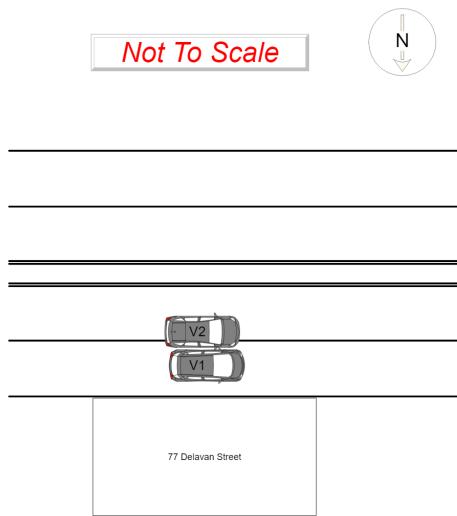
7352

Badge Number

New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report							
96 04	<input type="checkbox"/> Fatal						10. Crash Occurred On: DELVAN ST WB						11. Speed Limit 25					118a 25					
97 01	1. Case Number 23NB09744						Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 160.0						Dir	12. Route No. Suffix		13. Milepost	118b 25						
98 01	2. Police Dept. of New Brunswick City Police Department						14. Miles <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W						15. of: DELAVAN ST						119a 02				
99 07	3. Station/Precinct						16. To: 17. Cross Road Name/Route No. <input type="checkbox"/> Ramp <input type="checkbox"/> From:						18. Speed Limit <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB						119b -				
100a 01	4. Date of Crash 11/06/2023		5. Day of Week Monday		6. Time (use 2400 hrs.) 1537		7. Municipality Code 1214	8. Total Killed 0	9. Total Injured 0	21. Latitude 40.481982						20. Route Name/Route No. -74.444702	22. Longitude	120a					
100b 04	23. Veh. # 01						24. Policy No. 0378296967101						25. NJ Ins. Code 823	53. Veh. # 02	54. Policy No. 961343352						55. NJ Ins. Code 135	120b	
101 02	26. Driver's First Name <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run						27. Sex Initial Last Name						56. Driver's First Name MAYRA	Initial L	Last Name ROSALESFIALLOS						59. Sex F	121a 01	
102 01	28. Number & Street 171 VICTOR ST						29. City SOMERSET						57. Number & Street 171 VICTOR ST	58. City SOMERSET						State NJ	Zip 08873-3748	121b 01	
103 01	30. Eyes 01						31. DL Class D						60. Eyes 01	DL Class D	32. Restrictions 0						Endorsements	61. State NJ	122 10
104 02	33. Driver's License Number						34. DOB						62. Driver's License Number R66855367351791	35. Expires 01/07/1979						63. DOB	64. Expires 01/07/2025	123 01	
105 06	36. Owner's First Name <input type="checkbox"/> Same as Driver Tannya						37. Initial J						65. Owner's First Name <input type="checkbox"/> Same as Driver Anggi	Initial R	38. Last Name Bryant						39. Last Name Herreraferrera	124 11	
106 -	40. Number & Street 77 Delavan Street						41. City New Brunswick						42. State NJ	43. Zip 08901	44. City Somerset	45. State NJ	46. Zip 08873	47. 125 11					
107 -	48. Make Toyota						49. Model RAV	50. Color WT	51. Year 2022	52. Plate No. N35RKP	53. State NJ	54. Make Ford	55. Model TRN	56. Color WT	57. Year 2018	58. Plate No. A72RNM	59. State NJ	126a 28					
108 01	60. VIN 2T3G1RFV0NC308230						61. Expires 09/01/2026						62. VIN 1FBZX2ZM4JKA99811	63. Expires 11/01/2023						64. 126c -			
109 02	65. Vehicle Removed to: 00						66. Vehicle Removed to: Driven						67. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	68. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police						69. 126d -			
110 01	70. Alcohol Drug Test Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine						71. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ _____						72. 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	73. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ _____	74. 126e 26								
111 01	74. Results: % <input type="checkbox"/> Pending						75. Hazardous Material Results: % <input type="checkbox"/> Pending						76. 127a -										
112 -	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 Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill _____ _____	80. 127b -									
113 -	81. Carrier No. <input type="checkbox"/> USDOT _____ <input type="checkbox"/> None						82. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						83. 127c -										
114 -	84. MC/MX _____						85. Motor Carrier or Government Entity						86. 127d -										
115 -	87. Motor Carrier or Government Entity						88. Number & Street						89. 127e -										
116 -	90. Number & Street						91. City						92. 128 28										
117 04	93. City						94. State Zip						95. 129 10										
96. Level of Autonomy 150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						97. Level of Autonomy 152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						98. 130 10											
99. 131 02												100. 132 02	101. 133 02	102. 134 01									
103. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												Names & Addresses of Occupants If Deceased, Date & Time of Death											
Oper.		104. Charge						105. Summons No.			Oper.	106. Charge						107. Summons No.					
Oper.		108. Charge						109. Summons No.			Oper.	110. Charge						111. Summons No.					
A B C D		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death								
		02	01	-	-	44	F	-	-	01	04	04	06	MAYRA L ROSALESFIALLOS 171 VICTOR ST SOMERSET NJ 08873-3748									

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

144. Crash Diagram



145. Crash Description/Narrative

On Monday, November 6, 2023 at 1537, Plaza, Josue responded to a crash on 160 Feet E of Delavan St Wb and Delavan St. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - White Toyota Rav, Parked

Unit 2, Vehicle - White Ford Trn, Going Straight Ahead

D2 stated her passenger side view mirror struck the driver side view mirror of V1. I have nothing further to report.

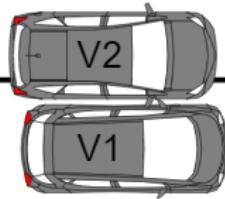
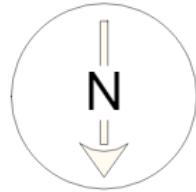
*****Other Descriptions*****

02 - not centered on road - Field 119a

146. Officer's Signature Plaza, Josue	147. Badge # 7352	148. Reviewer Faller, Daniel	Badge # 7355	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

Not To Scale



77 Delavan Street

Plaza, Josue

Officer's Signature

NJTR-1B (Rev. 01/17)

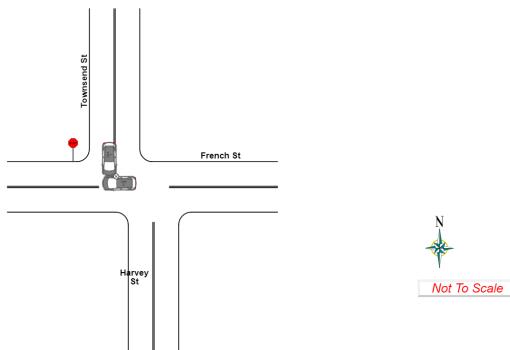
7352

Badge Number

		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Fatal		<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report		118a										
96 05	1. Case Number	10. Crash Occurred On: NJ 27												N	11. Speed Limit	25	27		15.8	16												
97 01	2. Police Dept. of New Brunswick City Police Department	Code	<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 11.00 Miles												Dir	12. Route No.	Suffix	13. Milepost		118b												
98 01	3. Station/Precinct		<input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W												of:	14. To:	17. Cross Road Name/Route No.	NB	EB	119a												
99 05	4. Date of Crash	5. Day of Week	6. Time (use 2400 hrs.)	7. Municipality Code	8. Total Killed	9. Total Injured	18. Speed Limit												Ramp	From:	SB	WB	119b									
100a 01	11/06/2023	Monday	1547	1214	0	2	21. Latitude 40.493002												20. Route Name/Route No.	22. Longitude -74.452479			120a									
100b 04	23. Veh. #	24. Policy No.	25. NJ Ins. Code												53. Veh. #	54. Policy No.	55. NJ Ins. Code												134			
101 02	01	G01291126900	392												02	236639340																
102 01	26. Driver's First Name	Initial	Last Name												56. Driver's First Name	Initial	Last Name												59. Sex	121a		
103 01	Roberto		Berni-Sosa												Shaday	M	Gordan												F	01		
104 02	27. Number & Street	46 Pardun Rd Apt A												57. Number & Street	178 Cedar Lane													121b				
105 03	28. City	State		Zip		58. City												State		Zip												
106 -	North Brunswick	NJ		08902		Highland Park												NJ		08904												
107 -	30. Eyes	DL Class	Restrictions	Endorsements		31. State		60. Eyes												DL Class	Restrictions	Endorsements		61. State	NJ	122						
108 01	02	D	T			NJ		02												D	T			NJ	01							
109 01	32. Driver's License Number	33. DOB		34. Expires		62. Driver's License Number												63. DOB		64. Expires			123									
110 01	B27266580012582	12/09/1958		12/09/2027		G65767037458862												08/16/1986		08/16/2027		01	01									
111 02	35. Owner's First Name	Initial	Last Name												65. Owner's First Name	Initial	Last Name															
112 -	<input checked="" type="checkbox"/> Same as Driver	Roberto												<input type="checkbox"/> Same as Driver	Enterprise																	
113 -	36. Number & Street	46 Pardun Rd Apt A												66. Number & Street	1898 US HWY 1																	
114 -	37. City	State		Zip		67. City												State		Zip			125									
115 -	North Brunswick	NJ		08902		North Brunswick												NJ		08902		04	26									
116 01	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make												69. Model	70. Color	71. Year	72. Plate No.	73. State		126a							
117 02	DODGE	Caravan/Grand Caravan	GY	2001	U65SAe	NJ	NISSAN												Kicks	GY	2022	U42SAC	NJ		126b							
118 02	44. VIN	45. Expires												74. VIN	75. Expires														126c			
119 02	2B4GP44G41R195405	05/01/2024												3N1CP5CVXNL492451	06/01/2024														-	-		
120 02	46. Vehicle Removed to:													76. Vehicle Removed to:															126d	-		
121 -	<input checked="" type="checkbox"/> Driven	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Disabled & Impounded												<input checked="" type="checkbox"/> Driven	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Disabled & Impounded														126e	
122 -	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Impounded													<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Impounded															26	
123 -	47. Authority													77. Authority															127a			
124 -	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Driver	<input type="checkbox"/> Police												<input type="checkbox"/> Owner	<input type="checkbox"/> Driver	<input type="checkbox"/> Police														26	
125 -	48. Alcohol/Drug Test	49. Hazardous Material												78. Alcohol/Drug Test	79. Hazardous Material														127b			
126 -	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												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														-	-		
127 -	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending													Results: <input type="checkbox"/> % <input type="checkbox"/> Pending															127c	-		
128 01	50. Carrier No.	51. GVWR/GCWR (trucks & buses only)												80. Carrier No.	81. GVWR/GCWR (trucks & buses only)														127d			
129 02	<input type="checkbox"/> USDOT	<input type="checkbox"/> None	<input type="checkbox"/> ≤ 10,000 lbs.												<input type="checkbox"/> USDOT	<input type="checkbox"/> None	<input type="checkbox"/> ≤ 10,000 lbs.														-	-
130 02	<input type="checkbox"/> MC/MX	<input type="checkbox"/> 10,001 - 26,000 lbs.												<input type="checkbox"/> MC/MX	<input type="checkbox"/> 10,001 - 26,000 lbs.														127e			
131 02	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity														26					
132 02	Number & Street												Number & Street														129	12				
133 03	City State Zip												City State Zip														130	12				
134 02	Level of Autonomy												150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown	152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Unknown	Level of Autonomy												151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown	153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Unknown			131	02
135 -	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																										132					
136 -	Oper.	136. Charge												137. Summons No.	Oper.	138. Charge												139. Summons No.			133	03
137 -	Oper.	140. Charge												141. Summons No.	Oper.	142. Charge												143. Summons No.			134	02
138 -	A	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death														135	02		
139 -	B	01	01	01	04	64	M	06	08	01	04	04	06		Roberto Berni-Sosa 46 Pardun Rd Apt A North Brunswick NJ 08902														136	02		
140 -	C														Shaday M Gordan 178 Cedar Lane Highland Park NJ 08904														137	03		
141 -	D																												138	02		

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

144. Crash Diagram



145. Crash Description/Narrative

Driver 1 stated that he was crossing over French Street towards Harvey Street when he was struck by Vehicle 2 causing moderate damage to his front bumper. Driver 1 complained of lower back pain, however declined medical attention.

Driver 2 stated that she was driving on French Street when she observed Vehicle 1 quickly enter into her lane of travel. Shortly after she was struck by Vehicle 1 causing damage to her passenger side front fender and door. Driver 2 complained of neck pain, however declined medical attention.

146. Officer's Signature

Lewis, Nicole

147. Badge #

7340

148. Reviewer

Evans, Patrick

Badge #

5275

149. Case Status

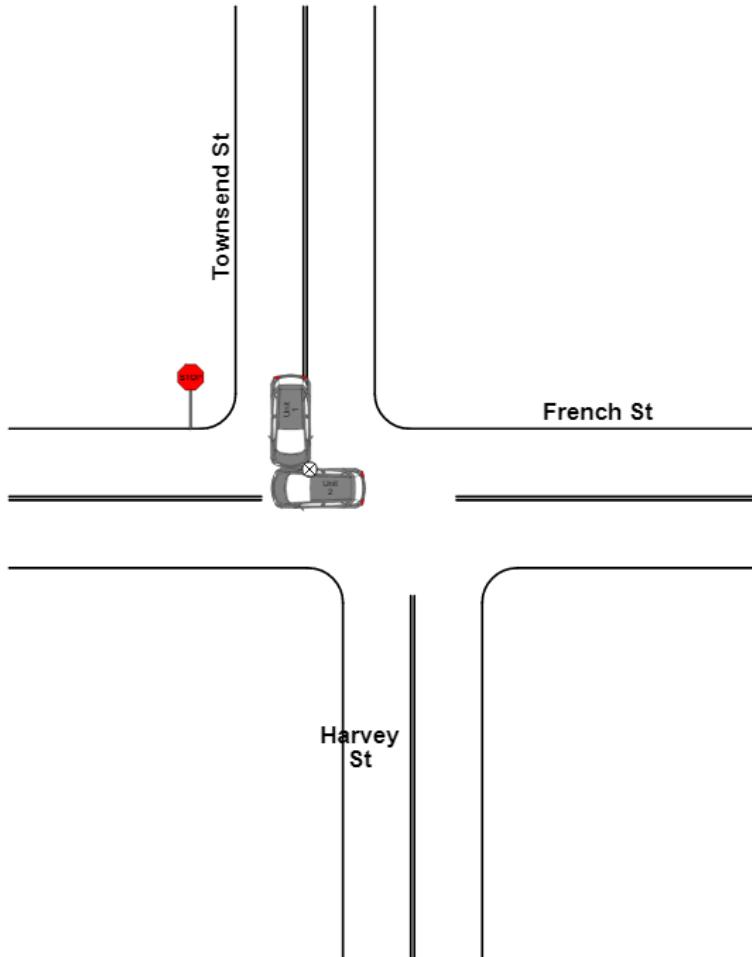
Pending Complete

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

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09747

144. Crash Diagram (NOT TO SCALE)

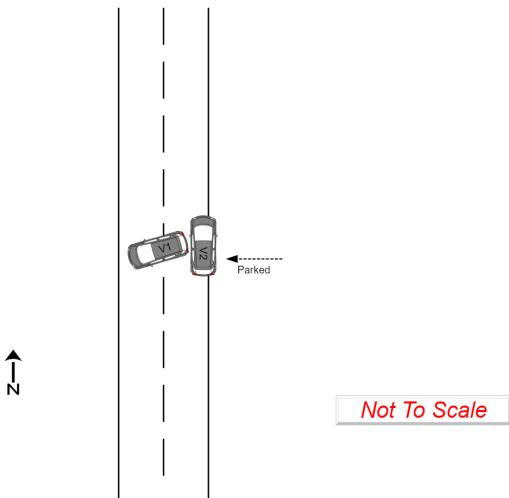


Not To Scale

		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																
96 02		<input type="checkbox"/> Fatal				10. Crash Occurred On: 47 EASTON AVE												11. Speed Limit 25	12. Route No. 527	13. Milepost 18. Speed Limit	118a 25													
97 01		1. Case Number 23NB09757				Road Name <input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles				Dir <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W				of: 19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.497828 20. Route Name/Route No. -74.448841 22. Longitude				118b -																
98 06		2. Police Dept. of New Brunswick City Police Department				Code 01		14 15 16				of: 19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.497828 20. Route Name/Route No. -74.448841 22. Longitude				119a -																		
99 07		3. Station/Precinct				14 15 16				of: 19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.497828 20. Route Name/Route No. -74.448841 22. Longitude				119b -																				
100a 01		4. Date of Crash 11/06/2023		5. Day of Week Monday		6. Time (use 2400 hrs.) 2021		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. Crash Occurred On: 47 EASTON AVE				11. Speed Limit 25	12. Route No. 527	13. Milepost 18. Speed Limit	119a -													
100b 04		23. Veh. # 01				24. Policy No. 4531346759				25. NJ Ins. Code 639				53. Veh. # 02				54. Policy No. -				55. NJ Ins. Code UNK				120a -								
101 02		<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input checked="" type="checkbox"/> Hit & Run				26. Driver's First Name Initial M Last Name Thelusca				27. Number & Street 89 Rushfield Ln				28. City Valley Stream State NY Zip 11581				29. Sex U				56. Driver's First Name Initial unknown Last Name UNKNOWN				120b -								
102 01		30. Eyes DL Class				31. State Restrictions				32. Driver's License Number 33. DOB				33. DOB 34. Expires				34. Expires 35. Owner's First Name				35. Owner's First Name Initial M Last Name Thelusca				121a 00								
103 01		36. Number & Street 89 Rushfield Ln				37. City Valley Stream State NY Zip 11581				38. Make HONDA Model CIVIC				39. Color BK Year 2017 Plate No. KYR8272 State NY				40. Color 41. Year 42. Plate No. 43. State				41. State				121b 00								
104 02		44. VIN 19XFC1F79HE211793				45. Expires 02/21/2024				46. Vehicle Removed to: - Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police				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: <input type="checkbox"/> % <input type="checkbox"/> Pending				49. Hazardous Material None On Board Spill				50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.				122 10
105 06		52. Motor Carrier or Government Entity Number & Street City State Zip				53. Motor Carrier or Government Entity Number & Street City State Zip				54. Motor Carrier or Government Entity Number & Street City State Zip				55. Motor Carrier or Government Entity Number & Street City State Zip				56. Motor Carrier or Government Entity Number & Street City State Zip				123 00												
106 -		57. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police				58. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending				59. Hazardous Material None On Board Spill				60. Eyes DL Class				61. State Restrictions				62. Driver's License Number Initial 00 Last Name UNKNOWN				124 -								
107 -		63. DOB 64. Expires				65. Owner's First Name Initial 00 Last Name UNKNOWN				66. Number & Street UNKNOWN				67. City UNKNOWN State 99 Zip				68. Make 00 Model 00				69. Color 70. Year 71. Plate No. 72. State				125 -								
108 01		70. Color 71. Year 72. Plate No. 73. State				71. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				72. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending				73. Hazardous Material None On Board Spill				74. VIN 75. Expires				126a 28												
109 00		76. Vehicle Removed to: - Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				77. Authority <input 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 Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <input type="checkbox"/> % <input type="checkbox"/> Pending				79. Hazardous Material None On Board Spill				80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.				126b -								
110 01		82. Motor Carrier or Government Entity Number & Street City State Zip				83. Motor Carrier or Government Entity Number & Street City State Zip				84. Motor Carrier or Government Entity Number & Street City State Zip				85. Motor Carrier or Government Entity Number & Street City State Zip				86. Motor Carrier or Government Entity Number & Street City State Zip				87. Motor Carrier or Government Entity Number & Street City State Zip				126c -								
111 00		88. Motor Carrier or Government Entity Number & Street City State Zip				89. Motor Carrier or Government Entity Number & Street City State Zip				90. Motor Carrier or Government Entity Number & Street City State Zip				91. Motor Carrier or Government Entity Number & Street City State Zip				92. Motor Carrier or Government Entity Number & Street City State Zip				93. Motor Carrier or Government Entity Number & Street City State Zip				126d -								
112 -		94. Motor Carrier or Government Entity Number & Street City State Zip				95. Motor Carrier or Government Entity Number & Street City State Zip				96. Motor Carrier or Government Entity Number & Street City State Zip				97. Motor Carrier or Government Entity Number & Street City State Zip				98. Motor Carrier or Government Entity Number & Street City State Zip				99. Motor Carrier or Government Entity Number & Street City State Zip				126e 28								
113 00		100. Motor Carrier or Government Entity Number & Street City State Zip				101. Motor Carrier or Government Entity Number & Street City State Zip				102. Motor Carrier or Government Entity Number & Street City State Zip				103. Motor Carrier or Government Entity Number & Street City State Zip				104. Motor Carrier or Government Entity Number & Street City State Zip				105. Motor Carrier or Government Entity Number & Street City State Zip				127a 00								
114 -		106. Motor Carrier or Government Entity Number & Street City State Zip				107. Motor Carrier or Government Entity Number & Street City State Zip				108. Motor Carrier or Government Entity Number & Street City State Zip				109. Motor Carrier or Government Entity Number & Street City State Zip				110. Motor Carrier or Government Entity Number & Street City State Zip				111. Motor Carrier or Government Entity Number & Street City State Zip				127b -								
115 -		112. Motor Carrier or Government Entity Number & Street City State Zip				113. Motor Carrier or Government Entity Number & Street City State Zip				114. Motor Carrier or Government Entity Number & Street City State Zip				115. Motor Carrier or Government Entity Number & Street City State Zip				116. Motor Carrier or Government Entity Number & Street City State Zip				117. Motor Carrier or Government Entity Number & Street City State Zip				127c -								
116 01		118. Motor Carrier or Government Entity Number & Street City State Zip				119. Motor Carrier or Government Entity Number & Street City State Zip				120. Motor Carrier or Government Entity Number & Street City State Zip				121. Motor Carrier or Government Entity Number & Street City State Zip				122. Motor Carrier or Government Entity Number & Street City State Zip				123. Motor Carrier or Government Entity Number & Street City State Zip				127d -								
117 03		124. Motor Carrier or Government Entity Number & Street City State Zip				125. Motor Carrier or Government Entity Number & Street City State Zip				126. Motor Carrier or Government Entity Number & Street City State Zip				127. Motor Carrier or Government Entity Number & Street City State Zip				128. Motor Carrier or Government Entity Number & Street City State Zip				129. Motor Carrier or Government Entity Number & Street City State Zip				127e 00								
118 00		130. Motor Carrier or Government Entity Number & Street City State Zip				131. Motor Carrier or Government Entity Number & Street City State Zip				132. Motor Carrier or Government Entity Number & Street City State Zip				133. Motor Carrier or Government Entity Number & Street City State Zip				134. Motor Carrier or Government Entity Number & Street City State Zip				135. Motor Carrier or Government Entity Number & Street City State Zip				130 10								
119 00		136. Charge 137. Summons No.				138. Charge 139. Summons No.				140. Charge 141. Summons No.				142. Charge 143. Summons No.				Names & Addresses of Occupants If Deceased, Date & Time of Death				144. Charge 145. Summons No.				131 00								
120 00		146. Charge 147. Summons No.				148. Charge 149. Summons No.				150. Charge 151. Summons No.				152. Charge 153. Summons No.				154. Charge 155. Summons No.				156. Charge 157. Summons No.				132 00								
121 00		158. Charge 159. Summons No.				160. Charge 161. Summons No.				162. Charge 163. Summons No.				164. Charge 165. Summons No.				166. Charge 167. Summons No.				168. Charge 169. Summons No.				133 02								
122 00		170. Charge 171. Summons No.				172. Charge 173. Summons No.				174. Charge 175. Summons No.				176. Charge 177. Summons No.				178. Charge 179. Summons No.				180. Charge 181. Summons No.				134 00								
123 00		182. Charge 183. Summons No.				184. Charge 185. Summons No.				186. Charge 187. Summons No.				188. Charge 189. Summons No.				190. Charge 191. Summons No.				192. Charge 193. Summons No.				135 02								
124 00		194. Charge 195. Summons No.				196. Charge 197. Summons No.				198. Charge 199. Summons No.				200. Charge 201. Summons No.				202. Charge 203. Summons No.				204. Charge 205. Summons No.				136 02								
125 00		206. Charge 207. Summons No.				208. Charge 209. Summons No.				210. Charge 211. Summons No.				212. Charge 213. Summons No.				214. Charge 215. Summons No.				216. Charge 217. Summons No.				137 02								
126 00		218. Charge 219. Summons No.				220. Charge 221. Summons No.				222. Charge 223. Summons No.				224. Charge 225. Summons No.				226. Charge 227. Summons No.				228. Charge 229. Summons No.				138 02								
127 00		230. Charge 231. Summons No.				232. Charge 233. Summons No.				234. Charge 235. Summons No.				236. Charge 237. Summons No.				238. Charge 239. Summons No.				240. Charge 241. Summons No.				139 02								
128 00		242. Charge 243. Summons No.				244. Charge 245. Summons No.				246. Charge 247. Summons No.				248. Charge 249. Summons No.				250. Charge 251. Summons No.				252. Charge 253. Summons No.				140 02								
129 00		254. Charge 255. Summons No.				256. Charge 257. Summons No.				258. Charge 259. Summons No.				260. Charge 261. Summons No.				262. Charge 263. Summons No.				264. Charge 265. Summons No.				141 02								
130 00		266. Charge 267. Summons No.				268. Charge 269. Summons No.				270. Charge 271. Summons No.				272. Charge 273. Summons No.				274. Charge 275. Summons No.				276. Charge 277. Summons No.				142 02								
131 00		278. Charge 279. Summons No.				280. Charge 281. Summons No.				282. Charge 283. Summons No.				284. Charge 285. Summons No.				286. Charge 287. Summons No.				288. Charge 289. Summons No.				143 02								
132 00		290. Charge 291. Summons No.				292. Charge 293. Summons No.				294. Charge 295. Summons No.				296. Charge 297. Summons No.				298. Charge 299. Summons No.				300. Charge 301. Summons No.				144 02								
133 00		302. Charge 303. Summons No.				304. Charge 305. Summons No.				306. Charge 307. Summons No.				308. Charge 309. Summons No.				310. Charge 311. Summons No.				312. Charge 313. Summons No.				145 02								
134 00		314. Charge 315. Summons No.				316. Charge 317. Summons No.				318. Charge 319. Summons No.				320. Charge 321. Summons No.				322. Charge 323. Summons No.				324. Charge 325. Summons No.				146 02								
135 00		326. Charge 327. Summons No.				328. Charge 329. Summons No.				330. Charge 331. Summons No.				332. Charge 333. Summons No.				334. Charge 335. Summons No.				336. Charge 337. Summons No.				147 02								
136 00		338. Charge 339. Summons No.				340. Charge 341. Summons No.				342. Charge 343. Summons No.				344. Charge 345. Summons No.				346. Charge 347. Summons No.				348. Charge 349. Summons No.				148 02								
137 00		350. Charge 351. Summons No.				352. Charge 353. Summons No.				354. Charge 355. Summons No.				356. Charge 357. Summons No.				358. Charge 359. Summons No.				360. Charge 361. Summons No.				149 02								
138 00		362. Charge 363. Summons No.				364. Charge 365. Summons No.				366. Charge 367. Summons No.				368. Charge 369. Summons No.				370. Charge 371. Summons No.				372. Charge 373. Summons No.				150 02								
139 00		374. Charge 375. Summons No.				376. Charge 377. Summons No.				378. Charge 379. Summons No.				380. Charge 381. Summons No.				382. Charge 383. Summons No.				384. Charge 385. Summons No.				151 02								
140 00		386. Charge 387. Summons No.				388. Charge 389. Summons No.				390. Charge 391. Summons No.				392. Charge 393. Summons No.				394. Charge 395. Summons No.				396. Charge 397. Summons No.				152 02								
141 00		398. Charge 399. Summons No.				400. Charge 401. Summons No.				402. Charge 403. Summons No.				404. Charge 405. Summons No.				406. Charge 407. Summons No.				408. Charge 409. Summons No.				153 02								
142 00		410. Charge 411. Summons No.				412. Charge 413. Summons No.				414. Charge 415. Summons No.				416. Charge 417. Summons No.				418. Charge 419. Summons No.				420. Charge 421. Summons No.				154 02								
143 00		422. Charge 423. Summons No.				424. Charge 425. Summons No.				426. Charge 427. Summons No.				428. Charge 429. Summons No.				430. Charge 431. Summons No.				432. Charge 433. Summons No.				155 02								
144 00		434. Charge 435. Summons No.				436. Charge 437. Summons No.				438. Charge 439. Summons No.				440. Charge 441. Summons No.				442. Charge 443. Summons No.				444. Charge 445. Summons No.				156 02								
145 00		446. Charge 447. Summons No.				448. Charge 449. Summons No.				450. Charge 451. Summons No.				452. Charge 453. Summons No.				454. Charge 455. Summons No.				456. Charge 457. Summons No.				157 02								
146 00		458. Charge 459. Summons No.				460. Charge 461. Summons No.				462. Charge 463. Summons No.				464. Charge 465. Summons No.				466. Charge 467. Summons No.				468. Charge 469. Summons No.				158 02								
147 00		470. Charge 471. Summons No.				472. Charge 473. Summons No.				474. Charge 475. Summons No.				476. Charge 477. Summons No.				478. Charge 479. Summons No.				480. Charge 481. Summons No.				159 02								
148 00		482. Charge 483. Summons No.				484. Charge 485. Summons No.				486. Charge 487. Summons No.				488. Charge 																				

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

144. Crash Diagram



145. Crash Description/Narrative

Vehicle 1 fled the scene.

Vehicle 2 was parked. Owner of vehicle 2 stated she parked her car at approximately 1948 Hrs. Owner of vehicle 2 stated vehicle 1 did a k-turn on Easton Ave and rear ended her vehicle then fled the scene. Owner of vehicle 2 stated she have video footage from 54 Easton Ave of this incident.

Vehicle 2 had minor damages on her driver side front fender and driver side door.

