

96	Page <b>1</b> of <b>3</b>	<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	11B 02				
97	<b>01</b>	1. Case Number <b>22064785</b>		10. Crash Occurred On: <b>N WOOD AVE</b>		S <b>[3 5]</b>	11. Speed Limit <b>0 6 1 7</b>	12. Route No. Dir. <b>1 3. Millpost 3 5</b>	13. Miles Suffx -			
98	<b>01</b>	2. Police Dept. of <b>LINDEN, NJ</b>		Code <b>01</b>			Road Name <input checked="" type="checkbox"/> At intersection with Feet <input type="checkbox"/> N <input type="checkbox"/> E Miles <input type="checkbox"/> S <input type="checkbox"/> W					
99	<b>05</b>	3. Station/Precinct <b>LINDEN</b>		-								
100 <sup>a</sup>	<b>01</b>	4. Date of Crash mm dd yy <b>1 12 14 22</b>		5. Day of Week Mo Tu We Th Fr Sa Su <b>W</b>		6. Time 2400 hrs. hh mm <b>0 6 25</b>	7. Municipality Code <b>2 0 0 9</b>	8. Total Killed <b>0 0 0 0</b>	9. Total Injured <b>0 0 0 0</b>			
100b	<b>04</b>	23. Veh. # <b>01</b>		24. Policy No. <b>4220070918</b>		25. NJ Ins. Code <b>148</b>		53. Veh. # <b>02</b>		54. Policy No. <b>6072744920</b>		
101	<b>02</b>	26. Driver's First Name <b>SOPHIA</b>		Initial -	27. Last Name <b>SOLOMON</b>		28. State <b>NJ</b>		29. Zip <b>07202</b>			
102	<b>01</b>	27. Number & Street <b>1129 SEIB AVE</b>										
103	<b>01</b>	28. City <b>ELIZABETH</b>										
104	<b>02</b>	30. Eyes: <b>0 2</b>		DL Class <b>D -</b>	Restrictions <b>- - - - -</b>		Endorsements <b>- -</b>	31. State <b>NJ</b>		32. DL Class <b>B -</b>		
105	<b>07</b>	32. Driver's License Number <b>S6291</b>		33. DOB mm dd yy <b>05 12 97</b>		34. Expires mm yy <b>05 23</b>		35. Owner's First Name Initial <b>VICTOR SOLOMON</b>		36. Endorsements <b>-</b>		
106	<b>02</b>	36. Number & Street <b>1129 SEIB AVE</b>										
107	<b>02</b>	37. City <b>ELIZABETH</b>										
108	<b>01</b>	38. Make <b>TOY</b>		39. Model <b>CAM</b>	40. Color <b>WT</b>	41. Year <b>2014</b>	42. Plate No. <b>K11DZT</b>	43. State <b>NJ</b>	44. VIN <b>07202</b>		45. Expires <b>07/23</b>	
109	<b>01</b>	44. VIN <b>4 T 1 B D 1 F K 5 E U 1 1 1 9 8 8</b>										
110	<b>01</b>	45. Vehicle Removed to: <b>GABES TOW#1722</b>										
111	<b>01</b>	46. Vehicle Removed to: <b>-</b>										
112	<b>-</b>	47. Authority <b>-</b>										
113	<b>-</b>	48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		<b>-</b>		<b>-</b>		49. Hazardous Material <b>None</b>		50. On Board <b>None</b>		
114	<b>-</b>	51. Results: <b>0 - - % Pending</b>		<b>-</b>		<b>-</b>		52. Spill <b>None</b>		53. Spill <b>None</b>		
115	<b>-</b>	54. Carrier No. <b>04</b>		55. Hazard Class <b>None</b>		56. Placard No. <b>None</b>		57. Driver <b>None</b>		58. Vehicle Removed to: <b>-</b>		
116	<b>-</b>	59. GWR/GCWR <b>0 USDOT</b>		60. GWR/GCWR <b>0 MC/NX</b>		61. GWR/GCWR <b>(trucks &amp; buses only)</b>		62. Driver <b>None</b>		63. GWR/GCWR <b>(trucks &amp; buses only)</b>		
117	<b>-</b>	64. GWR/GCWR <b>0 MC/NX</b>										
118	<b>-</b>	65. Motor Carrier or Government Entity <b>-</b>										
Number & Street <b>-</b>												
City <b>-</b>												
State <b>-</b>												
Zip <b>-</b>												
135. Damage to Other Property <b>-</b>												
136. Charge <b>-</b>												
140. Change <b>-</b>												
Oper. 137. Summons No. <b>-</b>												
Oper. 141. Summons No. <b>-</b>												
Oper. 142. Charge <b>-</b>												
Names & Addresses of Occupants If Deceased, Date & Time of Death												
A 01 01 01 - 25 F - - - 11 04 - - - SOPHIA SOLOMON 1129 SEIB AVE ELIZABETH NJ 07202												
B 02 01 01 - 36 F - - - 11 04 - - - KATHERINE MONTES-MISTICH 406 CHERRY ST Apt#1ST ELIZABETH NJ 07208												
C												
D												

New Jersey Police Crash Investigation Report										Case Number	22064785	Page	2 of 3	
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														
I														
J														

144. Crash Diagram

  
Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B

145. Crash Description/Narrative

V1 was traveling northbound on North Wood Avenue attempting to make a left turn onto Raritan Road. V2 was traveling southbound on North Wood Avenue. V1 was struck by V2 when making the left turn onto Raritan Road.

146. Officer's Signature

WISNOWSKI, OFF. SONIA;

147 Badge #

9092339

148 Reviewer

HAMMER, INV. PETER;

Badge #

2001

149 Case Status

Pending

Complete

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22064785

144 Crash Diagram (NOT TO SCALE)  
 Indicate  
North

**NOT TO SCALE**

North Wood Ave

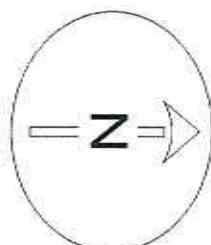
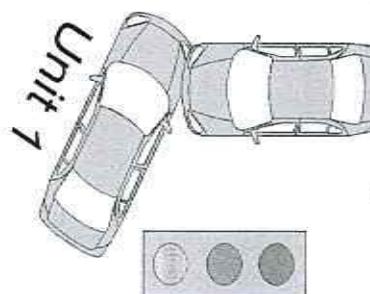
Raritan Road

Unit 2

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96	Page <b>1</b> of <b>3</b>	<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																																																																																																														
05	1. Case Number <b>22064857</b>			10. Crash Occurred On: <b>1100 W BLANCKE ST</b>			N <b>P P</b>			11. Speed Limit <b>- - - - -</b>			12. Route No. <b>-</b> Suffix <b>13. Milepost -</b>			18. Speed limit <b>- -</b>			118a <b>02</b>																																																																																																											
97	2. Police Dept of <b>LINDEN, NJ</b>			Code <b>01</b>			<input type="checkbox"/> At Intersection with <input type="checkbox"/> N <b>E</b> <input type="checkbox"/> S <b>W</b>			Road Name			<input type="checkbox"/> Miles			19. <input type="checkbox"/> To: <b>-</b>			17. Cross Road Name/Route No.			18. Speed limit <b>- -</b>			118b <b>02</b>																																																																																																					
98	3. Station/Precinct <b>LINDEN</b>			4. Date of Crash <b>100a mm dd yy</b>			5. Day of Week <b>5u M 2u W</b>			6. Time (use 2400 hrs.) <b>1 3 2 4</b>			7. Municipality <b>1 0 0 9</b>			8. Total Killed <b>0 0</b>			9. Total Injured <b>0 0</b>			10. <input type="checkbox"/> From: <b>-</b>			21. Latitude <b>-</b>			20. Route Name/Route No. <b>NB NB SB WB</b>			11. Millpost <b>-</b>			118c <b>02</b>																																																																																												
99	100b 24. Policy No. <b>01 71420223</b>			25. NJ Ins. Code <b>301</b>			26. Driver's First Name <b>MARIO</b>			27. Number & Street <b>1776 W 5TH ST</b>			28. City <b>PISCATAWAY</b>			29. State <b>NJ</b>			30. Zip <b>08854</b>			31. Eyes <b>0 2</b>			32. Driver's License Number <b>A5070 51971 11882</b>			33. DOB <b>mm dd yy</b>			34. Expires <b>mm yy</b>			35. Owner's First Name <b>LLC TRIBECA TRUCK LEASING</b>			36. Number & Street <b>555 US HIGHWAY 1 S Apt#120</b>			37. City <b>ISELIN</b>			38. Make <b>PETERBILT</b>			39. Model <b>389</b>			40. Color <b>WT</b>			41. Year <b>2014</b>			42. Plate No. <b>AW540L</b>			43. State <b>NJ</b>			44. VIN <b>1N P W L 4 9 X 6 E D 2 4 2 3 2 5</b>			45. Expires <b>11/23</b>			46. Vehicle Removed to: <b>-</b>			47. Authority <b>Driver</b>			48. Alcohol Drug Test Given: <b>No</b>			49. Hazardous Material Given: <b>No</b>			50. Carrier No. <b>03 117 01</b>			51. GVWR / GCWR (trucks & buses only) <b>16,000 lbs. 10,001 - 26,000 lbs.</b>			52. Motor Carrier or Government Entity <b>-</b>			53. Damage to Other Property <b>No</b>			54. Yes (if Yes, describe) <b>-</b>			55. Names & Addresses of Occupants <b>If Deceased, Date &amp; Time of Death</b>																																
100	101. Driver's First Name <b>ALANIZ</b>			102. Driver's Last Name <b>M</b>			103. Eyes <b>A -</b>			104. DL Class <b>A -</b>			105. Restrictions <b>- - - - -</b>			106. Endorsements <b>- -</b>			107. State <b>NJ</b>			108. Initial <b>0 2</b>			109. DL Class <b>D -</b>			110. Restrictions <b>- - - - -</b>			111. Endorsements <b>- -</b>			112. State <b>NJ</b>			113. Initial <b>-</b>			114. DL Class <b>N</b>			115. Restrictions <b>0. - - % Pending</b>			116. Carrier No. <b>03 117 01</b>			117. Hazard Class <b>16,000 lbs. 10,001 - 26,000 lbs.</b>			118. Motor Carrier or Government Entity <b>-</b>			119. Number & Street <b>Number &amp; Street</b>			120. City <b>City</b>			121. State <b>State</b>			122. Zip <b>Zip</b>			123. Eyes <b>0 2</b>			124. DL Class <b>D -</b>			125. Restrictions <b>- - - - -</b>			126. Endorsements <b>- -</b>			127. State <b>NJ</b>			128. Initial <b>1 0 2 5</b>			129. DL Class <b>D -</b>			130. Restrictions <b>- - - - -</b>			131. Endorsements <b>- -</b>			132. State <b>NJ</b>			133. Initial <b>1 0 2 5</b>			134. DL Class <b>D -</b>			135. Restrictions <b>- - - - -</b>			136. Endorsements <b>- -</b>			137. Carrier No. <b>Oper. Oper.</b>			138. Summons No. <b>139. Summons No.</b>			140. Summons No. <b>141. Summons No.</b>			141. Charge <b>Oper. Oper.</b>			142. Charge <b>Oper. Oper.</b>			143. Summons No. <b>144. Summons No.</b>		
101	102. Driver's First Name <b>MARIO</b>			103. Driver's Last Name <b>ALANIZ</b>			104. Eyes <b>0 2</b>			105. DL Class <b>D -</b>			106. Restrictions <b>- - - - -</b>			107. Endorsements <b>- -</b>			108. State <b>NJ</b>			109. Initial <b>0 2</b>			110. DL Class <b>D -</b>			111. Restrictions <b>- - - - -</b>			112. Endorsements <b>- -</b>			113. State <b>NJ</b>			114. Initial <b>0 2</b>			115. DL Class <b>D -</b>			116. Restrictions <b>- - - - -</b>			117. Endorsements <b>- -</b>			118. State <b>NJ</b>			119. Initial <b>0 2</b>			120. DL Class <b>D -</b>			121. Restrictions <b>- - - - -</b>			122. Endorsements <b>- -</b>			123. State <b>NJ</b>			124. Initial <b>0 2</b>			125. DL Class <b>D -</b>			126. Restrictions <b>- - - - -</b>			127. Endorsements <b>- -</b>			128. State <b>NJ</b>			129. Initial <b>0 2</b>			130. DL Class <b>D -</b>			131. Restrictions <b>- - - - -</b>			132. Endorsements <b>- -</b>			133. State <b>NJ</b>			134. Initial <b>0 2</b>			135. DL Class <b>D -</b>			136. Restrictions <b>- - - - -</b>			137. Endorsements <b>- -</b>			138. Carrier No. <b>Oper. Oper.</b>			139. Summons No. <b>MARIO ALANIZ 1776 W 5TH ST PISCATAWAY NJ 08854</b>			140. Summons No. <b>RAYMOND GUARDIANO 32 DONALD ST Apt#A BLOOMFIELD NJ 07003</b>											

**New Jersey Police  
Crash Investigation Report**

Case Number: 22064857

Page 2 of 3

E

F

G

H

I

J

144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)



SEE NJTR-1B

145. Crash Description/Narrative
V2 was entering 1100 W. Blancke Ave. V1 was backing out of 1100 W. Blancke Ave and struck V2.

V1's trailed insurance information:

Policy# 714202223.

Company Number: 301.

146. Officer's Signature

HERNANDEZ, OFF. DANIEL

147. Badge #

910094

148. Reviewer

NIEDZIOLKA, INV. MIESZ

Badge #

909176

149. Case Status

Pending

Complete

## New Jersey Police Crash Investigation Report

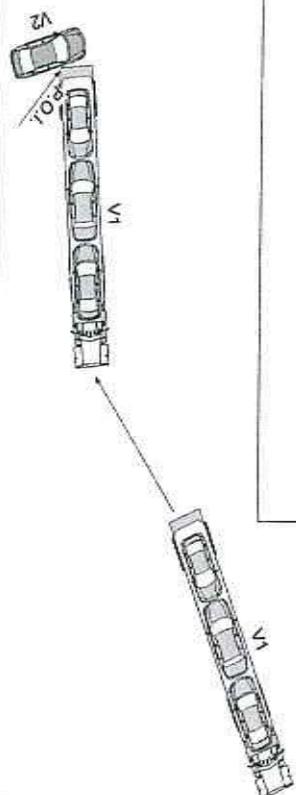
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22064857

144 Crash Diagram (NOT TO SCALE)

 North NOT TO SCALE

1100 W. Blancke St.



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HERNANDEZ, OFF. DANIEL

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NJTR-1B (Rev. 01/17)

Officer's Signature

910094

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Badge Number

96	Page <b>1</b> of <b>3</b>	<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													
97	<b>01</b>	<b>1. Case Number</b> <b>22064861</b>			<b>10. Crash Occurred On:</b> N STILES ST			<b>S</b>		<b>11. Speed Limit</b>		<b>0 6 1 5</b>	<b>- - - - -</b>	<b>12. Route No.</b>	<b>13. Suffix</b>	<b>14. Multipost</b>												
98	<b>01</b>	<b>2. Police Dept. of</b> LINDEN, NJ			<b>11. Road Name</b>			<b>15. At Intersection with</b>		<input type="checkbox"/> N	<input type="checkbox"/> E	<b>16. Dir:</b>	<b>17. Ramp</b>	<b>18. Speed Limit</b>	<b>19. To:</b>	<b>20. From:</b>												
99	<b>05</b>	<b>3. Station/Precinct</b> LINDEN			<b>12. Municipality</b>			<input type="checkbox"/> N	<input type="checkbox"/> E	<input type="checkbox"/> W	<b>21. Latitude</b>	<b>22. Longitude</b>	<b>23. NB</b>	<b>24. EB</b>	<b>25. SB</b>	<b>26. WB</b>												
<b>4. Date of Crash</b> mm dd yy															<b>5. Day of Week</b>	<b>6. Time 2400 hrs.</b>	<b>7. Municipality</b>	<b>8. Total Killed</b>	<b>9. Total Injured</b>	<b>10. Miles</b>	<b>11. Miles</b>							
<b>100a</b> 01															<b>11. Miles</b>	<b>12. Miles</b>	<b>13. Miles</b>	<b>14. Miles</b>	<b>15. Miles</b>	<b>16. Miles</b>	<b>17. Miles</b>							
<b>100b</b> 04															<b>18. Miles</b>	<b>19. Miles</b>	<b>20. Miles</b>	<b>21. Miles</b>	<b>22. Miles</b>	<b>23. Miles</b>	<b>24. Miles</b>							
<b>23. Veh. #</b> 24. Policy No. <b>S2557166</b>															<b>25. NJ Ins. Code</b>	<b>26. Veh. #</b>	<b>27. Policy No.</b>	<b>28. Resp. to Emergency</b>	<b>29. Hill &amp; Run</b>	<b>30. Resp. to Emergency</b>	<b>31. Hill &amp; Run</b>							
<b>101</b> 02															<b>32. Parked</b>	<b>33. Ped.</b>	<b>34. Ped/cyclist</b>	<b>35. Resp. to Emergency</b>	<b>36. Hill &amp; Run</b>	<b>37. Parked</b>	<b>38. Ped.</b>							
<b>102</b> 01															<b>39. Driver's First Name</b>	<b>40. Initial</b>	<b>41. Last Name</b>	<b>42. Driver's First Name</b>	<b>43. Initial</b>	<b>44. Last Name</b>	<b>45. Driver's First Name</b>	<b>46. Initial</b>						
<b>103</b> 01															<b>47. Number &amp; Street</b>	<b>48. City</b>	<b>49. State</b>	<b>50. Zip</b>	<b>51. City</b>	<b>52. Number &amp; Street</b>	<b>53. City</b>	<b>54. Number &amp; Street</b>						
<b>104</b> 02															<b>55. Driver's First Name</b>	<b>56. Initial</b>	<b>57. Last Name</b>	<b>58. Driver's First Name</b>	<b>59. Initial</b>	<b>60. Last Name</b>	<b>61. Driver's First Name</b>	<b>62. Initial</b>						
<b>105</b> 02															<b>63. Eyes</b>	<b>64. DL Class</b>	<b>65. Restrictions</b>	<b>66. Endorsements</b>	<b>67. Eyes</b>	<b>68. DL Class</b>	<b>69. Restrictions</b>	<b>70. Endorsements</b>						
<b>106</b> -															<b>71. Driver's License Number</b>	<b>72. Eyes</b>	<b>73. DL Class</b>	<b>74. Restrictions</b>	<b>75. Endorsements</b>	<b>76. Driver's License Number</b>	<b>77. Eyes</b>	<b>78. DL Class</b>						
<b>107</b> -															<b>79. DOB</b>	<b>80. DOB</b>	<b>81. DOB</b>	<b>82. DOB</b>	<b>83. DOB</b>	<b>84. DOB</b>	<b>85. DOB</b>	<b>86. DOB</b>						
<b>108</b> 01															<b>87. Owner's First Name</b>	<b>88. Initial</b>	<b>89. Last Name</b>	<b>90. State</b>	<b>91. Zip</b>	<b>92. Owner's First Name</b>	<b>93. Initial</b>	<b>94. Last Name</b>						
<b>109</b> 01															<b>95. Owner's First Name</b>	<b>96. Initial</b>	<b>97. Last Name</b>	<b>98. State</b>	<b>99. Zip</b>	<b>100. Owner's First Name</b>	<b>101. Initial</b>	<b>102. Last Name</b>						
<b>110</b> 01															<b>103. VIN</b>	<b>104. Color</b>	<b>105. Model</b>	<b>106. Year</b>	<b>107. PLATE NO.</b>	<b>108. MAKE</b>	<b>109. MODEL</b>	<b>110. COLOR</b>						
<b>111</b> 01															<b>111. VIN</b>	<b>112. Color</b>	<b>113. Model</b>	<b>114. Year</b>	<b>115. PLATE NO.</b>	<b>116. MAKE</b>	<b>117. MODEL</b>	<b>118. COLOR</b>						
<b>112</b> -															<b>119. Driver</b>	<b>120. Towed Disabled</b>	<b>121. Towed Impounded</b>	<b>122. Driver</b>	<b>123. Towed Disabled</b>	<b>124. Towed Impounded</b>	<b>125. Driver</b>	<b>126. Towed Disabled</b>						
<b>113</b> -															<b>127. Authority</b>	<b>128. Driver</b>	<b>129. Police</b>	<b>130. Authority</b>	<b>131. Driver</b>	<b>132. Police</b>	<b>133. Authority</b>	<b>134. Police</b>						
<b>114</b> -															<b>135. Alcohol Drug Test Given:</b>	<b>136. No</b>	<b>137. Yes</b>	<b>138. Refused</b>	<b>139. No</b>	<b>140. Yes</b>	<b>141. Refused</b>	<b>142. No</b>						
<b>115</b> -															<b>143. Type:</b>	<b>144. Breath</b>	<b>145. Blood</b>	<b>146. Urine</b>	<b>147. Hazardous Material Given:</b>	<b>148. No</b>	<b>149. Yes</b>	<b>150. Refused</b>						
<b>116</b> 03															<b>151. Results:</b>	<b>152. 0 - - %</b>	<b>153. Pending</b>	<b>154. Hazardous Material Given:</b>	<b>155. No</b>	<b>156. Yes</b>	<b>157. Refused</b>	<b>158. No</b>						
<b>117</b> 03															<b>159. Carrier No.</b>	<b>160. USPOT</b>	<b>161. MC/MX</b>	<b>162. None</b>	<b>163. Hazardous Material Given:</b>	<b>164. No</b>	<b>165. Yes</b>	<b>166. Refused</b>						
<b>118</b> 03															<b>167. Motor Carrier or Government Entity Number &amp; Street</b>	<b>168. Motor Carrier or Government Entity Number &amp; Street</b>	<b>169. Motor Carrier or Government Entity Number &amp; Street</b>	<b>170. Motor Carrier or Government Entity Number &amp; Street</b>	<b>171. Motor Carrier or Government Entity Number &amp; Street</b>	<b>172. Motor Carrier or Government Entity Number &amp; Street</b>	<b>173. Motor Carrier or Government Entity Number &amp; Street</b>	<b>174. Motor Carrier or Government Entity Number &amp; Street</b>						
<b>119</b> -															<b>175. Damage to Other Property</b>	<b>176. Yes (If Yes, describe)</b>	<b>177. No</b>	<b>178. Damage to Other Property</b>	<b>179. Yes (If Yes, describe)</b>	<b>180. No</b>	<b>181. Damage to Other Property</b>	<b>182. Yes (If Yes, describe)</b>						
<b>120</b> -															<b>183. Operator</b>	<b>184. Charge</b>	<b>185. Operator</b>	<b>186. Charge</b>	<b>187. Operator</b>	<b>188. Charge</b>	<b>189. Operator</b>	<b>190. Charge</b>						
<b>121</b> -															<b>191. Operator</b>	<b>192. Charge</b>	<b>193. Operator</b>	<b>194. Charge</b>	<b>195. Operator</b>	<b>196. Charge</b>	<b>197. Operator</b>	<b>198. Charge</b>						
<b>122</b> A															<b>199. Name &amp; Address of Occupants</b>	<b>200. Name &amp; Address of Occupants</b>												
<b>123</b> B															<b>201. If Deceased, Date &amp; Time of Death</b>	<b>202. If Deceased, Date &amp; Time of Death</b>												
<b>124</b> C															<b>203. UNKNOWN UNKNOWN UNKNOWN</b>	<b>204. UNKNOWN UNKNOWN UNKNOWN</b>												
<b>125</b> D															<b>205. JENNIFER M CRUZ 1487 FRANKLIN ST HILLSIDE NJ</b>	<b>206. JENNIFER M CRUZ 1487 FRANKLIN ST HILLSIDE NJ</b>												

New Jersey Police Crash Investigation Report										Case Number	22064861	Page	<u>2</u> of <u>3</u>
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													
I													
J													

## 144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B

## 145. Crash Description/Narrative

V1 and V2 were making a left turn to travel south on N Stiles St. While attempting to merge into a single lane, V1 struck the passenger side of V2.

On December 16th, V1 driver responded to Linden Headquarters and provided with all the necessary paperwork needed.

BWC.