146. Officer's Signature

Estevez, Pablo

147. Badge #

7378

148. Reviewer

Evans, Patrick

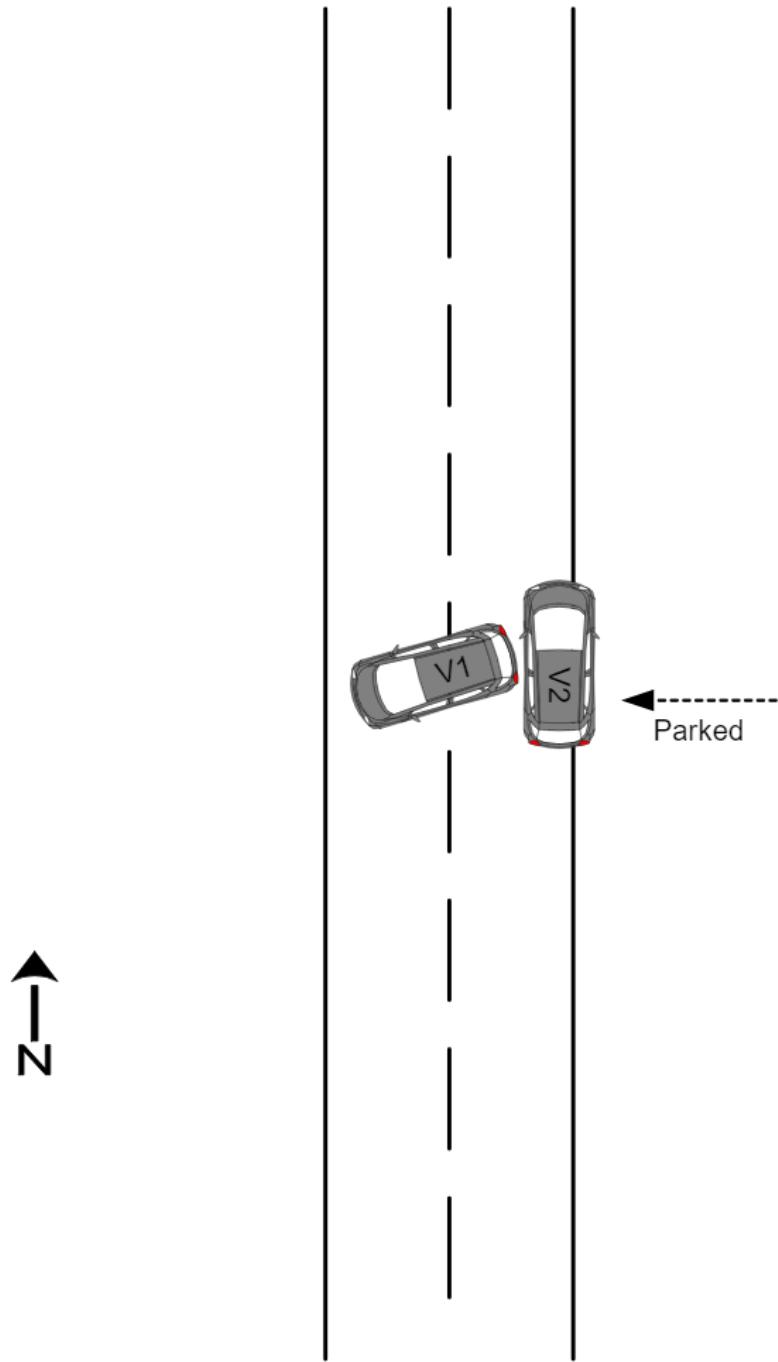
Badge #

5275

149. Case Status

Pending Complete

144. Crash Diagram (NOT TO SCALE)



Not To Scale

Estevez, Pablo

Officer's Signature

NJTR-1B (Rev. 01/17)

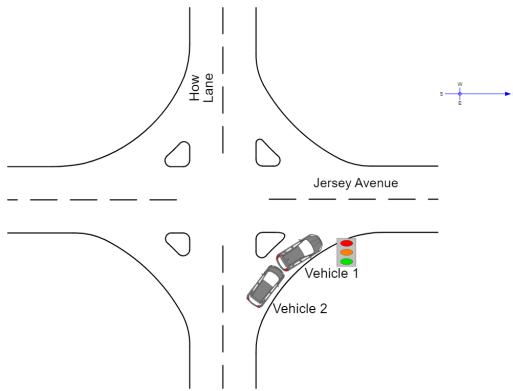
7378

Badge Number

New Jersey Police Crash Investigation Report														118a 25			
96 05		<input type="checkbox"/> Fatal		10. Crash Occurred On: NJ 91						11. Speed Limit N 25		91					
97 01		12. Route No. Suffix		13. Milepost		18. Speed Limit		118b -									
98 01		Road Name		Dir		19. To: 17. Cross Road Name/Route No.		119a 02									
99 07		At Intersection with <input checked="" type="checkbox"/> Feet 36.00 Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W		of:		Ramp <input type="checkbox"/> From:		NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b -					
100a 03		3. Station/Precinct New Brunswick		4. Date of Crash 11/07/2023		5. Day of Week Tuesday		6. Time (use 2400 hrs.) 0622		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 1			
100b 04		23. Veh. # 01 133 1868-B10-30D		24. Policy No. 962		25. NJ Ins. Code 962		53. Veh. # 02 01781 45 76U 7101 9		54. Policy No. 355		55. NJ Ins. Code 355		120a 01			
101 02		26. Driver's First Name DEEP		Initial P		Last Name PATEL		29. Sex M		56. Driver's First Name AISHA		Initial N		Last Name ABASS		59. Sex F	
102 01		27. Number & Street 3 BRENT STREET		28. City NORTH BRUNSWIC		State NJ		Zip 08902-3821		58. City NO. BRUNSWICK		State NJ		Zip 08902-1945		121a 01	
103 01		30. Eyes 01		DL Class D		Restrictions 00		Endorsements 00		31. State NJ		60. Eyes 02		DL Class D		Restrictions 00	
104 02		32. Driver's License Number P07951597705871		33. DOB 05/24/1987		34. Expires 05/24/2025		62. Driver's License Number A10030157561982		63. DOB 11/07/1998		64. Expires 11/07/2024		122 08			
105 01		35. Owner's First Name Yassh		Initial -		Last Name Patel		65. Owner's First Name AISHA		Initial N		Last Name ABASS		123 01			
106 -		<input type="checkbox"/> Same as Driver		36. Number & Street 3 Brent Street		37. City North Brunswick		State NJ		Zip 08902		66. Number & Street 2112 BIRCHWOOD CT		38. Make TESLA		39. Model Model Y	
107 -		40. Color GY		41. Year 2023		42. Plate No. Z48STZ		43. State NJ		68. Make HONDA		69. Model Civic		70. Color WT		71. Year 2023	
108 01		44. VIN 7SAYGAE6PF875901		45. Expires 09/01/2027		74. VIN 2HGFE1F75PH315972		75. Expires 06/30/2027		76. Vehicle Removed to:		77. Vehicle Removed to:		124 03			
109 01		46. Vehicle Removed to:		125 03													
110 01		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class _____ Placard No. _____		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity			
111 01		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity		56. Motor Carrier or Government Entity		57. Motor Carrier or Government Entity		58. Motor Carrier or Government Entity		59. Motor Carrier or Government Entity		126d 00			
112 00		60. Motor Carrier or Government Entity		61. Motor Carrier or Government Entity		62. Motor Carrier or Government Entity		63. Motor Carrier or Government Entity		64. Motor Carrier or Government Entity		65. Motor Carrier or Government Entity		126e 26			
113 00		66. Motor Carrier or Government Entity		67. Motor Carrier or Government Entity		68. Motor Carrier or Government Entity		69. Motor Carrier or Government Entity		70. Motor Carrier or Government Entity		71. Motor Carrier or Government Entity		127a 26			
114 -		72. Motor Carrier or Government Entity		73. Motor Carrier or Government Entity		74. Motor Carrier or Government Entity		75. Motor Carrier or Government Entity		76. Motor Carrier or Government Entity		77. Motor Carrier or Government Entity		127b 00			
115 -		78. Motor Carrier or Government Entity		79. Motor Carrier or Government Entity		80. Motor Carrier or Government Entity		81. Motor Carrier or Government Entity		82. Motor Carrier or Government Entity		83. Motor Carrier or Government Entity		127c 00			
116 01		84. Motor Carrier or Government Entity		85. Motor Carrier or Government Entity		86. Motor Carrier or Government Entity		87. Motor Carrier or Government Entity		88. Motor Carrier or Government Entity		89. Motor Carrier or Government Entity		90. Motor Carrier or Government Entity		91. Motor Carrier or Government Entity	
117 01		92. Motor Carrier or Government Entity		93. Motor Carrier or Government Entity		94. Motor Carrier or Government Entity		95. Motor Carrier or Government Entity		96. Motor Carrier or Government Entity		97. Motor Carrier or Government Entity		98. Motor Carrier or Government Entity		99. Motor Carrier or Government Entity	
135. Damage to Other Property		<input type="checkbox"/> Yes (If Yes, describe)		<input checked="" type="checkbox"/> No		136. Charge		137. Summons No.		Oper.		138. Charge		139. Summons No.		100. Motor Carrier or Government Entity	
Oper.		140. Charge		141. Summons No.		Oper.		142. Charge		Oper.		143. Summons No.		101. Motor Carrier or Government Entity			
Oper.		144. Charge		145. Summons No.		Oper.		146. Charge		Oper.		147. Summons No.		102. Motor Carrier or Government Entity			
Oper.		148. Charge		149. Summons No.		Oper.		150. Charge		Oper.		151. Summons No.		103. Motor Carrier or Government Entity			
Oper.		152. Charge		153. Summons No.		Oper.		154. Charge		Oper.		155. Summons No.		104. Motor Carrier or Government Entity			
Oper.		156. Charge		157. Summons No.		Oper.		158. Charge		Oper.		159. Summons No.		105. Motor Carrier or Government Entity			
Oper.		160. Charge		161. Summons No.		Oper.		162. Charge		Oper.		163. Summons No.		106. Motor Carrier or Government Entity			
Oper.		164. Charge		165. Summons No.		Oper.		166. Charge		Oper.		167. Summons No.		107. Motor Carrier or Government Entity			
Oper.		168. Charge		169. Summons No.		Oper.		170. Charge		Oper.		171. Summons No.		108. Motor Carrier or Government Entity			
Oper.		172. Charge		173. Summons No.		Oper.		174. Charge		Oper.		175. Summons No.		109. Motor Carrier or Government Entity			
Oper.		176. Charge		177. Summons No.		Oper.		178. Charge		Oper.		179. Summons No.		110. Motor Carrier or Government Entity			
Oper.		180. Charge		181. Summons No.		Oper.		182. Charge		Oper.		183. Summons No.		111. Motor Carrier or Government Entity			
Oper.		184. Charge		185. Summons No.		Oper.		186. Charge		Oper.		187. Summons No.		112. Motor Carrier or Government Entity			
Oper.		188. Charge		189. Summons No.		Oper.		190. Charge		Oper.		191. Summons No.		113. Motor Carrier or Government Entity			
Oper.		192. Charge		193. Summons No.		Oper.		194. Charge		Oper.		195. Summons No.		114. Motor Carrier or Government Entity			
Oper.		196. Charge		197. Summons No.		Oper.		198. Charge		Oper.		199. Summons No.		115. Motor Carrier or Government Entity			
Oper.		200. Charge		201. Summons No.		Oper.		202. Charge		Oper.		203. Summons No.		116. Motor Carrier or Government Entity			
Oper.		204. Charge		205. Summons No.		Oper.		206. Charge		Oper.		207. Summons No.		117. Motor Carrier or Government Entity			
Oper.		208. Charge		209. Summons No.		Oper.		210. Charge		Oper.		211. Summons No.		118. Motor Carrier or Government Entity			
Oper.		212. Charge		213. Summons No.		Oper.		214. Charge		Oper.		215. Summons No.		119. Motor Carrier or Government Entity			
Oper.		216. Charge		217. Summons No.		Oper.		218. Charge		Oper.		219. Summons No.		120. Motor Carrier or Government Entity			
Oper.		220. Charge		221. Summons No.		Oper.		222. Charge		Oper.		223. Summons No.		121. Motor Carrier or Government Entity			
Oper.		224. Charge		225. Summons No.		Oper.		226. Charge		Oper.		227. Summons No.		122. Motor Carrier or Government Entity			
Oper.		228. Charge		229. Summons No.		Oper.		230. Charge		Oper.		231. Summons No.		123. Motor Carrier or Government Entity			
Oper.		232. Charge		233. Summons No.		Oper.		234. Charge		Oper.		235. Summons No.		124. Motor Carrier or Government Entity			
Oper.		236. Charge		237. Summons No.		Oper.		238. Charge		Oper.		239. Summons No.		125. Motor Carrier or Government Entity			
Oper.		240. Charge		241. Summons No.		Oper.		242. Charge		Oper.		243. Summons No.		126. Motor Carrier or Government Entity			
Oper.		244. Charge		245. Summons No.		Oper.		246. Charge		Oper.		247. Summons No.		127. Motor Carrier or Government Entity			
Oper.		248. Charge		249. Summons No.		Oper.		250. Charge		Oper.		251. Summons No.		128. Motor Carrier or Government Entity			
Oper.		252. Charge		253. Summons No.		Oper.		254. Charge		Oper.		255. Summons No.		129. Motor Carrier or Government Entity			
Oper.		256. Charge		257. Summons No.		Oper.		258. Charge		Oper.		259. Summons No.		130. Motor Carrier or Government Entity			
Oper.		260. Charge		261. Summons No.		Oper.		262. Charge		Oper.		263. Summons No.		131. Motor Carrier or Government Entity			
Oper.		264. Charge		265. Summons No.		Oper.		266. Charge		Oper.		267. Summons No.		132. Motor Carrier or Government Entity			
Oper.		268. Charge		269. Summons No.		Oper.		270. Charge		Oper.		271. Summons No.		133. Motor Carrier or Government Entity			
Oper.		272. Charge		273. Summons No.		Oper.		274. Charge		Oper.		275. Summons No.		134. Motor Carrier or Government Entity			
Oper.		276. Charge		277. Summons No.		Oper.		278. Charge		Oper.		279. Summons No.		135. Motor Carrier or Government Entity			
Oper.		280. Charge		281. Summons No.		Oper.		282. Charge		Oper.		283. Summons No.		136. Motor Carrier or Government Entity			
Oper.		284. Charge		285. Summons No.		Oper.		286. Charge		Oper.		287. Summons No.		137. Motor Carrier or Government Entity			
Oper.		288. Charge		289. Summons No.		Oper.		290. Charge		Oper.		291. Summons No.		138. Motor Carrier or Government Entity			
Oper.		292. Charge		293. Summons No.		Oper.		294. Charge		Oper.		295. Summons No.		139. Motor Carrier or Government Entity			
Oper.		296. Charge		297. Summons No.		Oper.		298. Charge		Oper.		299. Summons No.		140. Motor Carrier or Government Entity			
Oper.		300. Charge		301. Summons No.		Oper.		302. Charge		Oper.		303					

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

144. Crash Diagram



145. Crash Description/Narrative

On the noted date and time, the undersigned officer in marked unit 911, was dispatched to Jersey Avenue and How Lane for a motor vehicle accident report. Driver 1 stated he was stopped at the right turning lane coming from How Lane onto Jersey Avenue when Vehicle 2 rear ended him. Driver 2 stated she was also stopped at the light when her eyeglasses broke and fell to the floor. When she went to retrieve them, she let off on the brakes, which caused her to rear end Vehicle 1.

Both vehicles sustained minor damage and both parties drove their respected vehicles from the scene. The front passenger in Vehicle 1 later complained of a little dizziness but refused medical attention. Nothing further to report at this time.

*****Other Descriptions*****

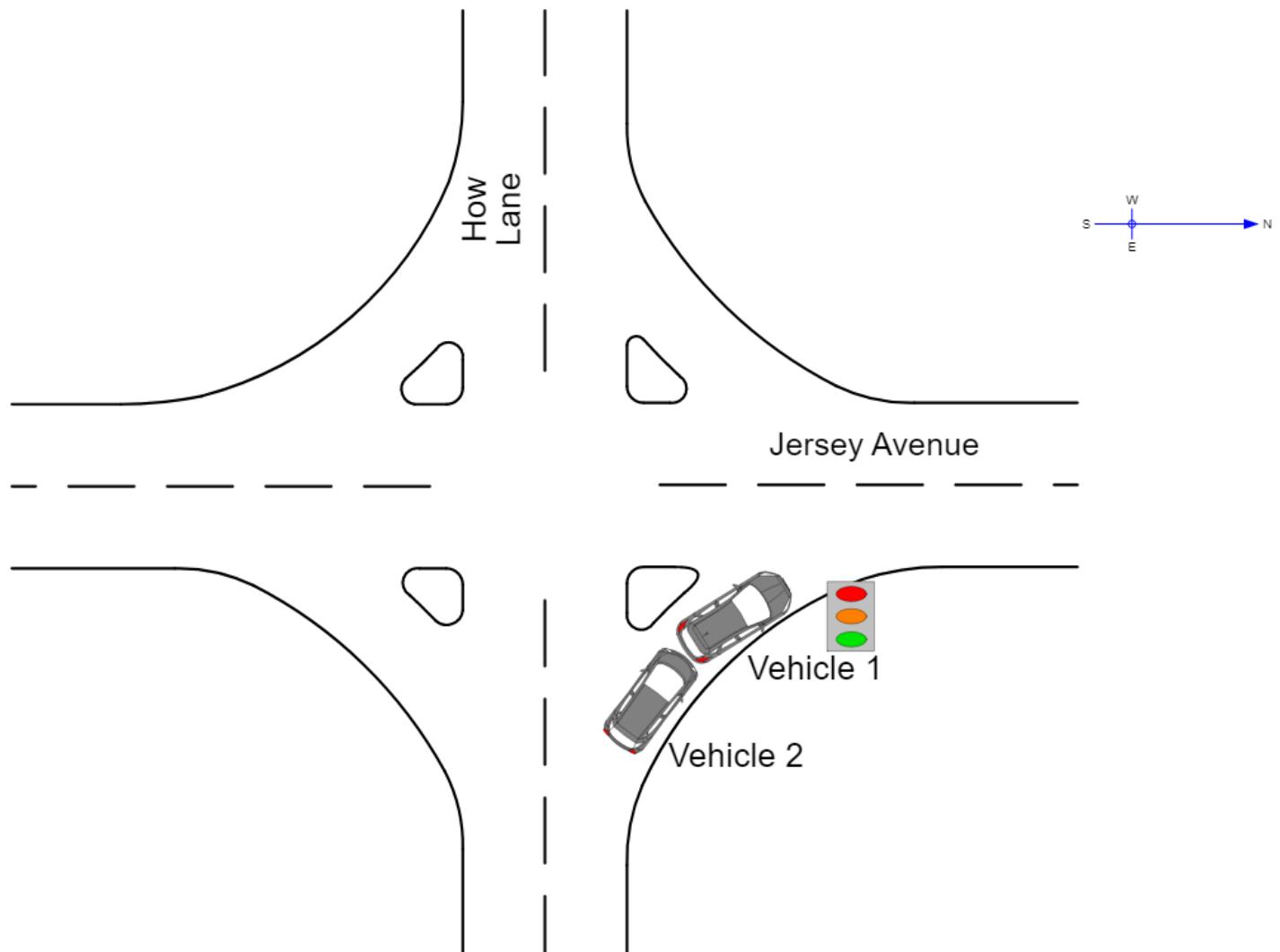
02 - Dropped eyeglasses - Field 119a

146. Officer's Signature Contreras, William	147. Badge # 7255	148. Reviewer Bobadilla, James	Badge # 5229	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: _____
Station: New Brunswick Case No: 23NB09766

144. Crash Diagram (NOT TO SCALE)



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

144. Crash Diagram



145. Crash Description/Narrative

On Tuesday, November 7, 2023 at 0753, Bogdanski, Robert responded to a crash on Hamilton Street and Easton Ave. At the time of the crash, the weather was overcast and the road surface was dry. Upon arrival, I interviewed driver 1 and 2. Driver 1 stated that he was traveling southbound on Hamilton Street. Driver 1 states that he was stopped at the intersection with Easton Ave waiting to make a left turn onto Easton Ave. Driver 1 then states he was struck on the passenger side rear of his vehicle. Driver 2 states that she was behind vehicle 1 at the intersection of Hamilton Street and Easton Ave. Vehicle 1 was stopped attempting to make a left turn onto Easton Ave. Driver 2 states that she attempted to go around vehicle 1 and struck vehicle 1.

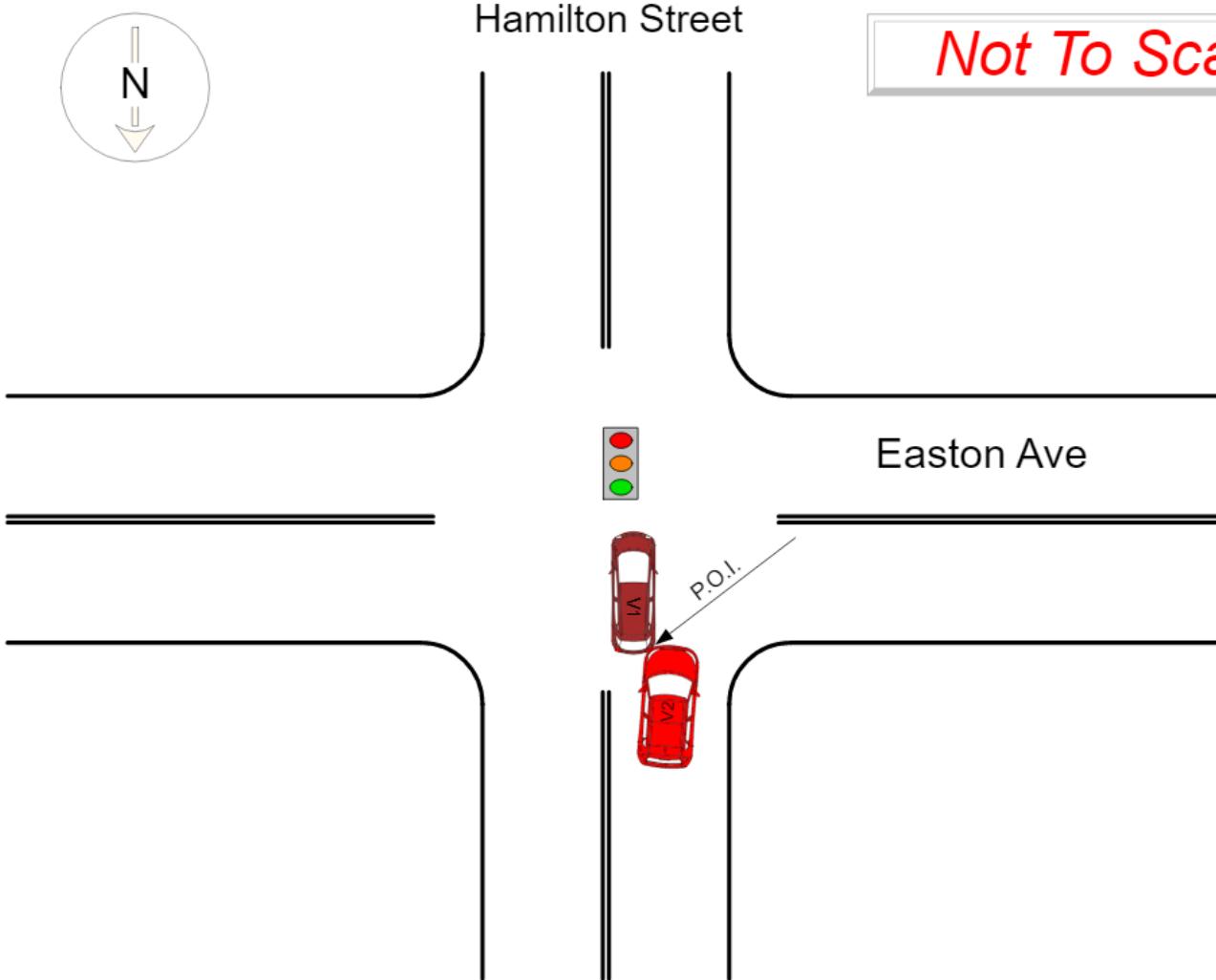
Vehicle 1 had visible damage to the passenger side rear of the vehicle. Vehicle 2 had visible damage to the driver side front of the vehicle. Vehicle 2 was found to have an expired registration and was towed by Dependable Towing. There were no injuries reported.

*****Other Descriptions*****

02 - Driver Inattention - Field 119a

146. Officer's Signature Bogdanski, Robert	147. Badge # 7272	148. Reviewer Bobadilla, James	Badge # 5229	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report									
96 05	<input type="checkbox"/> Fatal						10. Crash Occurred On: MIDDLESEX COUNTY 617						11. Speed Limit N 25		617										
97 01	1. Case Number 23NB09772						Road Name						Dir		12. Route No. Suffix		13. Milepost								
98 01	2. Police Dept. of New Brunswick City Police Department						<input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles										18. Speed Limit 25								
99 05	3. Station/Precinct 493.0						<input type="checkbox"/> S <input checked="" type="checkbox"/> W						of: COBB RD												
100a 01	4. Date of Crash 11/07/2023		5. Day of Week Tuesday		6. Time (use 2400 hrs.) 0953		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 1		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. NB EB <input type="checkbox"/> From: SB WB		21. Latitude 40.482980		20. Route Name/Route No. 22. Longitude -74.431960								
100b 04	23. Veh. # 01 098 6707-A13-30D						25. NJ Ins. Code 962						53. Veh. # 02 612691459 206 1		54. Policy No. 010		55. NJ Ins. Code 010								
101 02	26. Driver's First Name Initial Last Name ABIODUN S AKADIRI						29. Sex M						56. Driver's First Name Initial Last Name AIDAN J FARAONE		59. Sex M										
102 01	27. Number & Street 55 ARTHUR AVE						58. Number & Street 20 NORTH SHORE BLVD																		
103 05	28. City CARTERET State NJ Zip 07008-2461						58. City HELMETTA State NJ Zip 08828-1233																		
104 02	30. Eyes 02		DL Class D		Restrictions		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions 1		Endorsements		61. State NJ						
105 01	32. Driver's License Number A48230048209822						33. DOB 09/12/1982						34. Expires 09/12/2026		62. Driver's License Number F05380147104022		63. DOB 04/20/2002		64. Expires 04/20/2027						
106 -	35. Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same as Driver ABIODUN S AKADIRI						65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver Andrew Isinski																		
107 -	36. Number & Street 55 ARTHUR AVE						66. Number & Street 20 North Shore Blvd																		
108 01	37. City CARTERET State NJ Zip 07008-2461						67. City HELMETTA State NJ Zip 08828																		
109 01	38. Make TOYOTA		39. Model Camry		40. Color SL		41. Year 2012		42. Plate No. J16RTM		43. State NJ		68. Make CHEVROLET		69. Model Trailblazer		70. Color SL		71. Year 2004		72. Plate No. IMBL87		73. State NJ		
110 01	44. VIN 4T4BF1FK2CR229719						45. Expires 01/01/2024						74. VIN 1GNDT13S442110398				75. Expires 05/01/2024								
111 01	46. Vehicle Removed to:												76. Vehicle Removed to:												
112 -	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												
113 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police												77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police												
114 -	48. 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						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						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						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						
115 -	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending												Results: <input type="checkbox"/> % <input type="checkbox"/> Pending												
116 04	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None						51. GVWR/GCWR (trucks & buses only) <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"/> None						81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						
117 04	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity												
Number & Street												Number & Street													
City State Zip												City State Zip													
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown											
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown											
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																									
Oper.	136. Charge										137. Summons No.		Oper.	138. Charge										139. Summons No.	
Oper.	140. Charge										141. Summons No.		Oper.	142. Charge										143. Summons No.	
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death											
	01	01	-	04	41	M	06	08	02	04	04	-	6202	ABIODUN S AKADIRI 55 ARTHUR AVE CARTERET NJ 07008-2461											
	02	01	-	-	21	M	-	-	01	04	04	-		AIDAN J FARAONE 20 NORTH SHORE BLVD HELMETTA NJ 08828-1233											

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

144. Crash Diagram



145. Crash Description/Narrative

On Tuesday, November 7, 2023 at 0953, Off. Sarmiento responded to a crash on 493 Feet W of Middlesex County 617 and Cobb Rd. At the time of the crash, the weather was overcast and the road surface was dry.

Unit 1, Vehicle - Silver Toyota Camry, Slowing Or Stopping

Vehicle #1 (V1) was traveling southwest on Ryders Lane (CR-617) and was heading towards the direction of George St. The driver of V1 stated that there was a vehicle in front of him, who was slowing or stopping due to a pedestrian attempting to cross the street. He stated that he too decelerated his vehicle to give the right of way to the pedestrian crossing. The driver of V2 stated that as he was slowing to a stop, he was impacted from the rear of his vehicle by V2. Vehicle #1 sustained minimal damages to the rear bumper and the driver of V1 complained of pain to his lower back. EMS were requested to the scene and he was subsequently transported to Robert Wood Johnson Hospital (RWJH) for further medical treatment.

Unit 2, Vehicle - Silver Chevrolet Trailblazer, Slowing Or Stopping

Vehicle #2 was traveling southwest on Ryders Lane (CR-617) and was directly behind V1. He stated that he observed V1 slowing to a stop due to a pedestrian attempting to cross the street. He stated that he attempted to decelerate his vehicle and applied brake pressure but, was unable to stop and avoid the collision. He stated that the vehicle continued its forward momentum, and subsequently impacting the rear bumper of V1. Vehicle #2 sustained little to no damages to the front bumper and there were no injuries reported by the driver.