146. Officer's Signature

BRYNYCH, OFFICER OLEKSAND

147. Badge #

910085

Badge #

2001

148. Reviewer

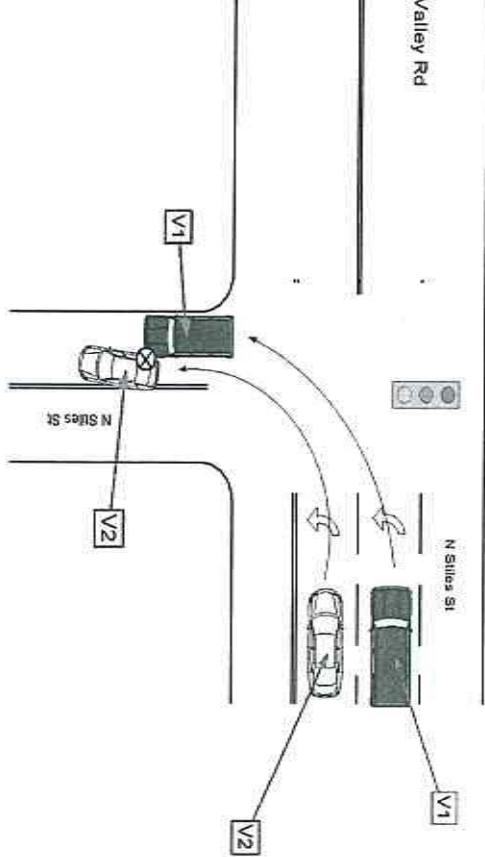
HAMMER, INV. PETER;

149. Case Status

 Complete

## New Jersey Police Crash Investigation Report

## Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 2206486114a Crash Diagram (NOT TO SCALE)  
 Indicate  
North



**State of New Jersey**

DIVISION OF CHILD PROTECTION AND PERMANENCY

Union County-Best Local Office

65 Jackson Drive - Suite 200, Cranford, NJ 07016  
(908) 539-8700, Toll Free 1-800-847-7738  
Fax (908) 272-6015

CHRISTINE NORBUT BURNA  
Commissioner

**FAX TRANSMISSION**

Date:

Number of pages including cover sheet:

To: Linden Police Dept. ATTN: Records 201 N. Wood Ave Linden NJ 07036	From: Jessica Thompson DCPP 65 Jackson Dr Cranford NJ 07016
Phone: 908 474 8500 Fax: 908 474 8500	Phone: (908) 568 2696 Fax (908) 568 2696

Remarks:

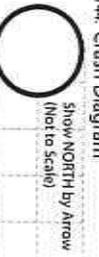
Please provide me requested information  
on the attached letter. It can be  
faxed to 908 272 6015 or scanned.

Or email to Jessica.Thompson@dcf.nj.gov

Thank you,

The information contained in this facsimile transmission may be intended solely for the personal and confidential use of the sender and recipient named above. This information may include advisory, consultative and/or deliberative material and, as such, would be privileged and confidential and not a public document. Any information identifying a client of the Department of Children and Families is confidential. If you have received this in error, you must not review, transmit, copy, use or disseminate this information. You are requested to notify the sender.

96	Page <b>1</b> of <b>3</b>	<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																	
05	1. Case Number <b>22064922</b>			10. Crash Occurred On: <b>MOPSIK AVE</b>				11. Speed Limit			12. Route No.			13. Milepost			18. Speed Limit																
97	2. Police Dept. of <b>LINDEN, NJ</b>			14. Road Name				15. At Intersection with			16. Dir			17. Route No.			18. Speed Limit																
01	3. Station/Precinct <b>01</b>			18. Speed Limit				19. To: 17. Cross Road Name/Route No.			20. Route Name/Route No.			21. Latitude			22. Longitude																
98				14. Road Name				15. At Intersection with			16. Dir			17. Route No.			18. Speed Limit																
06				18. Speed Limit				19. To: 17. Cross Road Name/Route No.			20. Route Name/Route No.			21. Latitude			22. Longitude																
99				14. Road Name				15. At Intersection with			16. Dir			17. Route No.			18. Speed Limit																
07				18. Speed Limit				19. To: 17. Cross Road Name/Route No.			20. Route Name/Route No.			21. Latitude			22. Longitude																
4. Date of Crash mm dd yy																23. Veh. #			24. Policy No.			25. NJ INS. Code			26. Driver's First Name			27. Number & Street					
100a. <b>01</b>																<b>1413239-C25-30</b>			<b>962</b>			<b>02</b>			<b>Parked</b>			<b>ERICK J MACIAS</b>			<b>2403 GRIER AVE</b>		
100b. <b>04</b>																<input type="checkbox"/> Parked			<input type="checkbox"/> Ped			<input type="checkbox"/> Pedcyclist			<input type="checkbox"/> Resp. to Emergency			<input type="checkbox"/> Hit & Run			<b>CHRISTIAN SEVERINO</b>		
101. <b>02</b>																<input type="checkbox"/> Initial			<input type="checkbox"/> Last Name			<input type="checkbox"/> 28. Sex			<input type="checkbox"/> M			<b>55. NJ INS. Code</b>			<b>59. SICK</b>		
102. <b>01</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>100</b>			<b>01</b>		
103. <b>01</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>121b</b>			<b>-</b>		
104. <b>02</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>121a</b>			<b>-</b>		
105. <b>03</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>01</b>			<b>01</b>		
106. <b>-</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>123</b>			<b>01</b>		
107. <b>-</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>124</b>			<b>01</b>		
108. <b>01</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>125</b>			<b>08</b>		
109. <b>01</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>126</b>			<b>08</b>		
110. <b>01</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>127</b>			<b>01</b>		
111. <b>01</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>128</b>			<b>01</b>		
112. <b>-</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>129</b>			<b>-</b>		
113. <b>-</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>130</b>			<b>-</b>		
114. <b>-</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>131</b>			<b>-</b>		
115. <b>-</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>132</b>			<b>-</b>		
116. <b>02</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>133</b>			<b>03</b>		
117. <b>03</b>																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>134</b>			<b>04</b>		
52. Motor Carrier or Government Entity																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>135</b>			<b>No</b>		
Number & Street																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>136</b>			<b>Charge</b>		
City																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>137</b>			<b>Summons No.</b>		
State																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>138</b>			<b>Charge</b>		
Zip																<input type="checkbox"/> Same as Driver			<input type="checkbox"/> Driver			<input type="checkbox"/> 29. Sex			<input type="checkbox"/> M			<b>139</b>			<b>Summons No.</b>		
135. Damage to Other Property																<input type="checkbox"/> Yes (if yes, describe)			<input checked="" type="checkbox"/> No			<input type="checkbox"/> None & Addresses of Occupants if deceased, Date & time of Death			<input type="checkbox"/> None & Addresses of Occupants if deceased, Date & time of Death			<b>140</b>			<b>Charge</b>		
Oper.																<input type="checkbox"/> 136. Charge			<input type="checkbox"/> 141. Summons No.			<input type="checkbox"/> Oper.			<input type="checkbox"/> 142. Charge			<input type="checkbox"/> 143. Summons No.			<b>A</b>		
Oper.																<input type="checkbox"/> 136. Charge			<input type="checkbox"/> 141. Summons No.			<input type="checkbox"/> Oper.			<input type="checkbox"/> 142. Charge			<input type="checkbox"/> 143. Summons No.			<b>B</b>		
Oper.																<input type="checkbox"/> 136. Charge			<input type="checkbox"/> 141. Summons No.			<input type="checkbox"/> Oper.			<input type="checkbox"/> 142. Charge			<input type="checkbox"/> 143. Summons No.			<b>C</b>		
Oper.																<input type="checkbox"/> 136. Charge			<input type="checkbox"/> 141. Summons No.			<input type="checkbox"/> Oper.			<input type="checkbox"/> 142. Charge			<input type="checkbox"/> 143. Summons No.			<b>D</b>		

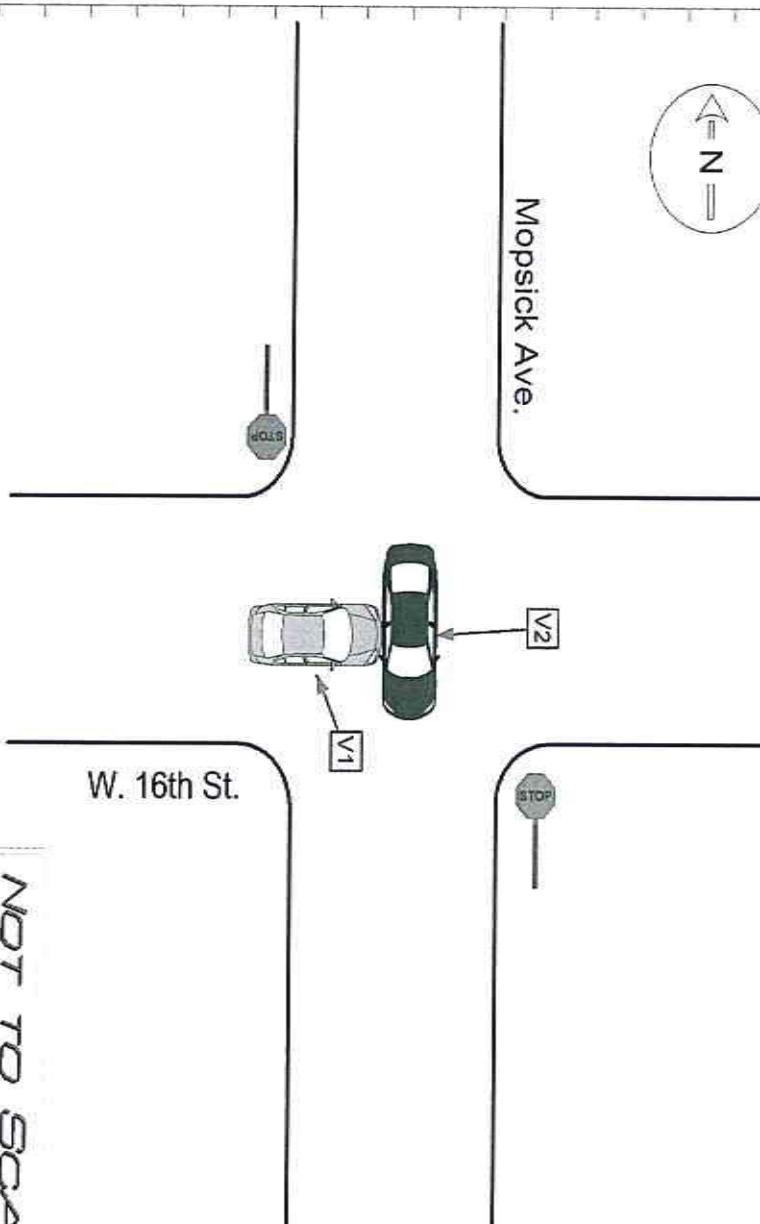
New Jersey Police Crash Investigation Report										Case Number	22064922	Page	<u>2</u> of <u>3</u>		
E	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased Date & Time of Death	
F															
G															
H															
I															
J															
144. Crash Diagram 															
SEE NJTR-1B															
145. Crash Description/Narrative															
V1 was travelling eastbound on W. 16th St. when it struck V2. V1 driver stated that V2 came out of nowhere.															
V2 was traveling southbound on Mopsick Ave. when it was struck by V1. V2 driver stated that he stopped at the Stop sign, however when he drove off, he did not see V1 within the intersection.															
**BWC**															
146. Officer's Signature AMARAL, MICHAEL	147. Badge # 909628	148. Reviewer ZACCARO, INV. RYAN	Badge # 909502	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete											
NJTR-1 (Rev. 01/17)															

## New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22064922

144 Crash Diagram (NOT TO SCALE)

 Indicate  
North**NOT TO SCALE**

Page	1	of	3	<input type="checkbox"/> Fatal	<input checked="" type="checkbox"/> Reportable	<input type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report	118a	02
1. Case Number	<b>22064959</b>				10. Crash Occurred On:	N STILES ST	11. Speed Limit	0 6 1 5	= - - - =
2. Police Dept. of	LINDEN, NJ				12. Route No.	5th	13. Milepost	2 5	25
3. Station/Precinct	LINDEN				14. Road Name		15. Millpost limit		
4. Date of Crash	5. Day of Week	6. Time (approx.)	7. Municipality	8. Total	9. Total	10. Crash	11. Speed Limit	12. Route No.	13. Milepost
mm dd yy	SU M TU W	Up to 2400 hrs.	903	Killed	Injured	19. To: 17. Cross Road Name/Route No.	18. Speed Limit	19. To:	18. Speed Limit
1000 01	1 2 1 4 2 2	2 3 1 8	2 0 0 9	0 0 0 0	0 0 0 1	20. Route Name/Route No.	21. Latitude	21. Latitude	20. Route Name/Route No.
1000 02	23. Veh. #	24. Policy No.	25. NJ Ins. Code	26. Driver's First Name	27. Driver's Last Name	28. Resp. to Emergency	29. Hit & Run	30. Parked	29. Sex
04 01	LINDEN	HPA00002760523	903	EMMANUEL	ODOI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M
102 01	27. Number & Street	474 WARREN ST. Apt#1205				31. State	32. Zip	33. City	34. State
103 01	28. City	JERSEY CITY				NJ	07302	RAHWAY	NJ
104 02	30. Eyes	31. DL Class	32. Restrictions	33. Endorsements	34. State	35. Initial	36. Last Name	37. City	38. State
0 1	D -	T - - -	- -	- -	NJ	O 1	ANTWAN	ANTWAN	NJ
105 03	32. Driver's License Number	33. DOB	34. Expires	35. Owner's First Name	36. Initial	37. Last Name	38. City	39. State	40. Zip
O1853	22500	06821	06/17/82	ANTWAN	D	SIMMONS	1140 JAQUES AVENUE	NJ	07065
106 -	35. Owner's First Name	36. Initial	37. Last Name	38. City	39. State	40. Zip	41. State	42. Plate No.	43. State
-	ANTWAN	D	SIMMONS	1140 JAQUES AVENUE	NJ	07065	NJ	B41RLP	NJ
107 -	36. Number & Street	58. City				44. VIN	45. Express	46. Vehicle Removed to:	47. City
-	-	RAHWAY				HON	09/23	GABE'S TOWING#1726	RAHWAY
108 01	37. City					47. State	48. Zip	49. Vehicle Removed to:	50. City
109 01	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	44. VIN	GABE'S TOWING#1727	RAHWAY
110 01	TOY	CAM	BK	2015	R93PTG	NJ	HON	09/23	09/23
111 02	44. VIN	45. Express	46. Vehicle Removed to:	47. City	48. State	49. Zip	50. City	51. Vehicle Removed to:	52. City
112 -	-	-	GABE'S TOWING#1726	GABE'S TOWING#1727	-	-	-	GABE'S TOWING#1727	GABE'S TOWING#1727
113 -	46. Vehicle Removed to:	47. Authority	48. Alcohol Drug Test	49. Hazardous Material	50. Driver	51. Driver	52. Driver	53. Driver	54. Driver
114 -	46. Vehicle Removed to:	47. Authority	48. Alcohol Drug Test	49. Hazardous Material	50. Driver	51. Driver	52. Driver	53. Driver	54. Driver
115 -	46. Vehicle Removed to:	47. Authority	48. Alcohol Drug Test	49. Hazardous Material	50. Driver	51. Driver	52. Driver	53. Driver	54. Driver
116 01	46. Vehicle Removed to:	47. Authority	48. Alcohol Drug Test	49. Hazardous Material	50. Driver	51. Driver	52. Driver	53. Driver	54. Driver
117 03	46. Vehicle Removed to:	47. Authority	48. Alcohol Drug Test	49. Hazardous Material	50. Driver	51. Driver	52. Driver	53. Driver	54. Driver
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	57. Motor Carrier or Government Entity	58. Motor Carrier or Government Entity	59. Motor Carrier or Government Entity	60. Motor Carrier or Government Entity	61. Motor Carrier or Government Entity
Number & Street	Number & Street	Number & Street	Number & Street	Number & Street	Number & Street	Number & Street	Number & Street	Number & Street	Number & Street
Cty	Cty	Cty	Cty	Cty	Cty	Cty	Cty	Cty	Cty
City	City	City	City	City	City	City	City	City	City
State	State	State	State	State	State	State	State	State	State
Zip	Zip	Zip	Zip	Zip	Zip	Zip	Zip	Zip	Zip
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
Oper.	-	-	-	-	-	-	-	-	-
Oper.	-	-	-	-	-	-	-	-	-
A 01	01 01	01 -	40 M	-	-	01 11	04 -	-	EMMANUEL ODOI 474 WARREN ST. Apt#1205 JERSEY CITY NJ 07302
B 02	01 01	04 44 M	08 01 11 04 -	-	-	-	-	-	ANTWAN D SIMMONS 1140 JAQUES AVENUE RAHWAY NJ 07065
C									
D									

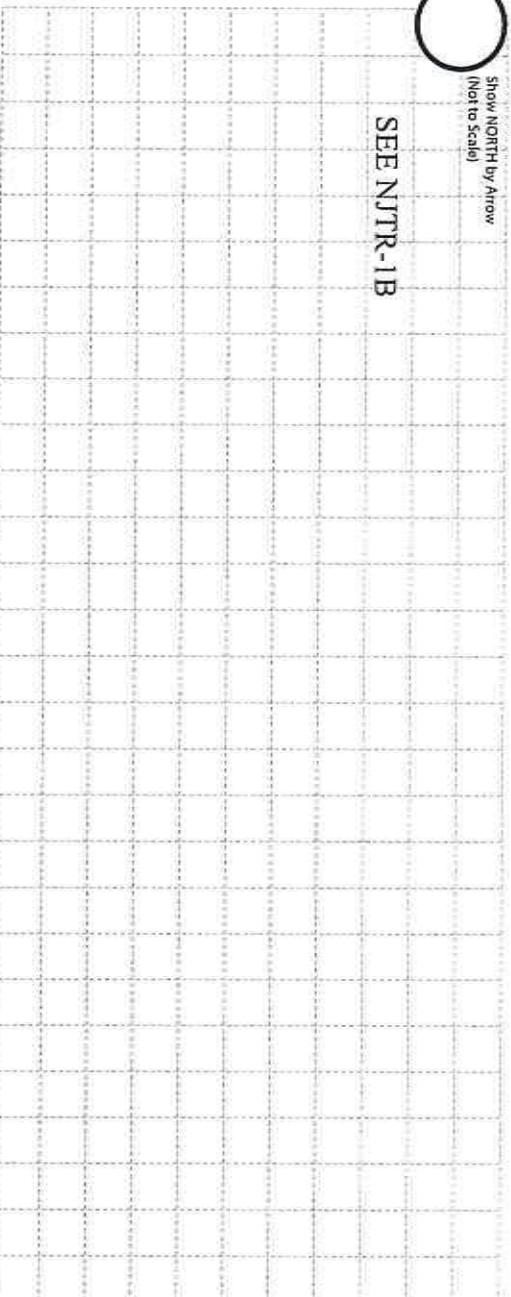
New Jersey Police Crash Investigation Report											Case Number Names & Addresses of Occupants if Deceased Date & Time of Death	Page _____ of _____
B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13		
E												
F												
G												
H												
I												
J												

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B



145. Crash Description/Narrative

V2 was turning left onto Raritan Road when V1 travelled into the intersection colliding with the passenger side of the vehicle.

V1 was travelling north on N Stiles Street when it collided with V2.

146. Officer's Signature

MESAROS, OFFICER GABRIELL

147. Badge #

909632

148. Reviewer

HAMMER, INV. PETER;

Badge #

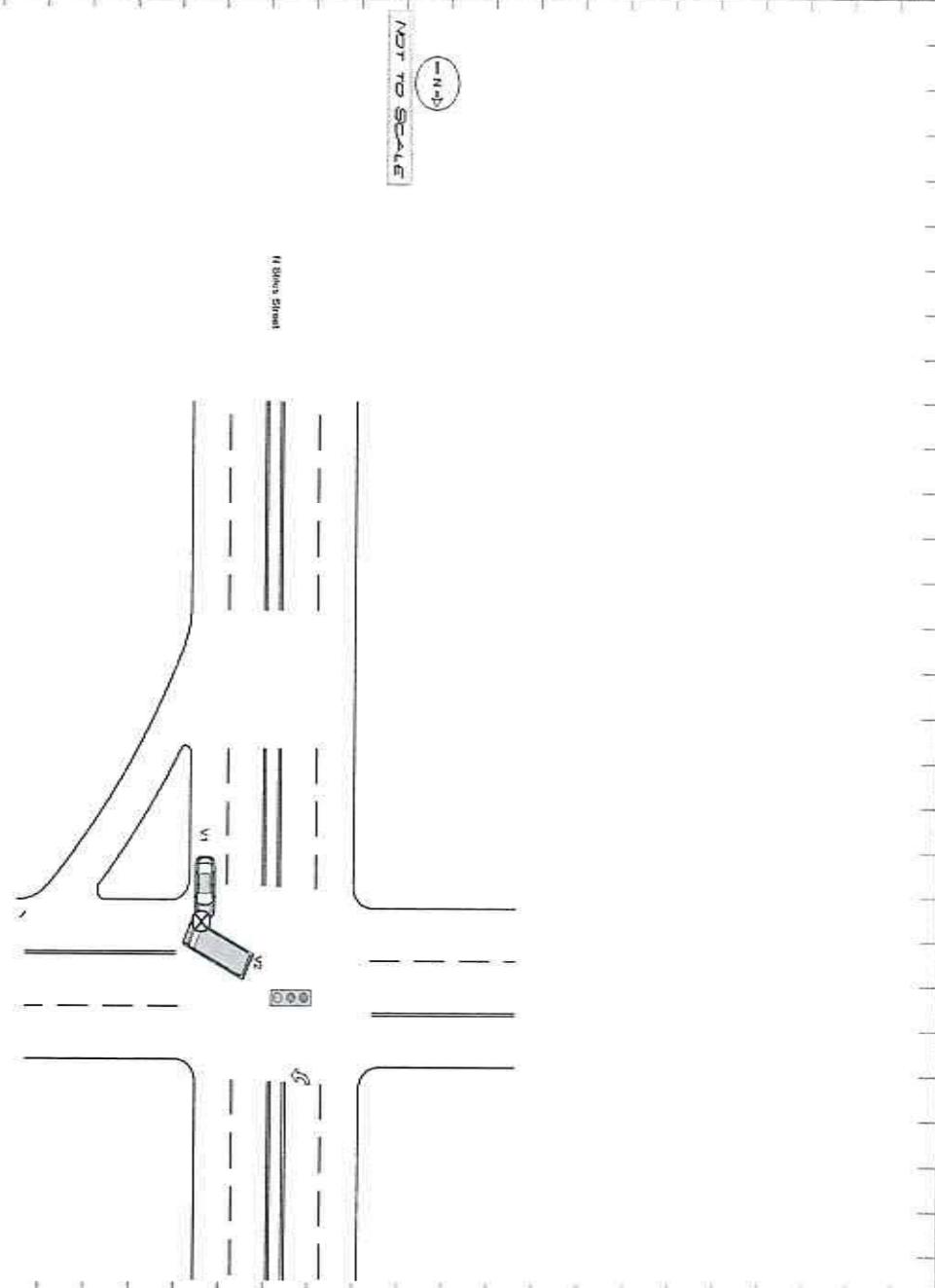
2001

149. Case Status

Complete  
 Pending

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash DiagramPolice Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22064959