Off. Sarmiento #7285
Patrol Vehicle 912

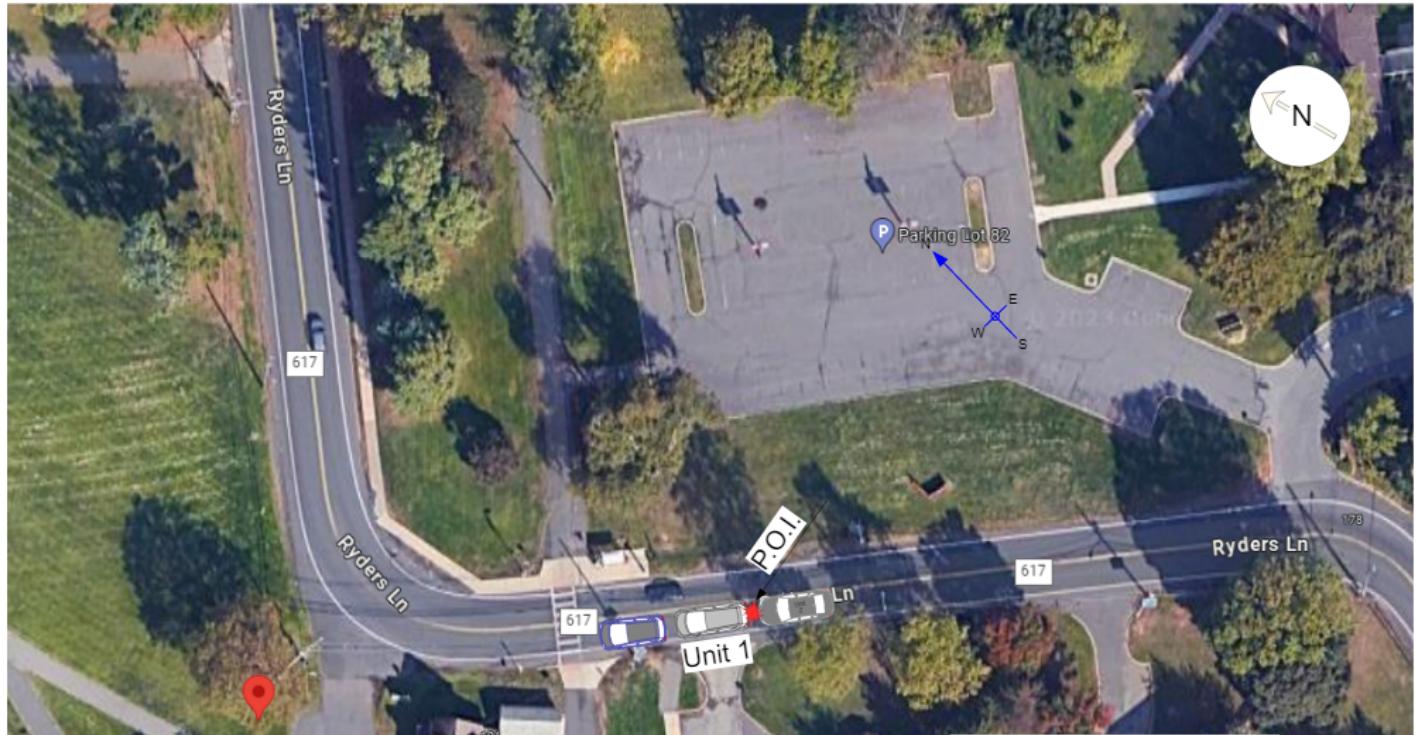
146. Officer's Signature Sarmiento, Karlo	147. Badge # 7285	148. Reviewer Martinez, Ronoldy	Badge # 5250	149. Case Status <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: - Case No: 23NB09772

144. Crash Diagram (NOT TO SCALE)



P.O.I (Point of Impact)

Not To Scale

		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																					
96 05		<input type="checkbox"/> Fatal				10. Crash Occurred On: VAN DYKE AVE												11. Speed Limit						118a 02															
97 01		1. Case Number 23NB09773				Road Name At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E 145.0 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles												Dir		12. Route No. Suffix		13. Milepost		118b															
98 06		2. Police Dept. of New Brunswick City Police Department				Code 01		of: ZEBRA WAY												14. To: 17. Cross Road Name/Route No. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> Ramp <input type="checkbox"/> From: <input type="checkbox"/> SB <input type="checkbox"/> WB		15. Speed Limit		119a -															
99 09		3. Station/Precinct				14 15 16		18. Speed Limit												19. To: 17. Cross Road Name/Route No. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> Ramp <input type="checkbox"/> From: <input type="checkbox"/> SB <input type="checkbox"/> WB		21. Latitude 20. Route Name/Route No. 22. Longitude		119b -															
100a		4. Date of Crash 11/04/2023				5. Day of Week Saturday		6. Time (use 2400 hrs.) 0122		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		25. NJ Ins. Code 996		53. Veh. # 01		54. Policy No. 23306308087		55. NJ Ins. Code -		120a 00															
100b 04		24. Veh. # 23306308087				26. Driver's First Name Initial Last Name DIJAH S CARTER												29. Sex F		56. Driver's First Name Initial Last Name		59. Sex		120b															
101 02		<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input checked="" type="checkbox"/> Hit & Run				27. Number & Street 209 COOLIDGE AVE APT 3B												57. Number & Street		-		121a -																	
102 01		28. City TRENTON				State NJ		Zip 08618-2960		58. City		State		Zip		-		121b -																					
103 01		30. Eyes 02		DL Class D		Restrictions 1		Endorsements		31. State NJ		60. Eyes		DL Class		Restrictions		Endorsements		61. State		122 01																	
104 1		32. Driver's License Number C06871698262942				33. DOB 12/30/1994		34. Expires 12/30/2025		62. Driver's License Number		63. DOB		64. Expires		-		-		123 -																			
105 11		35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver DIJAH S CARTER				65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver -												-		-		124 11																	
106 -		36. Number & Street 209 COOLIDGE AVE APT 3B				66. Number & Street												-		-		125 -																	
107 -		37. City TRENTON				State NJ		Zip 08618-2960		67. City		State		Zip		-		126a 69																					
108 01		38. Make		39. Model		40. Color	41. Year	42. Plate No.	43. State	68. Make		69. Model		70. Color	71. Year	72. Plate No.	73. State	-		126b																			
109 -		Z663714				NJ	-		-		-		-		74. VIN	75. Expires		-		126c																			
110 00		44. VIN				45. Expires		12/31/1969		76. Vehicle Removed to:		77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												-		126d													
111 -		46. Vehicle Removed to:				-		-		-		-		-		-		-		126e																			
112 00		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												-		-		126f 69																	
113 -		47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												-		-		127a																	
114 -		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending				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: <input type="checkbox"/> % <input type="checkbox"/> Pending												79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="checkbox"/> Placard No.		-		127b																	
115 -		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="checkbox"/> Placard No.				80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX												81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		-		127c																	
116 01		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.												82. Motor Carrier or Government Entity		-		127d																	
117 -		52. Motor Carrier or Government Entity				Number & Street												Number & Street		-		128																	
Number & Street														Number & Street														69											
City State Zip														City State Zip														00											
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												00											
151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		135. Damage to Other Property <input checked="" type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Hampton Club Condo Assn : Front gate												131																					
Oper. 01		136. Charge 39:4-129B - Leaving the scene of an Accident - Property Damage												137. Summons No. Q 525226		Oper.		138. Charge												139. Summons No.		132							
Oper. 01		140. Charge 39:4-130 - Failure to Report an Accident												141. Summons No. Q 525227		Oper.		142. Charge												143. Summons No.		133							
83		84		85		86		87		88		89		90		91		92		93		94		95		Names & Addresses of Occupants If Deceased, Date & Time of Death												00	
A		01		01		00		28		F						00		00								DIJAH S CARTER 209 COOLIDGE AVE APT 3B TRENTON NJ 08618-2960												-	
B																																						-	
C																																						-	
D																																						-	

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

144. Crash Diagram



145. Crash Description/Narrative

I observed video of V1 colliding with the front gate entrance station of the Hampton Club, located on Edpas Road. D1 fled the scene and failed to report the accident. I observed significant damage to the front gate entrance station.

-Hamann #7351

*****Other Descriptions*****

Front gate entrance station - Field 128

01 - front gate - Field 126a

01 - Struck fixed object - Field 118a

01 - front gate - Field 126e

146. Officer's Signature

Hamann, Jon

147. Badge #

7351

148. Reviewer

Bobadilla, James

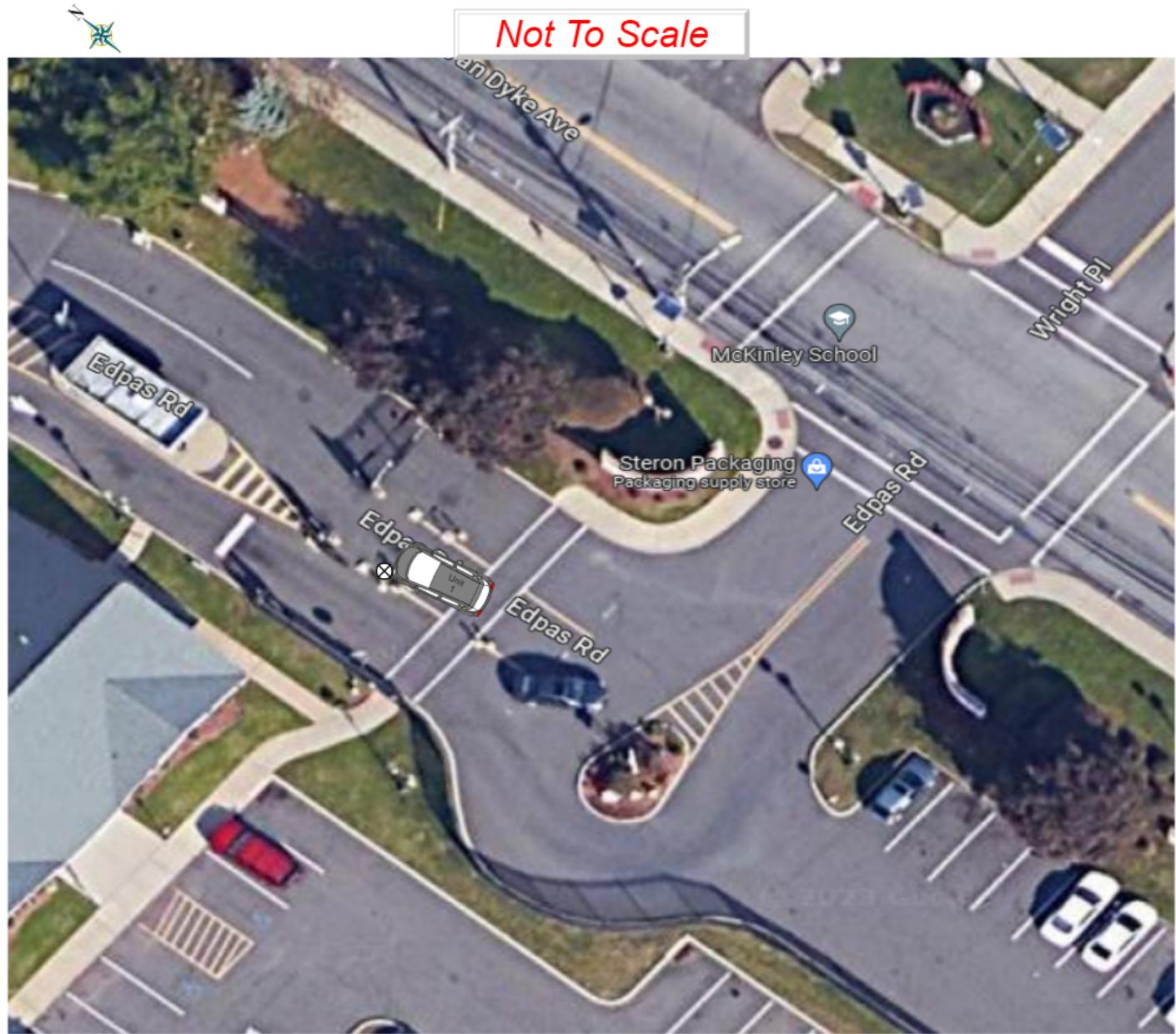
Badge #

5229

149. Case Status

Pending Complete

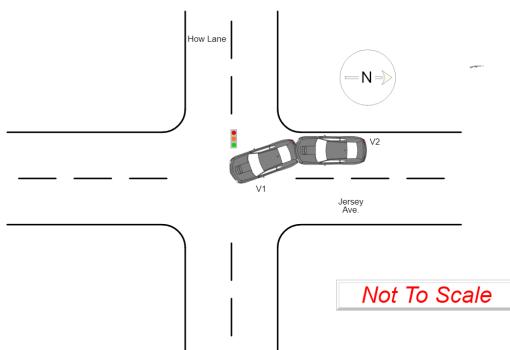
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																																																																																																																																																																																																							
96 04	<input type="checkbox"/> Fatal						10. Crash Occurred On: NJ 91						11. Speed Limit 25		91		1.3		118a 25																																																																																																																																																																																																																				
97 01	1. Case Number 23NB09783			12. Route No.			Dir		13. Milepost		18. Speed Limit 25		118b 25																																																																																																																																																																																																																										
98 01	2. Police Dept. of New Brunswick City Police Department			Code 01			Road Name			19. To: 17. Cross Road Name/Route No.		14. At Intersection with		15. Feet		16. Miles		119a 02																																																																																																																																																																																																																					
99 07	3. Station/Precinct									18. Speed Limit 25								119b 02																																																																																																																																																																																																																					
100a 01	4. Date of Crash 11/07/2023		5. Day of Week Tuesday		6. Time (use 2400 hrs.) 1527		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. Crash Occurred On: NJ 91		11. Speed Limit 25		12. Route No. Suffix		13. Milepost		120a 01																																																																																																																																																																																																																		
100b 04	14. At Intersection with						Dir		15. Feet		16. Miles		17. Cross Road Name/Route No.		18. Speed Limit 25		19. To: 17. Cross Road Name/Route No.		14. At Intersection with		15. Feet		16. Miles		120b 01																																																																																																																																																																																																														
101 02	10. Crash Occurred On: NJ 91			12. Route No.			Dir		13. Milepost		18. Speed Limit 25		19. To: 17. Cross Road Name/Route No.		14. At Intersection with		15. Feet		16. Miles		120b 01																																																																																																																																																																																																																		
102 01	20. Route Name/Route No. RILWAN B HAMMED			21. Latitude 40.468234			22. Longitude -74.478951		23. Veh. # 9w253429-810		24. Policy No. 282		25. NJ Ins. Code		26. Driver's First Name Initial Last Name		27. Sex M		28. City State Zip		29. Sex M		121a 01																																																																																																																																																																																																																
103 01	28. City State Zip 1062 LIVINGSTON AVENUE 7839 NORT			29. Sex M			28. City State Zip		29. Sex M		30. Eyes DL Class Restrictions		31. State NJ		32. Driver's License Number		33. DOB 08/16/1996		34. Expires 08/16/2025		35. Owner's First Name Initial Last Name		36. Number & Street		37. Number & Street		121b 01																																																																																																																																																																																																												
104 02	30. Eyes DL Class Restrictions			31. State NJ		32. Driver's License Number		33. DOB 08/16/1996		34. Expires 08/16/2025		35. Owner's First Name Initial Last Name		36. Number & Street		37. Number & Street		38. City State Zip		39. Model MAV		40. Color WT		41. Year 2022		42. Plate No. XMFT96		43. State NJ		44. VIN 3FTTW8E90NRA53189		45. Expires 05/01/2024		46. Vehicle Removed to:		47. Authority		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity Number & Street		53. Veh. # 02		54. Policy No. aodt319233014032		55. NJ Ins. Code 664		56. Driver's First Name Initial Last Name		57. Number & Street		58. City State Zip		59. Sex M		60. Eyes DL Class Restrictions		61. State NJ		62. Driver's License Number		63. DOB 01/10/2004		64. Expires 01/10/2026		65. Owner's First Name Initial Last Name		66. Number & Street		67. City State Zip		68. Make Dodge		69. Model DUR		70. Color RD		71. Year 2017		72. Plate No. U53SKE		73. State NJ		74. VIN 1C4RDHAG2HC859798		75. Expires 06/01/2024		76. Vehicle Removed to:		77. Authority		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.		80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		82. Motor Carrier or Government Entity Number & Street		83. Veh. # 01		84. Policy No. aodt319233014032		85. NJ Ins. Code 664		86. Driver's First Name Initial Last Name		87. Number & Street		88. City State Zip		89. Eyes DL Class Restrictions		90. State NJ		91. Sex M		92. Eyes DL Class Restrictions		93. State NJ		94. Sex M		95. Eyes DL Class Restrictions		96. Driver's First Name Initial Last Name		97. Number & Street		98. City State Zip		99. Eyes DL Class Restrictions		100. State NJ		101. Sex M		102. Eyes DL Class Restrictions		103. State NJ		104. Sex M		105. Eyes DL Class Restrictions		106. State NJ		107. Sex M		108. Eyes DL Class Restrictions		109. State NJ		110. Sex M		111. Eyes DL Class Restrictions		112. State NJ		113. Sex M		114. Eyes DL Class Restrictions		115. State NJ		116. Sex M		117. Eyes DL Class Restrictions		118. State NJ		119. Sex M		120. Eyes DL Class Restrictions		121. State NJ		122. Sex M		123. Eyes DL Class Restrictions		124. State NJ		125. Sex M		126. Eyes DL Class Restrictions		127. State NJ		128. Sex M		129. Eyes DL Class Restrictions		130. State NJ		131. Sex M		132. Eyes DL Class Restrictions		133. State NJ		134. Sex M		135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No		136. Charge		137. Summons No.		138. Charge		139. Summons No.		140. Charge		141. Summons No.		142. Charge		143. Summons No.		Names & Addresses of Occupants If Deceased, Date & Time of Death	
A	01	01	01	05	27	M	-	-	-	04	04	06	-	RILWAN B HAMMED 1062 LIVINGSTON AVENUE 7839 NORT BRUNSWICK NJ 08902-8039																																																																																																																																																																																																																									
B	02	01	01	05	19	M	-	-	-	04	04	06	-	SERGIO A MATEOLEZAMA 6 SIMPLEX AVE NEW BRUNSWICK NJ 08901-3223																																																																																																																																																																																																																									
C	02	05	01	05	1	M	-	-	-	06	06	06	-	ethan - mateo 6 simplex avenue new brunswick NJ 08901																																																																																																																																																																																																																									
D	02	04	01	05	21	F	-	-	-	04	04	06	-	elizabeth - rosas 6 simplex avenue new brunswick NJ 08901																																																																																																																																																																																																																									

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of Vehicle 1 reports making a left turn from Jersey Avenue onto How Lane when he was struck in the rear by Vehicle 2.

Driver of Vehicle 2 reports not being able to brake quickly enough and colliding into the rear of Vehicle 1.

No injuries.

*****Other Descriptions*****

02 - * - Field 119a

02 - * - Field 119b

146. Officer's Signature

Yacuk, Michael

147. Badge #

7283

148. Reviewer

Regan, Richard

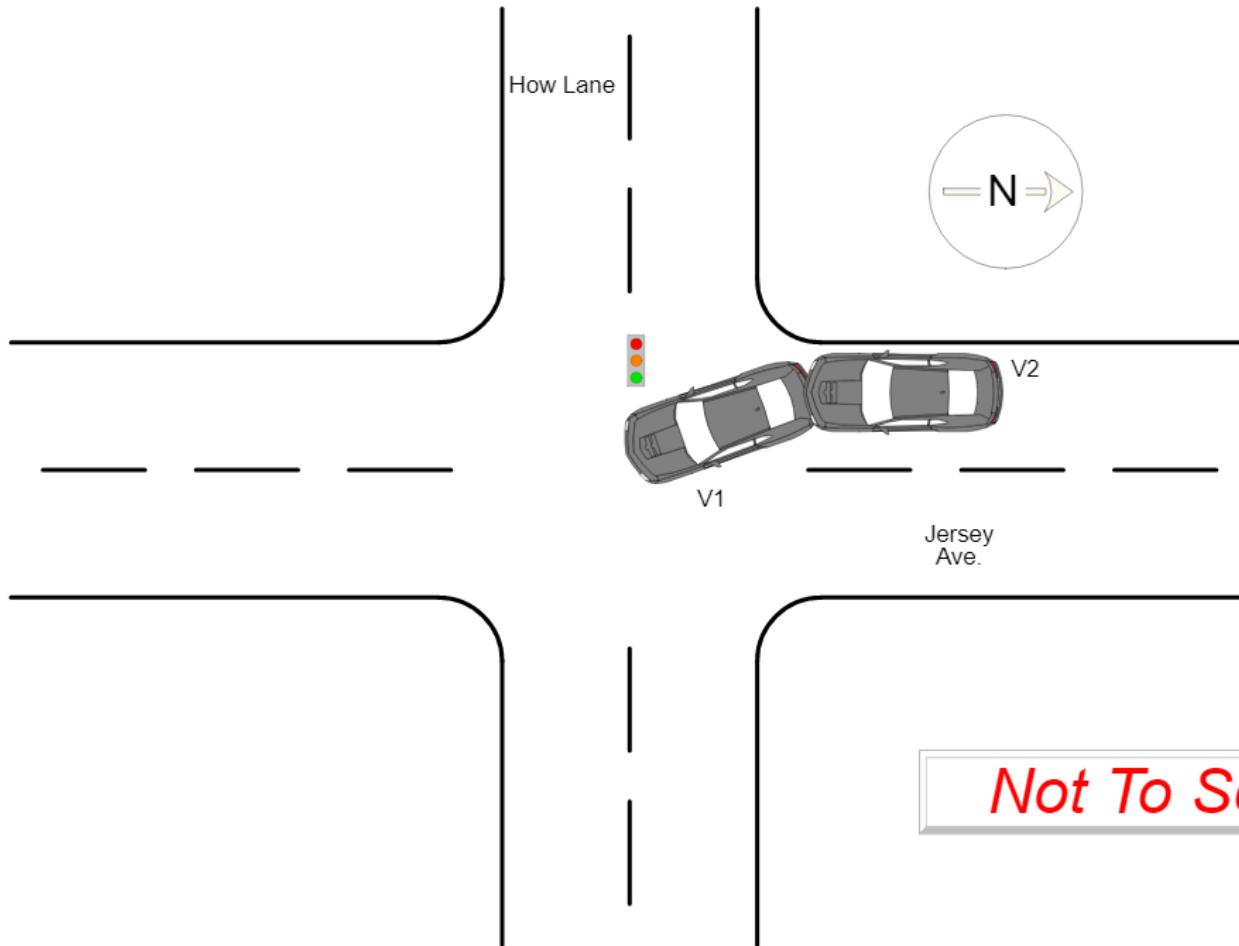
Badge #

7313

149. Case Status

Pending Complete

144. Crash Diagram (NOT TO SCALE)

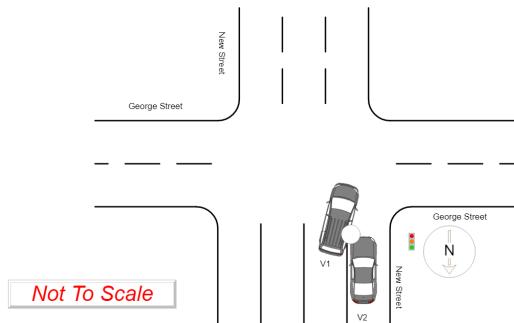


Not To Scale

New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																														
96 04	<input type="checkbox"/> Fatal						10. Crash Occurred On: NEW ST						11. Speed Limit	25	0			118a 02																												
97 01	1. Case Number 23NB09784						Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 27.00						Dir	12. Route No.	Suffix	13. Milepost	118b 05																													
98 01	2. Police Dept. of New Brunswick City Police Department						14. Miles <input type="checkbox"/> S 14						<input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W 15	15. Miles <input type="checkbox"/> S 16	of: GEORGE STREET/527						119a 25																									
99 07	3. Station/Precinct New Brunswick						16. Time (use 2400 hrs.)						17. Municipality Code	18. Speed Limit	19. <input type="checkbox"/> To: <input type="checkbox"/> From:	20. Route Name/Route No.	21. Latitude	22. Longitude	119b -																											
100a 01	4. Date of Crash 11/07/2023						5. Day of Week Tuesday						1549	1214	0	0	40.492333	-74.443171	120a 01																											
100b 06	23. Veh. # 01						24. Policy No. 03616831						25. NJ Ins. Code 135	53. Veh. # 02	54. Policy No. 03616831	55. NJ Ins. Code 426	120b																													
101 02	26. Driver's First Name JOSE						Initial A						Last Name MELGAR	29. Sex M	56. Driver's First Name BERTHA	Initial A	Last Name POLLARD	59. Sex F	121a 01																											
102 01	27. Number & Street 38-C CHESTER CIRCLE						28. City NEW BRUNSWICK						State NJ	Zip 08901-6530	58. City MONMOUTH JCT	State NJ	Zip 08852-2125	121b -																												
104 02	30. Eyes 06						31. DL Class D						32. Restrictions N	33. Endorsements 00	34. State NJ	60. Eyes 02	61. DL Class D	62. Restrictions 1	63. Endorsements	64. State NJ	122 01																									
105 02	35. Driver's License Number M23784106107656						36. DOB 07/07/1965						37. Expires 07/07/2024	62. Driver's License Number P62690866155652	63. DOB 05/14/1965	64. Expires 05/14/2025	123 01																													
106 -	35. Owner's First Name <input type="checkbox"/> Same as Driver JOSE						Initial A						Last Name MELGAR	65. Owner's First Name <input type="checkbox"/> Same as Driver BERTHA	Initial A	Last Name POLLARD	124 03																													
107 -	36. Number & Street 38-C CHESTER CIRCLE						37. City NEW BRUNSWICK						State NJ	Zip 08901-6530	67. City MONMOUTH JCT	State NJ	Zip 08852-2125	125 03																												
109 01	38. Make Ford						39. Model E25						40. Color RD	41. Year 2011	42. Plate No. XELR13	43. State NJ	68. Make Nissan	69. Model ALT	70. Color BK	71. Year 2019	72. Plate No. W96LNK	73. State NJ	126b -																							
110 02	44. VIN 1FTNE2EW5BDA20031						45. Expires 04/01/2024						74. VIN 1N4BL4DV1KC164801	75. Expires 07/01/2024						126c -																										
111 01	46. Vehicle Removed to: -												76. Vehicle Removed to: -						126d -																											
112 01	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded						126e 26																											
113 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police						127a 26																											
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.						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: <input type="checkbox"/> % <input type="checkbox"/> Pending						127b -																											
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.						127c -																											
116 03	52. Motor Carrier or Government Entity												80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						127d -																					
117 03	Number & Street												Number & Street						82. Motor Carrier or Government Entity						128 26																					
City <input type="checkbox"/> State <input type="checkbox"/> Zip												City <input type="checkbox"/> State <input type="checkbox"/> Zip						City <input type="checkbox"/> State <input type="checkbox"/> Zip						129 05																						
Level of Autonomy		150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown										130 05																						
		151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown												153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown										131 11																						
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												136. Charge						137. Summons No.						138. Charge						139. Summons No.		132 11														
Oper. <input type="checkbox"/> 136. Charge												Oper. <input type="checkbox"/> 137. Summons No.						Oper. <input type="checkbox"/> 138. Charge						Oper. <input type="checkbox"/> 139. Summons No.						140. Charge		Oper. <input type="checkbox"/> 141. Summons No.						Oper. <input type="checkbox"/> 142. Charge						143. Summons No.		133 02
Oper. <input type="checkbox"/> 140. Charge												Oper. <input type="checkbox"/> 141. Summons No.						Oper. <input type="checkbox"/> 142. Charge						Oper. <input type="checkbox"/> 143. Summons No.						Names & Addresses of Occupants If Deceased, Date & Time of Death												134 03				
A	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death																																
	01	01	01	05	58	M	-	-	-	04	04	06	-	JOSE A MELGAR 38-C CHESTER CIRCLE NEW BRUNSWICK NJ 08901-6530																																
	B	02	01	01	05	58	F	-	-	-	04	04	06	-	BERTHA A POLLARD 4141 BAYBERRY CT MONMOUTH JCT NJ 08852-2125																															
	C																																													
D																																														

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

144. Crash Diagram



145. Crash Description/Narrative

Vehicle 1 and Vehicle 2 were traveling South on New Street. Vehicle 1 was traveling on the "left turn only" lane and Vehicle 2 was traveling on the right lane. Vehicle 1 was trying to merge into the right lane and struck Vehicle 2. Vehicle 1 had minor passenger side damage. Vehicle 2 had moderate damage to the front driver side quarter panel. Vehicle 2 also had red paint transfer from Vehicle 1.

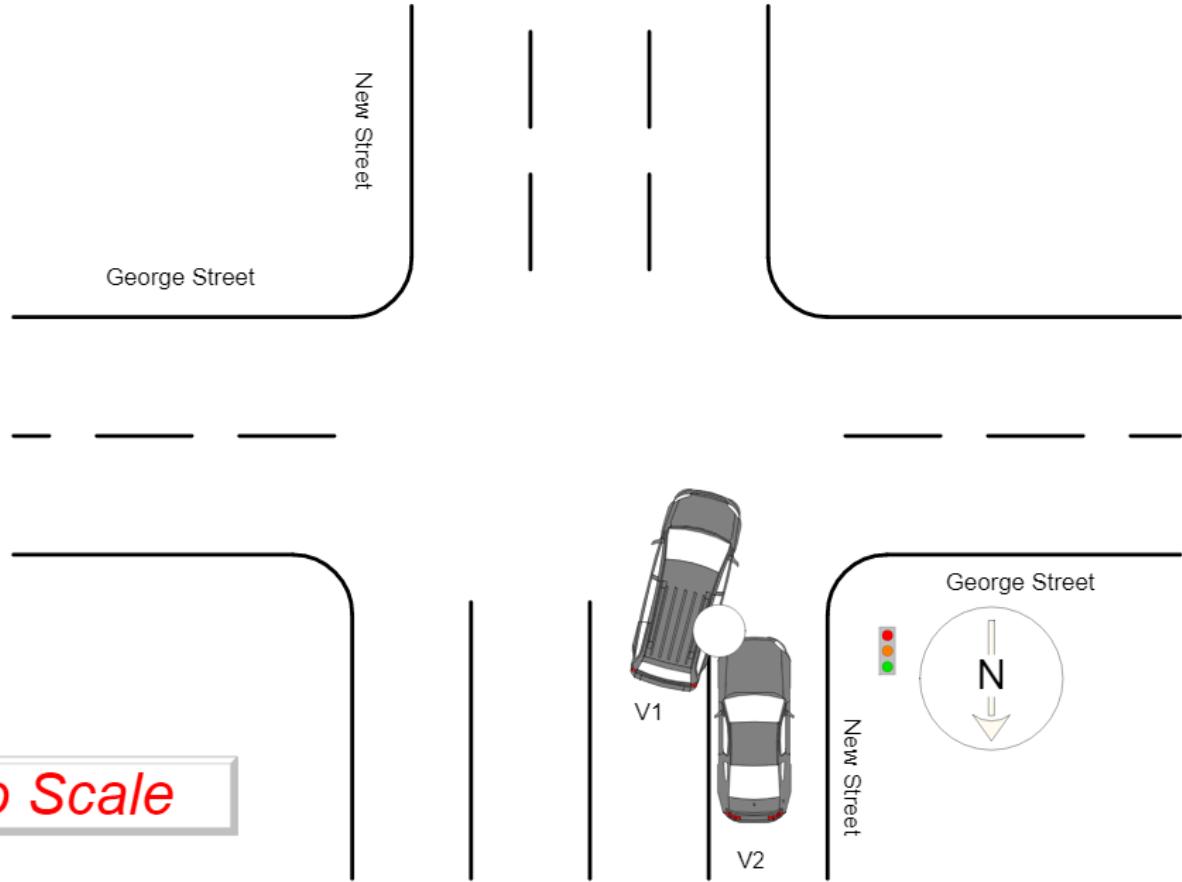
There were no reported injuries or complaint of pain.

*****Other Descriptions*****

01 - - - Field 118a

146. Officer's Signature Chatterjee, Josh	147. Badge # 7349	148. Reviewer Martinez, Ronoldy	Badge # 5250	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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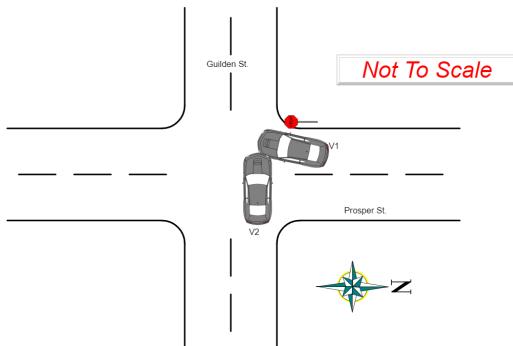
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												Reportable		Non-Reportable		Change Report										
96 04		<input type="checkbox"/> Fatal														<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>								
97 01	1. Case Number 23NB09787					10. Crash Occurred On: PROSPER ST							Road Name		Dir		11. Speed Limit 25											
98 01	2. Police Dept. of New Brunswick City Police Department					Code 01		<input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles							<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		of: GUILDEN ST		12. Route No.		Suffix		13. Milepost					
99 07	3. Station/Precinct					14 15		15 16							19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:		18. Speed Limit 25											
100a 01	4. Date of Crash 11/07/2023		5. Day of Week Tuesday		6. Time (use 2400 hrs.) 1536		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.498762		20. Route Name/Route No. -74.453297		22. Longitude											
100b 04	23. Veh. # 01 aod-t31-949677-4035					24. Policy No. 664		25. NJ Ins. Code 664		53. Veh. # 02		54. Policy No. 00		55. NJ Ins. Code UNK														
101 02	26. Driver's First Name CAMDEN					Initial E		Last Name BARNES		29. Sex M		56. Driver's First Name NELSON		Initial R		Last Name REYES		59. Sex M										
102 01	27. Number & Street 18 GREENTREE DRIVE									57. Number & Street 403 MCKINLEY STREET																		
103 01	28. City BURLINGTON					State NJ		Zip 08016-3650		58. City FAIRVIEW		State NJ		Zip 07022-1915														
104 02	30. Eyes 04		DL Class D		Restrictions 0		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions 0		Endorsements		61. State NJ									
105 03	32. Driver's License Number B06381096507034					33. DOB 07/18/2003		34. Expires 07/18/2024		62. Driver's License Number R29825877908722		63. DOB 08/20/1972		64. Expires 08/20/2025														
106 -	35. Owner's First Name CARYN					Initial L		Last Name BARNES		65. Owner's First Name NELSON		Initial R		Last Name REYES														
107 -	36. Number & Street 18 GREENTREE DR									66. Number & Street 403 MCKINLEY STREET																		
108 01	37. City BURLINGTON					State NJ		Zip 08016-3650		67. City FAIRVIEW		State NJ		Zip 07022-1915														
109 01	38. Make Toyota		39. Model CAM		40. Color BK		41. Year 2017		42. Plate No. U62MCY		43. State NJ		68. Make Toyota		69. Model COR		70. Color SL		71. Year 2019		72. Plate No. S45PTZ		73. State NJ					
110 01	44. VIN 4T1BF1FK5HU688891							45. Expires 01/01/2025		74. VIN 2T1BURHE6KC162046												75. Expires 03/01/2024						
111 01	46. Vehicle Removed to:												76. Vehicle Removed to:															
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded															
113 -	47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police															
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending												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: <input type="checkbox"/> % <input type="checkbox"/> Pending												79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill			
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX												51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	
116 03	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity															
117 04	Number & Street												Number & Street															
	City State Zip												City State Zip															
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																												
Oper.	136. Charge										137. Summons No.		Oper.	138. Charge										139. Summons No.				
Oper.	140. Charge										141. Summons No.		Oper.	142. Charge										143. Summons No.				
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death														
	01	01	01	05	20	M	-	-	-	04	04	06	-	CAMDEN E BARNES 18 GREENTREE DRIVE BURLINGTON NJ 08016-3650														
	02	01	01	05	51	M	-	-	-	04	04	06	-	NELSON R REYES 403 MCKINLEY STREET FAIRVIEW NJ 07022-1915														

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of Vehicle 1 reports making a right turn from Prosper Street onto Guilden Street. Driver pulled out in front of Vehicle 2 who was driving straight on Guilden Street. Vehicle 2 was unable to stop in time and struck Vehicle 1.

Vehicle 1 driver reported to myself that he waited an hour for police arrival. Approx. 5 minutes prior to police arrival, Vehicle 2 driver left the scene leaving his name and phone number with V1 driver. V1 driver called V2 driver to ask if he could come back to the scene and he replied that he couldn't at this time as he had already left New Brunswick.

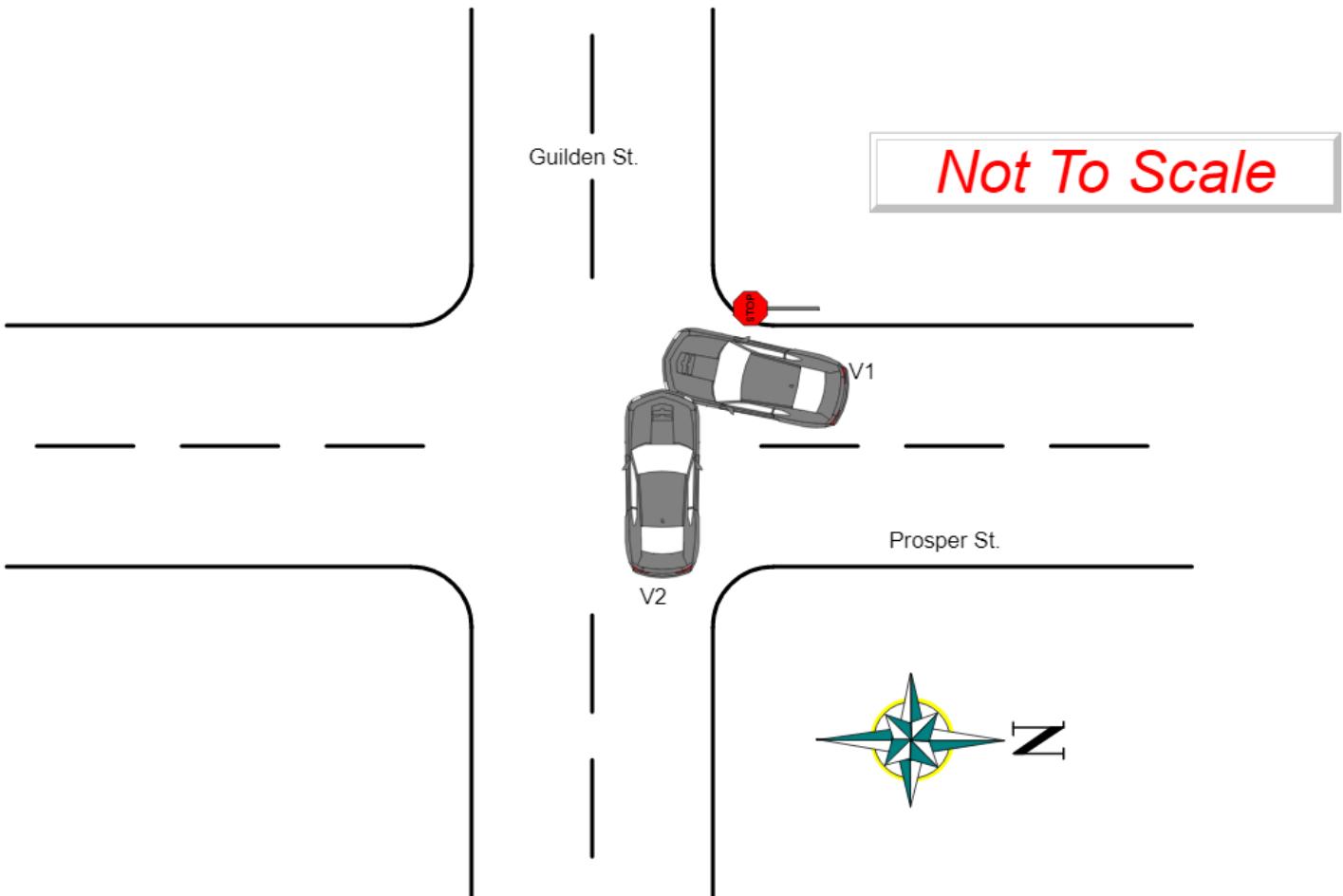
Fanwood Police Department was contacted by New Brunswick Dispatch in an attempt to obtain V2's insurance information, however that attempt was unsuccessful.

*****Other Descriptions*****

01 - * - Field 118a

146. Officer's Signature Yacuk, Michael	147. Badge # 7283	148. Reviewer Regan, Richard	Badge # 7313	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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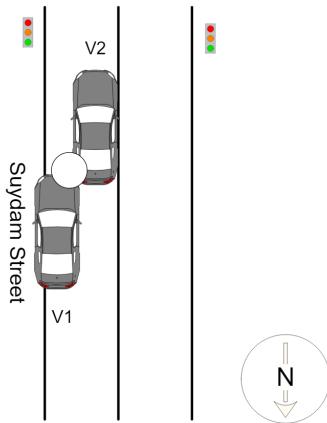
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Fatal		<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report		118a														
96 04		1. Case Number 23NB09790					10. Crash Occurred On: SUYDAM STREET					Road Name At Intersection with 25.00 Feet Miles		Dir E		11. Speed Limit 25						02														
97 01		2. Police Dept. of New Brunswick City Police Department					Code 01															118b 03														
98 03		3. Station/Precinct New Brunswick										<input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W				of: LIVINGSTON AVENUE/0						119a 25														
99 07		4. Date of Crash 11/07/2023		5. Day of Week Tuesday			6. Time (use 2400 hrs.) 1652		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. Route No. Ramp		11. Suffix		12. Milepost 18. Speed Limit 25		119b -															
100a 01																					120a 02															
100b 06		23. Veh. # 01 PAA80002119627					24. Policy No. 174					25. NJ Ins. Code 174		26. Veh. # 02		27. NJ Ins. Code 000				120b 03																
101 02		26. Driver's First Name YUN					Initial J			Last Name KANG		29. Sex F		26. Driver's First Name NIKOLAI		Initial E			Last Name MUJICAARRIECHE		59. Sex M		121a 01													
102 01		27. Number & Street 75 CHELSEA CT.										28. City FRANKLIN PARK		29. State NJ		30. Eyes 02		31. State 00		32. City BRUNSWICK		33. State NJ		34. Zip 08823-1504		35. Zip 08901-4064										
103 01																								121b -												
104 02																								122 01												
105 02		32. Driver's License Number K04187907161872					33. DOB 11/20/1987					34. Expires 11/20/2025		32. Driver's License Number M91785926507982		33. DOB 07/28/1998		34. Expires 07/28/2027				123 08														
106 -		35. Owner's First Name Driver YUN					Initial J			Last Name KANG		35. Owner's First Name Driver NIKOLAI		Initial E			Last Name MUJICAARRIECHE				124 03															
107 -		36. Number & Street 75 CHELSEA CT.										36. Number & Street 155 LIVINGSTON AVENUE APT 2 NEW		37. City FRANKLIN PARK		38. State NJ		39. Zip 08823-1504		40. City BRUNSWICK		41. State NJ		42. Zip 08901-4064												
108 01																						125 03														
109 01		38. Make Acura		39. Model ILX			40. Color BK		41. Year 2016		42. Plate No. P34KLP		43. State NJ		44. Make Hyundai		45. Model ELANTRA		46. Color BL		47. Year 2006		48. State NJ													
110 01		44. VIN 19UDE2F37GA005394					45. Expires 07/01/2024					44. VIN KMHDN46D56U287756		45. Expires 07/01/2024		46. VIN 74. VIN		47. Expires 09/01/2024		48. State NJ		49. Zip 08901-4064														
111 01		46. Vehicle Removed to: DEPENDABLE MOTORS										46. Vehicle Removed to: -		47. Vehicle Removed to: -		48. Vehicle Removed to: -		49. Vehicle Removed to: -		50. Vehicle Removed to: -		51. Vehicle Removed to: -														
112 01		52. Vehicle Removed to: DEPENDABLE MOTORS										52. Vehicle Removed to: -		53. Vehicle Removed to: -		54. Vehicle Removed to: -		55. Vehicle Removed to: -		56. Vehicle Removed to: -		57. Vehicle Removed to: -														
113 01		58. Vehicle Removed to: -										58. Vehicle Removed to: -		59. Vehicle Removed to: -		60. Vehicle Removed to: -		61. Vehicle Removed to: -		62. Vehicle Removed to: -																
114 -		63. Vehicle Removed to: -										63. Vehicle Removed to: -		64. Vehicle Removed to: -		65. Vehicle Removed to: -		66. Vehicle Removed to: -		67. Vehicle Removed to: -																
115 -		68. Vehicle Removed to: -										68. Vehicle Removed to: -		69. Vehicle Removed to: -		70. Vehicle Removed to: -		71. Vehicle Removed to: -		72. Vehicle Removed to: -																
116 02		73. Vehicle Removed to: -										73. Vehicle Removed to: -		74. Vehicle Removed to: -		75. Vehicle Removed to: -		76. Vehicle Removed to: -		77. Vehicle Removed to: -																
117 02		78. Vehicle Removed to: -										78. Vehicle Removed to: -		79. Vehicle Removed to: -		80. Vehicle Removed to: -		81. Vehicle Removed to: -		82. Vehicle Removed to: -																
118 01		83. Vehicle Removed to: -										83. Vehicle Removed to: -		84. Vehicle Removed to: -		85. Vehicle Removed to: -		86. Vehicle Removed to: -		87. Vehicle Removed to: -																
119 01		88. Vehicle Removed to: -										88. Vehicle Removed to: -		89. Vehicle Removed to: -		90. Vehicle Removed to: -		91. Vehicle Removed to: -		92. Vehicle Removed to: -																
120 01		93. Vehicle Removed to: -										93. Vehicle Removed to: -		94. Vehicle Removed to: -		95. Vehicle Removed to: -		96. Vehicle Removed to: -		97. Vehicle Removed to: -																
121 01		98. Vehicle Removed to: -										98. Vehicle Removed to: -		99. Vehicle Removed to: -		100. Vehicle Removed to: -		101. Vehicle Removed to: -		102. Vehicle Removed to: -																
122 01		103. Vehicle Removed to: -										103. Vehicle Removed to: -		104. Vehicle Removed to: -		105. Vehicle Removed to: -		106. Vehicle Removed to: -		107. Vehicle Removed to: -																
123 08		108. Vehicle Removed to: -										108. Vehicle Removed to: -		109. Vehicle Removed to: -		110. Vehicle Removed to: -		111. Vehicle Removed to: -		112. Vehicle Removed to: -																
124 03		113. Vehicle Removed to: -										113. Vehicle Removed to: -		114. Vehicle Removed to: -		115. Vehicle Removed to: -		116. Vehicle Removed to: -		117. Vehicle Removed to: -																
125 03		118. Vehicle Removed to: -										118. Vehicle Removed to: -		119. Vehicle Removed to: -		120. Vehicle Removed to: -		121. Vehicle Removed to: -		122. Vehicle Removed to: -																
126 03		123. Vehicle Removed to: -										123. Vehicle Removed to: -		124. Vehicle Removed to: -		125. Vehicle Removed to: -		126. Vehicle Removed to: -		127. Vehicle Removed to: -																
127 03		128. Vehicle Removed to: -										128. Vehicle Removed to: -		129. Vehicle Removed to: -		130. Vehicle Removed to: -		131. Vehicle Removed to: -		132. Vehicle Removed to: -																
128 03		133. Vehicle Removed to: -										133. Vehicle Removed to: -		134. Vehicle Removed to: -		135. Vehicle Removed to: -		136. Vehicle Removed to: -		137. Vehicle Removed to: -																
129 01		138. Vehicle Removed to: -										138. Vehicle Removed to: -		139. Vehicle Removed to: -		140. Vehicle Removed to: -		141. Vehicle Removed to: -		142. Vehicle Removed to: -																
130 01		143. Vehicle Removed to: -										143. Vehicle Removed to: -		144. Vehicle Removed to: -		145. Vehicle Removed to: -		146. Vehicle Removed to: -		147. Vehicle Removed to: -																
131 07		148. Vehicle Removed to: -										148. Vehicle Removed to: -		149. Vehicle Removed to: -		150. Vehicle Removed to: -		151. Vehicle Removed to: -		152. Vehicle Removed to: -																
132 07		153. Vehicle Removed to: -										153. Vehicle Removed to: -		154. Vehicle Removed to: -		155. Vehicle Removed to: -		156. Vehicle Removed to: -		157. Vehicle Removed to: -																
133 03		158. Vehicle Removed to: -										158. Vehicle Removed to: -		159. Vehicle Removed to: -		160. Vehicle Removed to: -		161. Vehicle Removed to: -		162. Vehicle Removed to: -																
134 03		163. Vehicle Removed to: -										163. Vehicle Removed to: -		164. Vehicle Removed to: -		165. Vehicle Removed to: -		166. Vehicle Removed to: -		167. Vehicle Removed to: -																
Oper. 01	136. Charge 39:4-50 - DWI										137. Summons No. E23 003089		Oper.		138. Charge										139. Summons No.											
	140. Charge 39:4-96 - Reckless Driving										141. Summons No. E23 003090		Oper.		142. Charge										143. Summons No.											
	83 84 85 86 87 88 89 90 91 92 93												94 95												Names & Addresses of Occupants If Deceased, Date & Time of Death											
	A 01 01 05 35 F - - - 04 04 06 - YUN J KANG 75 CHELSEA CT. FRANKLIN PARK NJ 08823-1504												B 02 01 01 05 25 M - - - 04 04 06 - NIKOLAI E MUJICAARRIECHE 155 LIVINGSTON AVENUE APT 2 NEW BRUNSWICK NJ 08901-4064																							
	C 02 03 01 05 19 F - - - 04 04 06 - Scarlett A Perez Carmona 155 Livingston Avenue New Brunswick NJ 08901												D																							

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

144. Crash Diagram



Not To Scale

145. Crash Description/Narrative

While V2 was waiting at the traffic light, V1 attempted to pass V2 on the left side and struck V2. V1 had moderate damage to the front passenger side quarter panel. V2 had moderate damage to the rear driver side quarter panel.

There were no reported injuries or complaint of pain. See initial report for further information.

*****Additional Citations*****

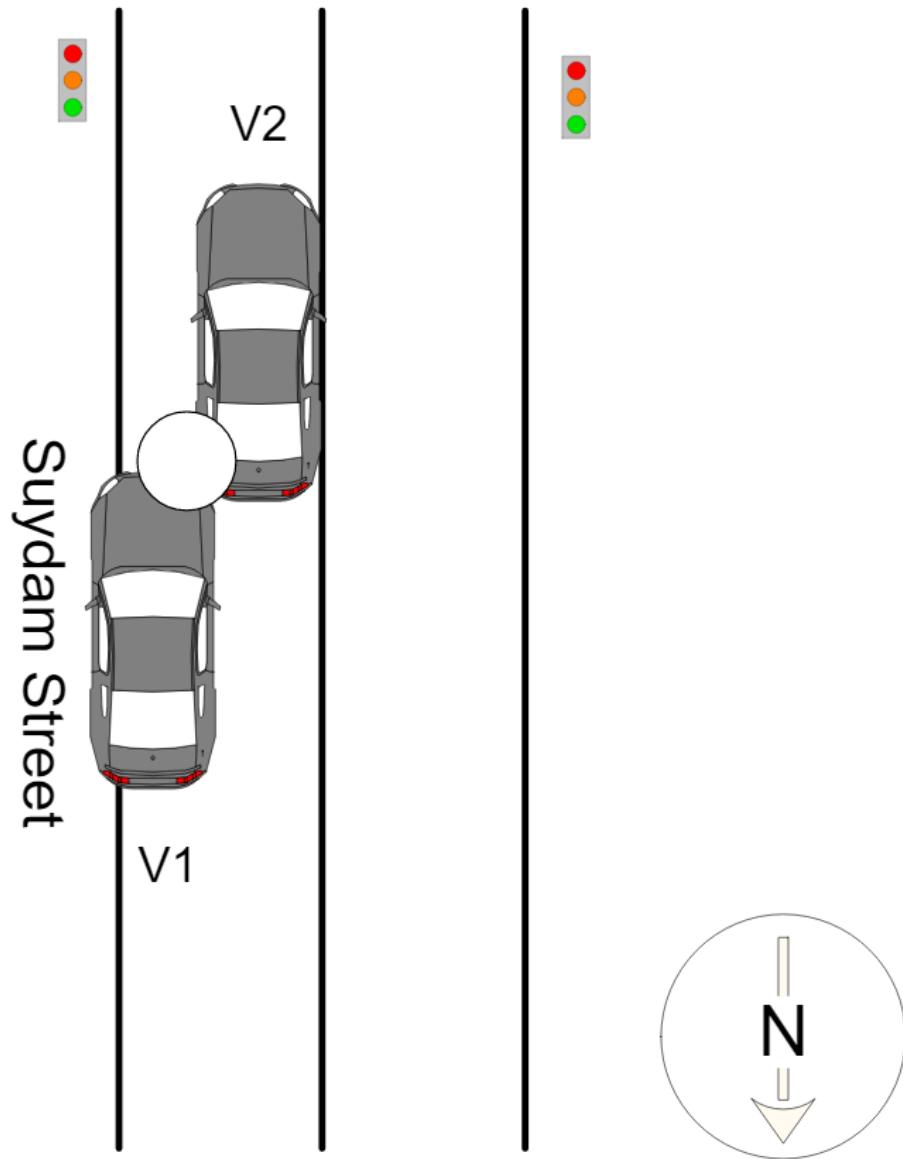
01 - 39:3-29 - Failure to Exhibit Documents - E23 003091
01 - 39:6B-2 - Uninsured Vehicle - E23 003092

*****Other Descriptions*****

01 - - - Field 118a
02 - Bristol West Insurance Group - Field 55

146. Officer's Signature Chatterjee, Josh	147. Badge # 7349	148. Reviewer Martinez, Ronoldy	Badge # 5250	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

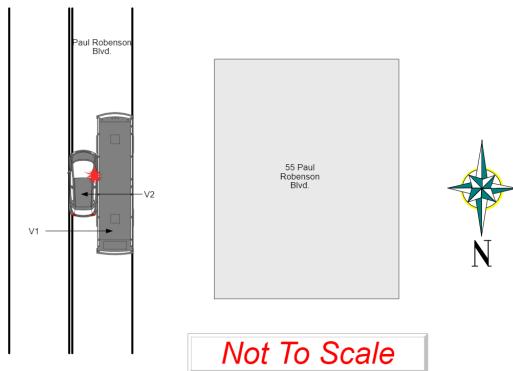


Not To Scale

New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																											
96 05	<input type="checkbox"/> Fatal						10. Crash Occurred On: 55 PAUL ROBERSON BLVD						11. Speed Limit S 25				118a 02																																										
97 01	1. Case Number 23NB09792						Road Name						Dir		12. Route No. Suffix 13. Milepost		118b -																																										
98 06	2. Police Dept. of New Brunswick City Police Department						At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> Miles						of:		14. Speed Limit		119a 25																																										
99 07	3. Station/Precinct New Brunswick						15. 14 16						16. 17. Cross Road Name/Route No. To: NB EB Ramp From: SB WB		18. 19. To: 17. Cross Road Name/Route No. NB EB From: SB WB		119b -																																										
100a 01	4. Date of Crash 11/07/2023		5. Day of Week Tuesday		6. Time (use 2400 hrs.) 1822		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		21. Latitude 40.487968		20. Route Name/Route No. 22. Longitude -74.439152		120a 01																																										
100b 04	23. Veh. # 01 7281162						25. NJ Ins. Code 228						53. Veh. # 02 935061067		54. Policy No. 134		55. NJ Ins. Code 134		120b -																																								
101 02	26. Driver's First Name JONAS Initial C Last Name BLAISE						29. Sex M						56. Driver's First Name BRIAN Initial A Last Name BARTUREN		59. Sex M		121a 01																																										
102 01	27. Number & Street 320 TREMONT AVE						28. City State Zip N PLAINFIELD NJ 07063-1669						57. Number & Street 458 HAMILTON ST APT D		58. City State Zip SOMERSET NJ 08873-5533		121b -																																										
103 01	30. Eyes 01		DL Class 00		Restrictions L		Endorsements		31. State NJ		60. Eyes 02		DL Class 00		Restrictions 1		61. State NJ		122 01																																								
104 02	32. Driver's License Number B50454096310651						33. DOB 10/09/1965						34. Expires 10/09/2027		62. Driver's License Number B07030966107942		63. DOB 07/12/1994		64. Expires 07/12/2023		123 01																																						
105 02	35. Owner's First Name FIRST Initial T Last Name INC						36. Number & Street 600 VINE ST STE 1200						65. Owner's First Name BRIAN Initial A Last Name BARTUREN		66. Number & Street 458 HAMILTON ST APT D		67. City State Zip SOMERSET NJ 08873-5533		124 03																																								
106 -	<input type="checkbox"/> Same as Driver												<input checked="" type="checkbox"/> Same as Driver BRIAN		A BARTUREN		68. Make Toyota		69. Model PIR		70. Color GD		71. Year 2010		72. Plate No. Z41PJN		73. State NJ		125 03																														
107 -	37. City CINCINNATI State OH Zip 45202						38. Make ELD						39. Model AXE		40. Color WT		41. Year 2023		42. Plate No. OYB6497		43. State NJ		74. VIN JTDXN3DU0A0237694		75. Expires 01/01/2024		126a 26																																
108 31	44. VIN 1N9APALM5PC084037						45. Expires 03/01/2024						46. Vehicle Removed to:						76. Vehicle Removed to:						126b -																																		
109 01	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police						48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						77. Authority <input type="checkbox"/> Owner <input checked="" 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 Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <input type="checkbox"/> % <input type="checkbox"/> Pending						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.						126c -														
110 02	52. Motor Carrier or Government Entity						Number & Street						53. Motor Carrier or Government Entity						Number & Street						82. Motor Carrier or Government Entity		83. Motor Carrier or Government Entity						126d -																										
111 01	54. City State Zip						55. City State Zip						56. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						57. Motor Carrier or Government Entity						58. Motor Carrier or Government Entity						126e -																												
112 09	59. Number & Street						60. Number & Street						61. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						62. Motor Carrier or Government Entity						63. Motor Carrier or Government Entity						126f -																												
113 -	64. City State Zip						65. City State Zip						66. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						67. Motor Carrier or Government Entity						68. Motor Carrier or Government Entity						126g -																												
114 -	69. Number & Street						70. Number & Street						71. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						72. Motor Carrier or Government Entity						73. Motor Carrier or Government Entity						126h -																												
115 -	74. City State Zip						75. City State Zip						76. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						77. Motor Carrier or Government Entity						78. Motor Carrier or Government Entity						126i -																												
116 03	79. Number & Street						80. Number & Street						81. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						82. Motor Carrier or Government Entity						83. Motor Carrier or Government Entity						126j -																												
117 03	84. City State Zip						85. City State Zip						86. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						87. Motor Carrier or Government Entity						88. Motor Carrier or Government Entity						126k -																												
130. Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						131. Level of Autonomy		151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						132. Level of Autonomy		153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						133. Level of Autonomy		154 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						134. Level of Autonomy		155 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																			
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												136. Charge												137. Summons No.												138. Charge												139. Summons No.											
Oper. 140. Charge												141. Summons No.												Oper. 142. Charge												143. Summons No.																							
																																				Names & Addresses of Occupants If Deceased, Date & Time of Death																							
A 01 01 01 05 58 M - - - 04 04 - - JONAS C BLAISE 320 TREMONT AVE N PLAINFIELD NJ 07063-1669												B 02 01 01 05 29 M - - - 04 00 - - BRIAN A BARTUREN 458 HAMILTON ST APT D SOMERSET NJ 08873-5533												C												D																							

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

144. Crash Diagram



145. Crash Description/Narrative

On Tuesday, November 7, 2023 at 1822, I responded to a crash on PAUL ROBERSON BLVD approaching the George Street intersection. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - White Eld Axe, Going Straight Ahead
Unit 2, Vehicle - Gold Toyota Pir, Going Straight Ahead

Driver of vehicle one stated that he was proceeding south on Paul Robeson Blvd. when the drivers side of his bus was struck by vehicle two causing minor damage. Driver of vehicle one stated that the driver of vehicle two drove into him.

Driver of vehicle two stated that he was proceeding south on Paul Robeson Blvd. when his passenger side was struck by vehicle one causing moderate damage. Driver of vehicle two stated that the driver of vehicle one drove into him.

Medical treatment was not needed for this incident.