144 Crash Diagram (NOT TO SCALE)

 Indicate  
North

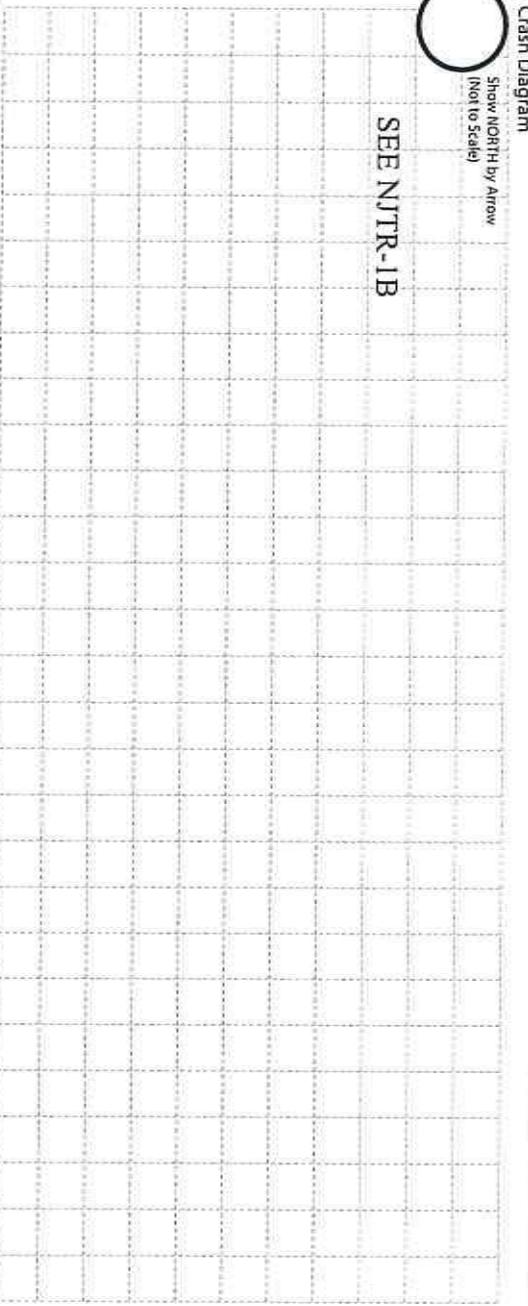
MESAROS, OFFICER GABRIELL

Officer's Signature

909632

Badge Number

96	Page	1	of	3	<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	1. Case Number	22065053				10. Crash occurred On:	W ELIZABETH AVE		11. Speed Limit	0 5 1 4 - - - - -	02	
98	2. Police Dept. of	LINDEN, NJ				Code	01	12. Route No.	Suffix	13. Miles per 18 Speed Limit	118b	
99	3. Station/Precinct	LINDEN				50	At intersection with	N E S W		2 5	25	
100	4. Date of Crash	mm dd	5. Day of Week	Su M Tu W Th F Sa	6. Time (24 hrs.)	14	7. Municipality	8. Total Killed	9. Total Injured	10. Dir. of:	LINDEGAR ST	
101	100b. 23. Veh. #	1 1 2	1 5 2 2	50	7. Time (24 hrs.)	15	8. Total Injured	0 0	0 0	11. Road Name:	Ramp	
102	24. Policy No.	00562444-3				9. Total Injured	16	10. Dir. of:	17. Gross Road Name/Route No.	19. To:	-	
103	25. Veh. #	Parked	Ped	Pedestrian	Resp. to Emergency	Hit & Run	17. Gross Road Name/Route No.	20. Route Name/Route No.	21. Latitude	20. Route Name/Route No.	22. Longitude	
104	26. Driver's First Name	ELVIO	Initial	Last Name	28. Sex	29. Age	25. NJ/NS Code	26. Driver's First Name	54. Policy No.	55. NJ/NS Code	120a	
105	27. Number & Street	10782 STATE ROT 97 3				M	02	ARIEL	02/18/25 72R 7108	201	120b	
106	28. City	HANKINS				NY	56. Driver's First Name	CANELA	56. Driver's First Name	59. Sex	121a	
107	29. State					NY	57. Number & Street	424 SMITH ST Apt#1B	57. Number & Street	M	121b	
108	30. Eyes	DL Class	Restrictions	Endorsements	31. State	58. City	PERTH AMBOY	58. City	State	Zip	122	
109	0 4	A -	- - - -	- -	NY	59. State	NJ	59. State	NJ	Zip	123	
110	32. Driver's License Number	75604 2194				60. Eyes	DL Class	Restrictions	Endorsements	61. State	13	
111	33. Owner's First Name	RYDER TRUCK RENTAL	Initial	Last Name	62. Driver's License Number	0 1	D -	- - - -	- -	NJ	08	
112	34. Same as Driver					63. DOB	mm dd yy	64. Expires	65. Driver's First Name	65. Driver's First Name	124	
113	35. Owner's First Name					75604	10 13 76	10 30	ARIEL	Same as Driver	11	
114	36. Number & Street	11690 NW 105TH ST				66. Number & Street					125	
115	37. City	MIAMI				67. City					11	
116	38. Make	FRHT	39. Model	TT	40. Color	WT	41. Year	42. Plate No.	43. State	State	Zip	
117	44. VIN	3 1 A K J H L D V 9 J S K D 1 2 2 0				45. Expires	10/22	46. Vehicle Removed to:	47. Authority	48. Alcohol Drug Test	49. Hazardous Material	
118	02	PARKED OFF ROADWAY				47. Authority	Owner	Driver	Policeman	Given: <input checked="" type="checkbox"/> No	Given: <input type="checkbox"/> Yes	Given: <input type="checkbox"/> Refused
119	01					Parked	Left at Scene	Towed Impounded	Towed Impounded	Type: <input type="checkbox"/> Breath	Type: <input type="checkbox"/> Blood	Type: <input type="checkbox"/> Urine
120	112					50. Carrier No.	51. GVWR / GCWR (trucks & buses only)	52. Motor Carrier or Government Entity	53. Driver	Results: <input type="checkbox"/> Pending	54. Hazardous Material	55. Driver
121	-					US DOT	(trucks & buses only)	KORA COMPONENTS LLC	Policeman	Results: <input type="checkbox"/> Pending	On Board	Policeman
122	113					MC/MX	(trucks & buses only)	Number & Street	Police	Results: <input type="checkbox"/> Pending	Spill	Police
123	-					-	52. Motor Carrier or Government Entity	240 CHESTNUT ST	Driver	Results: <input type="checkbox"/> Pending	None	Driver
124	114					-	Number & Street	LIBERTY	Policeman	Results: <input type="checkbox"/> Pending	On Board	Policeman
125	-					-	53. Driver	LIBERTY	Policeman	Results: <input type="checkbox"/> Pending	Spill	Policeman
126	115					-	54. Hazardous Material	LIBERTY	Policeman	Results: <input type="checkbox"/> Pending	None	Policeman
127	-					-	55. Driver	LIBERTY	Policeman	Results: <input type="checkbox"/> Pending	On Board	Policeman
128	116					-	56. Carrier No.	LIBERTY	Policeman	Results: <input type="checkbox"/> Pending	Spill	Policeman
129	02					80. Carrier No.	LIBERTY	KORA COMPONENTS LLC	Driver	Results: <input type="checkbox"/> Pending	None	Driver
130	117					81. GVWR / GCWR (trucks & buses only)	LIBERTY	Number & Street	Policeman	Results: <input type="checkbox"/> Pending	On Board	Policeman
131	04					US DOT	LIBERTY	240 CHESTNUT ST	Driver	Results: <input type="checkbox"/> Pending	Spill	Policeman
132	-					MC/MX	LIBERTY	LIBERTY	Policeman	Results: <input type="checkbox"/> Pending	None	Policeman
133	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.	02	
134	01					39:3:4	209-L-168071	-	-	-	-	
135	Oper.					140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.	03	
A	01					83 84 85 86 87 88 89 90 91 92 93	94 95	Names & Addresses of Occupants If Deceased, Date & Time of Death				
B	02					-	-	-	-	-		
C	-					-	-	-	-	-		
D	-					-	-	-	-	-		

New Jersey Police Crash Investigation Report											Case Number	22065053	Page	2 of 3	
											Names & Addresses of Occupants			If Deceased Date & Time of Death	
E	B3	84	85	86	87	88	89	90	91	92	93	94	95		
F															
G															
H															
I															
J															
144 Crash Diagram															
 <p>Show NOR/H by Arrow (Not to Scale)</p>															
SEE NJTR-1B															
															
145 Crash Description/Narrative															
<p>V-2 was travelling west on W. Elizabeth Avenue and was stopped in traffic. V-1 was travelling west on W. Elizabeth Avenue and then started to back up when trailer of V-1 hit V-2. Trailer of V-1 N.Y. reg #BT99464, 2019 JDH, SE, red in color, vin#1L9RD5322KCC094142. ***V-1 is insured by Progressive Insurance of New York.</p>															
146 Officer's Signature <b>FORFA OFF. RICHARD;</b>				147 Badge # <b>311</b>				148 Reviewer <b>HAMMER, INV. PETER;</b>				Badge # <b>2001</b>		149 Case Status <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Pending	
NJTR-1 (Rev. 01/17)															

New Jersey Police Crash Investigation Report

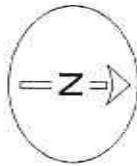
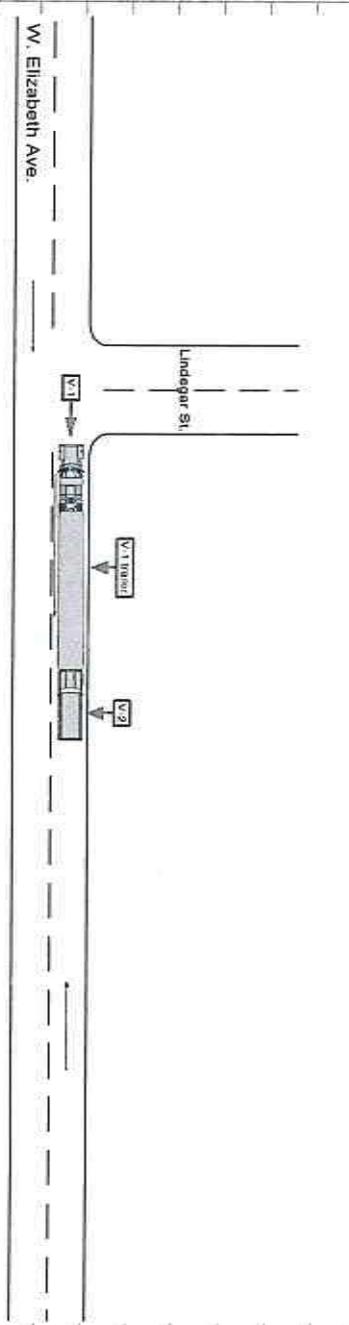
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01

Station: LINDEN Case No: 22065053

144 Crash Diagram (NOT TO SCALE)

 Indicate North



NOT TO SCALE

96 05	Page <b>1</b> of <b>3</b>	<input type="checkbox"/> Fatal	New Jersey Police Crash Investigation Report	<input type="checkbox"/> Repairable	<input checked="" type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report
97 01	1. Case Number	<b>22065074</b>	10. Crash Occurred On:	INGALLS AVE	W <b>2</b>	Dir <b>5</b>
98 01	2. Police Dept. of	LINDEN, NJ	11. Speed Limit	- - - - -	- - - - -	- - - - -
99 07	3. Station/Precinct	LINDEN	12. Route No.	Suffix	13. Milepost	18. Speed Limit
100b 01	4. Date of Crash	mm dd yy <b>11 21 15 22</b>	5. Day of Week	14	of	<b>2</b>
100b 04	23. Veh. #	24. Policy No. <b>01 03030 27 39C 7101 5</b>	6. Time (use 24 hrs.)	15	RICHFORD TERR	<b>5</b>
101 02	26. Driver's First Name	Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run	7. Municipality	N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	17. Cross Road Name/Route No.	19. To:
102 01	27. Number & Street	LUCIUS L MARTIN	8. Total Killed	00	20. Route Name/Route No.	21. Latitude
103 01	28. City	580 JEFFERSON AVE Apt#6J	9. Total Injured	00	22. Longitude	23. Nuis. Code
104 02	30. Eyes	DL CLASS <b>D</b> -	10. Veh. #	02	24. Policy No.	4308-05-02-04
105 05	32. Driver's license Number	Restrictions <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - Endorsements <input type="checkbox"/> - <input type="checkbox"/> -	11. State	NJ	25. Nuis. Code	<b>148</b>
106 02	35. Owner's First Name	Initial <b>L</b> Last Name <b>MARTIN</b>	12. DOB	26. Driver's license Number	26. Driver's First Name	56. Driver's First Name
107 02	36. Number & Street	ELIZABETH	mm dd yy <b>09 11 05 55</b>	27. DOB	LIANNE MAE	57. Number & Street
108 01	37. City	NJ	34. Expires	mm dd yy <b>09 26</b>	GONZALEZ	B3 WOODSIDE GARDENS
109 01	38. Make	State <b>NJ</b> Zip <b>07201</b>	35. Owner's First Name	58. City	59. Sex	60. City
110 01	44. VIN	39. Model <b>ACC</b>	Initial <b>L</b> Last Name <b>ROSELLE PARK</b>	61. State	F	61. State
111 01	46. Vehicle Removed to:	40. Color <b>GY</b>	41. Year <b>2021</b>	62. Driver's license Number	62. Driver's First Name	63. DOB
112 -	47. Authority	42. Plate No. <b>H65NYW</b>	43. State <b>NJ</b>	64. Expires	65. Owner's First Name	mm dd yy <b>11 10 19 00</b>
113 -	48. Alcohol Drug Test	44. Model <b>HYU</b>	66. Make <b>KON</b>	66. Number & Street	66. Driver's First Name	67. DOB
114 -	Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	45. Expires <b>09/25</b>	68. Model <b>BK</b>	4000 MACARTHUR BLVD	TRUST HYUNDAI LEASE TITLING	68. Year <b>2020</b>
115 -	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	69. Color <b>K</b>	70. Color <b>M</b>	69. Plate No. <b>P76MUA</b>	69. State <b>CA</b>	70. Year <b>2020</b>
116 04	Results: <input type="checkbox"/> 0 <input type="checkbox"/> - <input type="checkbox"/> % Pending	71. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	72. Color <b>A</b>	73. Plate No. <b>92660</b>	73. State <b>NJ</b>	72. Year <b>2020</b>
117 02	50. Carrier No.	72. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	74. Color <b>C</b>	75. Expires <b>08/23</b>	75. Expires <b>08/23</b>	74. Year <b>2020</b>
52. Motor Carrier or Government Entity	51. GVWR / GCWR (trucks & buses only)	75. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	76. Color <b>X</b>	77. Authority	77. Driver	78. Alcohol Drug Test
Number & Street	Placard No.	76. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	77. Color <b>L</b>	78. Driver	78. Driver	Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused
-	Placard No.	77. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	78. Color <b>U</b>	79. Authority	79. Driver	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine
City	Placard No.	78. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	79. Color <b>T</b>	79. Driver	79. Driver	Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused
-	Placard No.	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	80. Carrier No.	80. Carrier No.	80. Carrier No.	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine
Clty	Placard No.	80. Hazard Class	81. Carrier No.	81. Carrier No.	81. Carrier No.	Results: <input type="checkbox"/> 0 <input type="checkbox"/> - <input type="checkbox"/> % Pending
-	Placard No.	81. GVWR / GCWR (trucks & buses only)	82. Carrier or Government Entity	82. Carrier or Government Entity	82. Carrier or Government Entity	Results: <input type="checkbox"/> 0 <input type="checkbox"/> - <input type="checkbox"/> % Pending
135. Damage to Other Property	<input type="checkbox"/> Yes (If Yes, describe)	136. Charge	137. Summons No.	138. Charge	139. Summons No.	Names & Addresses of Occupants If Deceased, Date & Time of Death
Oper.	-	-	Oper.	-	Oper.	140. Charge
Oper.	-	140. Charge	141. Summons No.	142. Charge	143. Summons No.	-
A	01	01	01	01	01	133
B	02	01	-	67	M	134
C				01	11	02
D				04		02

**New Jersey Police  
Crash Investigation Report**

Case Number

**22065074**

Page

**2 of 3**

Names & Addresses of Occupants  
If Deceased, Date & Time of Death

B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15
E												
F												
G												
H												
I												
J												

144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)



SEE NJTR-1B

145. Crash Description/Narrative

V1 was traveling west on Ingalls Avenue and struck V2 when it attempted to drive in between a funeral procession.

V2 was stopped in traffic west bound on Ingalls Avenue in a funeral procession when it was struck by V1.

146. Officer's Signature

JOSEPH, DOLPH

147. Badge #

910033

148. Reviewer

HAMMER, INV. PETER,

Badge #

2001

149. Case Status

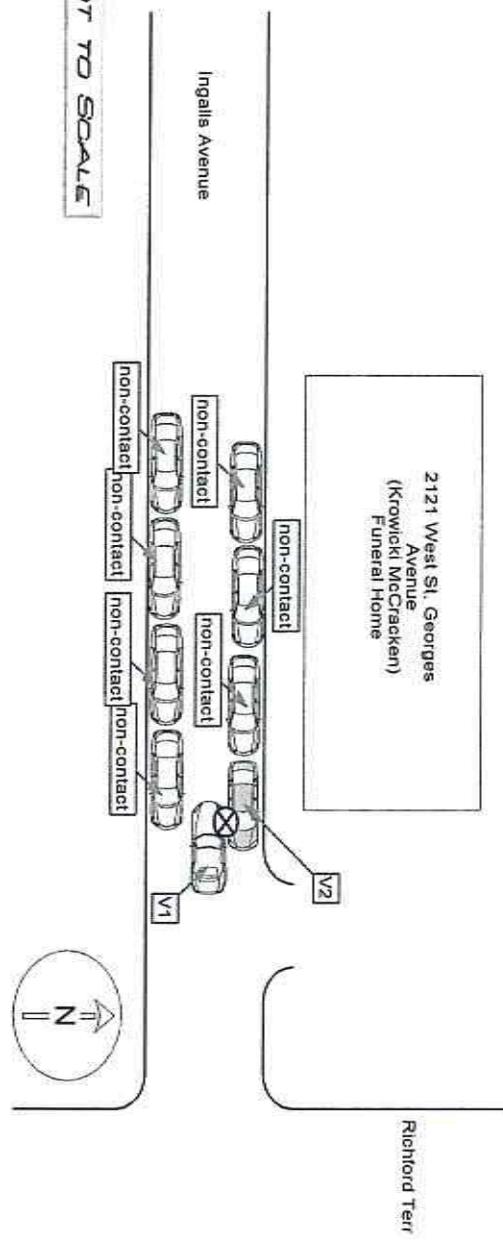
Complete  
 Pending

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065074

144 Crash Diagram (NOT TO SCALE)

North



96	05	Page 1 of 3	<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																	
1. Case Number:				22065077										10. Crash Occurred On:		W ELIZABETH AVE		11. Speed Limit	W [2] [5]	0 [5] [1] [4]	[ ] = [ ] = [ ] = [ ] = [ ]	118a 25											
2. Police Dept of:				LINDEN, NJ										Code	01	25	<input checked="" type="checkbox"/> At intersection with	<input type="checkbox"/> N	<input type="checkbox"/> E	Dir:		12. Route No.		Suffix	13. Milepost								
3. Station/Precinct:				LINDEN										14		<input type="checkbox"/> S	<input checked="" type="checkbox"/> W	15		3 [ ] 5		18. Speed Limit		118b 02									
4. Date of Crash				5. Day of Week		6. Time (2400 hrs)		7. Municipality		8. Total Killed		9. Total Injured		10. Crash Type		11. Crash Route No.		12. Route No.		13. Milepost													
mm dd yy				Su M Tu W Th F Sa		112 25		20 0 9		0 0		0 0		- - . - - - - -		- - . - - - - -		3 5		118a 02													
100b				23. Veh. #		24. Policy No.		25. NJ Ins. Code		26. Driver's First Name		27. Driver's Last Name		28. City		29. Latitude		30. Route Name/Route No.		31. Longitude		32. Longitude											
01				88A5CA0000043		067		02		ROBERT		CARSON JR		LINDEN		- - - - -		- - - - -		- - - - -		- - - - -											
101				<input type="checkbox"/> Parked		<input type="checkbox"/> Ped		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		30. City		31. Latitude		32. Route Name/Route No.		33. Longitude		34. Longitude											
102				<input type="checkbox"/> Parked		<input type="checkbox"/> Ped		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		NJ		- - - - -		- - - - -		- - - - -		- - - - -											
103				27. Number & Street		130 EAST HENRY STREET		35. Owner's First Name		36. Number & Street		37. City		38. Make		39. Model		40. Color		41. Year		42. Plate No.		43. State									
02				LINDEN		NJ		07036		LINDEN		NJ		T6646		26200		03802		03 0 9 8 0		03 2 5		01 3 5									
104				30. Eyes		DL Class		Restrictions		Endorsements		31. State		60. Eyes		DL Class		Restrictions		Endorsements		61. State		122 01									
02				0 5		A -		- - - - -		M N		NJ		0 2		D -		- - - - -		- -		NJ		123 01									
105				32. Driver's License Number		33. DOB		34. Expires		35. Owner's First Name		36. Number & Street		62. Driver's License Number		63. DOB		64. Expires		65. Owner's First Name		36. Number & Street		66. Number & Street									
01				C0684		65886		08662		TOM KRUTIS EXCAVATING INC		1 CARNEGIE ST		600 CORPORATE PARK DR		67. City		68. Make		69. Model		70. Color		71. Year		72. Plate No.		73. State					
106				<input type="checkbox"/> Same as Driver		37. City		38. Make		39. Model		40. Color		41. Year		42. Plate No.		43. State		44. VIN		45. Expires		46. Vehicle Removed to:		47. Authority							
107				<input type="checkbox"/> Same as Driver		LINDEN		VHD		BK		2019		XGSV17		NJ		NIS		VER		BK		2017		XKPC13		MO		63105			
108				<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled			
01				<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled			
02				<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled			
111				<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled			
112				<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled			
113				<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled			
114				<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled			
06				<input type="checkbox"/> Alcohol/Drug Test Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused		<input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		<input checked="" type="checkbox"/> None		<input type="checkbox"/> On Board		<input type="checkbox"/> Spill		<input type="checkbox"/> Driver		<input type="checkbox"/> Alcohol/Drug Test Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused		<input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		<input type="checkbox"/> Driver		<input type="checkbox"/> Alcohol/Drug Test Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused		<input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		<input type="checkbox"/> Driver		<input type="checkbox"/> Alcohol/Drug Test Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused					
115				<input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> Results: 0. [-] % <input type="checkbox"/> Pending		<input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		<input type="checkbox"/> Driver		<input type="checkbox"/> Results: 0. [-] % <input type="checkbox"/> Pending		<input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		<input type="checkbox"/> Driver		<input type="checkbox"/> Results: 0. [-] % <input type="checkbox"/> Pending		<input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine			
116				<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
04				<input type="checkbox"/> Motor Carrier No.		<input checked="" type="checkbox"/> USDOT		1 8 4 9 1 4 8		<input type="checkbox"/> None		<input type="checkbox"/> Placard No.		<input type="checkbox"/> Hazard Class		<input type="checkbox"/> Motor Carrier No.		<input type="checkbox"/> USDOT		<input type="checkbox"/> Motor Carrier No.		<input type="checkbox"/> Placard No.		<input type="checkbox"/> Motor Carrier No.		<input type="checkbox"/> USDOT		<input type="checkbox"/> Motor Carrier No.		<input type="checkbox"/> Placard No.			
117				<input type="checkbox"/> DMV/CAMK		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input checked="" type="checkbox"/> Hazard Class		<input type="checkbox"/> Placard No.		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
04				<input type="checkbox"/> Motor Carrier or Government Entity		<input type="checkbox"/> TOM KRUTIS EXCAVATING INC		<input type="checkbox"/> Number & Street		<input type="checkbox"/> 1 CARNEGIE ST		<input type="checkbox"/> City		<input type="checkbox"/> State		<input type="checkbox"/> Zip		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
118				<input type="checkbox"/> LINDEN		<input type="checkbox"/> NJ		<input type="checkbox"/> 07036		<input type="checkbox"/> City		<input type="checkbox"/> State		<input type="checkbox"/> Zip		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
119				<input type="checkbox"/> Damage to Other Property		<input type="checkbox"/> Yes (If Yes, describe)		<input checked="" type="checkbox"/> No		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
120				<input type="checkbox"/> Open		<input type="checkbox"/> 136 Charge		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> 137. Summons No.		<input type="checkbox"/> Oper.		<input type="checkbox"/> 138 Charge		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
121				<input type="checkbox"/> Open		<input type="checkbox"/> 140 Charge		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> 141. Summons No.		<input type="checkbox"/> Oper.		<input type="checkbox"/> 142 Charge		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
122				<input type="checkbox"/> A		<input type="checkbox"/> 01		<input type="checkbox"/> 01		<input type="checkbox"/> 56		<input type="checkbox"/> M		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> 04		<input type="checkbox"/> 04		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
123				<input type="checkbox"/> B		<input type="checkbox"/> 02		<input type="checkbox"/> 01		<input type="checkbox"/> -		<input type="checkbox"/> 42		<input type="checkbox"/> M		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> 11		<input type="checkbox"/> 04		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
124				<input type="checkbox"/> C		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
125				<input type="checkbox"/> D		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -			
Names & Addresses of Occupants If Deceased, Date & Time of Death																																	
<input type="checkbox"/> 139. Summons No.		<input type="checkbox"/> 02		<input type="checkbox"/> ROBERT WALTER CARSON JR 130 EAST HENRY STREET LINDEN NJ 07036		<input type="checkbox"/> 140. Summons No.		<input type="checkbox"/> 03		<input type="checkbox"/> FERNANDO TORRES 818 ALLEN ST Apt#11 LINDEN NJ 07036		<input type="checkbox"/> 141. Summons No.		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -		<input type="checkbox"/> -					

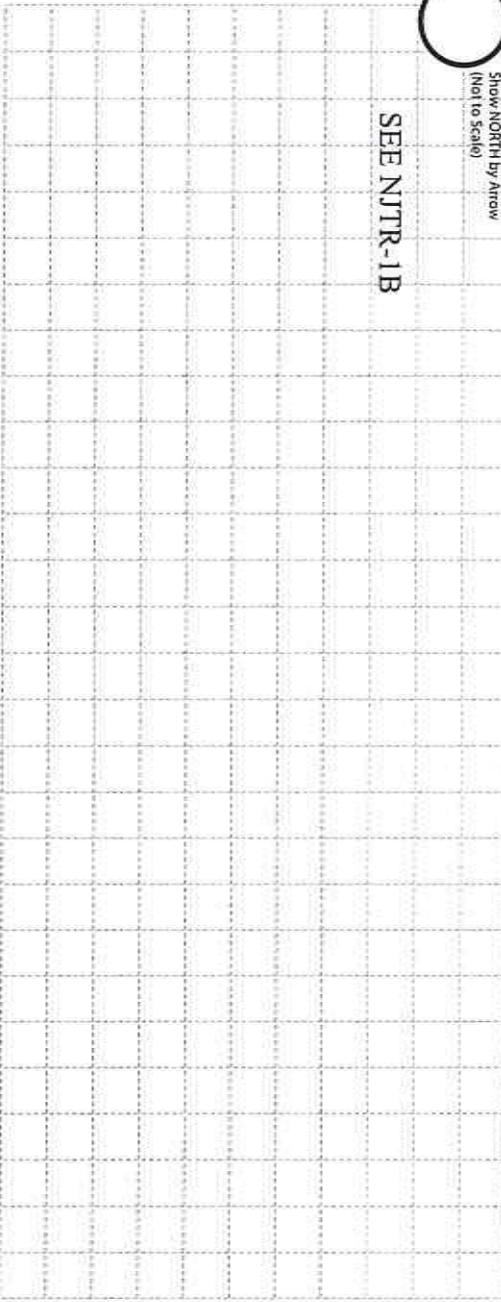
New Jersey Police Crash Investigation Report										Case Number	22065077	Page	<u>2</u> of <u>3</u>
										Names & Addresses of Occupants If Deceased, Date & Time of Death			
E	83	84	85	86	87	88	89	90	91	92	93	94	95
F													
G													
H													
I													
J													



144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B



145. Crash Description/Narrative

V1 and V2 were both stopped for a red traffic signal while traveling West on W. Elizabeth Ave. V2 driver stated that the light changed to green when he accelerated, then began to brake causing V1 to strike V2.