*****Other Descriptions*****

01 - - - Field 118a

146. Officer's Signature Meccia, Justin	147. Badge # 7329	148. Reviewer Daughton, Ryan	Badge # 5288	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Dept: New Brunswick City Police Department Code: 01

Station: New Brunswick Case No: 23NB09792

1. _____

SCHOOL BUS

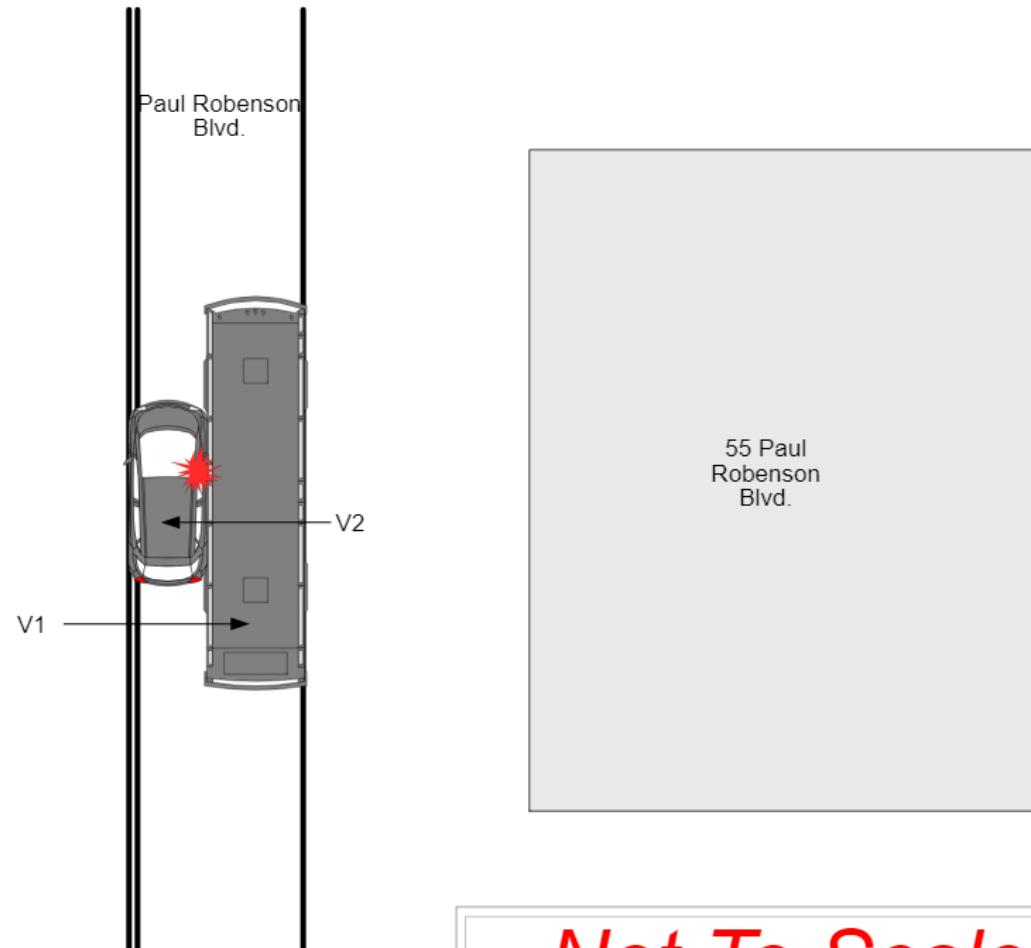
(full size)

1 DRIVER			DOOR →		
2	3	4		5	6
7	8	9		10	11
12	13	14		15	16
17	18	19		20	21
22	23	24		25	26
27	28	29		30	31
32	33	34		35	36
37	38	39		40	41
42	43	44		45	46
47	48	49		50	51
52	53			54	55

MINIBUS

1 DRIVER			DOOR →	
2	3		4	5
6	7		8	9
10	11		12	13
14	15		16	17

144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																															
96 05	<input type="checkbox"/> Fatal		1. Case Number 23NB09794												118a 04																																																
97 01	2. Police Dept. of New Brunswick City Police Department		Code 01		10. Crash Occurred On: NEW ST				Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Dir E		11. Speed Limit 25		12. Route No. Suffix 13. Milepost		118b																																														
98 06	3. Station/Precinct New Brunswick		14 15 16		15				16		of: ROUTE 527/527		18. Speed Limit		119a 85																																																
99 07	4. Date of Crash 11/07/2023		5. Day of Week Tuesday		6. Time (use 2400 hrs.) 1914		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 1		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.492319		18. Speed Limit NB EB SB WB		119b -																																														
100a 01	20. Route Name/Route No. -74.443226		22. Longitude		20. Route Name/Route No. -74.443226												120a 01																																														
100b 04	23. Veh. # 01		24. Policy No. 7281162		25. NJ Ins. Code 228		26. Driver's First Name DEBORAH		Initial C		Last Name WILLIAMS		27. Number & Street 27 STECHER ST		28. City NEWARK		State NJ		Zip 07112-1015		20. Route Name/Route No. -74.443226	21. Latitude 40.492319	22. Longitude -74.443226	23. Veh. # P1	24. Policy No. 55. NJ Ins. Code		25. NJ Ins. Code	26. Driver's First Name LEONID	Initial F		Last Name MARYAMOV		27. Number & Street 90 NEILSON STREET APT 5B		28. City NEW BRUNSWICK		State NJ		Zip 08901-1384		120b -																						
101 02	<input type="checkbox"/> Parked 01		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		29. Sex F		30. Eyes 02		DL Class A		31. State NJ		32. Driver's License Number W43651586352552		33. DOB 02/14/1955		34. Expires 02/14/2025		35. Owner's First Name First Transit INC		Initial C		Last Name		36. Number & Street 600 VINE ST STE 1200		37. City CINCINNATI		State OH		Zip 45202		38. Make ELD		39. Model AXE		40. Color WT		41. Year 2010		42. Plate No. OYB5372		43. State NJ		60. Eyes 05		61. DL Class		62. Restrictions		63. Endorsements		64. State NJ		65. Driver's License Number		66. DOB 08/09/1935		67. Sex M		121a 01
102 01	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		121b -																						
103 01	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		122 02																						
104 1	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		123 43																						
105 13	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		124 04																						
106 02	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		125 04																						
107 -	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		126a 22																						
108 30	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		126b -																						
109 -	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		126c -																						
110 02	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		126d -																						
111 -	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		126e 22																						
112 12	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		127a 26																						
113 -	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		127b -																						
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122 -	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		133 01																						
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124 -	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		135 -																						
125 -	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Sex M		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked P1		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Hit & Run																																										

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

144. Crash Diagram



145. Crash Description/Narrative

On Tuesday, November 7, 2023 at 1914, Officer Ursino and I (Officer Garcia) responded to a crash on New St and George Street. At the time of the crash, the weather was clear and the road surface was dry.

Upon arrival, we witnessed a pedestrian under V1 at the intersection of New Street and George Street. New Brunswick Fire Department and EMS was dispatched to the scene. New Brunswick Fire Department was able to successfully get the pedestrian from under the bus and they were transported to Robert Wood Johnson Hospital.

D1 stated on scene she was traveling on George Street making a right turn onto New Street. D1 stated she did not see the pedestrian crossing the roadway and when she looked to the left side, that is when she noticed the pedestrian on the left side of the windshield. D1 stated she hit the brakes and tried to avoid the crash, but the pedestrian was already under the bus.

We later arrived at RWJ hospital and Doctor Teichman determined the pedestrian's left arm had several fractures, neck and mid back pain and laceration on the chin but was in stable condition.

It should be noted I am waiting for surveillance footage to be forwarded by Rutgers.

Body Worn Camera equipment was utilized and activated throughout the duration of this incident.

P.O. E. Garcia #7381

146. Officer's Signature

Garcia, Erick

147. Badge #

7381

148. Reviewer

Daughton, Ryan

Badge #

5288

149. Case Status

Pending Complete

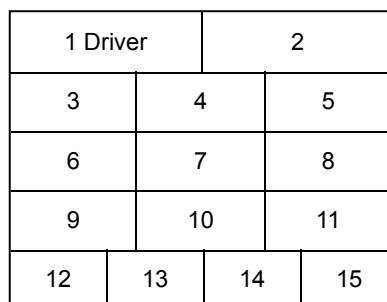
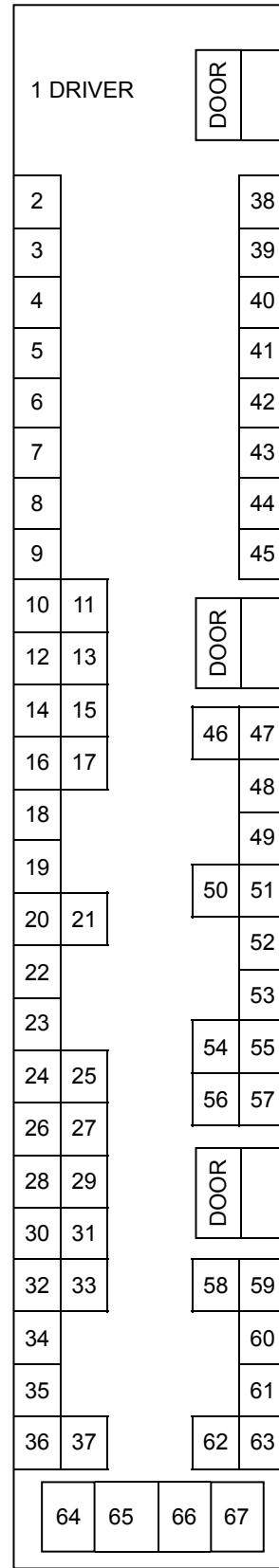
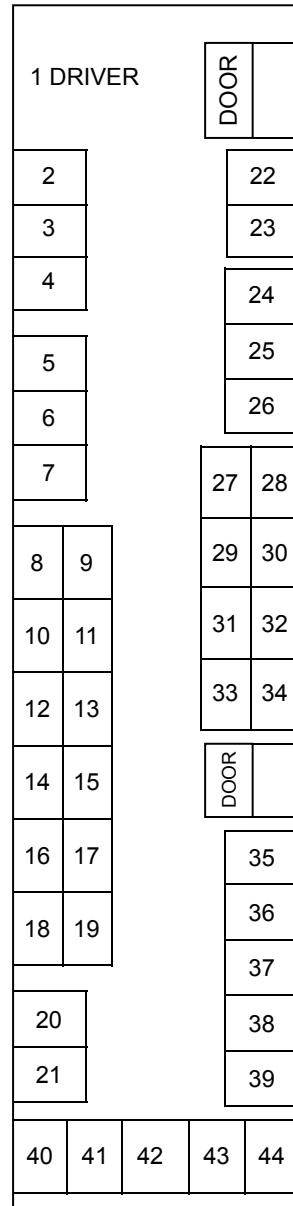
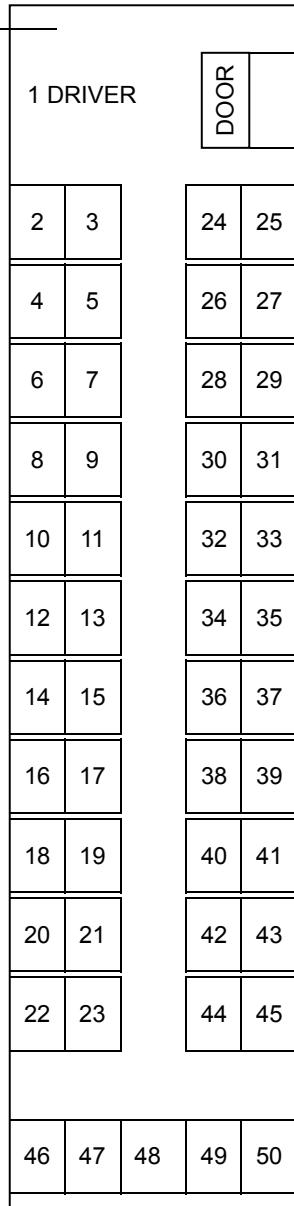
**BUS SEATING
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**MCI-9,
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&
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**FLXIBLE
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VOLVO ARTIC

1.

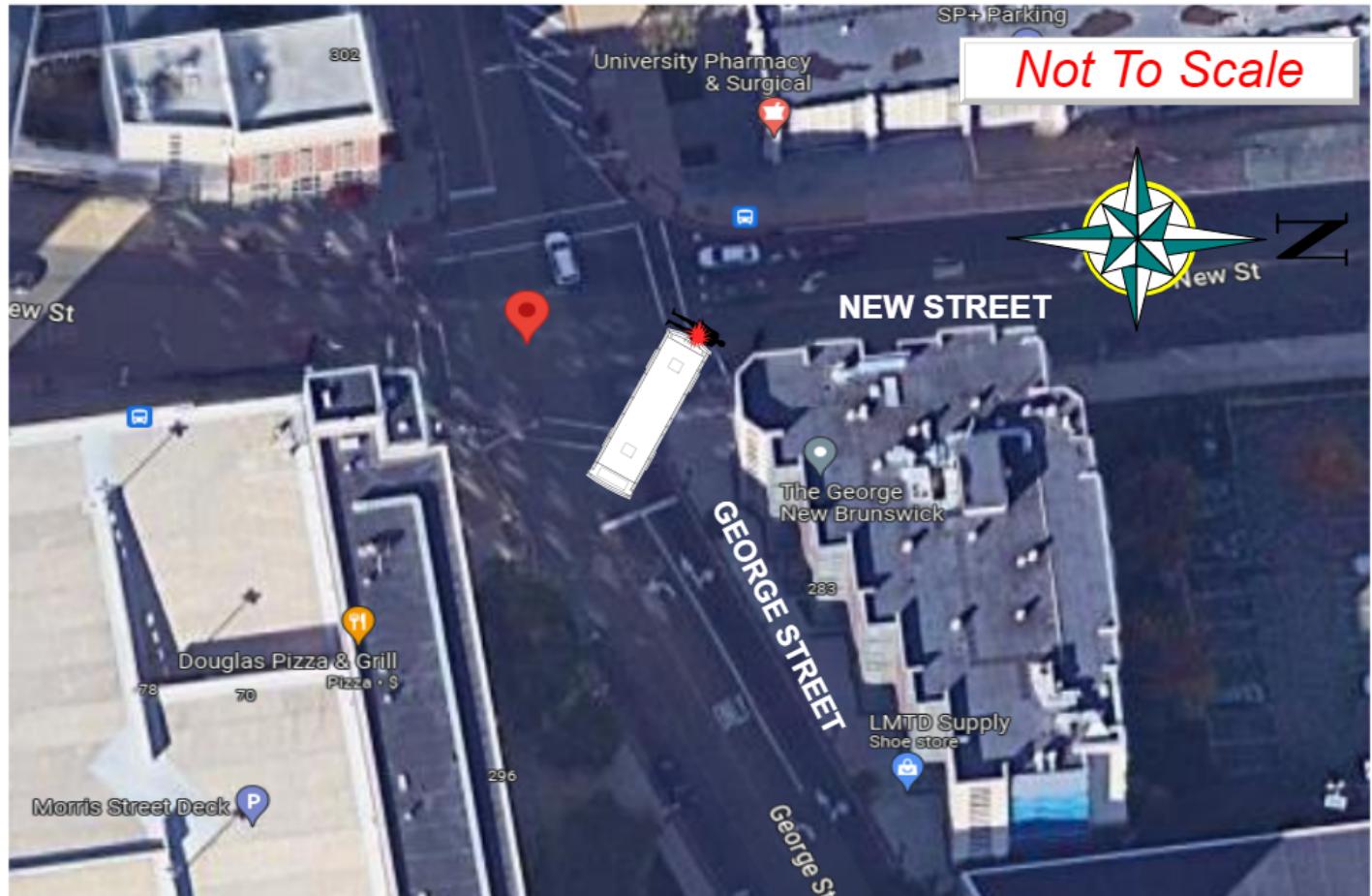


15 Passenger Van

REAR

Police Agency New Brunswick City Police Department

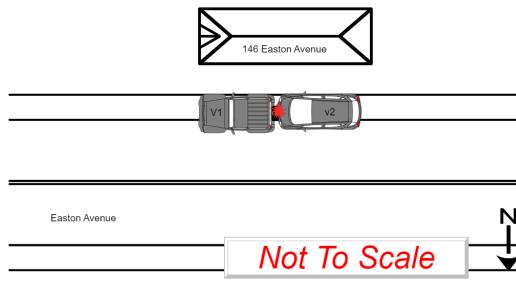
144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable	<input type="checkbox"/> Non-Reportable	<input checked="" type="checkbox"/> Change Report	118a 10															
96 05	<input type="checkbox"/> Fatal				10. Crash Occurred On: ROUTE 527												N	11. Speed Limit 25	527			118b								
97 01	1. Case Number 23NB09796				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 65.00 Miles												Dir	12. Route No.	Suffix	13. Milepost	119a 25									
98 06	2. Police Dept. of New Brunswick City Police Department				Code 01				<input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W				of: WYCKOFF ST				18. Speed Limit				119b									
99 07	3. Station/Precinct				14 15 16				19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:				21. Latitude 40.499551 20. Route Name/Route No. 22. Longitude -74.453237				<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB				120a 01									
100a 01	4. Date of Crash 11/07/2023				5. Day of Week Tuesday				6. Time (use 2400 hrs.) 2002				7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		54. Policy No. 957677749				55. NJ Ins. Code 134				120b			
100b 04	23. Veh. # 01				24. Policy No. 918637257				25. NJ Ins. Code 134				53. Veh. # 02				54. Policy No. 957677749				55. NJ Ins. Code 134				121a					
101 02	26. Driver's First Name MICHAEL				Initial N				Last Name SERRA				29. Sex M				56. Driver's First Name Initial N				Last Name SERRA				59. Sex	121b				
102 01	27. Number & Street 60 GEIGER LANE												57. Number & Street																	
103 01	28. City WARREN				State NJ				Zip 07059-6948				58. City				State NJ				Zip									
104 02	30. Eyes 02		DL Class D		Restrictions 00		Endorsements 00		31. State NJ		60. Eyes		DL Class		Restrictions		Endorsements		61. State		122 13									
105 06	32. Driver's License Number S27365440004812				33. DOB 04/12/1981				34. Expires 04/12/2026				62. Driver's License Number				63. DOB				64. Expires				123 10					
106 -	35. Owner's First Name MICHAEL				Initial N				Last Name SERRA				65. Owner's First Name EZRA				Initial U				Last Name RAMIREZ				124 11					
107 -	36. Number & Street 60 GEIGER LANE												66. Number & Street 1201 QUAIL RIDGE DR												125 11					
108 04	37. City WARREN				State NJ				Zip 07059-6948				67. City PLAINSBORO				State NJ				Zip 08536-2258				126a 28					
109 01	38. Make JEEP		39. Model Wrangler		40. Color BK		41. Year 2010		42. Plate No. DRMNBS		43. State NJ		68. Make HYUNDAI		69. Model Elantra		70. Color RD		71. Year 2018		72. Plate No. Y98NNE		73. State NJ		126b					
110 01	44. VIN 1J4AA2D11AL165260				45. Expires 01/01/2024				74. VIN 5NPD84LF8JH278702				75. Expires 04/01/2024												126c					
111 01	46. Vehicle Removed to:												76. Vehicle Removed to:																126d	
112	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded																126e 26	
113	47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police																127a 26	
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class _____ Placard No. _____				78. Alcohol/Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <input type="checkbox"/> % <input type="checkbox"/> Pending				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class _____ Placard No. _____								127b									
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX <input type="checkbox"/> None				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.								127c 28									
116 04	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity																128 28	
117 02	Number & Street												Number & Street																129 06	
	City _____ State _____ Zip _____												City _____ State _____ Zip _____																130 06	
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														131 12		
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														132 12		
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																												133 01		
Oper.		136. Charge										137. Summons No.		Oper.		138. Charge										139. Summons No.				134 02
Oper.		140. Charge										141. Summons No.		Oper.		142. Charge										143. Summons No.				
												Names & Addresses of Occupants If Deceased, Date & Time of Death																		
A	83	84	85	86	87	88	89	90	91	92	93	94	95																	
	01	01	-	05	42	M	-	-	-	04	04	-	-	MICHAEL N SERRA 60 GEIGER LANE WARREN NJ 07059-6948																
	B	02	03	01	05	23	M	-	-	-	04	04	-	-	EZRA U RAMIREZ 1201 QUAIL RIDGE DRIVE PLAINSBORO NJ 08536															
	C																													
D																														

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of V1 (NJ Reg: DRMN BASS) stated that he was facing east bound on Easton Avenue in front of 146 Easton Avenue. He stated that while he was attempting to leave his parking spot he reversed. This action caused the rear of v1 to strike the front portion of v2. There was no visible damage to v1.

Owner of V2 (NJ Reg: Y98NNE) stated that he was sitting in his car that was parked facing east bound. He stated that he felt an impact and when he looked up, V1 had backed up into the front portion of his vehicle. This action caused minor damage to the front portion of v2.

P.O Drozd #7347

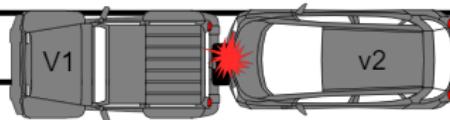
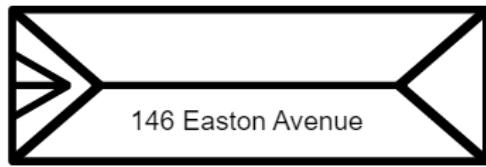
146. Officer's Signature Drozd, Jeffrey	147. Badge # 7347	148. Reviewer Daughton, Ryan	Badge # 5288	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: - Case No: 23NB09796

144. Crash Diagram (NOT TO SCALE)



Easton Avenue

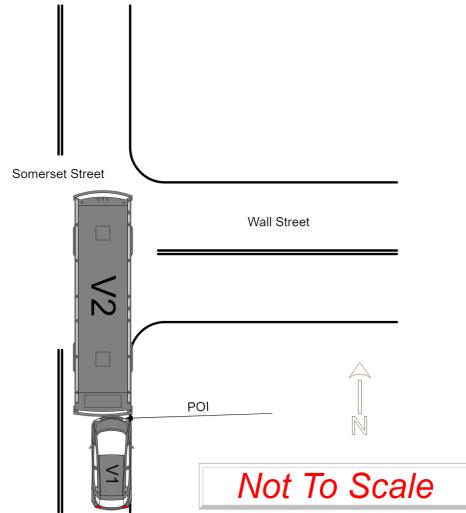


Not To Scale

New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable	<input type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report																																							
96 05	<input type="checkbox"/> Fatal					New Jersey Police Crash Investigation Report												118a 13																																			
97 01	1. Case Number 23NB09808					10. Crash Occurred On: SOMERSET ST					Road Name Dir		11. Speed Limit 25						118b																																		
98 01	2. Police Dept. of New Brunswick City Police Department					At Intersection with 144.0					N E		12. Route No.		Suffix		13. Milepost		119a 10																																		
99 07	3. Station/Precinct 14 15 16					Feet Miles					S W		of: WALL ST						119b																																		
100a 01	4. Date of Crash 11/08/2023					5. Day of Week Wednesday					6. Time (use 2400 hrs.) 0658		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		10. Route Name/Route No. 40.497985		11. Latitude -74.445820		120a 01																														
100b 04	23. Veh. # 01 6143-82-32-99					24. Policy No. UNK					25. NJ Ins. Code RRG26224872-23					53. Veh. # 02		54. Policy No. 000		55. NJ Ins. Code		120b 01																															
101 02	26. Driver's First Name Sherkleke					Initial V					Last Name Ford					27. Sex F		28. Driver's First Name Terry		Initial A		Last Name Thompson		121a 01																													
102 01	29. Sex F					30. Eyes 02					31. State NY					32. Driver's License Number 759620916		33. DOB 04/05/1970		34. Expires 04/05/2027		35. Owner's First Name Barbara		Initial A		Last Name Collins		121b																									
103 01	36. Number & Street 48 Appletree Lane Apt A					37. City Old Bridge					State NJ					38. Make NISSAN		39. Model ALTIMA		40. Color BN		41. Year 2015		42. Plate No. P23JGM		43. State NJ		36. Number & Street One Penn Plaza East		37. City Newark		State NJ		38. City 07105		122 09																	
104 02	44. VIN 1N4AL3AP0FC175550					45. Expires 09/01/2024					46. Vehicle Removed to:					47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None On Board Spill					50. Carrier No. USDOT		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					52. Motor Carrier or Government Entity SUBURBAN TRAILS INC		53. Motor Carrier or Government Entity 750 SOMERSET STREET		54. Motor Carrier or Government Entity NEW BRUNSWICK		55. Motor Carrier or Government Entity NJ 08901		123 13													
105 08	56. Driver's First Name Terry					Initial A					Last Name Thompson					57. Number & Street 426 Francis Street		58. City Somerset		State NJ					59. Sex F		60. Eyes 02		61. State NJ		62. Driver's License Number T36017336157822		63. DOB 07/18/1982		64. Expires 07/18/2027		124 11																
106 -	65. Owner's First Name Same as Driver					Initial A					Last Name New Jersey Transit					66. Number & Street One Penn Plaza East		67. City Newark		State NJ					68. Make NABI		69. Model 416		70. Color UK		71. Year 2012		72. Plate No. OYA5000		73. State NJ		125 11																
107 02	69. Sex F					70. Eyes 02					71. State NJ					72. Driver's License Number 1N9416054CA140161		73. DOB 09/01/2024		74. VIN 1N9416054CA140161					75. Expires		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending					79. Hazardous Material None On Board Spill		80. Carrier No. 00314581		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					82. Motor Carrier or Government Entity SUBURBAN TRAILS INC		83. Motor Carrier or Government Entity 750 SOMERSET STREET		84. Motor Carrier or Government Entity NEW BRUNSWICK		85. Motor Carrier or Government Entity NJ 08901		126 26
108 01	86. Number & Street 48 Appletree Lane Apt A					87. City Old Bridge					88. State NJ					89. Zip 08857		90. Carrier No. None		91. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					92. Motor Carrier or Government Entity SUBURBAN TRAILS INC		93. Motor Carrier or Government Entity 750 SOMERSET STREET		94. Motor Carrier or Government Entity NEW BRUNSWICK		95. Motor Carrier or Government Entity NJ 08901		127a 26																				
109 31	96. Number & Street One Penn Plaza East					97. City Newark					98. State NJ					99. Zip 07105		100. Carrier No. 00314581		101. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					102. Motor Carrier or Government Entity SUBURBAN TRAILS INC		103. Motor Carrier or Government Entity 750 SOMERSET STREET		104. Motor Carrier or Government Entity NEW BRUNSWICK		105. Motor Carrier or Government Entity NJ 08901		127b 26																				
110 01	106. Number & Street 48 Appletree Lane Apt A					107. City Old Bridge					108. State NJ					109. Zip 08857		110. Carrier No. 00314581		111. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					112. Motor Carrier or Government Entity SUBURBAN TRAILS INC		113. Motor Carrier or Government Entity 750 SOMERSET STREET		114. Motor Carrier or Government Entity NEW BRUNSWICK		115. Motor Carrier or Government Entity NJ 08901		127c 26																				
111 02	116. Number & Street One Penn Plaza East					117. City Newark					118. State NJ					119. Zip 07105		120. Carrier No. 00314581		121. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					122. Motor Carrier or Government Entity SUBURBAN TRAILS INC		123. Motor Carrier or Government Entity 750 SOMERSET STREET		124. Motor Carrier or Government Entity NEW BRUNSWICK		125. Motor Carrier or Government Entity NJ 08901		127d 26																				
112 -	126. Number & Street One Penn Plaza East					127. City Newark					128. State NJ					129. Zip 07105		130. Carrier No. 00314581		131. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					132. Motor Carrier or Government Entity SUBURBAN TRAILS INC		133. Motor Carrier or Government Entity 750 SOMERSET STREET		134. Motor Carrier or Government Entity NEW BRUNSWICK		135. Motor Carrier or Government Entity NJ 08901		127e 26																				
113 10	136. Number & Street One Penn Plaza East					137. City Newark					138. State NJ					139. Zip 07105		140. Carrier No. 00314581		141. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					142. Motor Carrier or Government Entity SUBURBAN TRAILS INC		143. Motor Carrier or Government Entity 750 SOMERSET STREET		144. Motor Carrier or Government Entity NEW BRUNSWICK		145. Motor Carrier or Government Entity NJ 08901		127f 26																				
114 -	146. Number & Street One Penn Plaza East					147. City Newark					148. State NJ					149. Zip 07105		150. Carrier No. 00314581		151. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					152. Motor Carrier or Government Entity SUBURBAN TRAILS INC		153. Motor Carrier or Government Entity 750 SOMERSET STREET		154. Motor Carrier or Government Entity NEW BRUNSWICK		155. Motor Carrier or Government Entity NJ 08901		127g 26																				
115 02	156. Number & Street One Penn Plaza East					157. City Newark					158. State NJ					159. Zip 07105		160. Carrier No. 00314581		161. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					162. Motor Carrier or Government Entity SUBURBAN TRAILS INC		163. Motor Carrier or Government Entity 750 SOMERSET STREET		164. Motor Carrier or Government Entity NEW BRUNSWICK		165. Motor Carrier or Government Entity NJ 08901		127h 26																				
116 01	166. Number & Street One Penn Plaza East					167. City Newark					168. State NJ					169. Zip 07105		170. Carrier No. 00314581		171. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					172. Motor Carrier or Government Entity SUBURBAN TRAILS INC		173. Motor Carrier or Government Entity 750 SOMERSET STREET		174. Motor Carrier or Government Entity NEW BRUNSWICK		175. Motor Carrier or Government Entity NJ 08901		127i 26																				
117	176. Number & Street One Penn Plaza East					177. City Newark					178. State NJ					179. Zip 07105		180. Carrier No. 00314581		181. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					182. Motor Carrier or Government Entity SUBURBAN TRAILS INC		183. Motor Carrier or Government Entity 750 SOMERSET STREET		184. Motor Carrier or Government Entity NEW BRUNSWICK		185. Motor Carrier or Government Entity NJ 08901		127j 26																				
	186. Number & Street One Penn Plaza East					187. City Newark					188. State NJ					189. Zip 07105		190. Carrier No. 00314581		191. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					192. Motor Carrier or Government Entity SUBURBAN TRAILS INC		193. Motor Carrier or Government Entity 750 SOMERSET STREET		194. Motor Carrier or Government Entity NEW BRUNSWICK		195. Motor Carrier or Government Entity NJ 08901		127k 26																				
	196. Number & Street One Penn Plaza East					197. City Newark					198. State NJ					199. Zip 07105		200. Carrier No. 00314581		201. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					202. Motor Carrier or Government Entity SUBURBAN TRAILS INC		203. Motor Carrier or Government Entity 750 SOMERSET STREET		204. Motor Carrier or Government Entity NEW BRUNSWICK		205. Motor Carrier or Government Entity NJ 08901		127l 26																				
	206. Number & Street One Penn Plaza East					207. City Newark					208. State NJ					209. Zip 07105		210. Carrier No. 00314581		211. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					212. Motor Carrier or Government Entity SUBURBAN TRAILS INC		213. Motor Carrier or Government Entity 750 SOMERSET STREET		214. Motor Carrier or Government Entity NEW BRUNSWICK		215. Motor Carrier or Government Entity NJ 08901		127m 26																				
	216. Number & Street One Penn Plaza East					217. City Newark					218. State NJ					219. Zip 07105		220. Carrier No. 00314581		221. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					222. Motor Carrier or Government Entity SUBURBAN TRAILS INC		223. Motor Carrier or Government Entity 750 SOMERSET STREET		224. Motor Carrier or Government Entity NEW BRUNSWICK		225. Motor Carrier or Government Entity NJ 08901		127n 26																				
	226. Number & Street One Penn Plaza East					227. City Newark					228. State NJ					229. Zip 07105		230. Carrier No. 00314581		231. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					232. Motor Carrier or Government Entity SUBURBAN TRAILS INC		233. Motor Carrier or Government Entity 750 SOMERSET STREET		234. Motor Carrier or Government Entity NEW BRUNSWICK		235. Motor Carrier or Government Entity NJ 08901		127o 26																				
	236. Number & Street One Penn Plaza East					237. City Newark					238. State NJ					239. Zip 07105		240. Carrier No. 00314581		241. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					242. Motor Carrier or Government Entity SUBURBAN TRAILS INC		243. Motor Carrier or Government Entity 750 SOMERSET STREET		244. Motor Carrier or Government Entity NEW BRUNSWICK		245. Motor Carrier or Government Entity NJ 08901		127p 26																				
	246. Number & Street One Penn Plaza East					247. City Newark					248. State NJ					249. Zip 07105		250. Carrier No. 00314581		251. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					252. Motor Carrier or Government Entity SUBURBAN TRAILS INC		253. Motor Carrier or Government Entity 750 SOMERSET STREET		254. Motor Carrier or Government Entity NEW BRUNSWICK		255. Motor Carrier or Government Entity NJ 08901		127q 26																				
	256. Number & Street One Penn Plaza East					257. City Newark					258. State NJ					259. Zip 07105		260. Carrier No. 00314581		261. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					262. Motor Carrier or Government Entity SUBURBAN TRAILS INC		263. Motor Carrier or Government Entity 750 SOMERSET STREET		264. Motor Carrier or Government Entity NEW BRUNSWICK		265. Motor Carrier or Government Entity NJ 08901		127r 26																				
	266. Number & Street One Penn Plaza East					267. City Newark					268. State NJ					269. Zip 07105		270. Carrier No. 00314581		271. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					272. Motor Carrier or Government Entity SUBURBAN TRAILS INC		273. Motor Carrier or Government Entity 750 SOMERSET STREET		274. Motor Carrier or Government Entity NEW BRUNSWICK		275. Motor Carrier or Government Entity NJ 08901		127s 26																				
	276. Number & Street One Penn Plaza East					277. City Newark					278. State NJ					279. Zip 07105		280. Carrier No. 00314581		281. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					282. Motor Carrier or Government Entity SUBURBAN TRAILS INC		283. Motor Carrier or Government Entity 750 SOMERSET STREET		284. Motor Carrier or Government Entity NEW BRUNSWICK		285. Motor Carrier or Government Entity NJ 08901		127t 26																				
	286. Number & Street One Penn Plaza East					287. City Newark					288. State NJ					289. Zip 07105		290. Carrier No. 00314581		291. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					292. Motor Carrier or Government Entity SUBURBAN TRAILS INC		293. Motor Carrier or Government Entity 750 SOMERSET STREET		294. Motor Carrier or Government Entity NEW BRUNSWICK		295. Motor Carrier or Government Entity NJ 08901		127u 26																				
	296. Number & Street One Penn Plaza East					297. City Newark					298. State NJ					299. Zip 07105		300. Carrier No. 00314581		301. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					302. Motor Carrier or Government Entity SUBURBAN TRAILS INC		303. Motor Carrier or Government Entity 750 SOMERSET STREET		304. Motor Carrier or Government Entity NEW BRUNSWICK		305. Motor Carrier or Government Entity NJ 08901		127v 26																				
	306. Number & Street One Penn Plaza East					307. City Newark					308. State NJ					309. Zip 07105		310. Carrier No. 00314581		311. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					312. Motor Carrier or Government Entity SUBURBAN TRAILS INC		313. Motor Carrier or Government Entity 750 SOMERSET STREET		314. Motor Carrier or Government Entity NEW BRUNSWICK		315. Motor Carrier or Government Entity NJ 08901		127w 26																				
	316. Number & Street One Penn Plaza East					317. City Newark					318. State NJ					319. Zip 07105		320. Carrier No. 00314581		321. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					322. Motor Carrier or Government Entity SUBURBAN TRAILS INC		323. Motor Carrier or Government Entity 750 SOMERSET STREET		324. Motor Carrier or Government Entity NEW BRUNSWICK		325. Motor Carrier or Government Entity NJ 08901		127x 26																				
	326. Number & Street One Penn Plaza East					327. City Newark					328. State NJ					329. Zip 07105		330. Carrier No. 00314581		331. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					332. Motor Carrier or Government Entity SUBURBAN TRAILS INC		333. Motor Carrier or Government Entity 750 SOMERSET STREET		334. Motor Carrier or Government Entity NEW BRUNSWICK		335. Motor Carrier or Government Entity NJ 08901		127y 26																				
	336. Number & Street One Penn Plaza East					337. City Newark					338. State NJ					339. Zip 07105		340. Carrier No. 00314581		341. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					342. Motor Carrier or Government Entity SUBURBAN TRAILS INC		343. Motor Carrier or Government Entity 750 SOMERSET STREET		344. Motor Carrier or Government Entity NEW BRUNSWICK		345. Motor Carrier or Government Entity NJ 08901		127z 26																				
	346. Number & Street One Penn Plaza East					347. City Newark					348. State NJ					349. Zip 07105		350. Carrier No. 00314581		351. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					352. Motor Carrier or Government Entity SUBURBAN TRAILS INC		353. Motor Carrier or Government Entity 750 SOMERSET STREET		354. Motor Carrier or Government Entity NEW BRUNSWICK		355. Motor Carrier or Government Entity NJ 08901		127aa 26																				
	356. Number & Street One Penn Plaza East					357. City Newark					358. State NJ					359. Zip 07105		360. Carrier No. 00314581		361. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					362. Motor Carrier or Government Entity SUBURBAN TRAILS INC		363. Motor Carrier or Government Entity 750 SOMERSET STREET		364. Motor Carrier or Government Entity NEW BRUNSWICK		365. Motor Carrier or Government Entity NJ 08901		127ab 26																				
	366. Number & Street One Penn Plaza East					367. City Newark					368. State NJ					369. Zip 07105		370. Carrier No. 00314581		371. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.					372. Motor Carrier or Government Entity SUBURBAN TRAILS INC		373. Motor Carrier or Government Entity 750 SOMERSET STREET		374. Motor Carrier or Government Entity NEW BRUNSWICK		375. Motor Carrier or Government Entity NJ 08901		127ac 26																				
	376. Number & Street One Penn Plaza East					377. City Newark																																															

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

144. Crash Diagram



145. Crash Description/Narrative

On Wednesday, November 8, 2023 at 0658, Reed, Richard responded to a crash on 144 Feet W of Somerset St and Wall St. At the time of the crash, the weather was clear and the road surface was dry.

Vehicle 1 - Brown Nissan Altima, Parking
Vehicle 2 - White Nabi 416, Backing

Upon my arrival V1 and V2 were both still on scene. Neither D1 or D2 had any complaint, both refusing medical attention. D1 stated she had pulled to the side of the road behind V2 to load something onto her phone. It was at this time V2 backed into V1. D2 stated she also honked her horn before backing but due to high noise from the buses mechanical devices she could not hear V1 honking her horn, advising her V1 was parked directly behind her. V1 sustained minor damage and was operable. V2 sustained no damage and was also operable.

{Conclusion}

*****Other Descriptions*****

01 - Geico - Field 25
02 - MOMENTUM RISK RETENTION GROUP - Field 55

146. Officer's Signature Reed, Richard	147. Badge # 7335	148. Reviewer Martinez, Ronoldy	Badge # 5250	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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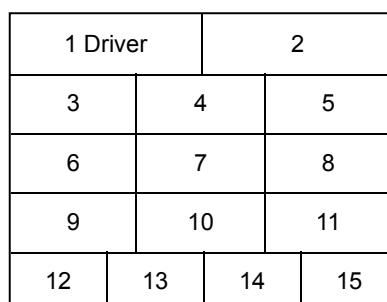
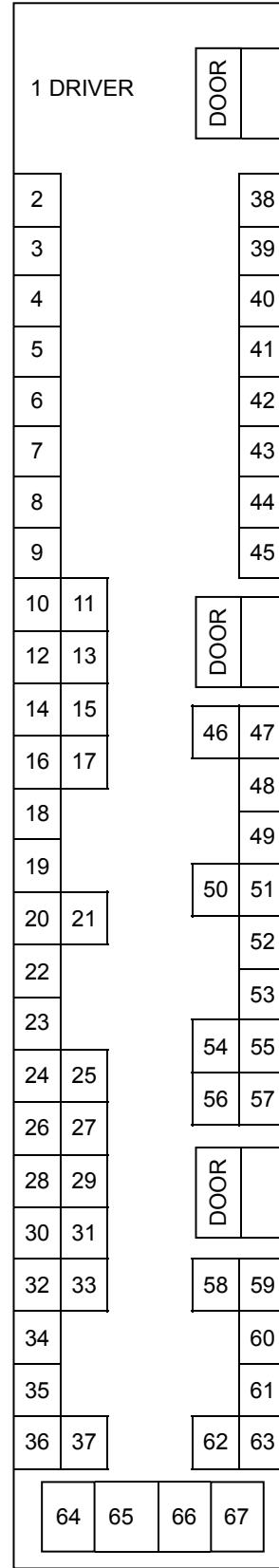
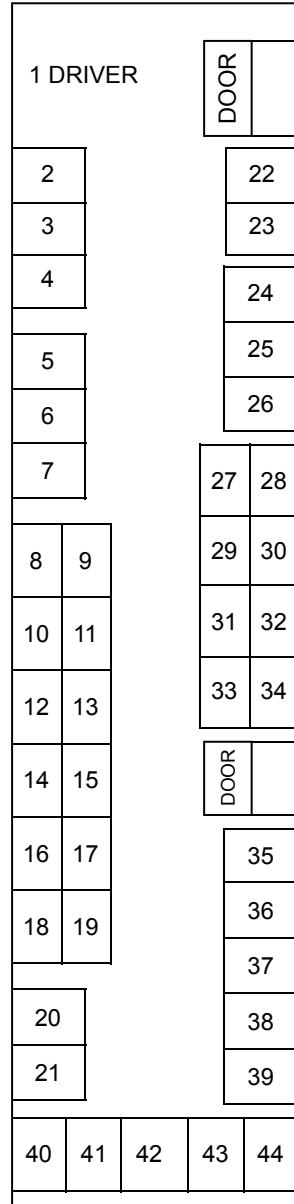
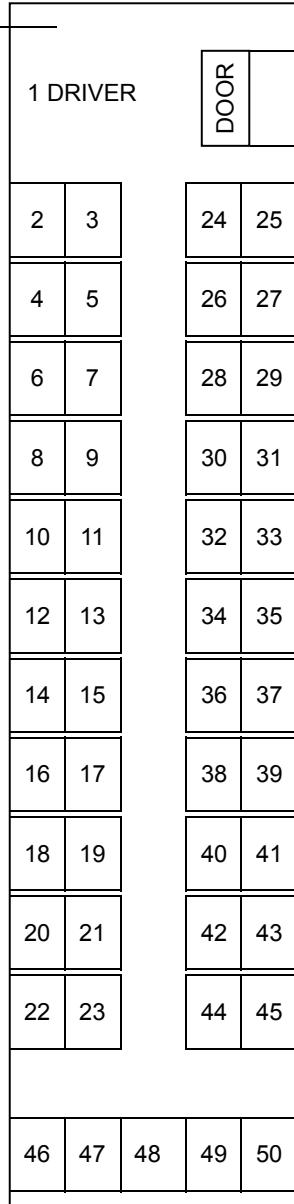
**BUS SEATING
ARRANGEMENT**

**MCI-9,
EAGLE,
&
FLXIBLE**

**FLXIBLE
TRANSIT
&
NOVA 06**

VOLVO ARTIC

1.



15 Passenger Van

REAR

Police Agency New Brunswick City Police Department

144. Crash Diagram (NOT TO SCALE)

Somerset Street

Wall Street

POI



Not To Scale

Reed, Richard

Officer's Signature

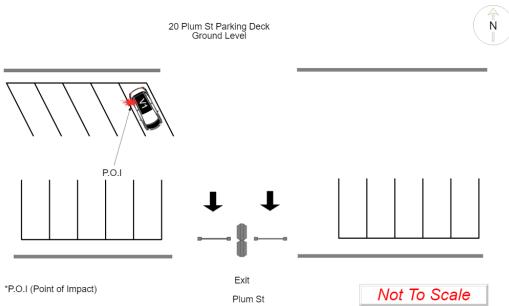
7335

Badge Number

New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report							
96	<input type="checkbox"/> Fatal				10. Crash Occurred On:	PLUM ST				11. Speed Limit	25		118a	25									
97	1. Case Number 23NB09812				Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 85.00				Dir	12. Route No.	Suffix	13. Milepost	118b										
98	2. Police Dept. of New Brunswick City Police Department				Code	<input type="checkbox"/> N	<input type="checkbox"/> E	<input checked="" type="checkbox"/> S	<input type="checkbox"/> W	of: SOMERSET ST				119a	02								
00	3. Station/Precinct				14	15	16	19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:				18. Speed Limit	119b										
99	4. Date of Crash 11/08/2023				5. Day of Week Wednesday	6. Time (use 2400 hrs.) 0926	7. Municipality Code 1214	8. Total Killed 0	9. Total Injured 0	21. Latitude 40.494643	20. Route Name/Route No. 22. Longitude -74.452230	<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		120a									
100a	23. Veh. # 01				24. Policy No. 964945096				25. NJ Ins. Code 000	53. Veh. # 02	54. Policy No. Unknown				55. NJ Ins. Code UNK	120b							
-	<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency				<input type="checkbox"/> Hit & Run				<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency	<input checked="" type="checkbox"/> Hit & Run				121a	00								
101	26. Driver's First Name Initial A				Last Name Bennett				29. Sex Unknown	56. Driver's First Name Initial Unknown				59. Sex U	121b								
01	27. Number & Street 128 W 128t St								57. Number & Street Unknown														
102	28. City New York				State NY				58. City Unknown	State Zip													
01	30. Eyes DL Class Restrictions				Endorsements				31. State 00	60. Eyes DL Class 00	61. State 00	62. Driver's License Number Unknown	63. DOB	64. Expires	122	10							
104	32. Driver's License Number				33. DOB				34. Expires	62. Driver's License Number Unknown				123									
02	35. Owner's First Name Same as Driver Katisha				Initial A				Last Name Bennett	65. Owner's First Name Same as Driver Unknown	Initial Unknown	Last Name Unknown			124	-							
105	36. Number & Street 128 W 128t St								66. Number & Street Unknown					125									
06	37. City New York				State NY				38. Make HONDA	39. Model Accord	40. Color BK	41. Year 2021	42. Plate No. KKR2131	43. State NY	67. City Unknown	68. Make Unknown	69. Model Unknown	70. Color UK	71. Year Unknown	72. Plate No. Unknown	73. State	126a	26
106	44. VIN 1HGCV1F32MA032861				45. Expires 02/15/2025				74. VIN UNKNOWN					75. Expires	126b								
-	46. Vehicle Removed to:								76. Vehicle Removed to:					126d									
111	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded	<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded					126e		26						
00	47. Authority Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police								77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police					127a									
112	<input type="checkbox"/> 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				48. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Results: <input type="checkbox"/> % <input type="checkbox"/> Pending				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	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Results: <input type="checkbox"/> % <input type="checkbox"/> Pending					127b								
113	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX	81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.					127c							
00	52. Motor Carrier or Government Entity								82. Motor Carrier or Government Entity					127d									
114	Number & Street								Number & Street					128		26							
-	City				State Zip				City	State Zip				129		05							
115	Level of Autonomy 150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown				Level of Autonomy 152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Unknown								130		05								
-	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												131										
116													132										
-													133		02								
117													134		00								
00	Oper.	136. Charge				137. Summons No.				Oper.	138. Charge				139. Summons No.								
140. Charge					141. Summons No.				Oper.	142. Charge				143. Summons No.									
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death									
A	02	01	00	00		U	-	-	00	00	00			Unknown Unknown Unknown Unknown									
B																							
C																							
D																							

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

144. Crash Diagram



145. Crash Description/Narrative

On Wednesday, November 8, 2023 at 0926, I responded to a crash on 85 Feet S of Plum St and Somerset St. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Black Honda Accord, Parked

Vehicle #1 (V1) was parked in a parking stall of the 20 Plum St parking deck (Ground level). The reporting party stated that he had parked the vehicle on Tuesday (11/07/2023) at approximately 14:40 hours and reported for work at Robert Wood Johnson Hospital (RWJH). He stated that when he returned to the vehicle after his shift on Wednesday (11/08/2023) at approximately 08:35 hours, he immediately observed the damages. Vehicle #1 sustained minor damages to the passenger side rear fender and rear tire. At this time vehicle #2 cannot be identified as there were no witnesses that had come forward.

Unit 2, Vehicle - Unknown Unknown Unknown, {PreCrash_Action_Missing}

Vehicle #2 fled the scene of the accident and cannot be identified at this time.

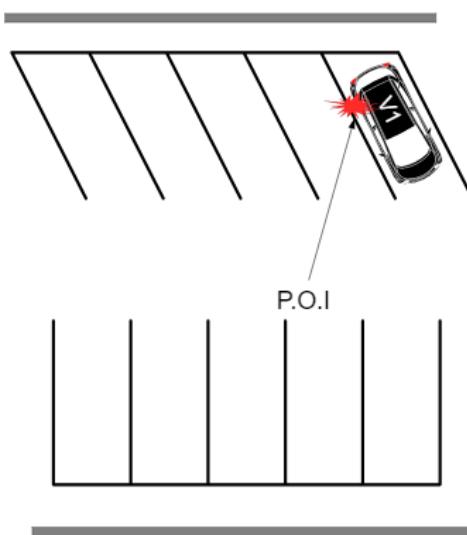
*****Other Descriptions*****

01 - 678 Progressive Insurance Co - Field 25
02 - Struck parked vehicle - Field 119a

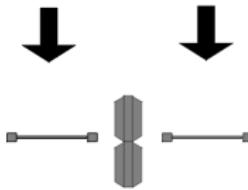
146. Officer's Signature Sarmiento, Karlo	147. Badge # 7285	148. Reviewer Martinez, Ronoldy	Badge # 5250	149. Case Status <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

20 Plum St Parking Deck
Ground Level



*P.O.I (Point of Impact)



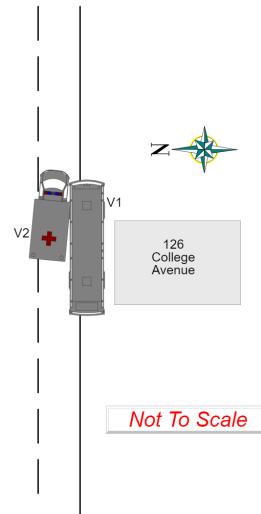
Exit
Plum St

Not To Scale

New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																	
96 04	<input type="checkbox"/> Fatal		10. Crash Occurred On: <u>126 COLLEGE AVE</u>												11. Speed Limit <u>25</u>					118a 25													
97 01	1. Case Number <u>23nb09820</u>					Road Name			Dir			12. Route No.		Suffix		13. Milepost		118b 25															
98 01	2. Police Dept. of New Brunswick City Police Department					At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles			<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W			of:						119a 25															
99 07	3. Station/Precinct					14 15			16			19. <input type="checkbox"/> To: <u>17. Cross Road Name/Route No.</u>		<input type="checkbox"/> NB <input type="checkbox"/> EB		18. Speed Limit		119b 25															
100a 01	4. Date of Crash <u>11/08/2023</u>		5. Day of Week <u>Wednesday</u>		6. Time (use 2400 hrs.) <u>1405</u>		7. Municipality Code <u>1214</u>	8. Total Killed <u>0</u>	9. Total Injured <u>0</u>	Ramp <input type="checkbox"/> From:		<input type="checkbox"/> SB <input type="checkbox"/> WB		21. Latitude <u>40.503127</u>		20. Route Name/Route No. <u>-74.451810</u>		22. Longitude	120a 01														
100b 04	23. Veh. # <u>01 7281162</u>					25. NJ Ins. Code <u>228</u>			53. Veh. # <u>02 CA6675925</u>		54. Policy No. <u>104</u>			55. NJ Ins. Code				120b 01															
101 02	26. Driver's First Name <u>HERMAN</u>					Initial <u>J</u> Last Name <u>FELICIANO</u>			29. Sex <u>M</u>		56. Driver's First Name <u>JOSLYNE</u>			Initial <u>J</u> Last Name <u>ANDRES</u>		59. Sex <u>F</u>		121a 01															
102 01	27. Number & Street <u>97 GORDON STREET</u>								57. Number & Street <u>3 WHITEHALL AVE</u>									121b 01															
103 01	28. City <u>PERTH AMBOY</u>					State <u>NJ</u>			58. City <u>EDISON</u>		State <u>NJ</u>			Zip <u>08820-2623</u>																			
104 2	30. Eyes <u>06</u>		DL Class <u>D</u>		Restrictions <u>L</u>		Endorsements		31. State <u>NJ</u>		60. Eyes <u>02</u>		DL Class <u>D</u>		Restrictions <u>1</u>		61. State <u>NJ</u>	122 -															
105 02	32. Driver's License Number <u>F23803270010856</u>					33. DOB <u>10/15/1985</u>			34. Expires <u>10/15/2025</u>		62. Driver's License Number <u>A58854137161982</u>			63. DOB <u>11/23/1998</u>		64. Expires <u>11/23/2024</u>		123 01															
106 -	35. Owner's First Name <input type="checkbox"/> Same as Driver <u>First Transit Inc.</u>					Initial <u>J</u> Last Name			65. Owner's First Name <input type="checkbox"/> Same as Driver <u>Atlantic Ambulance Corp.</u>		Initial <u>J</u> Last Name							124 -															
107 -	36. Number & Street <u>600 VINE ST STE 1200</u>								66. Number & Street <u>475 SOUTH ST POB 1905</u>									125 11															
108 31	37. City <u>CINCINNATI</u>					State <u>OH</u>			38. Make <u>ELD</u>		39. Model <u>AXX</u>		40. Color <u>WT</u>	41. Year <u>2010</u>	42. Plate No. <u>OYB4575</u>	43. State <u>NJ</u>	67. City <u>MORRISTOWN</u>	State <u>NJ</u>	Zip <u>07962</u>	126a 26													
109 19	68. Make <u>Ford</u>		69. Model <u>S3E</u>		70. Color <u>WT</u>	71. Year <u>2014</u>	72. Plate No. <u>OA6973</u>	73. State <u>NJ</u>	68. Make <u>Ford</u>	69. Model <u>S3E</u>	70. Color <u>WT</u>	71. Year <u>2014</u>	72. Plate No. <u>OA6973</u>	73. State <u>NJ</u>	126b -																		
110 02	44. VIN <u>1N9APACL3AC084200</u>					45. Expires <u>03/01/2024</u>			74. VIN <u>1FDSS3ELXEDB14803</u>					75. Expires <u>03/01/2024</u>				126c -															
111 02	46. Vehicle Removed to:								76. Vehicle Removed to:									126d -															
112 13	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded								<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded									126e 26															
113 05	<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded								<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded									127a -															
114 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police								77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police									127b 28															
115 -	48. 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					49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill			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		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill							127c -															
116 02	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending					Hazard Class <u>Placard No.</u>			Results: <input type="checkbox"/> % <input type="checkbox"/> Pending		Hazard Class <u>Placard No.</u>							127d -															
117 02	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX					51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.							127e 28															
52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity												128 26									
Number & Street												Number & Street												129 10									
City <u>State Zip</u>												City <u>State Zip</u>												130 10									
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown					Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown					131 02																			
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown							153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																								
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												136. Charge												139. Summons No.		132 02							
Oper. <input type="checkbox"/> 136. Charge												137. Summons No.		Oper. <input type="checkbox"/> 138. Charge		139. Summons No.		Oper. <input type="checkbox"/> 140. Charge												143. Summons No.			
																																Names & Addresses of Occupants If Deceased, Date & Time of Death	
A	83	84	85	86	87	88	89	90	91	92	93	94	95																				
	01	01	01	05	38	M	-	-	-	04	04	-	-	HERMAN FELICIANO 97 GORDON STREET PERTH AMBOY NJ 08861-4428																			
	B	02	01	01	05	24	F	-	-	-	04	04	-	-	JOSLYNE J ANDRES 3 WHITEHALL AVE EDISON NJ 08820-2623																		
	C																																
D																																	

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of Vehicle 1 reports sitting in his parked vehicle on the side of the roadway when he was sideswiped by Vehicle 2.

Driver of Vehicle 2 reports driving straight on College Avenue and sideswiping the left front side of Vehicle 1 as she drove past it.

No injuries.

146. Officer's Signature

Yacuk, Michael

147. Badge #

7283

148. Reviewer

Regan, Richard

Badge #

7313

149. Case Status

Pending Complete

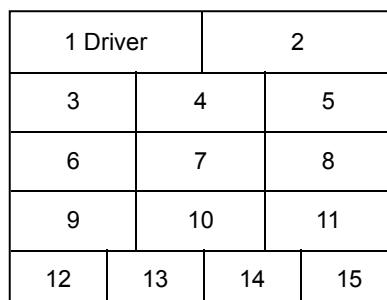
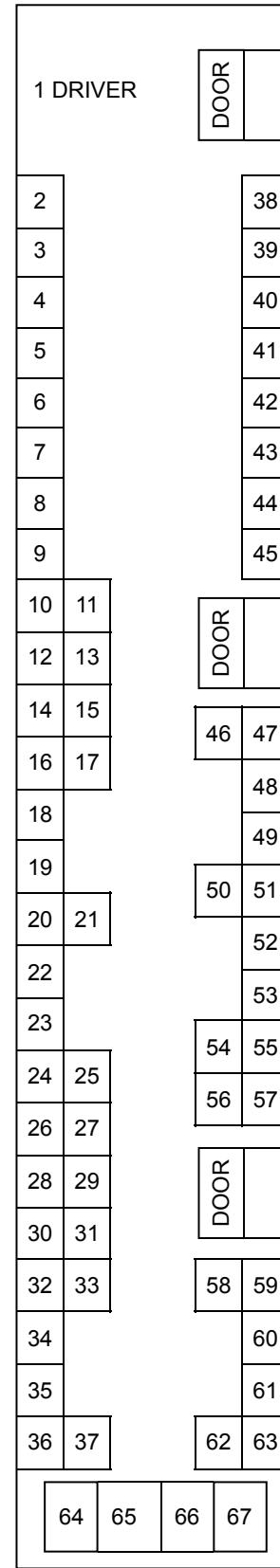
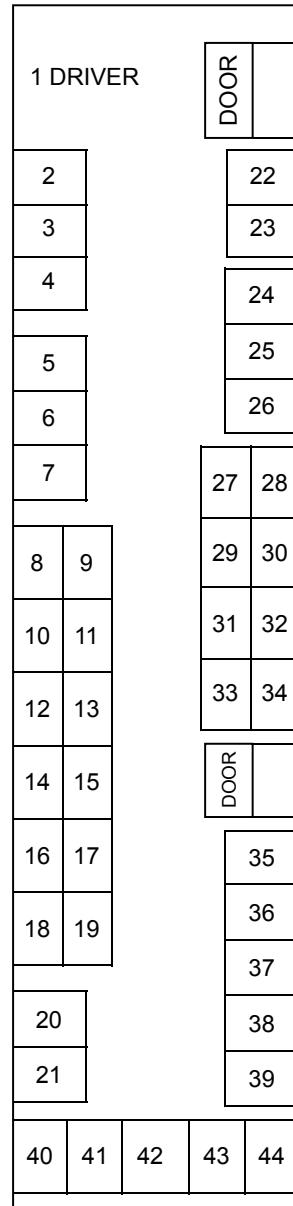
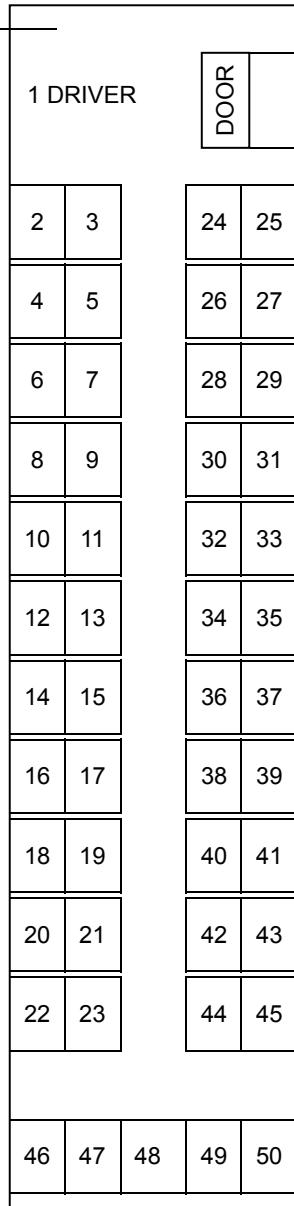
**BUS SEATING
ARRANGEMENT**

**MCI-9,
EAGLE,
&
FLXIBLE**

**FLXIBLE
TRANSIT
&
NOVA 06**

VOLVO ARTIC

1.