V1 driver stated his vehicle is equipped with a camera, but can not access it at this time.

On 12/16/22 I received an email with the video from V1. The video shows that the traffic signal turns green, and all cars begin driving forward. V2 comes to an abrupt stop for no apparent reason causing V1 to strike V2.

Video was uploaded to evidence.com.

146. Officer's signature  
ZACCARO, INV. RYAN

147. Badge #  
909502

148. Reviewer

HAMMER, INV. PETER;

Badge #

2001

149. Case Status  
 Complete  
 Pending

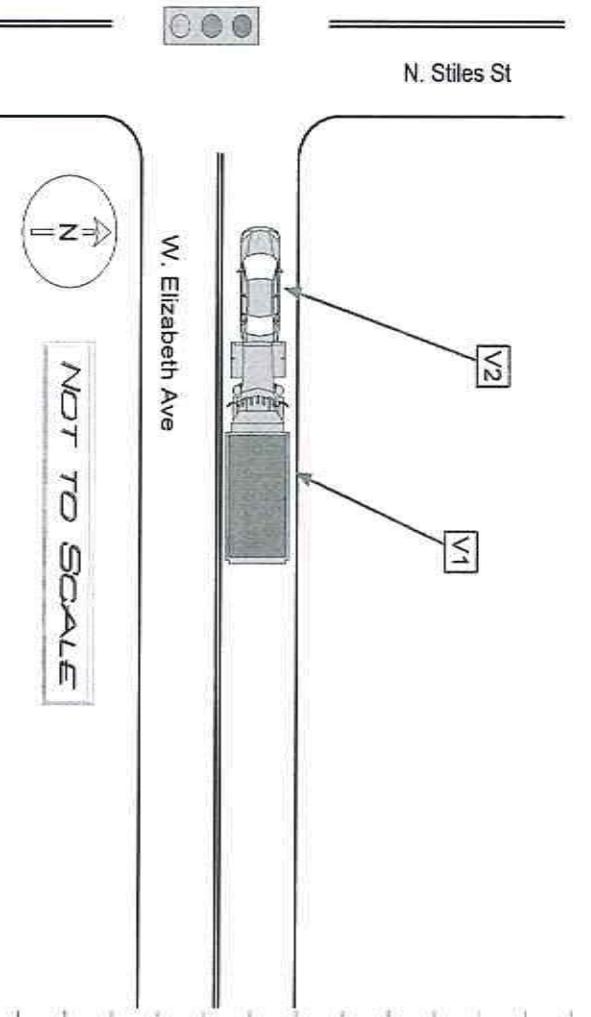
New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

144 Crash Diagram (NOT TO SCALE)

indicate  
North

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065077



1. Case Number

22065082

2. Police Dept. of

LINDEN, NJ

3. Station/Freect

LINDEN

4. Date of Crash

1008 01

5. Day of Week

23 Veh. #

6. Time 2:40 hrs

27/581173

7. Municipality

LINDEN

8. Total Killed

0

9. Total Injured

0

10. Route No.

Dir

11. Speed limit

N 2 5

12. Route No. Suffix

13. Milpost

14. Miles

2 5

15. At Intersection with

N E

16. S W

17. Road Name

Dir

18. Route No.

Dir

19. To:

UNIVERSITY CIR

20. Route Name/Route No.

Ramp

21. Latitude

20

22. Longitude

22

23. Veh. #

Y031978A0630S

24. Policy No.

25. NJ Ins. Code

26. Driver's First Name

H&amp;R Run

27. Number &amp; Street

55. NJ Ins. Code

28. City

962

29. Sex

H&amp;R Run

30. Initial

56. Driver's First Name

31. Last Name

H&amp;R Run

32. Driver's License Number

57. Number &amp; Street

33. Owner's First Name

H&amp;R Run

34. Initial

58. City

35. Owner's Last Name

H&amp;R Run

36. Number &amp; Street

59. State

37. City

60. Zip

38. Make

61. State

39. Model

NJ

40. Color

07036

41. Year

State

42. Plate No.

Zip

43. State

NJ

44. VIN

45. Expires

46. Vehicle Removed to:

-

47. Authority

-

30. Event	DL Class	Restrictions	Endorsements	31. State
0 2	D -	- - - - -	- - - - -	NJ
32. Driver's License Number	33. DOB	34. Expires	60. Eyes	61. State
G7154 47364	mm dd yy	mm yy	- -	01
56502	06 16 50	02 22	- -	123

62. Driver's License Number	63. DOB	64. Expires	65. Owner's First Name	66. Number & Street
- - - - -	mm dd yy	mm yy	Same as Driver	1041 HARRISON AVE

68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State
INFINITI	QX6	BK	2020	J10MTN	NJ
74. VIN	F N 1 D L O M M X L C 5 3 8 6 3 1	75. Expires	76. Vehicle Removed to:	-	126b
109 01	08/23	09/24	-	-	-

78. Alcohol Drug Test Given:	79. Hazardous Material On Board	80. Carrier No.	81. GVWR / GCWR	82. Motor Carrier or Government Entity
No Yes Refused	None On Board	No Yes Blood Urine	mm 00,000 lbs.	Number & Street
Type: Breath Blood Urine	Hazard Class	Type: No Yes Blood Urine	0 0,001 - 26,000 lbs.	State Zip
Results: 0. - - % Pending	Placard No.	Results: 0. - - % Pending	≥ 26,001 lbs.	City
114 01	115 01	116 01	117 01	50. Carrier No.
118 01	119 01	120 01	121 01	51. GVWR / GCWR (trucks & buses only)
122 01	123 01	124 01	125 01	52. Motor Carrier or Government Entity

137. Summons No.	Oper.	138. Charge	139. Summons No.	140. Charge
-	-	-	-	-
141. Summons No.	Oper.	142. Charge	143. Summons No.	144. Charge
-	-	-	-	-

Names & Addresses of Occupants if Deceased Date & Time of Death

A 01 01	83 84	85 86	87 88	89 90	91 92	93 94	95	96 97 98 99
Number & Street	-	-	-	-	-	-	-	-
City	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-
Zip	-	-	-	-	-	-	-	-

New Jersey Police Crash Investigation Report										Case Number	22065082	Page	<u>2</u> of <u>3</u>
B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	Names & Addresses of Occupants If Deceased, Date & Time of Death	
E													
F													
G													
H													
I													
J													

## 144. Crash Diagram

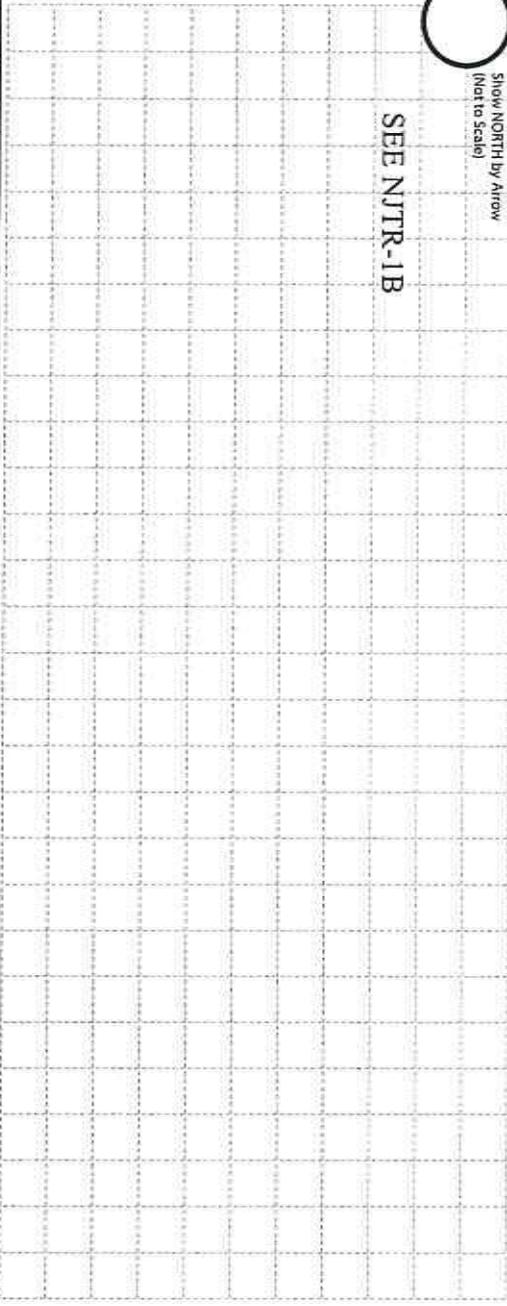
Show NORTH by Arrow  
(Not to Scale)



SEE NJTR-1B

## 145. Crash Description/Narrative

V1 was traveling northbound on University Terrace. V2 was parked on University Terrace facing northbound. V1 stated she merged to the left because someone was crossing and struck V2.



146. Officer's Signature  
WISNOWSKI, OFF. SONIA;

147. Badge #

909339

Badge #

2001

Case Status

 Complete

148. Reviewer

HAMMER, INV. PETER;

 Pending

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

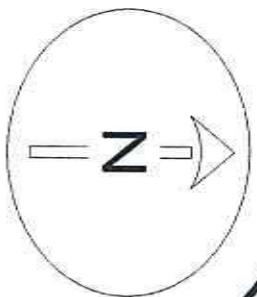
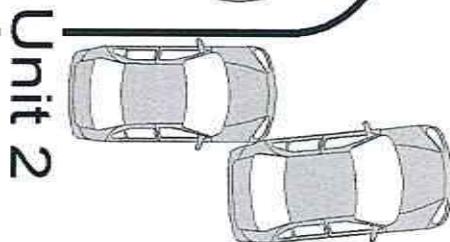
Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065082

144 Crash Diagram (NOT TO SCALE)

Indicate  
North

University Cir

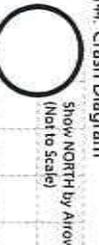
Unit 1



University Terrace

**NOT TO SCALE**

96	Page	1	of	4	<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	
97	1. Case Number	22065100			10. Crash Occurred On:	E ST GEORGES AVE	11. Speed Limit	0 0 2 7	- - - - -	
98	2. Police Dept. of	LINDEN, NJ			12. Route No.	Suffix	13. Milepost	2 5	118a 04	
99	3. Station/Precinct	LINDEN			14.	15.	16.	17.	118b 02	
100	4. Date of Crash	5. Day of Week	6. Time (2400 hrs.)	7. Municipality	8. Total Killed	9. Total Injured	10.	11.	118b 02	
100a	100b	mm dd yy	AM PM	use 2400 hrs.	IN	E	off	CHANDLER AVE	119a 25	
100c	100d	MM DD YY	AM PM	100	100	0 1	-	- - - - -	120a 01	
101	23. Veh. #	-			25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	120b -	
102	01	<input type="checkbox"/> Parked	<input type="checkbox"/> Ped	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Resp. to Emergency	<input type="checkbox"/> Hit & Run	<input type="checkbox"/> Parked	<input checked="" type="checkbox"/> Ped	<input type="checkbox"/> Pedestrian	
102	02	DHRUMIL B UPADHYAY			26. Driver's First Name	Initial	Last Name	56. Driver's First Name	57. NJ Ins. Code	
103	27. Number & Street	665 SUMMER ST Apt#2			27. Sex	M	F	GENEVIEVE SAINARY	119b 01	
104	28. City	ELIZABETH NC			28. City	LINDEN	29. City	ELIZABETH NJ	121a 01	
105	01	30. Eyes	DL Class	Restrictions	31. State	NJ	32. Eyes	DL Class	121b -	
105	13	01	D	T - - -	Endorsements	- -	01	- -	122 03	
106	32. Driver's License Number	33. DOB	34. Expires	35. Owner's First Name	36. Number & Street	37. City	38. Make	39. Model	123 43	
106	-	mm dd yy	mm yy	MINAXIBEN B	665 SUMMER ST Apt#2	ELIZABETH	-	-	124 03	
107	-	Initial	Last Name	UPADHYAY	State	NJ	WT	WT	125 03	
108	04	36. Number & Street	37. City	38. Make	39. Model	40. Color	41. Year	42. Plate No.	126a 22	
109	-	DOD	DUR	ELIZABETH	665 SUMMER ST Apt#2	C	2017	F47RK	126b -	
110	01	44. VIN	45. Expires	46. Vehicle Removed to:	47. Authority	48. Alcohol Drug Test	49. Hazardous Material	50. Carrier No.	51. GVWR / GCWR	52. Motor Carrier or Government Entity
111	-	1 C 4 S D J E T 9 H C 7 7 3 9 3 7	10/23	-	-	Given: <input type="checkbox"/> Yes	<input type="checkbox"/> None	<input type="checkbox"/> On Board	<input type="checkbox"/> No	-
112	-	<input checked="" type="checkbox"/> Driven	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Impounded	-	Type: <input type="checkbox"/> Breath	<input type="checkbox"/> Breath	<input type="checkbox"/> Refused	<input type="checkbox"/> Blood	-
113	-	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Impounded	-	-	<input type="checkbox"/> Blood	<input type="checkbox"/> Blood	<input type="checkbox"/> On Board	<input type="checkbox"/> Urine	-
114	-	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Driver	<input checked="" type="checkbox"/> Police	-	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Spill	<input type="checkbox"/> -	-
115	-	48. Alcohol Drug Test	49. Hazardous Material	50. Carrier No.	51. GVWR / GCWR	52. Motor Carrier or Government Entity	53. Hazardous Material	54. Carrier No.	55. GVWR / GCWR	56. Motor Carrier or Government Entity
116	02	Given: <input type="checkbox"/> Yes	<input type="checkbox"/> Refused	DL Carrier No.	(trucks & buses only)	-	Given: <input type="checkbox"/> Yes	<input type="checkbox"/> On Board	<input type="checkbox"/> No	-
117	03	Type: <input type="checkbox"/> Breath	<input type="checkbox"/> Blood	DL Carrier No.	DL Carrier No.	<input type="checkbox"/> Breath	<input type="checkbox"/> Refused	<input type="checkbox"/> Spill	<input type="checkbox"/> Blood	-
118	-	Results: <input type="checkbox"/> Pending	<input type="checkbox"/> Pending	DL Carrier No.	(trucks & buses only)	<input type="checkbox"/> Blood	<input type="checkbox"/> Blood	<input type="checkbox"/> On Board	<input type="checkbox"/> Urine	-
119	-	<input type="checkbox"/> Owner	<input type="checkbox"/> Driver	DL Carrier No.	DL Carrier No.	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Spill	<input type="checkbox"/> -	-
120	-	49. Hazardous Material	50. Carrier No.	51. GVWR / GCWR	(trucks & buses only)	52. Motor Carrier or Government Entity	53. Hazardous Material	54. Carrier No.	55. GVWR / GCWR	56. Motor Carrier or Government Entity
121	-	50. Carrier No.	51. GVWR / GCWR	(trucks & buses only)	-	-	50. Carrier No.	51. GVWR / GCWR	(trucks & buses only)	-
122	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
123	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
124	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
125	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
126	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
127	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
128	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
129	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
130	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
131	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
132	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
133	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
134	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	DL Carrier No.	-	DL Carrier No.	DL Carrier No.	DL Carrier No.	-
135	-	Damage to Other Property	<input type="checkbox"/> Yes (if Yes, describe)	<input checked="" type="checkbox"/> No	Names & Addresses of Occupants	I Deceased, Date & Time of Death	139. Summons No.	140. Charge	141. Summons No.	142. Charge
136	A	Oper. 01	136 Charge 39-4-36	137. Summons No. E22 022706	Oper. 141. Summons No. E22 022705	142. Charge	143. Summons No.	144. Summons No.	145. Summons No.	146. Summons No.
B	P1	-	Oper. 01	140 Charge 39-4-97	-	-	-	-	-	-
C	-	-	-	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-	-	-	-

New Jersey Police Crash Investigation Report											Case Number	22065100	Page	2 of 4		
											Names & Addresses of Occupants If Deceased, Date & Time of Death					
E	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	B16	B17	B18
F																
G																
H																
I																
J																
144. Crash Diagram 																
SEE NJTR-1B																
<p>145. Crash Description/Narrative</p> <p>V1 was making a left turn from Chandler Ave (Roselle side) to travel east on E. St Georges Ave. V1 driver stated another vehicle was honking at him, so he turned and did not see P1 walking in the crosswalk. V1 then struck P1 causing her to fall to the ground. V1 was unable to provide me with a valid insurance card on scene, stating it was his fathers car. At 2219hrs, I received an email from V1 owner stating he forgot to renew his insurance. V1 driver was then issued a summons for no insurance, see below for more information.</p>																
<p>P1 was evaluated on scene by LFD and transported to Rahway Hospital with injuries to her right leg and hip.</p>																
<p>P1's Parent Information:</p> <p>Vanessa Charles 1151 Passaic Ave 908-425-2287.</p>																
146. Officer's Signature ZACCARO, INV. RYAN						147 Badge # 909502			148 Reviewer HAMMER, INV. PETER;		Badge # 2001	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete				
NJTR-1 (Rev. 01/17)																

New Jersey Police Crash Investigation Report	Police Dept: <u>LINDEN, NJ</u>	Code: <u>01</u>
Motor Vehicle Crash Description	Station: <u>LINDEN</u>	Case No: <u>22065100</u>

145 Crash Description

A witness on scene stated that P1 was already halfway across the street, within the marked crosswalk, when V1 turned and struck her.

## Witness Information:

Elaine Mosley  
908-208-7559.

V1 driver was issued the following summonses:

- 2009 E22 022705 - 39:4-97.
- 2009 E22 022706 - 39:4-36(A)(1).
- 2009 E22022743 - 39:6B-2

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ZACCARO, INV. RYAN

## New Jersey Police Crash Investigation Report

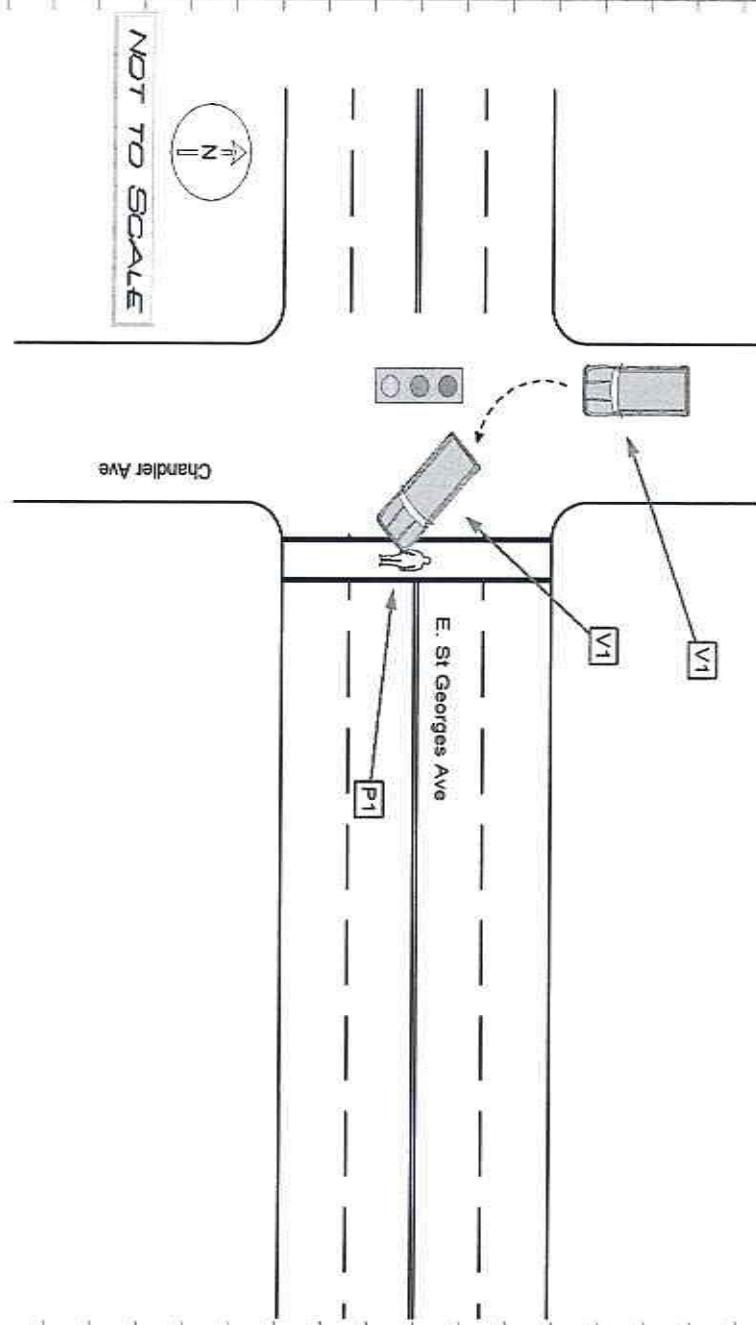
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No. 22065100

14a Crash Diagram (NOT TO SCALE)

 Indicate

North



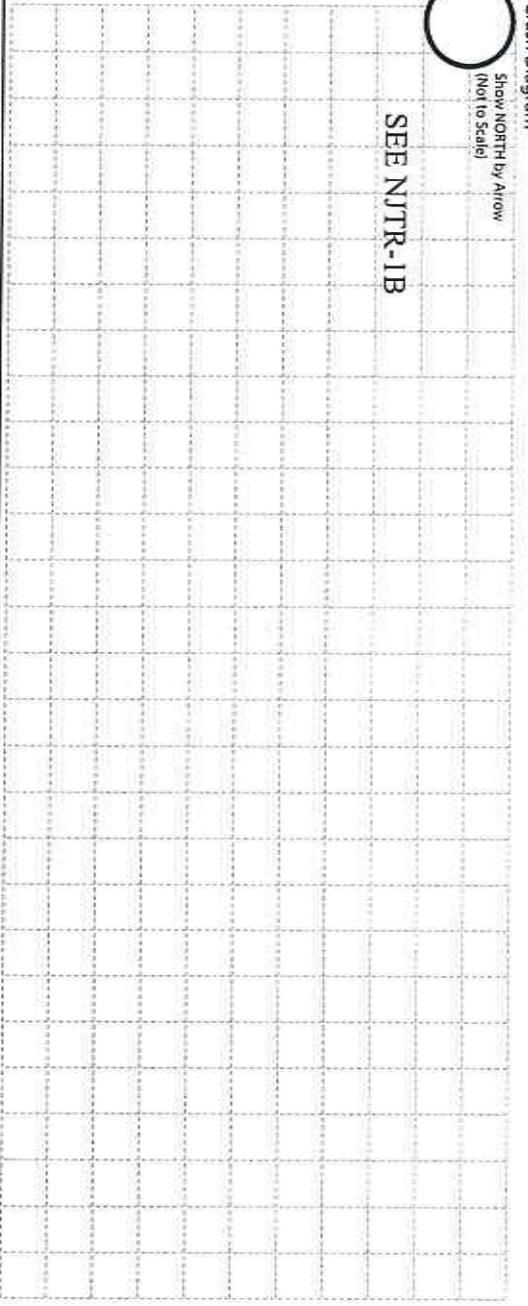
05 05	Page 1 of 3 <input type="checkbox"/> False	New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Portable	<input type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report																						
1. Case Number			2. Police Dept. of			3. Station/Precinct			4. Date of Crash			5. Day of Week			6. Time (AM/PM hrs.)			7. Municipality			8. Total Killed			9. Total Injured			10. Crash Occurred On:			11. Speed Limit			12. Route No.			13. Miles/Post Dir.		
97 01			LINDEN, NJ			LINDEN			mm dd yy			su m tu w			06 06 06			N STILES ST			00 00 00			of N STILES ST			Dir. N			3 5								
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B			P1			04			39			F			07			08			01			01			-			AURORA MUNGUA SANZHEZ 166 ELLIS AVE Apt#04 IRVINGTON NJ 07111								
C																																						
D																																						

New Jersey Police Crash Investigation Report										Case Number	22065213	Page	<u>2</u> of <u>3</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
F														
G														
H														
I														
J														

144. Crash Diagram

  
Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B



145. Crash Description/Narrative

V1 was traveling North on N. Stiles St, attempting to make a left to travel West on W. Blancke St. P1 was crossing W. Blancke St, within a marked crosswalk in a northern direction, when she was struck by V1.