15 Passenger Van

REAR

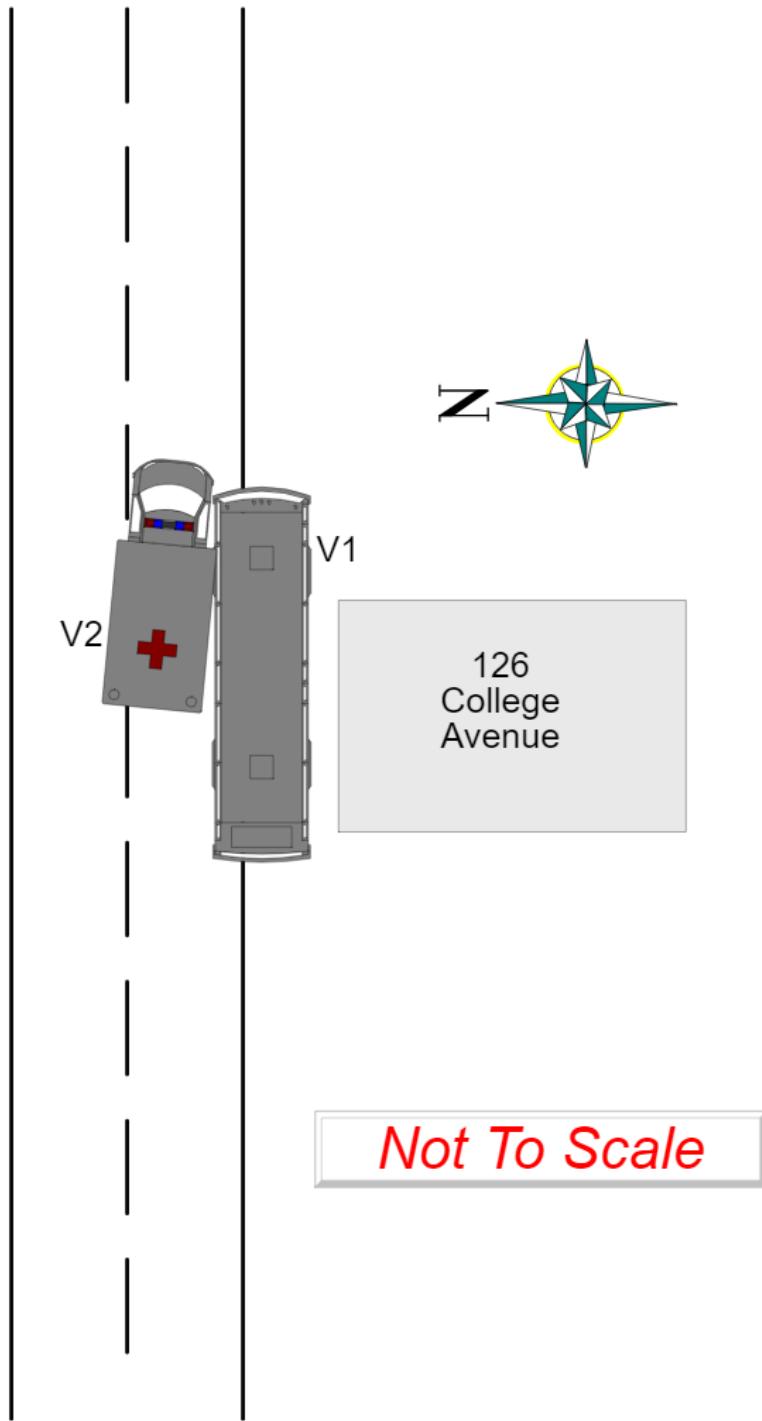
Police Agency New Brunswick City Police Department

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23nb09820

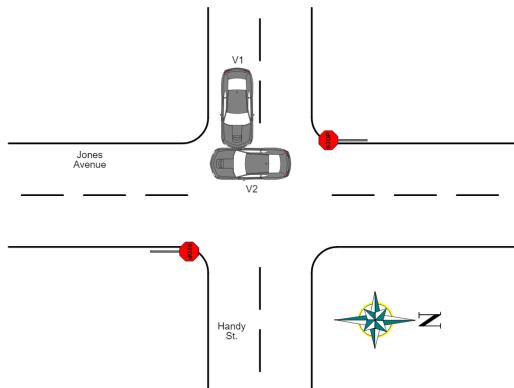
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Fatal		<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report		118a 25						
96 04	1. Case Number 23nb09822	10. Crash Occurred On: JONES AV												11. Speed Limit 25						118b 25								
97 01	2. Police Dept. of New Brunswick City Police Department	Code 01		Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles												Dir		12. Route No. 13. Milepost		119a 00								
98 01	3. Station/Precinct			of: HANDY ST												18. Speed Limit 25				119b 00								
99 07	4. Date of Crash 11/08/2023	5. Day of Week Wednesday		6. Time (use 2400 hrs.) 1543		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 40.483481		18. Speed Limit 25		120a 01												
100a 01	20. Route Name/Route No. -74.441436												22. Longitude				120b 01											
100b 04	23. Veh. # 01	24. Policy No. TCA00002023312												25. NJ Ins. Code 632		53. Veh. # 02		54. Policy No. Unknown		55. NJ Ins. Code UNK								
101 02	26. Driver's First Name VICTORIA												Initial N		Last Name DUDEK		29. Sex F		56. Driver's First Name unknown		Initial -		Last Name unknown		59. Sex U			
102 01	27. Number & Street 35 MCKAY DRIVE																57. Number & Street unknown						121a 00					
103 01	28. City BRICK												State NJ		Zip 08723-5436		58. City unknown		State 99		Zip unknown		121b 00					
104 2	30. Eyes 04	DL Class D		Restrictions 0		Endorsements		31. State NJ		60. Eyes 00		DL Class		Restrictions		Endorsements		61. State 99										
105 03	32. Driver's License Number D90817677554894												33. DOB 04/20/1989		34. Expires 04/20/2026		62. Driver's License Number unknown		63. DOB		64. Expires				122 01			
106 -	35. Owner's First Name Same as Driver VICTORIA												Initial N		Last Name DUDEK		65. Owner's First Name Same as Driver unknown		Initial -		Last Name unknown				123 01			
107 -	36. Number & Street 35 MCKAY DRIVE																66. Number & Street unknown						124 11					
108 01	37. City BRICK												State NJ		Zip 08723-5436		67. City unknown		State 99		Zip unk		125 08					
109 00	38. Make KIA	39. Model SPO		40. Color BK		41. Year 2023		42. Plate No. C98RSV		43. State NJ		68. Make unknown		69. Model unknown		70. Color UK		71. Year unknown		72. Plate No. unknown		73. State -						
110 01	44. VIN KNPUCAG5P7043279												45. Expires 12/01/2026		74. VIN				75. Expires						126c -			
111 00	46. Vehicle Removed to:														76. Vehicle Removed to:								126d -					
112 -	47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police												48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity	
113 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
114 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
115 -	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
116 02	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
117 03	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
118 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
119 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
120 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
121 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
122 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
123 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
124 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
125 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
126 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
127 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
128 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
129 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
130 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
131 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
132 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
133 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
134 00	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Motor Carrier or Government Entity		54. Motor Carrier or Government Entity		55. Motor Carrier or Government Entity											
	Names & Addresses of Occupants If Deceased, Date & Time of Death																											
A	01	01	01	05	34	F	-	-	-	04	04	06	-	VICTORIA N DUDEK 35 MCKAY DRIVE BRICK NJ 08723-5436														
B	01	04	01	05	9	M	-	-	-	04			-	Aamir - Hall-Reid 35 McKay Drive Brick NJ 08723														
C	01	05	01	05	5	F	-	-	-	07			-	Nadiya - Hall-Reid 35 McKay Drive Brick NJ 08723														
D	02</td																											

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of Vehicle 1 reports driving straight on Handy Street. Vehicle 2 was driving straight on Jones Avenue approaching Handy Street. Vehicle 2 disregarded their stop sign and entered the intersection without stopping, causing Vehicle 1 to strike Vehicle 2. Vehicle 2 fled the area without stopping. Driver of Vehicle 1 was unable to obtain any details on Vehicle 2.

146. Officer's Signature

Yacuk, Michael

147. Badge #

7283

148. Reviewer

Regan, Richard

Badge #

7313

149. Case Status

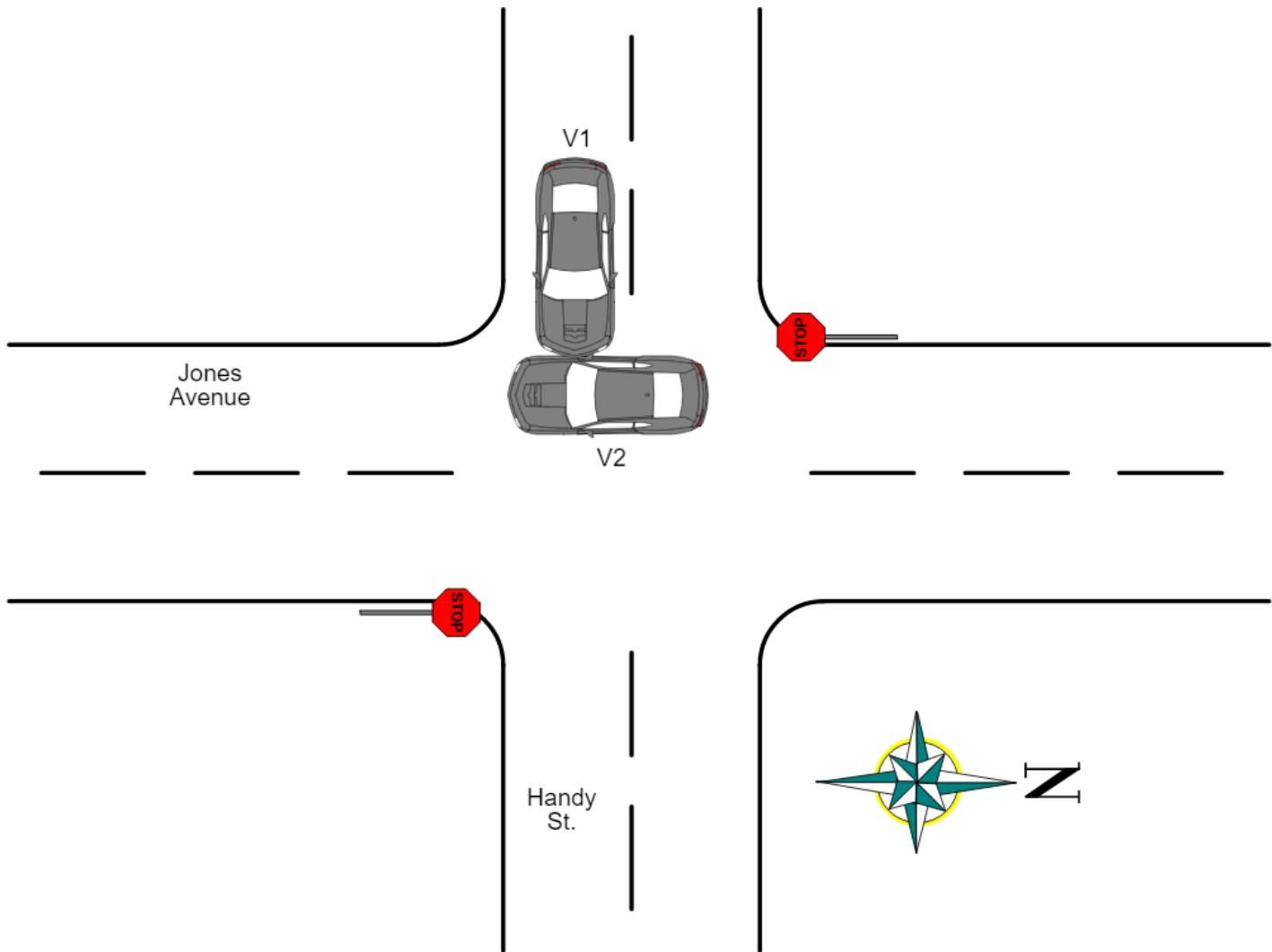
Pending Complete

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23nb09822

144. Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report											
96 04	<input type="checkbox"/> Fatal		10. Crash Occurred On: JULIET ST												11. Speed Limit 25					118a 25							
97 01	1. Case Number 23NB09823				Road Name <input checked="" type="checkbox"/> At Intersection with				Dir				12. Route No. Suffix 13. Milepost				118b										
98 01	2. Police Dept. of New Brunswick City Police Department				<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> Miles								18. Speed Limit 25				119a 04										
99 07	3. Station/Precinct				14 15 16								19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 21. Latitude 20. Route Name/Route No. 22. Longitude				119b										
100a 01	4. Date of Crash 11/08/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 1614		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		53. Veh. # 612497095		54. Policy No. 55. NJ Ins. Code 360		120a 01										
100b 04	23. Veh. # 01 935721508				25. NJ Ins. Code 135												120b										
101 02	26. Driver's First Name ROSA				Initial N				Last Name ROJAS-AGUILAR				29. Sex F				56. Driver's First Name ELEXIS		Initial E		Last Name YOUNG		59. Sex F				
102 01	27. Number & Street 39 LORETTA STREET												57. Number & Street 38 MAY ST								121a 01						
103 01	28. City NEW BRUNSWICK				State NJ				Zip 08901-3439				58. City NEW BRUNSWICK				State NJ		Zip 08901-3436		121b						
104 02	30. Eyes 01		DL Class D		Restrictions		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions T		Endorsements		61. State NJ		122 01						
105 09	32. Driver's License Number R61886690058821				33. DOB 08/30/1982				34. Expires 08/30/2027				62. Driver's License Number Y68112056562972				63. DOB 12/14/1997		64. Expires 12/14/2027		123 06						
106 -	35. Owner's First Name ROSA				Initial N				Last Name ROJAS-AGUILAR				65. Owner's First Name ELEXIS				Initial E		Last Name YOUNG		124 11						
107 -	36. Number & Street 39 LORETTA STREET												66. Number & Street 38 MAY ST						125 08								
108 01	37. City NEW BRUNSWICK				State NJ				Zip 08901-3439				67. City NEW BRUNSWICK				State NJ		Zip 08901-3436		126a 26						
109 01	38. Make JEEP		39. Model Grand Cherokee		40. Color BK		41. Year 2017		42. Plate No. S54MBE		43. State NJ		68. Make HYUNDAI		69. Model Elantra		70. Color SL		71. Year 2008		72. Plate No. A18SUP		73. State NJ				
110 01	44. VIN 1C4RJFCG1HC751568								45. Expires 12/01/2023				74. VIN KMHDU46D88U419799						75. Expires 10/01/2024		126c						
111 01	46. Vehicle Removed to:												76. Vehicle Removed to:												126d		
112	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												126e		
113	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police												77. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												126f		
114 -	48. 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				49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.				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				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.				126g										
115 -	Results: <input type="checkbox"/> % <input type="checkbox"/> Pending																		126h								
116 03	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX				81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.				126i										
117 02	52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity												126j		
Number & Street												Number & Street												126k			
City State Zip												City State Zip												126l			
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										130 04			
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown												153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown										131 12			
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																								132 12			
Oper. 136. Charge												137. Summons No.				Oper.		138. Charge				139. Summons No.				133 03	
Oper. 140. Charge												141. Summons No.				Oper.		142. Charge				143. Summons No.				134 03	
																						Names & Addresses of Occupants If Deceased, Date & Time of Death					
A	01	01	-	-	41	F			04	04							ROSA N ROJAS-AGUILAR 39 LORETTA STREET NEW BRUNSWICK NJ 08901-3439				135 03						
B	02	01	-	-	25	F			04	04							ELEXIS E YOUNG 38 MAY ST NEW BRUNSWICK NJ 08901-3436				136 03						
C																					137 03						
D																					138 03						

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of veh. 1 stated that she was traveling on Lee Ave. (South bound) going straight ahead. She stated that as she was crossing the intersection at Juliet St., Veh. 2 struck her vehicle, as it attempted to cross Lee Ave. from Juliet St. Driver of veh. 1 was not injured. Driver of veh. 2 stated that she was stopped at the stop sign on Juliet St. at the intersection of Lee Ave. She stated that another vehicle on Juliet St. ((North bound) was stopped and made a left turn onto Lee Ave. Driver of veh. 2 stated that after that vehicle made the turn, she began to move forward to make her right turn onto Lee Ave. As she did so, she stated that veh. 1 struck her vehicle as she was turning. Driver of veh. 2 was not injured.

146. Officer's Signature Chang, Miguel	147. Badge # 7244	148. Reviewer Regan, Richard	Badge # 7313	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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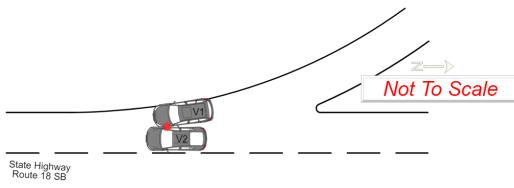
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																		
96 05		<input type="checkbox"/> Fatal						10. Crash Occurred On: NJ 18 SECONDARY						S	11. Speed Limit 55	18		41.9	118a 02																	
97 01		1. Case Number 23NB09825						Road Name						Dir	12. Route No.	Suffix	13. Milepost	118b 05																		
98 01		2. Police Dept. of New Brunswick City Police Department						Code 01	<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> Feet 1.000 <input type="checkbox"/> Miles						of:	18. Speed Limit																				
99 02		3. Station/Precinct						S 14 15	19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> From: 21. Latitude 40.491218						NB <input type="checkbox"/> EB SB <input type="checkbox"/> WB	20. Route Name/Route No. 22. Longitude -74.438503																				
100a 01		4. Date of Crash 11/08/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 1633	7. Municipality Code 1214	8. Total Killed 0	9. Total Injured 0	53. Veh. # 01607 40 08C 7101 0						54. Policy No. 823																				
100b 04		23. Veh. # 01						24. Policy No. 00						25. NJ Ins. Code UNK						55. NJ Ins. Code																
101 02		26. Driver's First Name SALMA						Initial S	Last Name RAUDALES						29. Sex F	56. Driver's First Name RYLEE						Initial A	Last Name HUMMEL													
102 01		27. Number & Street 300 SANDFORD ST FL 1						57. Number & Street 2 ASHBROOKE AVE						59. Sex F																						
103 01		28. City NEW BRUNSWICK State NJ Zip 08901-3042						58. City WOODSTOWN State NJ Zip 08098-1058																												
104 02		30. Eyes 02		DL Class D		Restrictions 0		Endorsements		31. State NJ		60. Eyes 05	DL Class D	Restrictions 00	Endorsements		61. State NJ		122 12																	
105 02		32. Driver's License Number R08686858258792						33. DOB 08/02/1979		34. Expires 08/02/2025		62. Driver's License Number H92456826151055						63. DOB 01/31/2005		64. Expires 01/31/2026		123 01														
106 -		35. Owner's First Name SALMA						Initial S	Last Name RAUDALES						65. Owner's First Name Shirleen						Initial	Last Name Hummel														
107 -		36. Number & Street 300 SANDFORD ST FL 1						66. Number & Street 2 Ashbrooke Ave																												
108 01		37. City NEW BRUNSWICK State NJ Zip 08901-3042						67. City WOODSTOWN State NJ Zip 08908																												
109 01		38. Make CHEVROLET	39. Model Traverse	40. Color WT	41. Year 2019	42. Plate No. U64RCJ	43. State NJ	68. Make NISSAN	69. Model Altima	70. Color BK	71. Year 2015	72. Plate No. K95SMN	73. State NJ																							
110 00		44. VIN 1GNERGKW1KJ101008						45. Expires 06/30/2024						74. VIN 1N4AL3AP5FC147629						75. Expires 08/01/2024																
111 01		46. Vehicle Removed to:												76. Vehicle Removed to:																						
112 -		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded						<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded																												
113 -		<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded						<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded																												
114 -		47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police						77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police																												
115 -		48. 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						49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill						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						79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill																
116 03		Results: <input type="checkbox"/> % <input type="checkbox"/> Pending						Hazard Class <input type="checkbox"/> Placard No. <input type="checkbox"/>						Results: <input type="checkbox"/> % <input type="checkbox"/> Pending						Hazard Class <input type="checkbox"/> Placard No. <input type="checkbox"/>																
117 03		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None						51. GVWR/GCWR (trucks & buses only) <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"/> None						81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.																
52. Motor Carrier or Government Entity												82. Motor Carrier or Government Entity																								
Number & Street												Number & Street																								
City State Zip												City State Zip																								
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																												
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown						153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																												
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												136. Charge 39:3-40 - License or Registration Suspended 1214Q524653																								
Oper. 01												137. Summons No. 1214Q524653						Oper.	138. Charge						139. Summons No.											
Oper. 01												140. Charge 39:4-97 - Careless Driving 1214Q524654						Oper.	141. Summons No. 1214Q524654						142. Charge						143. Summons No.					
																								Names & Addresses of Occupants If Deceased, Date & Time of Death												
A 01 01 01 00 44 F												04						SALMA S RAUDALES 300 SANDFORD ST FL 1 NEW BRUNSWICK NJ 08901-3042																		
B 02 01 01 05 18 F - - -												04						- RYLEE A HUMMEL 2 ASHBROOKE AVE WOODSTOWN NJ 08098-1058																		
C																																				
D																																				

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of V1 (NJ Reg: U64RCJ) was merging into traffic traveling southbound on State Highway Route 18 SB. During the course of this action she sideswiped v2. This caused minor damage to the driver side of v1. Driver of V1 then proceeded to drive away and failed to report the accident.

It should be noted that an attempt to locate at the local address did not find the vehicle or the driver.

Driver of V2 (NJ Reg: K95SMN) stated that she was traveling south bound on State Highway Route 18 SB. She stated that while in heavy traffic she noticed V1 attempting to merge into her lane. She stated that there was not enough space yet V1 continued to attempt to merge. This action caused the passenger side of V2 to be struck by the driver side of v1. This caused minor damage to v2.

As a result of V1 not stopping to discuss the accident, V2 took a photo of the license plate, the damage, and the driver of V2. The picture provided appeared to be the registered owner of v2. She was issued several summonses for offense related to the incident. These pictures were attached to the report.

P.O Drozd #7347

Additional Citations

01 - 39:4-129B - Leaving the scene of an Accident - Property Damage - 1214Q524655
 01 - 39:4-130 - Failure to Report an Accident - 1214Q524656
 01 - 39:3-29 - Failure to Exhibit Documents - 1214Q524657

Other Descriptions

01 - attempted to force a merge. - Field 118a

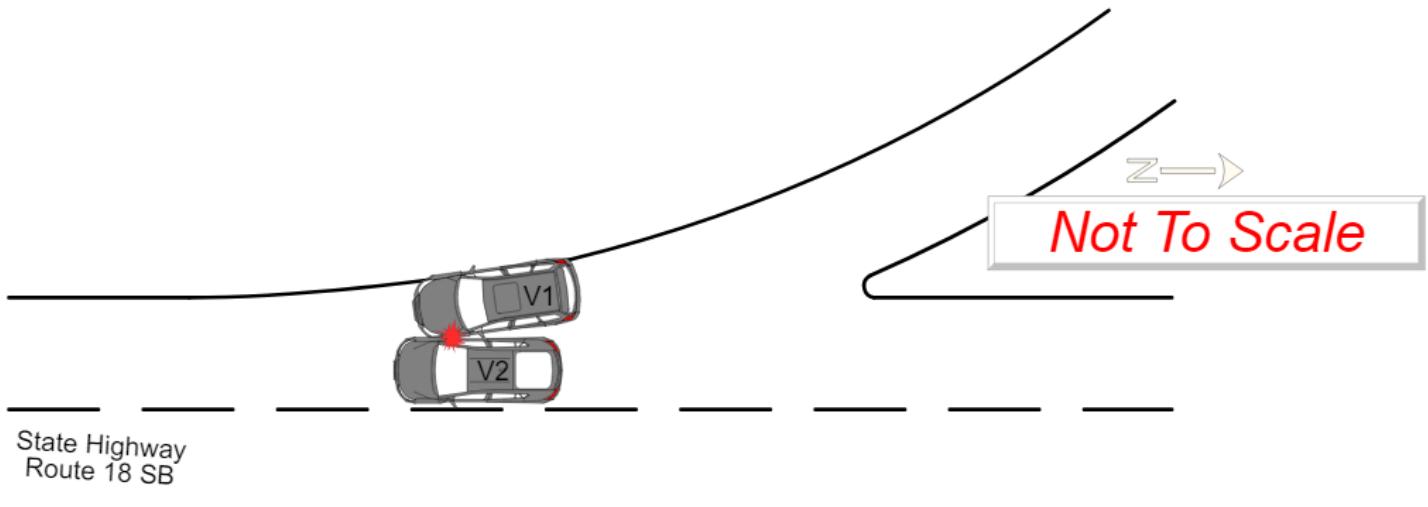
146. Officer's Signature Drozd, Jeffrey	147. Badge # 7347	148. Reviewer Regan, Richard	Badge # 7313	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09825

144. Crash Diagram (NOT TO SCALE)



96 04	<input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report													118a 25																																							
97 01	1. Case Number 23NB09827				10. Crash Occurred On: HARVEY ST						11. Speed Limit 25						118b																																				
98 06	2. Police Dept. of New Brunswick City Police Department				Code 01		Road Name <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles						Dir		12. Route No. Suffix		13. Milepost	119a 04																																			
99 07	3. Station/Precinct						of: SOMERSET ST										18. Speed Limit 25	119b																																			
100a 01	4. Date of Crash 11/08/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 1820		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		21. Latitude 40.494196	20. Route Name/Route No. -74.453685	22. Longitude	120a 01																																	
100b 04	23. Veh. # 01				24. Policy No. 433006960						25. NJ Ins. Code 100		53. Veh. # 02		54. Policy No. 979397754105				55. NJ Ins. Code 129		120b																																
101 02	26. Driver's First Name ANNA				Initial V		Last Name DASILVA				29. Sex F		56. Driver's First Name EVAN				Initial M		59. Sex M	121a 01																																	
102 01	27. Number & Street 2236 STECHER AVE										57. Number & Street 26 NORTH BAUMS CT										121b																																
103 01	28. City UNION				State NJ		Zip 07083-5252		58. City LIVINGSTON				State NJ		Zip 07039-4127																																						
104 02	30. Eyes 02		DL Class D		Restrictions 1		Endorsements		31. State NJ		60. Eyes 02		DL Class D		Restrictions		Endorsements		61. State NJ	122 01																																	
105 09	32. Driver's License Number D07440478554002				33. DOB 04/16/2000		34. Expires 04/16/2025		62. Driver's License Number T03382527408022				63. DOB 08/18/2002		64. Expires 08/18/2027			123 06																																			
106 -	35. Owner's First Name ANNA				Initial V		Last Name DASILVA				65. Owner's First Name MATTHEW				Initial S		Last Name TAMASCO			124 11																																	
107 -	36. Number & Street 2236 STECHER AVE										66. Number & Street 26 NORTH BAUMS CT										125 08																																
108 01	37. City UNION				State NJ		Zip 07083-5252		67. City LIVINGSTON				State NJ		Zip 07039-4127			126a 26																																			
109 01	38. Make HONDA		39. Model Accord		40. Color WT		41. Year 2022		42. Plate No. H40PXX		43. State NJ		68. Make VOLKSWAGEN		69. Model Jetta		70. Color GY		71. Year 2022		72. Plate No. E37PZL		73. State NJ		126b																												
110 01	44. VIN 1HGCV1F50NA049354				45. Expires 05/01/2026						74. VIN 3VWAM7BU2NM013500										75. Expires 06/01/2026					126c																											
111 01	46. Vehicle Removed to: Puleio's Towing													76. Vehicle Removed to: Puleio's Towing														126d																									
112	<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded													<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded														126e 26																									
113	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police													77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police														127a 26																									
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending													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: <input type="checkbox"/> % <input type="checkbox"/> Pending														127b																									
115 -	49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> MC/MX													79. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> MC/MX														127c																									
116 02	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX													51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX													81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.													127d
117	52. Motor Carrier or Government Entity													82. Motor Carrier or Government Entity																										128 26													
Number & Street													Number & Street																										129 11														
City <input type="checkbox"/> State <input type="checkbox"/> Zip													City <input type="checkbox"/> State <input type="checkbox"/> Zip																										130 11														
Level of Autonomy		150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown											Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																								131 01														
		151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown													153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown																								132 01														
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																																							133 04														
Oper.	136. Charge											137. Summons No.		Oper.	138. Charge											139. Summons No.															134 04												
Oper.	140. Charge											141. Summons No.		Oper.	142. Charge											143. Summons No.																											
A B C D	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death																																							
	01	01	-	-	23	F				04	04	02		ANNA V DASILVA 2236 STECHER AVE UNION NJ 07083-5252																																							
	02	01	-	-	21	M				04	04	02		EVAN M TAMASCO 26 NORTH BAUMS CT LIVINGSTON NJ 07039-4127																																							

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of veh. 1 stated that she was traveling on Somerset St. (East bound) going straight ahead. Driver stated that as she was entering the intersection at Harvey St., Veh. 2 attempted to cross Somerset St. while on Harvey St. She stated that she attempted to veer her vehicle to the left to avoid a collision but was unable to do so in time and was struck by veh. 2. Driver of veh. 1 was not injured.

Driver of veh. 2 stated that he was stopped at the stop sign on Harvey St. at the intersection on Somerset St. He stated that that traffic on Somerset St. (West bound) was at a stop and began to enter the intersection. He then stated that he did not see any vehicles on the East bound traffic lane and continued to proceed forward. As he did so, he stated that he was then struck by Veh. 1. Driver of veh. 2 was not injured.