V1 driver stated that there was heavy traffic and he could not see P1 when he turned.

P1 complained of left arm pain and head pain, refusing any medical attention from the Linden Fire Dept.

It should be noted that the crosswalk in this area is almost 100% faded and hard to see with current weather conditions.

146. Officer's Signature

ZACCARO, INV. RYAN

147. Badge #

909502

Badge #

2001

148. Reviewer

HAMMER, INV. PETER;

Case Status

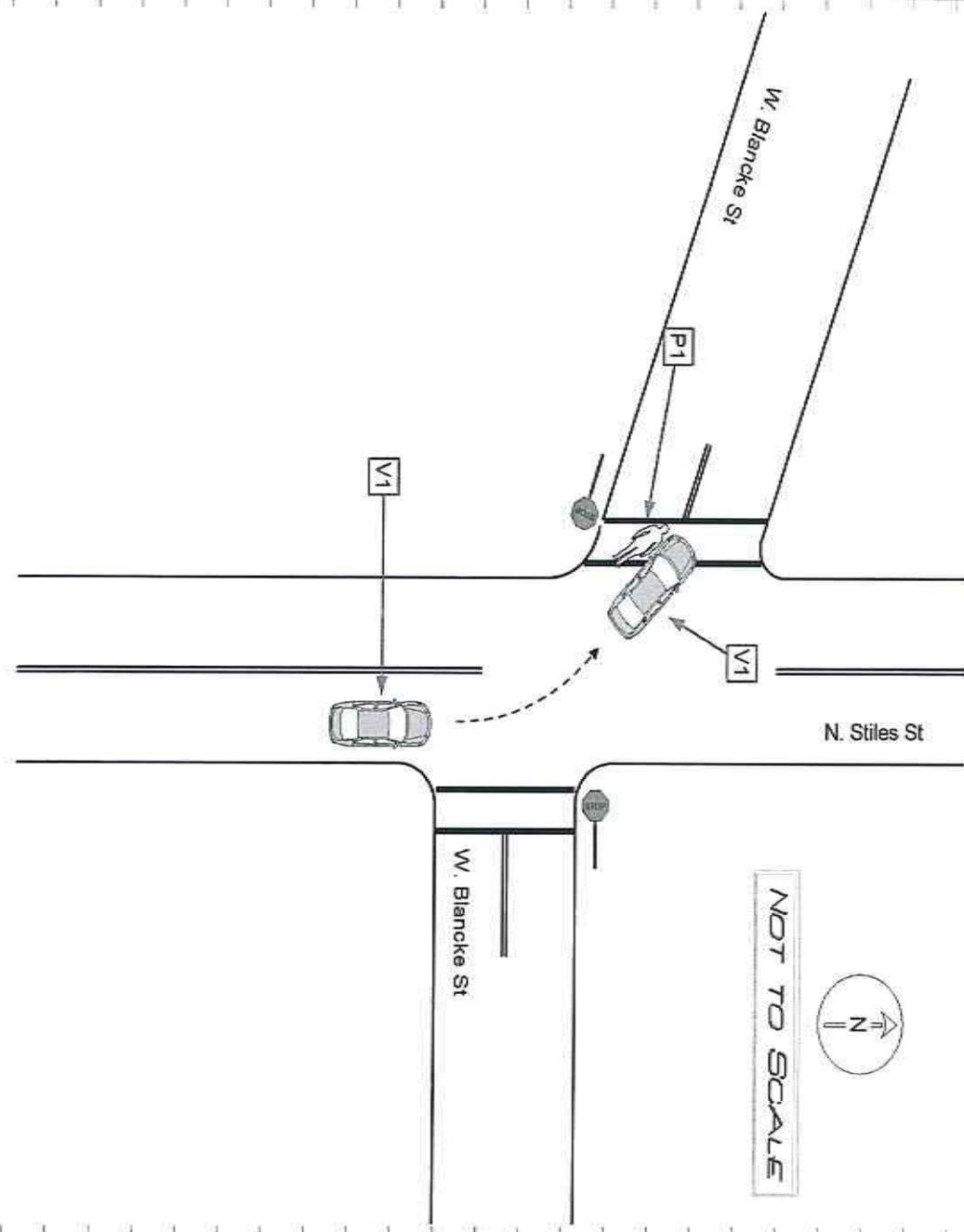
Complete  
 Pending

## New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065213

144 Crash Diagram (NOT TO SCALE)

 Indicate  
North

Page 1 of 4 <input type="checkbox"/> Final												New Jersey Police Crash Investigation Report <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report											
96 05	1. Case Number			22065216			10. Cash Occurred On:			W ST GEORGES AVE			11. Speed Limit	<input type="checkbox"/> 0 0 2 7 - - - - -									
97 01	2. Police Dept. of			LINDEN NJ			12. Route No.			Dir			13. Milepost	<input type="checkbox"/> 3 5									
98 06	3. Station/Precinct			LINDEN			Road Name			of: N STILES ST			14. Speed Limit	<input type="checkbox"/> 0 NB <input type="checkbox"/> EWB									
99 02	4. Date of Crash			5. Day of Week			6. Time (use 2400 hrs.)			7. Municipality			8. Total Killed	<input type="checkbox"/> 15. Miles									
100 01	mm dd yy			Su M Tu W Th F Sa			14h 6m 5s			16. At Intersection with			9. Total Injured	<input type="checkbox"/> 17. Cross Road Name/Route No.									
100B 04	23. Veh. #			24. Policy No.			25. NJ Ins. Code			18. Ramp To:			10. Lat/Lon	<input type="checkbox"/> 18. Speed Limit									
101 02	01 <input type="checkbox"/> Parked			949483614 <input type="checkbox"/> Ped			134			19. If From:			11. Route Name/Route No.	<input type="checkbox"/> 19. NB <input type="checkbox"/> EWB									
102 02	26. Driver's First Name			Initial			27. Last Name			20. Latitude			12. Longitude	<input type="checkbox"/> 20. NB <input type="checkbox"/> WLB									
103 02	22. Number & Street			HOUSE			28. NJ Ins. Code			21. Longitude			22. Latitude	<input type="checkbox"/> 21. NB <input type="checkbox"/> SWB									
104 02	28. City			ELIZABETH			29. Sex			23. Hit & Run			24. Long	<input type="checkbox"/> 23. NB <input type="checkbox"/> SWB									
105 06	30. Eyes			DL Class			31. State			32. Driver's License Number			25. NJ Ins. Code	<input type="checkbox"/> 25. NB <input type="checkbox"/> SWB									
106 -	02 <input type="checkbox"/> D -			Restrictions			NJ			33. DOB			26. Veh. #	<input type="checkbox"/> 26. NB <input type="checkbox"/> SWB									
107 -	32. Driver's license Number			Endorsements			34. Expire			mm dd yy			27. Policy No.	<input type="checkbox"/> 27. NB <input type="checkbox"/> SWB									
108 01	35. Owner's First Name			Initial			36. Number & Street			37. City			28. NJ Ins. Code	<input type="checkbox"/> 28. NB <input type="checkbox"/> SWB									
109 25	H6823			41500			38. Make			39. Model			29. NJ Ins. Code	<input type="checkbox"/> 29. NB <input type="checkbox"/> SWB									
110 00	44. VIN			40. Color			41. Year			42. Plate No.			30. NJ Ins. Code	<input type="checkbox"/> 30. NB <input type="checkbox"/> SWB									
111 02	46. Vehicle Removed to:			43. State			44. State			45. Expires			31. NJ Ins. Code	<input type="checkbox"/> 31. NB <input type="checkbox"/> SWB									
112 -	<input type="checkbox"/> Driver			<input type="checkbox"/> Towed Disabled			<input type="checkbox"/> Towed Disabled & Impounded			<input type="checkbox"/> 46. NJ Ins. Code			32. NJ Ins. Code	<input type="checkbox"/> 32. NB <input type="checkbox"/> SWB									
113 -	<input type="checkbox"/> Left at Scene			<input type="checkbox"/> Towed Impounded			<input type="checkbox"/> Towed Impounded			<input type="checkbox"/> 47. NJ Ins. Code			33. NJ Ins. Code	<input type="checkbox"/> 33. NB <input type="checkbox"/> SWB									
114 -	<input type="checkbox"/> Authority			<input type="checkbox"/> Police			<input type="checkbox"/> Driver			<input type="checkbox"/> Owner			34. NJ Ins. Code	<input type="checkbox"/> 34. NB <input type="checkbox"/> SWB									
115 03	48. Alcohol/Dug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused			49. Hazardous Material Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused			50. Type			51. Hazardous Material Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused			52. Hazardous Material Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> 53. NJ Ins. Code									
116 02	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine			<input type="checkbox"/> On Board			<input type="checkbox"/> Spill			<input type="checkbox"/> On Board			<input type="checkbox"/> 54. NJ Ins. Code	<input type="checkbox"/> 54. NB <input type="checkbox"/> SWB									
117 02	Results: 0. - - % Pending			<input type="checkbox"/> Hazard Class			<input type="checkbox"/> - - - - -			<input type="checkbox"/> Hazard Class			<input type="checkbox"/> 55. NJ Ins. Code	<input type="checkbox"/> 55. NB <input type="checkbox"/> SWB									
52. Motor Carrier or Government Entity												<input type="checkbox"/> 56. NJ Ins. Code											
Number & Street												<input type="checkbox"/> 57. NJ Ins. Code											
City												<input type="checkbox"/> 58. NJ Ins. Code											
State Zip												<input type="checkbox"/> 59. NJ Ins. Code											
City RAHWAY												<input type="checkbox"/> 60. NJ Ins. Code											
State NJ												<input type="checkbox"/> 61. NJ Ins. Code											
Zip 07065												<input type="checkbox"/> 62. NJ Ins. Code											
133. Damage to Other Property <input type="checkbox"/> Yes (if Yes, describe) <input checked="" type="checkbox"/> No												<input type="checkbox"/> 63. NJ Ins. Code											
Oper. 136. Charge 01 39-4-97												<input type="checkbox"/> 64. NJ Ins. Code											
Oper. 140. Charge 01 39-4-129												<input type="checkbox"/> 65. NJ Ins. Code											
Oper. 137. Summons No. E22 022745												<input type="checkbox"/> 66. NJ Ins. Code											
Oper. 141. Summons No. E22 022746												<input type="checkbox"/> 67. NJ Ins. Code											
Oper. 138. Charge -												<input type="checkbox"/> 68. NJ Ins. Code											
Oper. 142. Charge -												<input type="checkbox"/> 69. NJ Ins. Code											
Names & Addresses of Occupants if Deceased, Date & Time of Death												<input type="checkbox"/> 70. NJ Ins. Code											
A	01	01	00	24	M	00	00	00	00	00	00	JUANDRE HOUSE 406 CLARKSON AVE ELIZABETH NJ 07202	<input type="checkbox"/> 71. NJ Ins. Code										
B	01	06	01	00	-	00	00	00	00	00	00	UNK UNK UNK UNK UNK UNK	<input type="checkbox"/> 72. NJ Ins. Code										
C	01	03	01	00	-	00	00	00	00	00	00	UNK UNK UNK UNK UNK UNK	<input type="checkbox"/> 73. NJ Ins. Code										
D													<input type="checkbox"/> 74. NJ Ins. Code										

**New Jersey Police  
Crash Investigation Report**

Case Number **22065216**

Page **2** of **4**

**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**

**J**

144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)



SEE NJTR-1B

145. Crash Description/Narrative

V1 appeared to be traveling East on W. St Georges Ave when it struck the trailer of V2, which was parked unoccupied. V2's trailer sustained moderate damage to the rear.

V2 owner stated he parked his truck at approximately 1900hrs on 12/15/2022. Evidence on scene belonged to a newer model Audi Q5. The Audi left behind a front passenger fender, mirror, fuel filler door and other parts of the passenger side of the vehicle.

I searched FLLOCK cameras and found no Audi Q5's within a 24 hour period to have any damage in this area.

V2 trailer information:

PA REG PT806K3.

At 1015hrs I was notified by Clark PD that they have a severely damaged Audi Q5 parked in their

<sup>146</sup> Officer's Signature

ZACCARO, INV. RYAN

<sup>147</sup> Badge #

909502

<sup>148</sup> Reviewer

HAMMER, INV. PETER,

<sup>149</sup> Case Status

Complete  
 Pending

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: <u>LINDEN, NJ</u> Station: <u>LINDEN</u>	Code: <u>01</u> Case No: <u>22065216</u>
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## 145 Crash Description

town at 135 Nassau St. I responded to this location and confirmed this is the Audi from this accident. It is severely damaged on the passenger side, missing parts of the front fender and front passenger side door, fuel filler door, among other pieces.

Clark PD called me back at approximately 1044hrs stating that the registered owner was at their location. I responded back to Nassau St and spoke with him. He stated that he was not the driver, but would not provide me with the persons information that was driving. He also stated there was a total of three people in the vehicle and no one was injured. He further stated the accident occurred sometime after 2300hrs.

V1 owner was issued the following summonses:

2009 E22 022745 - 39:4-97  
2009 E22 022746 - 39:4-129B  
2009 E22 022747 - 39:4-130

His vehicle was towed by Gabes towing under tow #1731.

V2 owner was advised that trucks can not be parked within the City of Linden from 10pm to 6am as per a Municipal Ordinance. No summons was issued.

V2 owner contact information - 908-249-5484.

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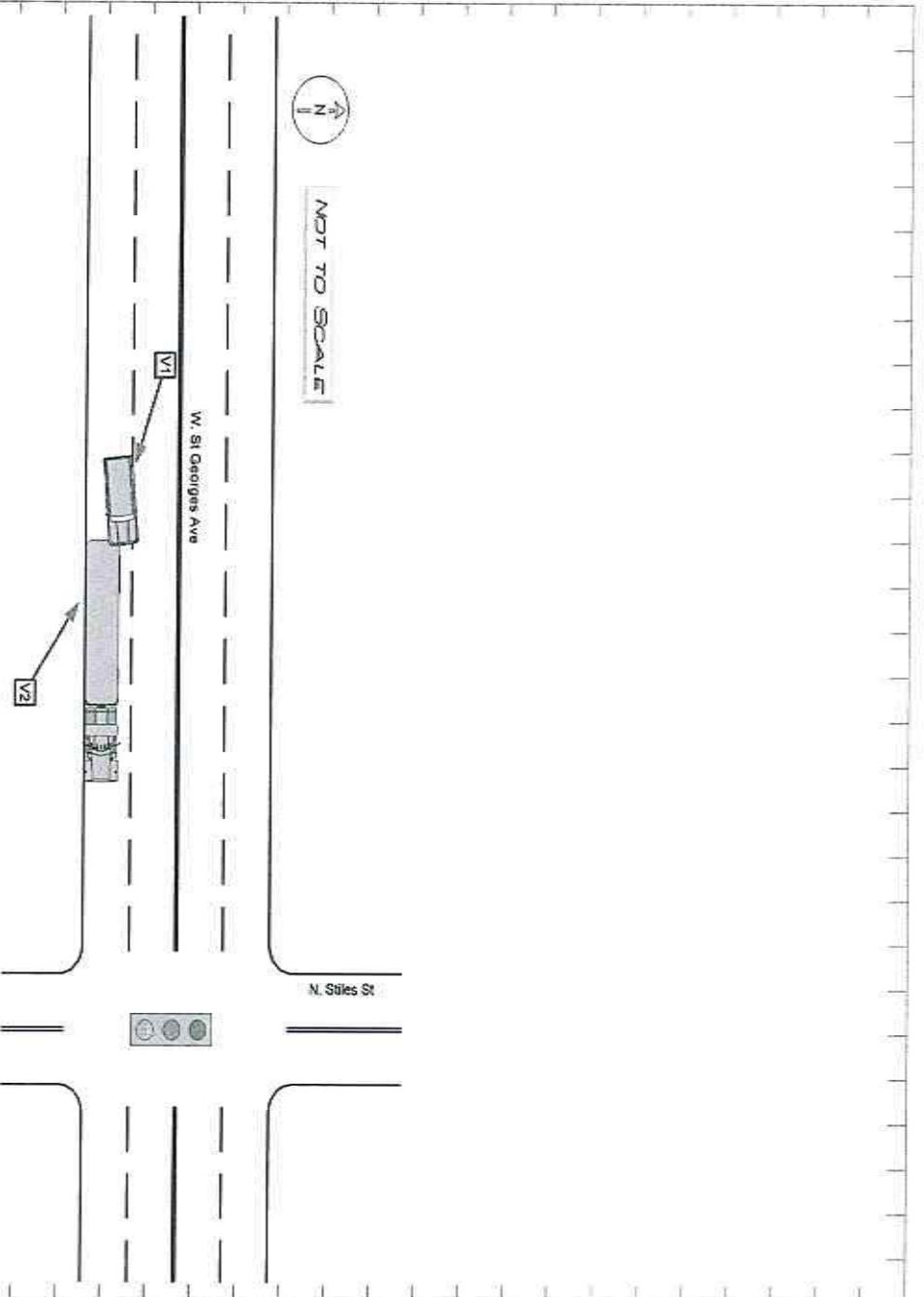
New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

144 Crash Diagram (NOT TO SCALE)

Indicate  
North

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065216



New Jersey Police Crash Investigation Report											<input checked="" type="checkbox"/> Reportable	<input type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report	119a 05											
96	01	Page 1 of 3 <input type="checkbox"/> Fatal																							
97	01	1. Case Number 22065308			10. Crash Occurred On: US 1			Road Name			S [4 0]			0 0 0 1 - - - - -			13. Milepost 2 5								
98	06	2. Police Dept. of LINDEN			Code 01			Dir.			At intersection with S E W			12. Route No. Suffix			18. Speed Limit 10b 02								
99	02	3. Station/Precinct LINDEN			4. Date of Crash 10/09/01			5. Day of Week 450			6. Time (use 24 hrs.) 14			7. Municipality 15 Miles			19. To: 17. Cross Road Name/Route No. of: WILLOW GLADE RD								
100a	01	23. Veh. # 112 1 6 2 2			24. Policy No. 938947934			25. At Int. w/ 117 2 5 2 0 0 9			26. Time (use 24 hrs.) 134			27. Total Injured 0 0 0 0			20. Route Name/Route No. 21. Latitude - - . - - - - -								
101	02	28. City SUNIL			29. Driver's First Name Initial C			30. Eyes 0 2			31. State NJ			32. DL Class D -			33. DOB mm dd yy 10 28 60			34. Expire. mm dd yy 10 25					
102	01	27. Number & Street 901 HOOVER DR			35. Owner's First Name Initial A			36. Number & Street 901 HOOVER DR			37. City AMEYA S PENDSE			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018					
103	01	28. City NJ BRUNSWICK			41. Year 42. Plate No. D74PDF			43. State NJ			44. VIN T5000			45. Endorsements 0 2			46. Make FREIGHTL			47. Model TRACTOR					
104	02	30. Eyes 0 2			31. State NJ			32. DL Class A -			33. DOB mm dd yy 1966			34. Expire. mm dd yy 410			35. Endorsements N -			36. Make 60. Eyes 0 2					
105	02	35. Owner's First Name Initial P			36. Number & Street 37. City 901 HOOVER DR			37. City 901 HOOVER DR			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF					
106	-	35. Owner's First Name Initial A			36. Number & Street 37. City 901 HOOVER DR			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 61. State FL					
107	-	36. Number & Street Driver 901 HOOVER DR			37. City 901 HOOVER DR			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 62. Driver's License Number 0 2					
108	01	36. Number & Street 37. City 901 HOOVER DR			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 63. DOB mm dd yy 1966			43. State NJ					
109	02	36. Number & Street 37. City 901 HOOVER DR			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 64. Expire. mm dd yy 04 23			43. State NJ					
110	01	36. Number & Street 37. City 901 HOOVER DR			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 65. Owner's First Name Initial A			43. State NJ					
111	-	36. Number & Street DESTINATION			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 66. Number & Street			43. State NJ					
112	-	36. Number & Street Driver 901 HOOVER DR			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 67. City			43. State NJ					
113	-	36. Number & Street Left at Scene			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 68. Vehicle Removed to: DESTINATION			43. State NJ					
114	-	36. Number & Street Authority			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 69. Model FREIGHTL			43. State NJ					
115	03	36. Number & Street Owner			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 70. Color W/T 2007			43. State FL					
116	03	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 71. Year 72. Plate No. JD7OIL			43. State FL					
117	03	36. Number & Street Police			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 73. State FL			43. State FL					
118	-	36. Number & Street Police			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 74. VIN 1F U J B B C K 5 7 L Y 6 3 8 2 3 10 23			43. State FL					
119	-	36. Number & Street Police			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 75. Expires 04 23			43. State FL					
120	-	36. Number & Street Police			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 76. Vehicle Removed to: DESTINATION			43. State FL					
121	-	36. Number & Street Police			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 77. Authority			43. State FL					
122	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 78. Alcohol Drug Test			43. State FL					
123	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 79. Hazardous Material			43. State FL					
124	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 80. Carrier No.			43. State FL					
125	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 81. GVWR / GCWR			43. State FL					
126	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 82. Motor Carrier or Government Entity			43. State FL					
127	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 83. GVWR / GCWR			43. State FL					
128	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 84. Carrier No.			43. State FL					
129	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 85. GVWR / GCWR			43. State FL					
130	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 86. Carrier No.			43. State FL					
131	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 87. GVWR / GCWR			43. State FL					
132	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 88. Carrier No.			43. State FL					
133	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 89. GVWR / GCWR			43. State FL					
134	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 90. Carrier No.			43. State FL					
135	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 91. GVWR / GCWR			43. State FL					
136	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 92. Carrier No.			43. State FL					
137	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 93. GVWR / GCWR			43. State FL					
138	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 94. Carrier No.			43. State FL					
139	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 95. Carrier No.			43. State FL					
140	-	36. Number & Street Driver			38. Make MERCEDES			39. Model GLE			40. Color W/T 2018			41. Year 42. Plate No. D74PDF			42. Endorsements 96. Carrier No.			43. State FL					
A	01	01	01	-	62	M	-	-	11	04	-	-	SUNIL C PENDSE 901 HOOVER DR N BRUNSWICK NJ 08802	141. Summons No. Oper. -			142. Charge -			143. Summons No. Oper. -			144. Charge -		
B	01	03	01	-	58	M	-	-	11	04	-	-	IGNATIUS P GOMES 129 PLEASANT AVE ISELIN NJ 08830	141. Summons No. Oper. -			142. Charge -			143. Summons No. Oper. -			144. Charge -		
C	02	01	01	-	56	M	-	-	11	04	-	-	WILLIAM ARI TAMAYO 8941 FONTEBLEAU BLVD APT#304 MIAMI FL 33172	141. Summons No. Oper. -			142. Charge -			143. Summons No. Oper. -			144. Charge -		
D																									

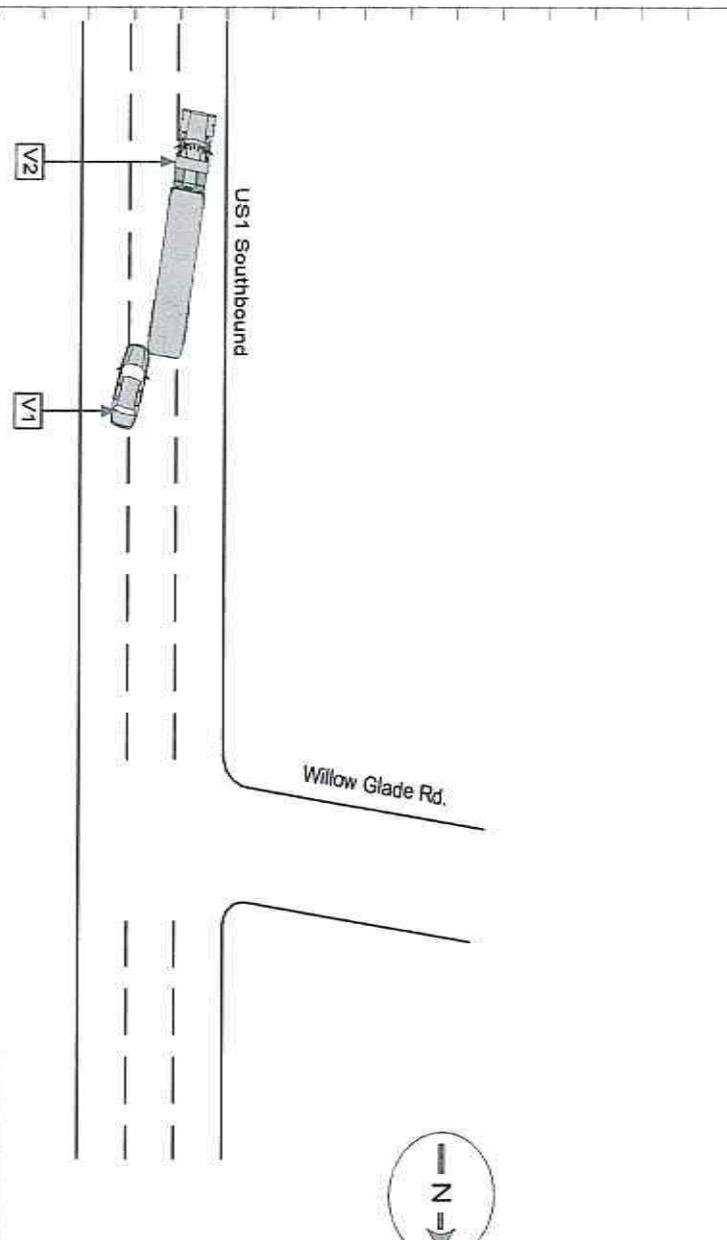
New Jersey Police Crash Investigation Report											Case Number	22065308	Page	2 of 3	
E	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants if Deceased, Date & Time of Death	
F															
G															
H															
I															
J															
144. Crash Diagram  Show NORTH by Arrow (Not to Scale)															
145. Crash Description/Narrative <p>SEE NJTR-1B</p> <p>V1 was travelling southbound on US1 South in the left lane. V2 was travelling southbound on US1 South in the center lane. Both vehicles made a lane change to the right (V1 to center lane; V2 to right lane). V1, struck the rear of V2's trailer while changing lanes.</p> <p>-----V2 Trailer-----</p> <p>Registration: 9637CZ (Florida) VIN: 1JJV532W47L0377076 Make: Wabash Model: Semi Trailer Year: 2007 Owner: *Same as tractor*</p> <p>-----V2 Insurance Carrier-----</p> <p>Evanson Insurance Co (NAIC Number: 35378)</p>															
146. Officer's Signature PALMA, PHILIP;		147. Badge # 8323	148. Reviewer NIEDZIOLKA, INV. MIESZ	Badge # 909176	149. Case Status <input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete										
NJTR-1 (Rev. 01/17)															

Page 3 of 3

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dep: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065308

144 Crash Diagram (NOT TO SCALE)  
 Indicate  
North



*NOT TO SCALE*

Page 1 of 3 <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											
96 04	1. Case Number	22065435			10. Crash Occurred On:	E ST GEORGES AVE			11. Speed Limit	E [3] 5	0 0 2 7	-	- - - -	- - -
97 01	2. Police Dept. of	LINDEN, NJ			Code	Road Name			12. Route No.		13. Milespost	18. Speed Limit	25	
98 01	3. Station/Precinct	LINDEN			4. Date of Crash	5. Day of Week	6. Time (24 hrs.)	7. Municipality	8. Total	9. Total	10. of	NB [2] 5		
99 02	mm dd	AM PM	AM PM	MM DD YY	14	15	Feet Miles	Killed	Injured	0 0 3	Ramp	EB [19] 02		
100 01	1 1 2	1 7 2	2	1 1 3 4	2 0 0 9	0 0 0	16	17. Cross Road Name/Route No.	18. Route Name/Route No.	19. To:	SB [21] 01			
101 02	23. Veh. #	24. Policy No.	25. NHTS Code	26. Driver's First Name	27. Number & Street	28. City	29. Sex	30. Resp. to Emergency	31. Hit & Run	32. Parked	Ped [35] 01			
102 01	4201760370	J	M	RALPH	SAUNDERS	NJ	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pedestrian [36] 01			
103 01	195 WOODLAWN AVE	State	Zip	33. Driver's First Name	34. Driver's Last Name	35. Owner's First Name	36. Owner's Last Name	37. State	38. Zip	39. Initial	40. Resp. to Emergency			
104 02	LINDEN	NJ	07036	ALVARO	AGUILAR MARTINEZ	M	AGUILAR MARTINEZ	NJ	07712	02	HIT & RUN [39] 01			
105 03	0 6	D -	- - - -	33. DOB	34. Expires	35. Driver's First Name	36. Driver's Last Name	37. State	38. Zip	39. Initial	40. Resp. to Emergency			
106 04	00888	63871	06966	06 27 96	06 26	A3 117	03400	A3 117	02882	02	HIT & RUN [39] 01			
107 01	36. Number & Street	State	Zip	41. Year	42. Plate No.	43. State	44. VIN	45. Expires	46. VIN	47. Initial	48. Vehicle Removed to:			
108 01	-	-	-	2000	F38PFS	NJ	HON	09/22	5 5 F N Y F 4 H 2 0 B B 0 4 5 0 8	09/22	GABES TOW 1733			
109 04	5 1 H G E J 6 6 7 E Y L 0 2 6 2 0	40. Color	41. Year	42. Plate No.	43. State	44. VIN	45. Expires	46. VIN	47. VIN	48. Initial	49. Vehicle Removed to:			
110 01	GABES TOW 1733	WT	2000	06 27 96	06 26	A3 117	03400	A3 117	02882	02	GABES TOW 1733			
111 01	46. Vehicle Removed to:	Towed Disabled	Towed Impounded	Towed Disabled & Impounded	Towed Disabled	Towed Disabled & Impounded	Towed Impounded	Towed Impounded	Towed Impounded	Towed Impounded	GABES TOW 1733			
112 -	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-			
113 -	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-			
114 -	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-			
115 -	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-			
116 02	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-			
117 01	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-			
50. Carrier No.	- - - - -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-			
51. USDOT	- - - - -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-			
52. Motor Carrier or Government Entity	- - - - -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-			
Number & Street	-	-	-	-	-	-	-	-	-	-	-			
City	-	-	-	-	-	-	-	-	-	-	-			
State	-	-	-	-	-	-	-	-	-	-	-			
Zip	-	-	-	-	-	-	-	-	-	-	-			
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	01	01	04	26	M	05	08	01	11	04	01			
B	02	01	01	-	34	M	-	-	11	04	04			
C	02	03	01	04	44	F	05	08	02	11	04			
D	02	06	01	04	40	F	01	08	02	11	04			
Names & Addresses of Occupants if Deceased, Date & Time of Death														
ALVARO AGUILAR MARTINEZ 806 BOND ST Apt#2 ASBURY PARK NJ 07036														
ALVAREZ REYES 806 BOND ST Apt#2 ASBURY PARK NJ 07712														
ALICIA QUEVEDO 78 STONE HILL RD EASTONTOWN NJ 07724														

New Jersey Police Crash Investigation Report										Case Number	22065435	Page	2 of 3
E	83	84	85	86	87	88	89	90	91	92	93	94	95
F													
G													
H													
I													
J													

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B

145. Crash Description/Narrative

V1 was traveling east on E. St. Georges Ave. in the right lane.

V2 was stopped at the stop sign of Lincoln St./E. St. Georges Ave. facing north on Lincoln St. V2 then attempted to conduct a left turn from Lincoln St. onto E. St. Georges Ave. heading west.

V1 then struck V2 on the front driver side corner at the intersection of E. St. Georges Ave./Lincoln St.

I spoke with a witness, Samari Rodriguez, who stated she observed V1 traveling at an high rate of speed.

Witness contact information: 862-310-4885

146. Officer's Signature

SMITH, ROBERT

147. Badge #

909391

148. Reviewer

ROZYCKI, INV. MICHAEL

Badge #

909721

Pending

Complete

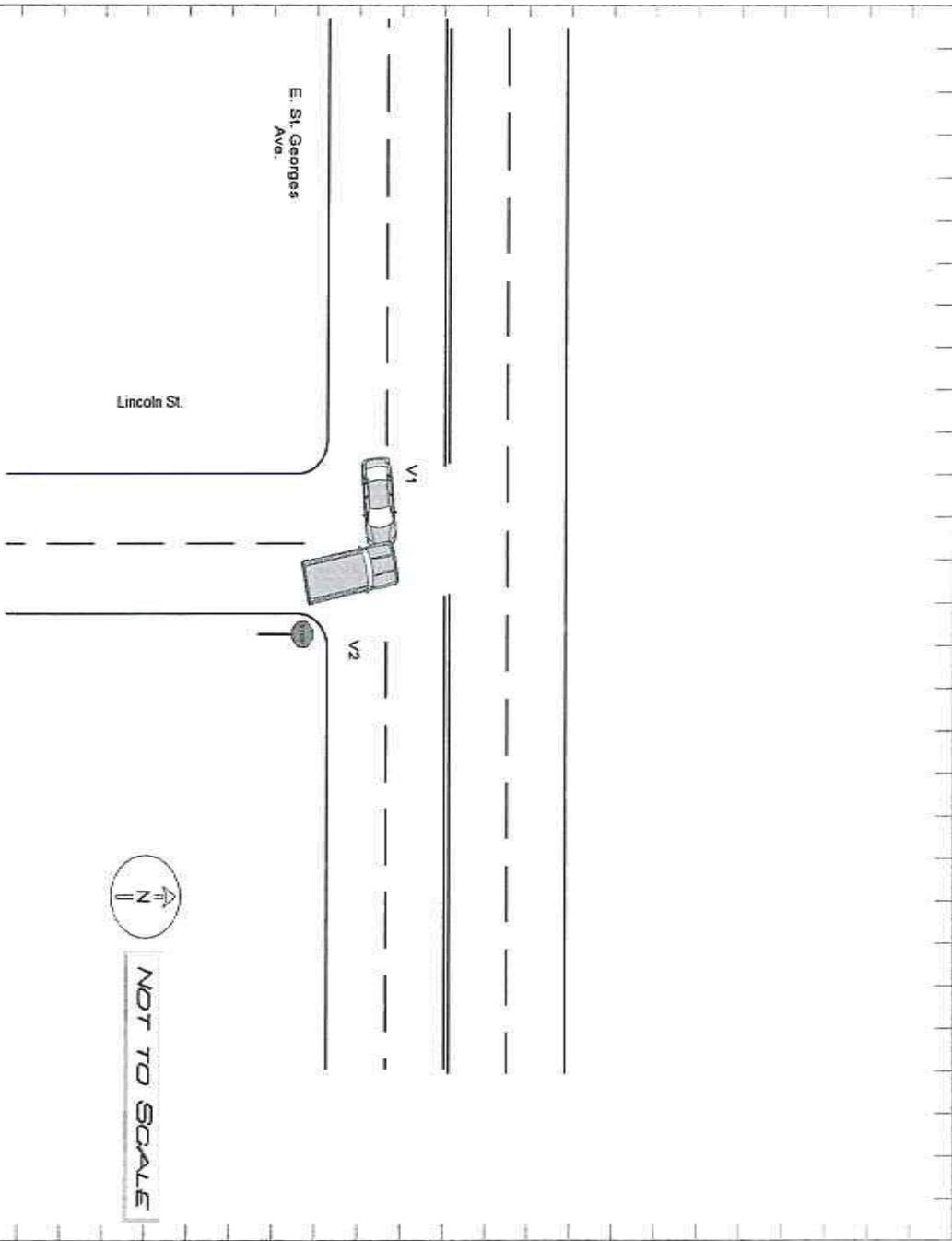
Names & Addresses of Occupants  
If Deceased, Date & Time of Death

Page 3 of 3

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065435

144 Crash Diagram (NOT TO SCALE)  
 Indicate  
 Norm



96	Page	1	of	3	<input type="checkbox"/> Fail	New Jersey Police Crash Investigation Report	<input type="checkbox"/> Reportable	<input checked="" type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report	118a
95	1. Case Number	22065442			10. Crash	W	<input checked="" type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/>	10
97	2. Police Dept. of	LINDEN, NJ			Occurred On:	Road Name	Dir			118b
98	3. Station/Precinct	LINDEN			At intersection with	N	E	S		-
99	4. Date of Crash	5. Day of Week	6. Time (2400 hrs.)	7. Municipality	8. Total	9. Total	10. Route No.	Suffix	13. Milepost	119a
100a	mm dd yy	Su M Tu W Th F	use 2400 hrs.	Code	Killed	Injured				25
100b	01	1 7 2 2	14	16	15	15				119b
101	23. Veh. #	24. Policy No.	6. Time (2400 hrs.)	7. Municipality	8. Total	9. Total	10. Route No.	Suffix	13. Milepost	120a
102	04	G00918410608	use 2400 hrs.	Code	Killed	Injured				01
103	01	Parked	Ped	Pedestrian	Resp. to Emergency	Hit & Run				120b
104	02	Initial	Last Name	25. NJINS Code	26. Driver's First Name	27. Cross Road Name/Route No.	19. To:	20. Route Name/Route No.	21. Latitude	121a
105	08	R9177	31900	32. Driver's License Number	33. DOB	34. Expires	10. Eyes	11. DL Class	12. Latitude	01
106	-	-	-	mm dd yy	mm dd yy	mm dd yy	02	A -	13. Longitude	121b
107	-	-	-	35. Owner's First Name	36. Number & Street	37. City	38. Make	39. Model	38. Make	55. NJINS Code
108	01	-	-	Initial	State	Zip	HYU	ACC	CAD	426
109	04	-	-	Last Name	40. Color	41. Year	42. Plate No.	43. State	XT5	59. Sex
110	01	K M H C T S A E I H U 3 5 5 3 6 6	44. VIN	45. Expiries	40	2017	V24RJX	NJ	BK	F
111	01	-	-	46. Vehicle Removed to:	41	Year	42	Plate No.	43	State
112	-	<input checked="" type="checkbox"/> Driven	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Impounded	47	Authority	48	Driver	69	Model
113	-	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Towed Disabled & Impounded	-	-	Alcohol Drug Test	<input checked="" type="checkbox"/> Owner	70	Color
114	-	<input checked="" type="checkbox"/> Driver	<input type="checkbox"/> Police	<input type="checkbox"/> Towed Impounded	-	-	Given: <input checked="" type="checkbox"/> No	<input type="checkbox"/> Driver	71	Year
115	-	<input type="checkbox"/> Owner	<input type="checkbox"/> Police	<input type="checkbox"/> Towed Disabled & Impounded	-	-	<input type="checkbox"/> Yes	<input type="checkbox"/> Towed Disabled	72	Plate No.
116	04	49. Hazardous Material	50. Carrier No.	51. GVWR / GCWR	52. Motor Carrier or Government Entity	53. Authority	54. Refused	<input type="checkbox"/> Towed	73	State
117	01	Given: <input checked="" type="checkbox"/> No	Results: 0. - - % Pending	(Trucks & buses only)	Number & Street	Type: <input type="checkbox"/> Breath	<input type="checkbox"/> Breath	<input type="checkbox"/> Impounded	74	Zip
118	-	<input type="checkbox"/> Yes	0. - - % Pending	52. Motor Carrier or Government Entity	-	<input type="checkbox"/> Blood	<input type="checkbox"/> Blood	<input type="checkbox"/> Towed	75	Expiries
119	-	<input type="checkbox"/> Refused	Results: 0. - - % Pending	53. Authority	-	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Disabled	76	Vehicle Removed to:
120	-	<input type="checkbox"/> None	54. Pending	78. Alcohol Drug Test	79. Hazardous Material	80. Carrier No.	81. GVWR / GCWR	82. Motor Carrier or Government Entity	77	Latitude
121	-	<input type="checkbox"/> On Board	Placard No.	Given: <input checked="" type="checkbox"/> No	Given: <input checked="" type="checkbox"/> No	80. Carrier No.	(Trucks & buses only)	-	78	Longitude
122	-	<input type="checkbox"/> Spill	Hazard Class	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	80. Carrier No.	10,000 lbs.	-	79	Latitude
123	-	<input type="checkbox"/> - - - - -	Placard No.	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused	80. Carrier No.	10,001 - 26,000 lbs.	-	80	Longitude
124	-	<input type="checkbox"/> - - - - -	Hazard Class	<input type="checkbox"/> Breath	<input type="checkbox"/> Breath	80. Carrier No.	26,001 lbs.	-	81	Latitude
125	-	<input type="checkbox"/> - - - - -	Placard No.	<input type="checkbox"/> Blood	<input type="checkbox"/> Blood	80. Carrier No.	-	-	82	Longitude
126	-	<input type="checkbox"/> - - - - -	Hazard Class	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	80. Carrier No.	-	-	83	Latitude
127a	-	<input type="checkbox"/> - - - - -	Placard No.	Results: 0. - - % Pending	81. GVWR / GCWR	82. Motor Carrier or Government Entity	(Trucks & buses only)	-	84	Longitude
127b	-	<input type="checkbox"/> - - - - -	Hazard Class	Results: 0. - - % Pending	(Trucks & buses only)	82. Motor Carrier or Government Entity	-	-	85	Latitude
127c	-	<input type="checkbox"/> - - - - -	Placard No.	81. GVWR / GCWR	82. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	-	-	86	Longitude
128	-	<input type="checkbox"/> - - - - -	Hazard Class	(Trucks & buses only)	82. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	-	-	87	Latitude
129	-	<input type="checkbox"/> - - - - -	Placard No.	81. GVWR / GCWR	82. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	-	-	88	Longitude
130	-	<input type="checkbox"/> - - - - -	Hazard Class	(Trucks & buses only)	82. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	-	-	89	Latitude
131	-	<input type="checkbox"/> - - - - -	Placard No.	81. GVWR / GCWR	82. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	-	-	90	Longitude
132	-	<input type="checkbox"/> - - - - -	Hazard Class	(Trucks & buses only)	82. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	-	-	91	Latitude
133	-	<input type="checkbox"/> - - - - -	Placard No.	81. GVWR / GCWR	82. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	-	-	92	Longitude
134	-	<input type="checkbox"/> - - - - -	Hazard Class	(Trucks & buses only)	82. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	-	-	93	Latitude
135	-	<input type="checkbox"/> - - - - -	Placard No.	81. GVWR / GCWR	82. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity	-	-	94	Longitude
A	01	01	01	-	93	95	Name & Address of Occupants	94	95	96
B	02	01	01	-	96	97	If Deceased, Date & Time of Death	-	-	98
C				-	98	99	139. Summons No.	01	02	99
D				-	99	100	140. Charge	-	-	100
				-	100	101	141. Summons No.	-	-	101
				-	101	102	142. Charge	-	-	102

New Jersey Police Crash Investigation Report										Case Number	22065442	Page	2 of 3		
	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															
I															
J															

144. Crash Diagram  
  
 Show NORTH by Arrow  
 (Not to Scale)

145. Crash Description/Narrative

V2 had almost completed backing out of a parking stall in the 711 parking lot (528 N. Wood Ave). V1 started back out of a parking stall and struck V2.

No injuries reported and only minor damage to both vehicles.

146. Officer's Signature  
**HAMMER, INV. PETER;**

147. Badge #  
**2001**

148. Reviewer  
**ROZYCKI, INV. MICHAEL**

Badge #  
**909721**

149. Case Status  
 Complete  
 Pending

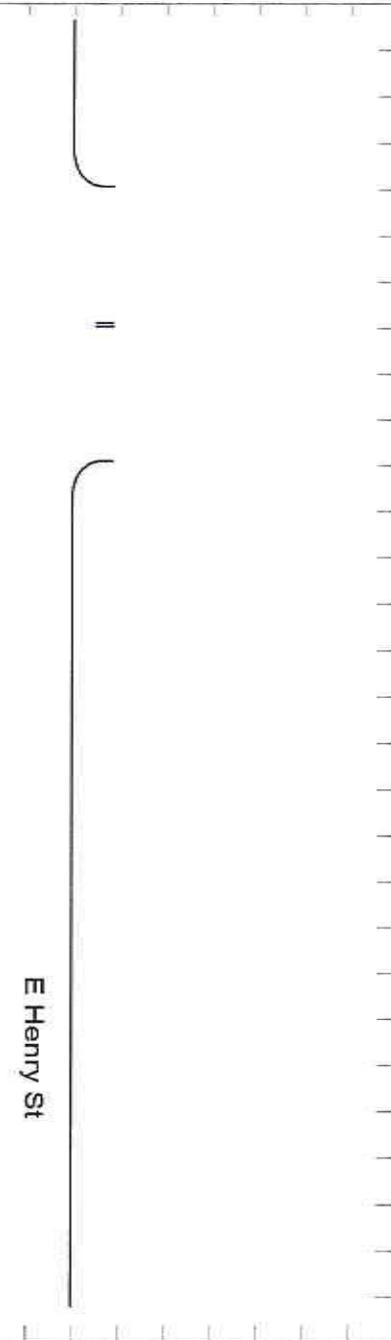
Page 3 or 3

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065442

144 Crash Diagram (NOT TO SCALE)

Indicating  
North



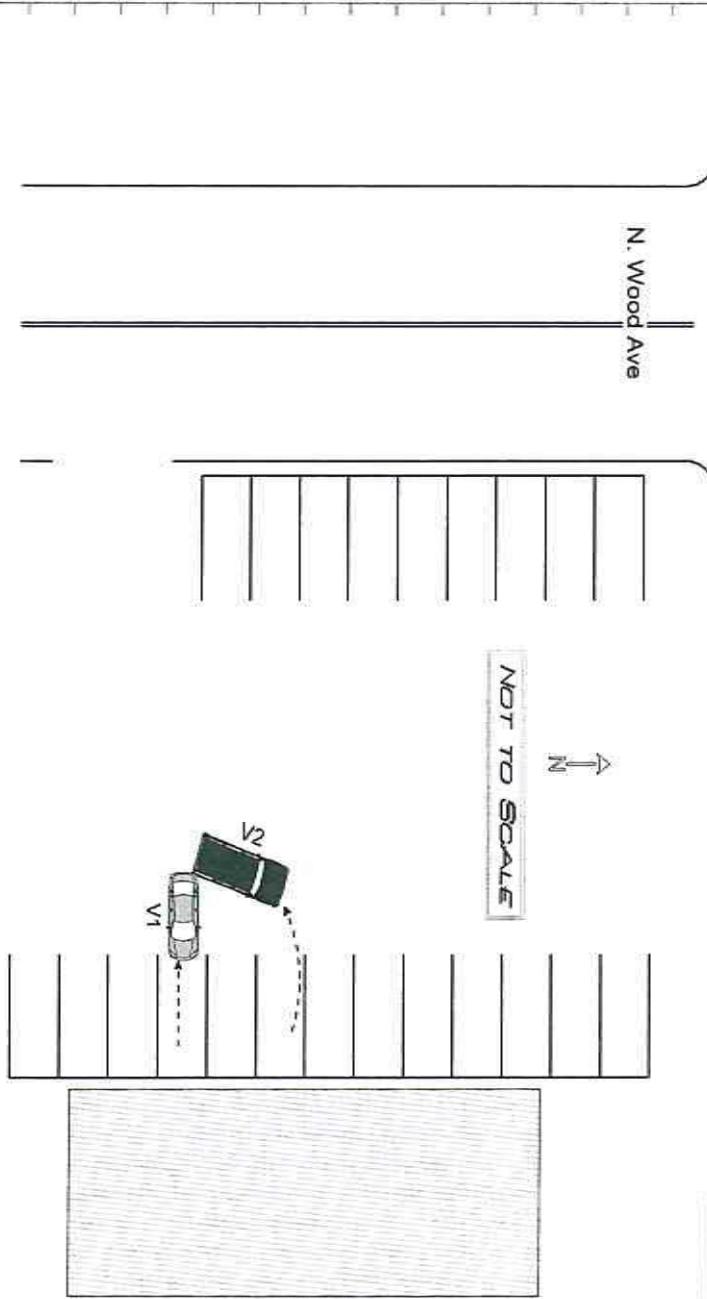
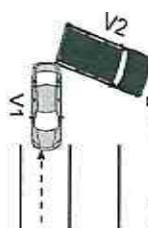
E Henry St