146. Officer's Signature

Chang, Miguel

147. Badge #

7244

148. Reviewer

Regan, Richard

Badge #

7313

149. Case Status

Pending Complete

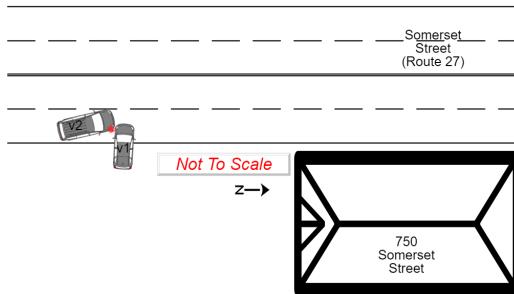
144. Crash Diagram (NOT TO SCALE)



96	New Jersey Police Crash Investigation Report													118a 02																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
97	<input type="checkbox"/> Fatal					<input checked="" type="checkbox"/> Reportable					<input type="checkbox"/> Non-Reportable			<input type="checkbox"/> Change Report			118b -																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
01	1. Case Number 23NB09829					10. Crash Occurred On: NJ 27					N		11. Speed Limit 40		27		14.5		119a 25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
98	2. Police Dept. of New Brunswick City Police Department					Road Name <input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 26.00 Miles					Dir <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		12. Route No. Ramp		Suffix		13. Milepost of: 18. Speed Limit		119b 25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
06	3. Station/Precinct 14 15 16					19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. From: 21. Latitude 20. Route Name/Route No. 22. Longitude					<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB						119a 25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
99	4. Date of Crash 11/08/2023					5. Day of Week Wednesday					6. Time (use 2400 hrs.) 1826		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		40.485090 -74.474441		120a 01																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
100a	10. Crash Occurred On: NJ 27					11. Speed Limit 40					12. Route No. Ramp		13. Milepost of: 18. Speed Limit		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. From: 21. Latitude 20. Route Name/Route No. 22. Longitude		40.485090 -74.474441		120b -																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
01	23. Veh. # 01					24. Policy No. 00					25. NJ Ins. Code UNK		26. Driver's First Name SAMIR		27. Number & Street 17 BALBOA LANE		28. City FRANKLIN PARK		29. Sex M		30. Eyes 07		31. State NJ		32. Driver's License Number P07956870004727		33. DOB 04/11/1972		34. Expires 04/11/2026		35. Owner's First Name Initial N		36. Number & Street 17 BALBOA LANE		37. City FRANKLIN PARK		38. Make TOYOTA		39. Model Camry		40. Color BK		41. Year 2002		42. Plate No. L53KDW		43. State NJ		44. VIN 4T1BE32K52U613314		45. Expires 06/01/2024		46. Vehicle Removed to: Guaranteed Towing		47. Authority Owner		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material None On Board Spill		50. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		51. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		53. Number & Street		54. City State Zip		55. City State Zip		56. Driver's First Name Initial A		57. Number & Street 17 JULIET ST		58. City NEW BRUNSWICK		59. Sex M		60. Eyes 02		61. State NJ		62. Driver's License Number M25135476101682		63. DOB 01/06/1968		64. Expires 01/06/2024		65. Owner's First Name Initial A		66. Number & Street 17 JULIET ST		67. City NEW BRUNSWICK		68. Make TOYOTA		69. Model Sienna		70. Color SL		71. Year 2005		72. Plate No. W95MLU		73. State NJ		74. VIN 5TDZA23C85S262553		75. Expires 07/01/2024		76. Vehicle Removed to:		77. Authority Owner		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material None On Board Spill		80. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		81. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		82. Motor Carrier or Government Entity		83. Number & Street		84. City State Zip		85. City State Zip		86. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		87. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		88. Motor Carrier or Government Entity		89. Number & Street		90. City State Zip		91. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		92. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		93. Motor Carrier or Government Entity		94. Number & Street		95. City State Zip		96. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		97. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		98. Motor Carrier or Government Entity		99. Number & Street		100. City State Zip		101. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		102. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		103. Motor Carrier or Government Entity		104. Number & Street		105. City State Zip		106. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		107. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		108. Motor Carrier or Government Entity		109. Number & Street		110. City State Zip		111. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		112. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		113. Motor Carrier or Government Entity		114. Number & Street		115. City State Zip		116. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		117. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		118. Motor Carrier or Government Entity		119. Number & Street		120. City State Zip		121. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		122. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		123. Motor Carrier or Government Entity		124. Number & Street		125. City State Zip		126. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		127. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		128. Motor Carrier or Government Entity		129. Number & Street		130. City State Zip		131. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		132. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		133. Motor Carrier or Government Entity		134. Number & Street		135. City State Zip		136. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		137. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		138. Motor Carrier or Government Entity		139. Number & Street		140. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		141. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		142. Motor Carrier or Government Entity		143. Number & Street		144. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		145. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		146. Motor Carrier or Government Entity		147. Number & Street		148. City State Zip		149. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		150. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		151. Motor Carrier or Government Entity		152. Number & Street		153. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		154. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		155. Motor Carrier or Government Entity		156. Number & Street		157. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		158. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		159. Motor Carrier or Government Entity		160. Number & Street		161. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		162. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		163. Motor Carrier or Government Entity		164. Number & Street		165. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		166. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		167. Motor Carrier or Government Entity		168. Number & Street		169. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		170. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		171. Motor Carrier or Government Entity		172. Number & Street		173. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		174. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		175. Motor Carrier or Government Entity		176. Number & Street		177. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		178. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		179. Motor Carrier or Government Entity		180. Number & Street		181. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		182. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		183. Motor Carrier or Government Entity		184. Number & Street		185. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		186. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		187. Motor Carrier or Government Entity		188. Number & Street		189. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		190. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		191. Motor Carrier or Government Entity		192. Number & Street		193. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		194. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		195. Motor Carrier or Government Entity		196. Number & Street		197. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		198. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		199. Motor Carrier or Government Entity		200. Number & Street		201. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		202. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		203. Motor Carrier or Government Entity		204. Number & Street		205. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		206. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		207. Motor Carrier or Government Entity		208. Number & Street		209. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		210. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		211. Motor Carrier or Government Entity		212. Number & Street		213. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		214. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		215. Motor Carrier or Government Entity		216. Number & Street		217. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		218. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		219. Motor Carrier or Government Entity		220. Number & Street		221. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		222. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		223. Motor Carrier or Government Entity		224. Number & Street		225. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		226. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		227. Motor Carrier or Government Entity		228. Number & Street		229. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		230. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		231. Motor Carrier or Government Entity		232. Number & Street		233. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		234. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		235. Motor Carrier or Government Entity		236. Number & Street		237. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		238. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		239. Motor Carrier or Government Entity		240. Number & Street		241. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		242. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		243. Motor Carrier or Government Entity		244. Number & Street		245. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		246. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		247. Motor Carrier or Government Entity		248. Number & Street		249. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		250. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		251. Motor Carrier or Government Entity		252. Number & Street		253. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		254. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		255. Motor Carrier or Government Entity		256. Number & Street		257. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		258. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		259. Motor Carrier or Government Entity		260. Number & Street		261. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		262. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		263. Motor Carrier or Government Entity		264. Number & Street		265. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		266. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		267. Motor Carrier or Government Entity		268. Number & Street		269. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		270. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		271. Motor Carrier or Government Entity		272. Number & Street		273. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		274. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		275. Motor Carrier or Government Entity		276. Number & Street		277. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		278. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		279. Motor Carrier or Government Entity		280. Number & Street		281. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		282. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		283. Motor Carrier or Government Entity		284. Number & Street		285. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		286. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		287. Motor Carrier or Government Entity		288. Number & Street		289. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		290. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		291. Motor Carrier or Government Entity		292. Number & Street		293. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		294. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		295. Motor Carrier or Government Entity		296. Number & Street		297. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		298. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		299. Motor Carrier or Government Entity		300. Number & Street		301. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		302. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		303. Motor Carrier or Government Entity		304. Number & Street		305. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		306. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		307. Motor Carrier or Government Entity		308. Number & Street		309. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		310. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		311. Motor Carrier or Government Entity		312. Number & Street		313. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		314. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		315. Motor Carrier or Government Entity		316. Number & Street		317. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		318. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		319. Motor Carrier or Government Entity		320. Number & Street		321. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		322. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		323. Motor Carrier or Government Entity		324. Number & Street		325. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		326. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		327. Motor Carrier or Government Entity		328. Number & Street		329. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		330. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		331. Motor Carrier or Government Entity		332. Number & Street		333. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		334. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		335. Motor Carrier or Government Entity		336. Number & Street		337. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		338. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		339. Motor Carrier or Government Entity		340. Number & Street		341. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		342. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		343. Motor Carrier or Government Entity		344. Number & Street		345. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		346. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		347. Motor Carrier or Government Entity		348. Number & Street		349. Carrier No. USDOT <input type="checkbox"/> None MC/MX <input type="checkbox"/>		350. GVWR/GCWR (trucks & buses only) ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.		351. Motor Carrier or Government Entity			

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of V1 (NJ Reg: L53KDW) stated that he was attempting to make a left turn out of the parking lot at 750 Somerset Street to travel south bound on Route 27. He stated that he did not see anyone traveling south bound and when he looked if there was anyone traveling north bound he did not notice v2. He stated that he believed v2 did not have his headlights illuminated. When he pulled out onto Route 27, the driver side of V1 was struck by the front passenger side of v2. This caused disabling damage to v1. V1 was towed by guaranteed towing.

Driver of v2 (NJ Reg: W95MLU) stated that he was traveling north bound on route 27 when v2 pulled out in front of him. Collision was unavoidable and he tried to steer out of the way. This action caused the front passenger side portion of v2 to strike the front driver side portion of v1. This action caused moderated damage to v2.

It should be noted that the driver of v1 provided a valid insurance card (NJ INS CODE 054, Policy number 939603460) and then stated that he had the vehicle recently taken off of his insurance policy so it currently had no insurance. He was issued the appropriate traffic summons for the related offense.

P.O Drozd #7347

*****Other Descriptions*****

01 - Did not see oncoming vehicle while entering lane. - Field 118a

146. Officer's Signature Drozd, Jeffrey	147. Badge # 7347	148. Reviewer Regan, Richard	Badge # 7313	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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144. Crash Diagram (NOT TO SCALE)

The diagram shows a horizontal road with a dashed line. A red star marks the point of impact between two cars, v_1 and v_2 . A text box contains the red text "Not To Scale". A z-axis arrow points to the right. To the right is a T-intersection. The main road is labeled "Somerset Street (Route 27)". The intersection is labeled "750 Somerset Street".

Drozdz, Jeffrey

Officer's Signature

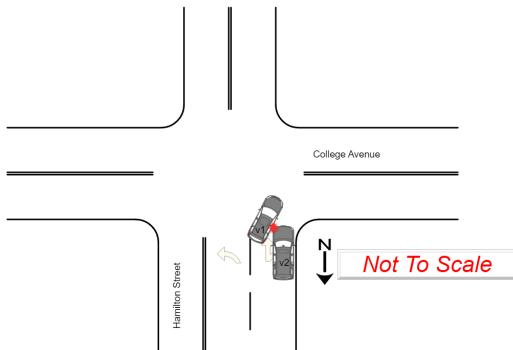
7347

Badge Number

96 05	<input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report														118a 02																			
97 01	1. Case Number 23NB09830				10. Crash Occurred On: ROUTE 514				Road Name <input checked="" type="checkbox"/> At Intersection with		11. Speed Limit E 25		12. Route No. 514		13. Milepost	118b 06																		
98 06	2. Police Dept. of New Brunswick City Police Department				Code 01				<input type="checkbox"/> Feet		<input type="checkbox"/> N <input type="checkbox"/> E				18. Speed Limit 25	119a 25																		
99 07	3. Station/Precinct New Brunswick				14 15 16				<input type="checkbox"/> Miles		<input type="checkbox"/> S <input type="checkbox"/> W		of: COLLEGE AVENUE			119b -																		
100a 01	4. Date of Crash 11/08/2023		5. Day of Week Wednesday		6. Time (use 2400 hrs.) 2000		7. Municipality Code 1214		8. Total Killed 0		9. Total Injured 0		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From: 40.499024		20. Route Name/Route No. -74.447619		120a 01																	
100b 04	23. Veh. # 01				24. Policy No. 610887990 222 1				25. NJ Ins. Code 000				53. Veh. # 02		54. Policy No. 966832132		55. NJ Ins. Code 000		120b 01															
101 02	26. Driver's First Name CHRISTINE				Initial A				Last Name DAWKINS				29. Sex F		56. Driver's First Name GUANGQIN		Initial N		Last Name LIN		121a 01													
102 01	27. Number & Street 4518 CEDAR BUTTE LN												57. Number & Street 731 PHILADELPHIA ST						121b -															
103 01	28. City MANVEL				State TX				Zip 77578-0000				58. City INDIANA		State PA		Zip 15701-0000																	
104 02	30. Eyes 02		DL Class C		Restrictions 00		Endorsements		31. State TX		60. Eyes 02		DL Class C		Restrictions 00		Endorsements		61. State PA	122 02														
105 02	32. Driver's License Number 42355910				33. DOB 12/25/1973				34. Expires 12/25/2023				62. Driver's License Number 32629617		63. DOB 02/06/1990		64. Expires 02/07/2025			123 02														
106 -	35. Owner's First Name CHRISTINE				Initial A				Last Name DAWKINS				65. Owner's First Name GUANGQIN		Initial N		Last Name LIN			124 04														
107 -	36. Number & Street 4518 CEDAR BUTTE LN												66. Number & Street 731 PHILADELPHIA ST							125 04														
108 04	37. City MANVEL				State TX				Zip 77578-0000				67. City INDIANA		State PA		Zip 15701-0000			126a 26														
109 04	38. Make TOYOTA		39. Model RAV4		40. Color BL		41. Year 22		42. Plate No. SCD0540		43. State TX		68. Make HONDA		69. Model HR-V		70. Color SL		71. Year 2017		72. Plate No. KHL4993		73. State PA		126b -									
110 01	44. VIN 2T3W1RFV3NW202882				45. Expires 06/01/2024				74. VIN 3CZRU6H36HG707439				75. Expires 07/30/2024														126c -							
111 01	46. Vehicle Removed to:														76. Vehicle Removed to:															126d -				
112 -	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded														<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded															126e 26				
113 -	47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police														77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police															127a 26				
114 -	48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending														49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.														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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.			127b -
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX														51. GVWR/GCWR (trucks & buses only) <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"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			127c -
116 03	52. Motor Carrier or Government Entity														82. Motor Carrier or Government Entity															128 26				
117 03	Number & Street														Number & Street															129 02				
	City State Zip														City State Zip															130 02				
	Level of Autonomy 150 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown 151 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown														Level of Autonomy		152 - AVAILABLE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown															131 11		
															153 - ENGAGED <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No		136. Charge		137. Summons No. Oper. 138. Charge													
	Oper.		140. Charge														141. Summons No. Oper. 142. Charge		143. Summons No.															133 02
															Names & Addresses of Occupants If Deceased, Date & Time of Death															134 02				
A	01	01	-	05	49	F	-	-	-	04	04	-	-	CHRISTINE A DAWKINS 4518 CEDAR BUTTE LN MANVEL TX 77578-0000																				
B	02	01	-	05	33	M	-	-	-	04	04	-	-	GUANGQIN N LIN 731 PHILADELPHIA ST INDIANA PA 15701-0000																				
C																																		
D																																		

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

144. Crash Diagram



145. Crash Description/Narrative

Driver of v1 (TX Reg: SCD0540) stated that she was traveling southbound on Hamilton Street and intended to turn right onto College Avenue. As she approached the intersection she stated that she observed v2 and believed it to be parked on Hamilton Street. As she went around v2 to execute the right turn, v2 then began to make the right turn. This caused the passenger side of v1 to be struck by the driver side of v2. This caused minor damage to v1.

Driver of v2 (PA Reg: KHL4993) stated that he was traveling southbound on Hamilton Street and intended to make a right turn onto College Avenue. AS he attempted to make this turn onto College Avenue, he stated that v1 attempted to turn around him from the other lane. This action caused the front driver side portion of v2 to be struck by the passenger side of v1. This caused minor damage to v2. No injuries to either involved party.

P.O Drozd #7347

*****Other Descriptions*****

01 - Believed a car to be parked when it was not. - Field 118a

01 - Consumers County Mutual Ins. Co. - 29246 - Field 25

02 - Progressive Advanced Insurance Co PO Box 31260 Tampa FL 33631 NAIC 11851 - Field 55

146. Officer's Signature

Drozd, Jeffrey

147. Badge #

7347

148. Reviewer

Daughton, Ryan

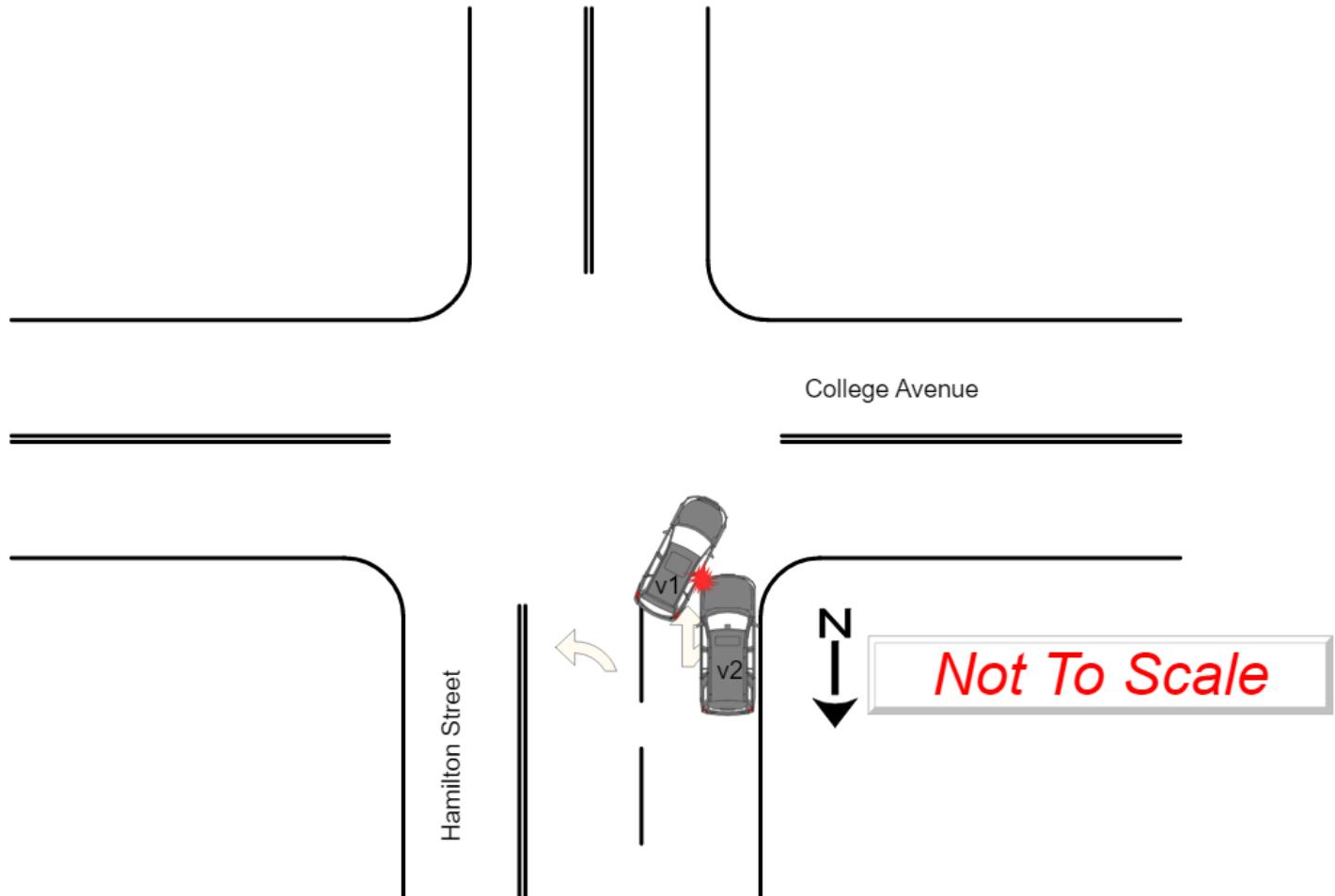
Badge #

5288

149. Case Status

Pending Complete

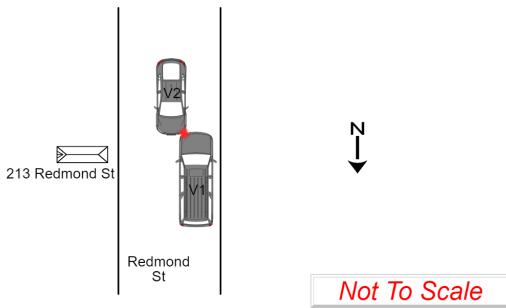
144. Crash Diagram (NOT TO SCALE)



		New Jersey Police Crash Investigation Report												Reportable		Non-Reportable		Change Report																																																																																																																																																																																																																																									
96 04		<input type="checkbox"/> Fatal		10. Crash Occurred On: <u>213 REDMOND ST</u>												11. Speed Limit <u>25</u>						118a <u>25</u>																																																																																																																																																																																																																																					
97 01		1. Case Number <u>23NB09831</u>		Road Name		Dir		12. Route No.		Suffix		13. Milepost				118b -																																																																																																																																																																																																																																											
98 06		2. Police Dept. of New Brunswick City Police Department		Code <u>01</u>		<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		of:						119a <u>14</u>																																																																																																																																																																																																																																											
99 07		3. Station/Precinct		14 15 16				19. <input type="checkbox"/> To: <u>17. Cross Road Name/Route No.</u>				18. Speed Limit				119b <u>02</u>																																																																																																																																																																																																																																											
100a 01		4. Date of Crash <u>11/08/2023</u>		5. Day of Week <u>Wednesday</u>		6. Time (use 2400 hrs.) <u>2016</u>		7. Municipality Code <u>1214</u>		8. Total Killed <u>0</u>		9. Total Injured <u>0</u>		10. Route No./Route No. <u>40.489889</u>		21. Latitude <u>-74.445876</u>		22. Longitude																																																																																																																																																																																																																																									
100b 04		23. Veh. # <u>01</u>		24. Policy No. <u>6121-64-10-85</u>		25. NJ Ins. Code <u>365</u>		26. Driver's First Name <u>DIEGO</u>		Initial <u>M</u>		27. Sex <u>M</u>		28. City <u>259 TOWNSEND ST FL 2</u>		29. State <u>NJ</u>		30. Eyes <u>02</u>		31. State <u>NJ</u>		32. Driver's License Number <u>M06571690011882</u>		33. DOB <u>11/13/1988</u>		34. Expires <u>11/13/2026</u>		35. Owner's First Name <u>DIEGO</u>		Initial <u>MARQUEZMAYA</u>		36. Number & Street <u>259 TOWNSEND ST FL 2</u>		37. City <u>NEW BRUNSWICK</u>		38. Make <u>Dodge</u>		39. Model <u>DUR</u>		40. Color <u>BL</u>		41. Year <u>2004</u>		42. Plate No. <u>Y30RTF</u>		43. State <u>NJ</u>		44. VIN <u>1D4HB58N14F202975</u>		45. Expires <u>12/01/2023</u>		46. Vehicle Removed to: <u>Rich's Towing</u>		47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48. 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: <input type="checkbox"/> % <input type="checkbox"/> Pending		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class _____ Placard No. _____		50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		51. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity Number & Street _____		53. Motor Carrier or Government Entity Number & Street _____		54. Motor Carrier or Government Entity Number & Street _____		55. Motor Carrier or Government Entity Number & Street _____		56. Motor Carrier or Government Entity Number & Street _____		57. Motor Carrier or Government Entity Number & Street _____		58. Motor Carrier or Government Entity Number & Street _____		59. Motor Carrier or Government Entity Number & Street _____		60. Eyes <u>00</u>		61. State <u>NJ</u>		62. Driver's License Number <u>19UUUA56673A055567</u>		63. DOB <u>03/01/2024</u>		64. Expires <u>03/01/2024</u>		65. Owner's First Name <u>MARK</u>		Initial <u>KOENIG</u>		66. Number & Street <u>76 MAPLEWOOD AVE</u>		67. City <u>HILLSDALE</u>		68. Make <u>Acura</u>		69. Model <u>302</u>		70. Color <u>BK</u>		71. Year <u>2003</u>		72. Plate No. <u>RCM83Z</u>		73. State <u>NJ</u>		74. VIN <u>19UUUA56673A055567</u>		75. Expires <u>03/01/2024</u>		76. Vehicle Removed to: <u>Guaranteed Motors</u>		77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		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: <input type="checkbox"/> % <input type="checkbox"/> Pending		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class _____ Placard No. _____		80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		81. GVWR/GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		82. Motor Carrier or Government Entity Number & Street _____		83. Motor Carrier or Government Entity Number & Street _____		84. Motor Carrier or Government Entity Number & Street _____		85. Motor Carrier or Government Entity Number & Street _____		86. Motor Carrier or Government Entity Number & Street _____		87. Motor Carrier or Government Entity Number & Street _____		88. Motor Carrier or Government Entity Number & Street _____		89. Motor Carrier or Government Entity Number & Street _____		90. Motor Carrier or Government Entity Number & Street _____		91. Motor Carrier or Government Entity Number & Street _____		92. Motor Carrier or Government Entity Number & Street _____		93. Motor Carrier or Government Entity Number & Street _____		94. Motor Carrier or Government Entity Number & Street _____		95. Motor Carrier or Government Entity Number & Street _____		96. Motor Carrier or Government Entity Number & Street _____		97. Motor Carrier or Government Entity Number & Street _____		98. Motor Carrier or Government Entity Number & Street _____		99. Motor Carrier or Government Entity Number & Street _____		100. Motor Carrier or Government Entity Number & Street _____		101. Motor Carrier or Government Entity Number & Street _____		102. Motor Carrier or Government Entity Number & Street _____		103. Motor Carrier or Government Entity Number & Street _____		104. Motor Carrier or Government Entity Number & Street _____		105. Motor Carrier or Government Entity Number & Street _____		106. Motor Carrier or Government Entity Number & Street _____		107. Motor Carrier or Government Entity Number & Street _____		108. Motor Carrier or Government Entity Number & Street _____		109. Motor Carrier or Government Entity Number & Street _____		110. Motor Carrier or Government Entity Number & Street _____		111. Motor Carrier or Government Entity Number & Street _____		112. Motor Carrier or Government Entity Number & Street _____		113. Motor Carrier or Government Entity Number & Street _____		114. Motor Carrier or Government Entity Number & Street _____		115. Motor Carrier or Government Entity Number & Street _____		116. Motor Carrier or Government Entity Number & Street _____		117. Motor Carrier or Government Entity Number & Street _____		118. Motor Carrier or Government Entity Number & Street _____		119. Motor Carrier or Government Entity Number & Street _____		120. Motor Carrier or Government Entity Number & Street _____		121. Motor Carrier or Government Entity Number & Street _____		122. Motor Carrier or Government Entity Number & Street _____		123. Motor Carrier or Government Entity Number & Street _____		124. Motor Carrier or Government Entity Number & Street _____		125. Motor Carrier or Government Entity Number & Street _____		126. Motor Carrier or Government Entity Number & Street _____		127. Motor Carrier or Government Entity Number & Street _____		128. Motor Carrier or Government Entity Number & Street _____		129. Motor Carrier or Government Entity Number & Street _____		130. Motor Carrier or Government Entity Number & Street _____		131. Motor Carrier or Government Entity Number & Street _____		132. Motor Carrier or Government Entity Number & Street _____		133. Motor Carrier or Government Entity Number & Street _____		134. Motor Carrier or Government Entity Number & Street _____		135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No		136. Charge Oper. _____		137. Summons No. Oper. <u>02</u>		138. Charge Oper. <u>02</u> <u>39:4-130 - Failure to Report an Accident</u>		139. Summons No. <u>E23003110</u>		140. Charge Oper. _____		141. Summons No. Oper. <u>02</u>		142. Charge Oper. <u>02</u> <u>39:4-97 - Careless Driving</u>		143. Summons No. <u>E23003111</u>		Names & Addresses of Occupants If Deceased, Date & Time of Death	
A	83	84	85	86	87	88	89	90	91	92	93	94	95																																																																																																																																																																																																																																														
	01	01	01	05	34	M	-	-	-	04	04	06	-	DIEGO MARQUEZMAYA 259 TOWNSEND ST FL 2 NEW BRUNSWICK NJ 08901-2431																																																																																																																																																																																																																																													
	B	02	01	01	05		U	-	-	04	04	01	-	00 - 00																																																																																																																																																																																																																																													
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E	83	84	85	86	87	88	89	90	91	92	93	94	95		Names & Addresses of Occupants If Deceased, Date & Time of Death

144. Crash Diagram



145. Crash Description/Narrative

On Wednesday, November 8, 2023 at 2016 hrs, officers responded to a crash in front of 213 REDMOND ST. At the time of the crash, the weather was clear and the road surface was dry.

Unit 1, Vehicle - Blue Dodge Dur, Going Straight Ahead
Unit 2, Vehicle - Black Acura 302, Going Straight Ahead

Vehicle 1 was traveling on Redmond Street towards Lee Avenue as vehicle 2 was approaching head on from Lee Avenue. Driver 1 stated that vehicle 2 crossed into his lane and struck him head on. Vehicle 1 and 2 were disabled and towed from the scene. Vehicle 2 driver fled the scene after the impact. There was no insurance information in vehicle 2. The license plates that were on the vehicle CA/6TJJ287, came back to a Ford and were expired in 2012. The VIN # returned to a registered vehicle, NJ reg/RCM83Z. The driver of vehicle 1 stated that the driver that fled was a black male, no further description.

PO D. Labos #7343

Additional Citations

02 - 39:4-129B - Leaving the scene of an Accident - Property Damage - E23003112
02 - 39:4-58.1B- Willfully Abandoning MV - E23003113
02 - 39:4-87- Obstructing Passage of other vehicles - E23003114
02 - 39:4-88- Traffic on marked lane - E23003115

Other Descriptions

02 - Crossed over into oncoming traffic - Field 119b

146. Officer's Signature Labos, Daniel	147. Badge # 7343	148. Reviewer Regan, Richard	Badge # 7313	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: New Brunswick City Police Department Code: 01

Station: _____ Case No: 23NB09831

144. Crash Diagram (NOT TO SCALE)