N. Wood Ave

NOT TO SCALE



528 N. Wood Ave



96	Page	1 of 3	<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	
05									
97	1. Case Number	<b>22065474</b>		10. Cash Occurred On:	1015 N WOOD AVE	11. Speed Limit	<input type="checkbox"/> N	<input type="checkbox"/> P	
01	2. Police Dept. of			Road Name	E	<input type="checkbox"/> P			
98	3. Station/Precinct			Dir.	12. Route No.	Suffix	13. Min/Max		
06	LINDEN, NJ			At intersection with	<input type="checkbox"/> N	<input type="checkbox"/> E			
99	4. Date of Crash		5. Day of Week		14. Time (hh:mm hrs.)	15. Miles	16. Miles		
09	10/08/01		5 AM		11:18:38	15	14		
100	11/2/22		4h + 6m		12.00	10.9	9.0		
05	23. Veh. #		24. Policy No.		25. NJ Ins. Code	of	18. Speed Limit		
01	INT'60103914801				073	02			
02	26. Driver's First Name		Initial Last Name		19. To:	17. Cross Road Name/Route No.	19a. NB		
01	ANTHONY		RIQUELMY		20. Route Name/Route No.	22. Longitude	19b. EB		
103	27. Number & Street				21. Latitude	23. Ramp	19c. WB		
01	49 CLEMSON RD				24. Ht & Rn	24. Ht & Rn			
104	28. City				25. NJ Ins. Code	25. NJ Ins. Code			
02	PARLIN				26. Driver's First Name	27. Sex	28. Sex		
105	30. Evts		31. DL Class		29. Pedal/Clst	30. Resp. to Emergency	29. Pedal/Clst		
08	02		B		30. Restriction	31. Endorsements	30. Restriction		
R4586	32. Driver's License Number		33. DOB		31. State	32. State	31. State		
05377	03962		03/11/96		NJ	02	13		
106	35. Owner's First Name		36. Expire		33. DOB	34. Expire	33. DOB		
-	Same as				mm dd yy	mm dd yy	mm dd yy		
107	37. City				35. Owner's First Name	36. Last Name	35. Owner's First Name		
01	-				37. State	38. Zip	37. State		
109	38. Make		39. Model		38. Make	39. Model	38. Make		
04	ACU		TSX		40. Color	41. Year	40. Color		
01	44. VIN		42. Plate No.		43. State	44. VIN	43. State		
111	J H 4 C L 9 6 9 6 8 C 0 0 7 9 3 2		05/23		45. Expires	46. Vehicle Removed to:	45. Expires		
112	<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Disabled & Impounded	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Disabled & Impounded		
113	<input type="checkbox"/> Authority		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Towed Impounded		
114	<input checked="" type="checkbox"/> Owner		<input type="checkbox"/> Police		<input type="checkbox"/> Police	<input type="checkbox"/> Police	<input type="checkbox"/> Police		
115	48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		49. Hazardous Material Given: <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board		78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	79. Hazardous Material Given: <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board	78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		
116	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		
04	Results: 0. <input type="checkbox"/> % Pending		Results: 0. <input type="checkbox"/> % Pending		80. Carrier No.	81. GVWR / GCWR (trucks & buses only)	80. Carrier No.		
117	<input type="checkbox"/> USPOT		<input type="checkbox"/> None		<input type="checkbox"/> USPOT	<input type="checkbox"/> 10,000 lbs.	<input type="checkbox"/> USPOT		
02	<input type="checkbox"/> MC/MX		<input type="checkbox"/> None		<input type="checkbox"/> MC/MX	<input type="checkbox"/> 10,001 - 26,000 lbs.	<input type="checkbox"/> MC/MX		
50. Carrier No. <input type="checkbox"/> 26,001 lbs.									
51. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> 26,001 lbs.									
52. Motor Carrier or Government Entity									
Number & Street									
City									
State Zip									
135. Damage to Other Property <input type="checkbox"/> Yes (if Yes, describe) <input checked="" type="checkbox"/> No									
Oper. 136. Charge <input type="checkbox"/> - <input type="checkbox"/> 137. Summons No. Oper. 138. Charge <input type="checkbox"/> - <input type="checkbox"/>									
Oper. 140. Charge <input type="checkbox"/> - <input type="checkbox"/> 141. Summons No. Oper. 142. Charge <input type="checkbox"/> - <input type="checkbox"/>									
Oper. 83 84 85 86 87 88 89 90 91 92 93 94 95 Names & Addresses of Occupants If Deceased, Date & Time of Death									
Oper. A 01 01 01 - 26 M - - 01 11 04 - - ANTHONY RIQUELMY 49 CLEMSON RD PARLIN NJ 08859									
Oper. B 02 01 01 - 67 M - - 01 11 04 - - REGGIE BEAUFORT 427 CHESTNUT STREET ROSELLE NJ 07203									
Oper. C									
Oper. D									

New Jersey Police Crash Investigation Report												Case Number	22065474	Page	2 of 3
	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															
I															
J															

144. Crash Diagram  
  
 Show NORTH by Arrow  
 (Not to Scale)

SEE NJTR-1B

145. Crash Description/Narrative

V1 was exiting the parking lot of 1015 N Wood Avenue when it began to back into the parking lot, colliding with V2. V2 was in the parking lot of 1015 N Wood Avenue when V1 backed into the front passenger side of V2.

146. Officer's Signature  
**MESAROS, OFFICER GABRIELL**

147. Badge #  
**909632**

148. Reviewer  
**ROZYCKI, INV. MICHAEL**

149. Case Status  
 Complete  
 Pending

## New Jersey Police Crash Investigation Report

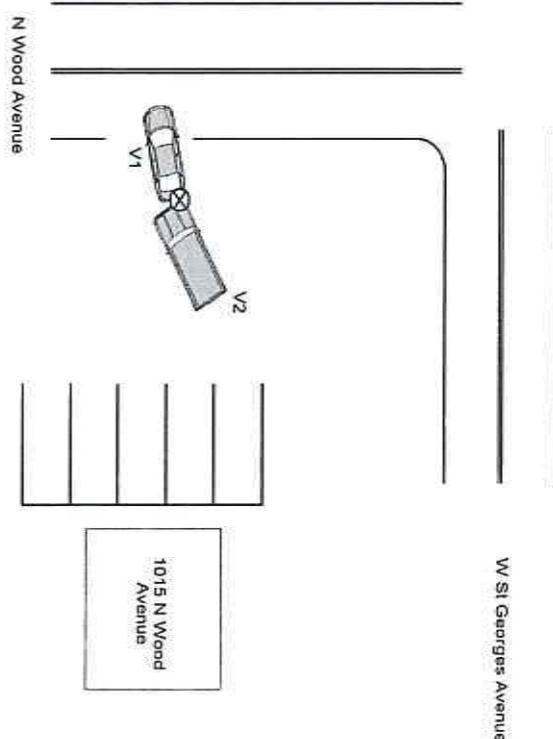
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: 2009 Case No: 22065474

144 Crash Diagram (NOT TO SCALE)

 Indicate

North

**NOT TO SCALE**

---

MESAROS, OFFICER GABRIELL

---

Officer's Signature

909632

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97	01	1. Case Number <b>22065474</b>	2. Police Dept. of <b>LINDEN, NJ</b>	Code <b>01</b>	3. Station/Precinct <b>2009</b>	4. Date of Crash mm dd yy <b>11/21/22</b>	5. Day of Week AM PM <b>4th + 6</b>	6. Time (24 hrs.) mm dd yy <b>11/8/38</b>	7. Municipality mm dd yy <b>2/009</b>	8. Total injured <b>0/0</b>	9. Total killed <b>0/0</b>	10. Crash Occurred On Road Name <b>1015 N WOOD AVE</b>	11. Speed limit Feet <b>14</b>	12. Route No. Suffix <b>E</b>	13. Millipost Miles <b>15</b>	14. At Intersection with N E S W <b>N</b>	15. Ramp From To <b>From - To: 17. Cross Road Name/Route No.</b>	16. Dir. <b>P</b>	17. Cross Road Name/Route No. <b>22. Longitude</b>	18. Speed limit mm <b>148</b>	19. To: 20. Route Name/Route No. Lat/Latitude <b>55. NJ Int. Code</b>	21. Latitude mm <b>4025-51-85-82</b>	22. Longitude mm <b>55. NJ Int. Code</b>	23. Veh. # <b>INT60103914801</b>	24. Policy No. <b>01</b>	25. NJ Int. Code <b>073</b>	26. Driver's First Name Initial Last Name <b>ANTHONY RIQUELME M</b>	27. Number & Street <b>49 CLEMSON RD</b>	28. City <b>PARLIN</b>	29. State <b>NJ</b>	30. Zip <b>08859</b>	31. State <b>NJ</b>	32. Driver's License Number mm dd yy <b>03/11/96</b>	33. DOB mm dd yy <b>03/26</b>	34. Expires mm yy <b>11/26</b>	35. Owner's First Name Initial Last Name <b>REGGIE BEAUFORT</b>	36. Number & Street <b>57. Number &amp; Street</b>	37. City <b>ROSELLE</b>	38. Make <b>ACU</b>	39. Model <b>TSX</b>	40. Color WT <b>W/T</b>	41. Year 2008	42. Plate No. <b>G36PZW</b>	43. State <b>NJ</b>	44. VIN <b>JH4VNA101001</b>	45. Expires mm yy <b>05/23</b>	46. Vehicle Removed to: Driver Left at Scene Towed Impounded	47. Authority Owner Driver Police	48. Alcohol Drug Test Given: Type: Results: Carrier No. JUSDOT HMC/NAX	49. Hazardous Material None On Board Spill Hard Class Placard No.	50. Carrier No. HGV/HGVW (trucks & buses only) 10,000 lbs. 10,001 - 26,000 lbs. 26,001 lbs.	51. GWR/GCWV 10,000 lbs. 10,001 - 26,000 lbs. 26,001 lbs.	52. Motor Carrier or Government Entity Number & Street City State Zip	53. Veh. # <b>02</b>	54. Policy No. <b>4025-51-85-82</b>	55. NJ Int. Code <b>148</b>	56. Driver's First Name Initial Last Name <b>REGGIE BEAUFORT</b>	57. Number & Street <b>427 CHESTNUT STREET</b>	58. City <b>ROSELLE</b>	59. State <b>NJ</b>	60. Eyes <b>0/2</b>	61. DL Class <b>D -</b>	62. Endorsements Restrictions - - - - -	63. DOB mm dd yy <b>11/20/55</b>	64. Expires mm yy <b>11/23</b>	65. Owner's First Name Initial Last Name <b>ANTHONY RIQUELME</b>	66. Number & Street <b>57. Number &amp; Street</b>	67. City <b>ROSELLE</b>	68. Make <b>GMC</b>	69. Model <b>ACA</b>	70. Color GY <b>GY</b>	71. Year 2012	72. Plate No. <b>W61EHL</b>	73. State <b>NJ</b>	74. VIN <b>1GKVKVIPEDCJ25109</b>	75. Expires mm yy <b>06/23</b>	76. Vehicle Removed to: Driver Left at Scene Towed Impounded	77. Authority Owner Driver Police	78. Alcohol Drug Test Given: Type: Results: Carrier No. JUSDOT HMC/NAX	79. Hazardous Material None On Board Spill Hard Class Placard No.	80. Carrier No. HGV/HGVW (trucks & buses only) 10,000 lbs. 10,001 - 26,000 lbs. 26,001 lbs.	81. GWR/GCWV 10,000 lbs. 10,001 - 26,000 lbs. 26,001 lbs.	82. Motor Carrier or Government Entity Number & Street City State Zip	83. Damage to Other Property Yes (if yes, describe) <b>No</b>	136. Charge - Oper. 140. Charge - <b>A</b> 01 01 - 26 M - 01 11 04 B 02 01 - 67 M - 01 11 04 C D	137. Summons No. Oper. 141. Summons No. Oper. <b>B</b> 83 84 85 86 87 88 89 90 91 92 93 94 95 C 83 84 85 86 87 88 89 90 91 92 93 94 95 D	138. Charge - Oper. 142. Charge - <b>C</b> 83 84 85 86 87 88 89 90 91 92 93 94 95 D	139. Summons No. Oper. 143. Summons No. Oper. <b>D</b>	Names & Addresses of Occupants If Deceased, Date & Time of Death <b>ANTHONY RIQUELME 49 CLEMSON RD PARLIN NJ 08859 REGGIE BEAUFORT 427 CHESTNUT STREET ROSELLE NJ 07203</b>
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New Jersey Police Crash Investigation Report										Case Number	22065474	Page	<u>2</u> of 3
B3	B4	B5	B6	B7	B8	B9	B0	B1	B2	B3	B4	B5	Names & Addresses of Occupants If Deceased Date & Time of Death
E													
F													
G													
H													
I													
J													

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B

145. Crash Description/Narrative

V1 was exiting the parking lot of 1015 N Wood Avenue when it began to back into the parking lot, colliding with V2. V2 was in the parking lot of 1015 N Wood Avenue when V1 backed into the front passenger side of V2.

146. Officer's Signature

MESAROS, OFFICER GABRIELL

147. Badge #

909632

148. Reviewer

ROZYCKI, INV. MICHAEL

Badge #

909721

149. Case Status

Pending  Complete

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

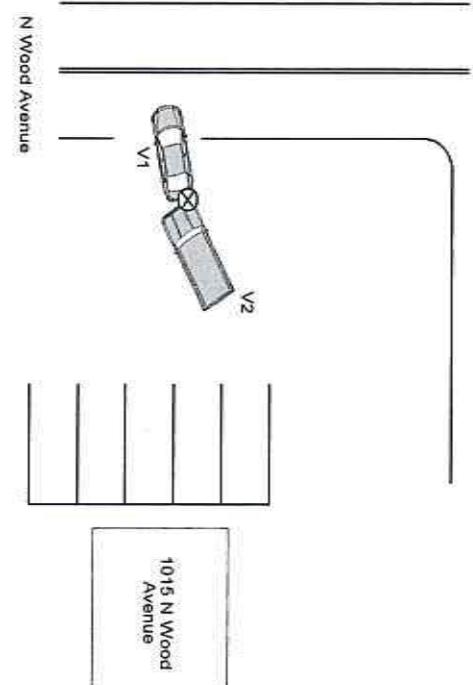
Police Dept: LINDEN, NJ Code: 01  
Station: 2009 Case No: 22065474

144 Crash Diagram (NOT TO SCALE)  
 Indicate  
North



**NOT TO SCALE**

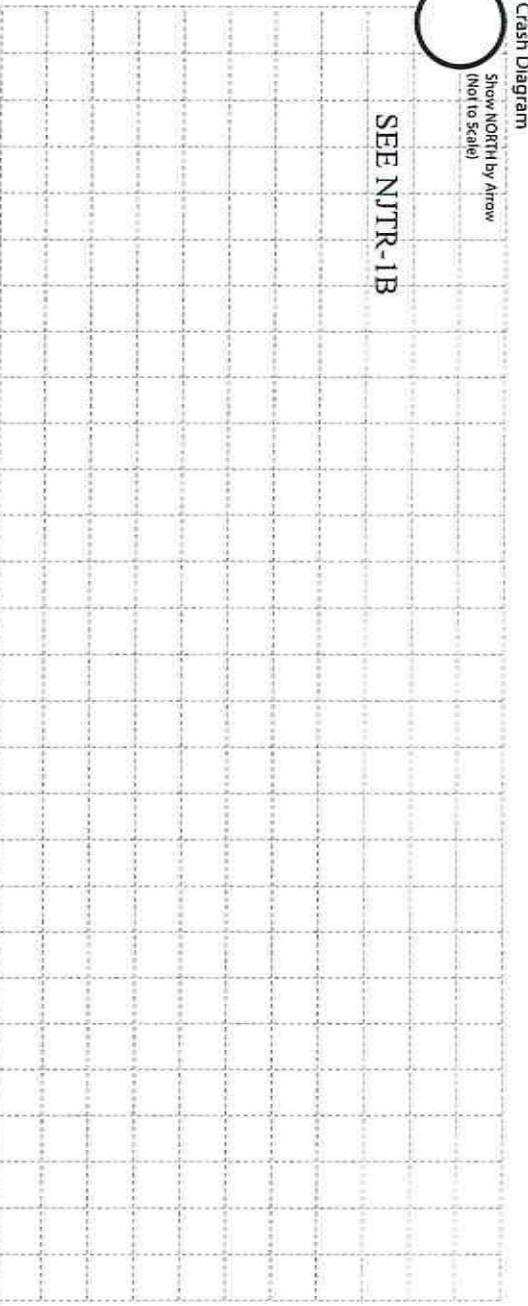
W St Georges Avenue



N Wood Avenue

MESAROS, OFFICER GABRIELL

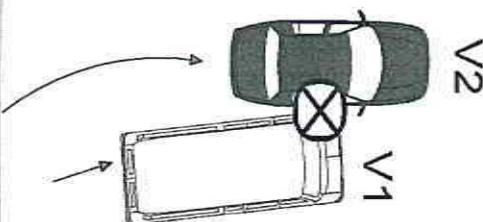
New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																											
96	05	1. Case Number <b>22065595</b>				2. Police Dept. of <b>LINDEN, NJ</b>				3. Station/Recinct <b>01</b>				4. Date of Crash mm dd yy				5. Day of Week Mo Tu We Th Fr Sa		6. Time (2400 hrs.) hh mm ss		7. Municipality Code		8. Total Killed		9. Total Injured		10. Crash Occurred On Road Name Dir		11. Speed Limit At intersection with N E S W		12. Route No. 13. Milepost		14. Speed Limit Feet Miles									
97	01																																										
98	01																																										
99	07																																										
100	01																																										
100b	04																																										
101	02																																										
102	01																																										
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104	02																																										
105	02																																										
106	-																																										
107	-																																										
108	03																																										
109	01																																										
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111	01																																										
112	01																																										
113	-																																										
114	03																																										
115	-																																										
116	04																																										
117	04																																										
52.	Motor Carrier or Government Entity												Number & Street				Number & Street				State Zip				State Zip																		
53.	City												City				City				State Zip				State Zip																		
135. Damage to Other Property <input type="checkbox"/> Yes (if Yes, describe)												<input checked="" type="checkbox"/> No																															
Oper. 136. Charge												Oper. 137. Summons No.												Oper. 138. Charge				Oper. 139. Summons No.															
Oper. 140. Charge												Oper. 141. Summons No.												Oper. 142. Charge				Oper. 143. Summons No.															
A	01	01	01	-	23	M	-	-	01	11	04	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-												
B	02	01	01	-	30	M	-	-	01	11	04	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-												
C																																											
D																																											

New Jersey Police Crash Investigation Report												Case Number	22065595	Page	2 of 3								
												Names & Addresses of Occupants				If Deceased, Date & Time of Death							
E	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	B16	B17	B18	B19	B20	B21				
F																							
G																							
H																							
I																							
J																							
144. Crash Diagram																							
 <p>Show NORTH by Arrow (Not to Scale)</p>																							
SEE NJTR-1B																							
																							
145. Crash Description/Narrative																							
<p>V1 was pulled to the right side of the road on E. Munsell Avenue, waiting for another vehicle to exit a driveway from a residence. V2 was travelling westbound on E. Munsell Avenue, approaching S. Wood Avenue. V2 began to drive around V1 as it was stopped. As V2 was passing, V1 began pulling back into the roadway to resume driving and struck V2.</p>																							
<p>It should be noted V1 is a mail truck operated by the United States Post Office (USPS), which is self-insured and is not required to carry registration. Mail truck number 7206201.</p>																							
146. Officer's Signature				147. Badge #				148. Reviewer				Badge #		149. Case Status									
DZIADOSZ, KATARZYNA				910095				ROZYCKI, INV. MICHAEL				909721		<input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete									
NJTR-1 (Rev. 01/17)																							

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065595

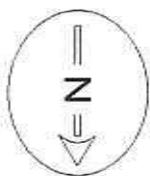
144 Crash Diagram (NOT TO SCALE)  
 Indicate North



E. MUNSELL AVE.

**NOT TO SCALE**

S. WOOD AVE.



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Repatriable		<input type="checkbox"/> Non-reportable		<input type="checkbox"/> Change Report	
1. Case Number			22065604			10. Crash Occurred On:			W CURTIS ST			11. Speed Limit		<input type="checkbox"/>		<input type="checkbox"/>	
2. Police Dept. of			LINDEN, NJ			Road Name			Dir			12. Route No.		Suffix		13. Milepost	
3. Station/precinct			01			- <input checked="" type="checkbox"/> At intersection with			WERCAMA ST			14		15		16	
4. Date of Crash			MM DD YY			5. Day of Week			WEEKEND			6. Time (use 24 hrs.)		7. Municipality		8. Total Miles	
100B. 23. Veh. #			1 2 1 8 2 2			6 AM - 4 PM			1 2 5 8			1 1 2 0 0 9		0 0 0 0 0 0		1 0 0 0 0 0	
100B. 24. Policy No.			F8377657			25. N.J. Ins. Code			426			19. Off.		20. Route Name/Route No.		21. Latitude	
101. 26. Driver's First Name			TRACEY			26. Driver's Last Name			KAJOSAJ			22. Longtitude		23. Route Name/Route No.		24. Longtitude	
102. 27. Number & Street			1613 FRASE STREET			27. Sex			28. City			25. Veh. #		26. Veh. #		27. Veh. #	
103. 28. City			S PLAINFIELD			28. State			NJ			28. City		29. State		30. Sex	
104. 29. State			02			29. Zip			07080			29. City		31. State		32. State	
30. Eyes			<input type="checkbox"/> D -			30. Restrictions			NJ			30. Endorsements		31. State		32. Driver's License Number	
32. Driver's License Number			03			33. DOB			1 2 3 0 8 2			33. Expire		34. DOB		35. Owner's First Name	
35. Owner's First Name			K0209			36. DOB			1 2 2 4			35. Last Name		36. DOB		37. Owner's First Name	
106. -			HYUNDAI LEASE TITLING TR			37. DOB			E8072			37. Last Name		38. DOB		39. Owner's First Name	
107. -			36. Number & Street			38. DOB			15000			38. Last Name		39. DOB		40. Owner's First Name	
108. 37. City			4000 MACARTHUR BLVD			39. Model			FOR			39. State		40. Model		41. Year	
109. 40. Color			NEWPORT BEACH			40. Color			FOC			40. State		41. Year		42. Plate No.	
110. 41. Year			01			41. Year			BL			41. State		42. Plate No.		43. State	
42. Vehicle Removed to:			GABEST TOW #1735			42. Vehicle Removed to:			LINDEN			42. State		43. State		44. State	
112. -			<input type="checkbox"/> Driver			<input type="checkbox"/> Towed Disabled			<input type="checkbox"/> Towed Disabled & Impounded			<input type="checkbox"/> Driver		<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"/> Towed Impounded			<input type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Disabled & Impounded	
47. Authority			<input type="checkbox"/> Owner			<input checked="" type="checkbox"/> Police			<input type="checkbox"/> Driver			<input type="checkbox"/> Owner		<input checked="" type="checkbox"/> Police		<input type="checkbox"/> Driver	
48. Alcohol Drug Test			<input type="checkbox"/> Given: No			<input type="checkbox"/> Yes			<input type="checkbox"/> Refused			78. Alcohol Drug Test		79. Hazardous Material		80. Carrier No.	
115. -			<input type="checkbox"/> Type: Breath			<input type="checkbox"/> Blood			<input type="checkbox"/> Urine			Given: <input type="checkbox"/> No		<input type="checkbox"/> None		<input type="checkbox"/> On Board	
116. 01			<input type="checkbox"/> Results: 0. - % Pending			<input type="checkbox"/> None			<input type="checkbox"/> Blood			Type: <input type="checkbox"/> Yes		<input type="checkbox"/> Spill		<input type="checkbox"/> Spill	
50. Carrier No.			<input type="checkbox"/> USPOT			<input type="checkbox"/> MCMX			<input type="checkbox"/> Urine			<input type="checkbox"/> Blood		<input type="checkbox"/> None		<input type="checkbox"/> None	
52. Motor Carrier or Government Entity			<input type="checkbox"/> MCMX			<input type="checkbox"/> None			<input type="checkbox"/> Placard No.			<input type="checkbox"/> Blood		<input type="checkbox"/> None		<input type="checkbox"/> Placard No.	
Number & Street			<input type="checkbox"/> MCMX			<input type="checkbox"/> None			<input type="checkbox"/> Placard No.			<input type="checkbox"/> Urine		<input type="checkbox"/> None		<input type="checkbox"/> Placard No.	
City			<input type="checkbox"/> MCMX			<input type="checkbox"/> None			<input type="checkbox"/> Placard No.			<input type="checkbox"/> Urine		<input type="checkbox"/> None		<input type="checkbox"/> Placard No.	
135. Damage to Other Property			<input type="checkbox"/> MCMX			<input type="checkbox"/> None			<input type="checkbox"/> Placard No.			<input type="checkbox"/> Yes (If Yes, describe)		<input type="checkbox"/> No		<input type="checkbox"/> Placard No.	
Open: 136. Charge			01 39:3-4			137. Summons No.			Oper. 2009E2202280			138. Charge		139. Summons No.		140. Charge	
140. Charge			01 39:4-81			141. Summons No.			Oper. 2009E2202280			-		-		-	
A 01			01 39			142. Charge			Oper. -			Names & addresses of Occupants if Detained, Date & Time of Death		143. Summons No.		144. Summons No.	
B 02			01 74			TRACEY A KAOJOSAJ 1613 FRASE STREET S			Oper. -			DAGOBERTO ESTRADA 28 W ELIZABETH AVE		DAGOBERTO ESTRADA 28 W ELIZABETH AVE		DAGOBERTO ESTRADA 28 W ELIZABETH AVE	
C 02			01 59			LAZARA ESTRADA 28 W ELIZABETH AVE Ap#C3			Oper. -			LAZARA ESTRADA 28 W ELIZABETH AVE Ap#C3		LAZARA ESTRADA 28 W ELIZABETH AVE Ap#C3		LAZARA ESTRADA 28 W ELIZABETH AVE Ap#C3	
D			-			-			-			-		-		-	

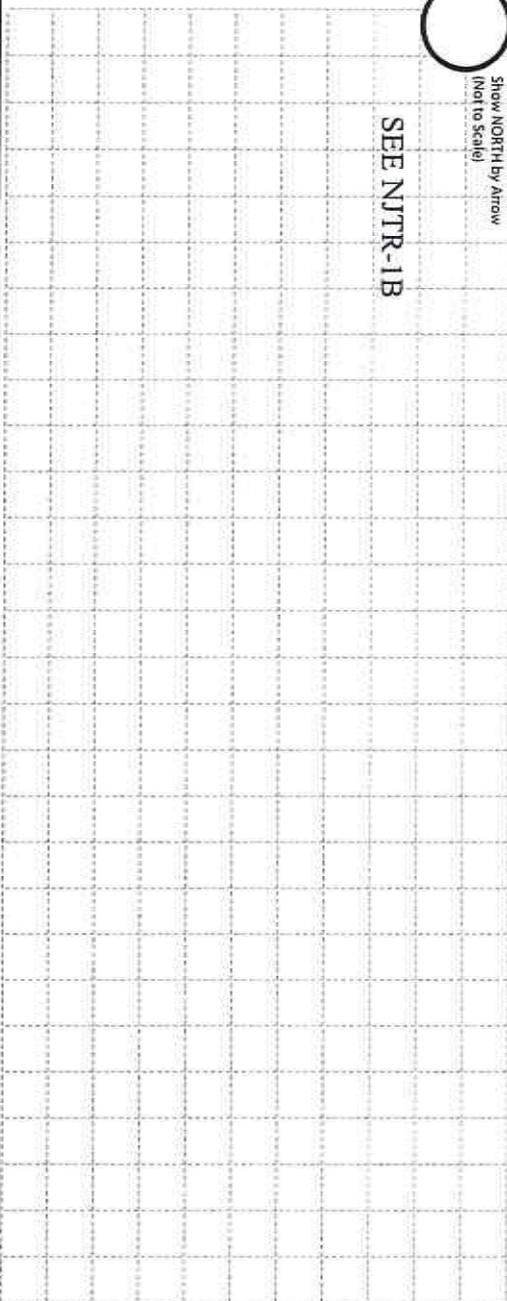
New Jersey Police Crash Investigation Report											Case Number	Page		
83	84	85	86	87	88	89	90	91	92	93	94	95		
E														Name & Addresses of Occupants If Deceased, Date & Time of Death
F														
G														
H														
I														
J														

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B



145. Crash Description/Narrative

Veh 1 was traveling north on Ercama Street. Veh 2 was traveling west on West Curtis Street. Veh 1 disregarded the posted stop sign and struck Veh 2, who spun around and hit the curb.

146. Officer's Signature

PEREIRA, PAULINA

147. Badge #

909505

148. Reviewer

ROZYCKI, INV. MICHAEL

Badge #

909721

Pending

Complete

## New Jersey Police Crash Investigation Report

## Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065604

144 Crash Diagram (NOT TO SCALE)





New Jersey Police Crash Investigation Report												Case Number <u>22065627</u>	Page <u>2</u> of <u>3</u>
83	84	85	86	87	88	89	90	91	92	93	94		
E 02	06	01	-	38	M	-	-	01	11	04	-	-	ISAAC PIEDRA 2220 EAST EDGAR RD Apt#1ST LINDEN NJ 07036
F													
G													
H													
I													
J													

144. Crash Diagram  
  
 Show NORTH by Arrow  
 (Not to Scale)

145. Crash Description/Narrative  
 V2 was traveling south on US 1 S in the left turn only lane approaching Avenue C. V1 was traveling south on US 1 S in the left lane approaching Avenue C. V1 changed lanes into the left turn only lane and struck V2.

\*\*\*\*\*BWC\*\*\*\*\*

146. Officer's Signature  
**COLON,JESSE**

147. Badge #  
**910159**

148. Reviewer  
**ROZYCKI, INV. MICHAEL**

Badge #  
**909721**

149. Case Status  
 Pending  
 Complete

NJTR-1 (Rev. 01/17)

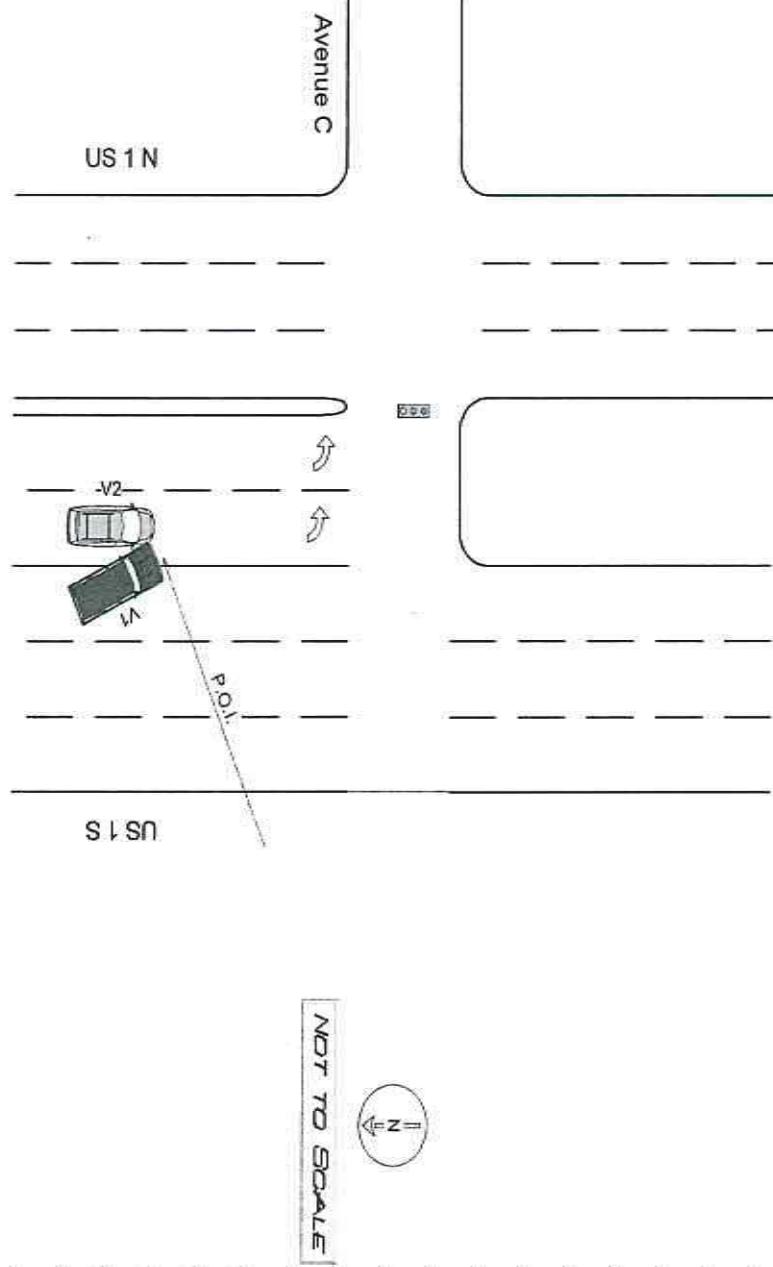
New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No. 22065627

144 Crash Diagram (NOT TO SCALE)

Indicate  
North



New Jersey Police Crash Investigation Report												
Crash Occurred On:							Reportable					
96	5	1. Case Number	22065650	10. Crash Occurred On:			RARITAN RD	11. Speed Limit				
97	01	2. Police Dept. of	LINDEN, NJ	Code	01			N	[3] 5	[0] 6 [0] 7	- - - - -	
98	03	3. Station/Negelect	LINDEN PD					Dir	12. Route No.	Suffix	13. Milepost	
99	05	4. Date of Crash	10/03/01	5. Day of Week	16	use 2400 hrs.)	At intersection with	D N	E	14. 18. Speed Limit	18. Speed Limit	
100B	04	min dd mm yy	01	6. Time	15	Foot	K	S	W	2	5	
101	02	23. Veh. #	1721822	7. Municipality	14	Miles	16. 19. To:	17. Cross Road Name/Route No.	of:	119a	25	
102	01	24. Policy No.	*	8. Total Killed	00		17. RAMP	18. To:	19. To:	119b	-	
103	01	25. NJINS Code	*	9. Total Injured	00		19. RAMP	20. Route Name/Route No.	21. Latitude	120a	-	
104	03	01	Parked	10. Resp. to Emergency	00		21. RAMP	22. Longitude	23. Longitude	120b	00	
105	02	26. Driver's First Name	DAYSAN	11. Hit & Run	00		23. RAMP	24. Hit & Run	25. Hit & Run	121a	-	
106	-	Initial	THOMMEN	12. Last Name	29. Sex		24. Parked	25. Pedestrian	26. Resp. to Emergency	27. Hit & Run	121b	
107	-	30. Eye	05	13. DOB	30. Sex		25. Parked	26. Pedestrian	27. Resp. to Emergency	28. Hit & Run	122a	
108	01	DL Class	D -	dd	34. Expires		26. Driver's First Name	SYDNEY	Initial	59. Sex	01	
109	01	Restrictions	1 - - - -	mm	35. Expires		Last Name	PERDOMO-GARCIA	Last Name	F	122b	
110	01	Endorsements	- - - -	dd	36. Driver's License Number		56. Owner's First Name	SYDNEY	Initial	59. Sex	01	
111	01	31. State	NJ	yy	P2668	73073	57. Number & Street	339 GRIER AVE Apt#3	Initial	F	122c	
112	-	32. State	NJ	mm	40. Color	41. Year	58. City	ELIZABETH	Initial	59. Sex	01	
113	-	33. DOB	021899	dd	42. Plate No.	43. State	59. City	NJ	Initial	59. Sex	01	
114	-	34. Endorsements	1 T - -	yy	44. VIN	45. Expires	60. Color	ELIZABETH	Initial	59. Sex	01	
115	-	35. Initial	LES	mm	46. Vehicle Removed to:		60. VIN	NJ	Initial	59. Sex	01	
116	-	36. Last Name		dd	47. Authority		61. State	NJ	Initial	59. Sex	01	
117	-	37. City		yy	48. Alcohol Drug Test	49. Hazardous Material	62. Driver's License Number	P2668	Initial	59. Sex	01	
118	03	38. Motor Carrier or Government Entity		mm	Type: <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	<input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	63. DOB	73073	Initial	59. Sex	01	
119	03	39. Model	BG	dd	Results: 0. - - - - % Pending	- - - - -	64. Expires	59002	Initial	59. Sex	01	
120	01	40. Color	2003	yy	41. Year	42. Plate No.	65. Owner's First Name	SYDNEY	Initial	59. Sex	01	
121	01	42. Plate No.	D68PGY	mm	43. State	44. VIN	66. Number & Street	339 GRIER AVE Apt#3	Initial	59. Sex	01	
122	-	44. VIN	1123	dd	45. Expires	46. Vehicle Removed to:	67. Vehicle Removed to:	ELIZABETH	Initial	59. Sex	01	
123	-	46. Vehicul Removed to:	-	yy	47. Authority	<input checked="" type="checkbox"/> Driver	68. Make	HON	Initial	59. Sex	01	
124	-	48. Alcohol Drug Test	49. Hazardous Material	mm	49. Hazardous Material	<input checked="" type="checkbox"/> Driver	69. Model	ACC	Initial	59. Sex	01	
125	-	Type: <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	<input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	dd	Type: <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill	<input checked="" type="checkbox"/> Driver	70. Color	BL	Initial	59. Sex	01	
126	-	Results: 0. - - - - % Pending	- - - - -	yy	50. Carrier No.	78. Alcohol Drug Test	70. Color	2005	Initial	59. Sex	01	
127	-	50. Carrier No.	51. GVWR / GCWR (trucks & buses only)	mm	51. GVWR / GCWR (trucks & buses only)	Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	70. Color	B83NML	Initial	59. Sex	01	
128	-	52. Motor Carrier or Government Entity	-	dd	<input type="checkbox"/> USDOT <input checked="" type="checkbox"/> MC/MX <input type="checkbox"/> Non	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	71. State	2005	Initial	59. Sex	01	
129	-	Number & Street	-	yy	53. GVWR / GCWR (trucks & buses only)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	71. State	B83NML	Initial	59. Sex	01	
130	-	-	State	mm	54. Placard No.	<input type="checkbox"/> Non	72. Route Name/Route No.	2005	Initial	59. Sex	01	
131	-	City	Zip	dd	55. Hazard Class	- - - - -	73. Latitude	2005	Initial	59. Sex	01	
132	-	-	-	yy	56. Hazard Class	<input type="checkbox"/> Non	74. Longitude	2005	Initial	59. Sex	01	
133	-	135. Damage to Other Property	<input type="checkbox"/> Yes (If Yes, describe)	mm	57. Placard No.	- - - - -	75. Expires	2005	Initial	59. Sex	01	
134	-	136. Charge	137. Summons No.	dd	58. Result	0. - - - - % Pending	76. Expedited	2005	Initial	59. Sex	01	
135	-	39:4:97	Oper.	yy	59. Result	0. - - - - % Pending	77. Expedited	2005	Initial	59. Sex	01	
136	-	Oper.	138. Charge	mm	60. Result	0. - - - - % Pending	78. Expedited	2005	Initial	59. Sex	01	
137	-	140. Charge	139. Summons No.	dd	61. Result	0. - - - - % Pending	79. Expedited	2005	Initial	59. Sex	01	
A	01	01	Oper.	141. Summons No.	62. Result	0. - - - - % Pending	80. Expedited	2005	Initial	59. Sex	01	
B	02	01	Oper.	2009E2202281	63. Result	0. - - - - % Pending	81. Expedited	2005	Initial	59. Sex	01	
C	02	03	Oper.	2009E2202282	64. Result	0. - - - - % Pending	82. Expedited	2005	Initial	59. Sex	01	
D	03	01	Oper.	39:6B-2	65. Result	0. - - - - % Pending	83. Expedited	2005	Initial	59. Sex	01	
					Names & Addresses of Occupants if Deceased, Date & Time of Death							

New Jersey Police Crash Investigation Report																<input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report					118a 25																																						
96 05		Page 2 of 4 <input type="checkbox"/> Fatal																		118b 25																																							
97 01		1. Case Number		22065650													New Jersey Police Crash Investigation Report																																										
98 03		2. Police Dept. of		LINDEN, NJ		Code		RARITAN RD													N [3] 5					Dir	12. Route No.	Suffix	13. Milepost	18. Speed Limit	119a																												
99 05		3. Station/Precinct		LINDEN PD		01		At intersection with													<input type="checkbox"/> N	<input type="checkbox"/> E	<input type="checkbox"/> S	<input type="checkbox"/> W	of N WOOD AVE										119b																								
100a 01		4. Date of Crash		11/21/18		5. Day of Week		5 [3] 4 4		6. Time (2400 hrs)		7. Municipality		8. Total Killed		9. Total Injured														120a																													
100b 04		23. Veh. #		03		24. Policy No.		1335596-B24-30		7h 44m 45s		25 NJHS Code		962		10. Crash Occurred On					19. To: 17. Cross Road Name/Route No.														119b																								
101 02		26. Driver's First Name		REGINA		Initial		Last Name		28. Sex		29. Age		30. DL Class		11. Speed Limit					18. Speed Limit														120b																								
102 01		27. Number & Street		40 WOODLAND DR																12. Route No.																						121b																	
103 01		28. City		ROSELLE		State		Zip		31. State		NJ		32. Driver's License Number		13. DOB					14. DOB					15. DOB														121a																			
104 03		30. Eyes		0 4		DL CLASS		Restrictions		Endorsements		NJ		33. DOB		34. Expires		16. Endorsements					17. State					18. Speed Limit														122																	
105 02		35. Owner's First Name		NOVICKY		Initial		Last Name		36. Number & Street		37. City		38. Make		39. Model		40. Color		41. Year		42. Plate No.		43. State		44. VIN		45. Expires		19. NJHS Code					20. Route Name/Route No.													123											
106 -		36. Number & Street		36. Number & Street																21. Latitude					22. Longitude					23. Milpost														124															
107 -		37. City		37. City																24. Initial					25. Last Name					26. NJHS Code					27. Milpost														125										
108 04		38. Make		HYU		39. Model		TUC		40. Color		BK		41. Year		2013		42. Plate No.		AEZ60M		43. State		44. VIN		45. Expires		28. City					29. State													126c													
109 -		44. VIN		44. VIN																26. Make					27. Color					28. Year					29. Plate No.					30. State					31. Zip														126d
110 01		46. Vehicle Removed to:		46. Vehicle Removed to:																32. Make					33. Color					34. Year					35. Plate No.					36. State					37. Zip														127a
111 -		47. Authority		47. Authority																38. Make					39. Color					40. Year					41. Plate No.					42. State					43. Zip														127b
112 -		<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Driver																44. Make					45. Color					46. Year					47. Plate No.					48. State					49. Zip														127c
113 -		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Disabled																50. Make					51. Color					52. Year					53. Plate No.					54. State					55. Zip														127d
114 -		<input checked="" type="checkbox"/> Owner		<input type="checkbox"/> Owner																56. Make					57. Color					58. Year					59. Plate No.					60. State					61. Zip														127e
115 -		48. Alcohol/Drug Test Given: <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		48. Alcohol/Drug Test Given: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine																62. Make					63. Color					64. Year					65. Plate No.					66. State					67. Zip														127f
116 03		Type: <input checked="" type="checkbox"/> None		Type: <input type="checkbox"/> None																68. Make					69. Color					70. Year					71. Plate No.					72. State					73. Zip														127g
117 -		Results: 0. - - - % Pending		Results: 0. - - - % Pending																74. Make					75. Color					76. Year					77. Plate No.					78. State					79. Zip														127h
118 -		50. Carrier No. <input checked="" type="checkbox"/> None		50. Carrier No. <input checked="" type="checkbox"/> None																80. Make					81. Color					82. Year					83. Plate No.					84. State					85. Zip														127i
119 -		<input type="checkbox"/> USDOT <input type="checkbox"/> MC/NCW		<input type="checkbox"/> USDOT <input type="checkbox"/> MC/NCW																86. Make					87. Color					88. Year					89. Plate No.					90. State					91. Zip														127j
120 -		52. Motor Carrier or Government Entity Number & Street		52. Motor Carrier or Government Entity Number & Street																92. Make					93. Color					94. Year					95. Plate No.					96. State					97. Zip														127k
121 -		53. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No		53. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																98. Make					99. Color					100. Year					101. Plate No.					102. State					103. Zip														127l
122 -		136. Charge <input type="checkbox"/> No		136. Charge <input type="checkbox"/> No																104. Make					105. Color					106. Year					107. Plate No.					108. State					109. Zip														127m
123 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																110. Make					111. Color					112. Year					113. Plate No.					114. State					115. Zip														127n
124 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																116. Make					117. Color					118. Year					119. Plate No.					120. State					121. Zip														127o
125 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																122. Make					123. Color					124. Year					125. Plate No.					126. State					127. Zip														127p
126 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																128. Make					129. Color					130. Year					131. Plate No.					132. State					133. Zip														127q
127 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																134. Make					135. Color					136. Year					137. Plate No.					138. State					139. Zip														127r
128 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																140. Make					141. Color					142. Year					143. Plate No.					144. State					145. Zip														127s
129 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																146. Make					147. Color					148. Year					149. Plate No.					150. State					151. Zip														127t
130 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																152. Make					153. Color					154. Year					155. Plate No.					156. State					157. Zip														127u
131 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																158. Make					159. Color					160. Year					161. Plate No.					162. State					163. Zip														127v
132 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																164. Make					165. Color					166. Year					167. Plate No.					168. State					169. Zip														127w
133 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																170. Make					171. Color					172. Year					173. Plate No.					174. State					175. Zip														127x
134 -		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		Oper. <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																176. Make					177. Color					178. Year					179. Plate No.					180. State					181. Zip														127y

New Jersey Police Crash Investigation Report										Case Number	22065650	Page	3 of 4
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If Deceased Date & Time of Death

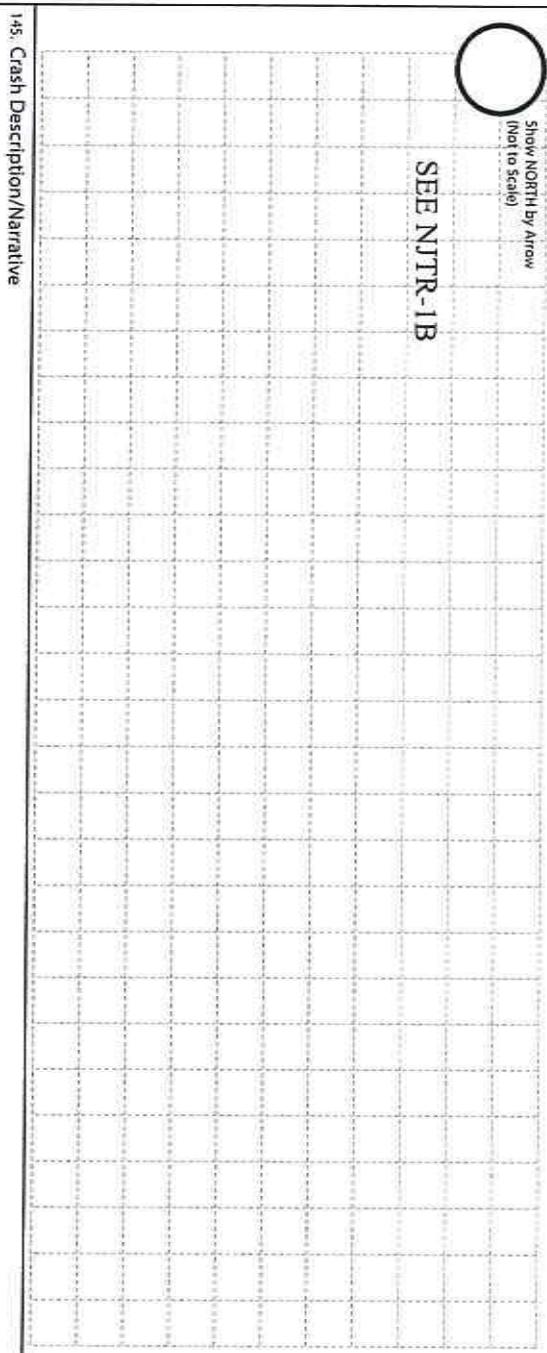
B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15
E												
F												
G												
H												
I												
J												

144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)



SEE NJTR-1B



145. Crash Description/Narrative

V2 and V2 were travelling South bound in attempt to merge off of Raritan Road onto North Wood Avenue to continue travelling South. While V2 and V3 were coming up to the yield sign V1 attempted to go around both vehicles before side swiping them. V1 left the scene travelling South down North Wood Avenue.

The owner of V1 was issued the following summons:

- 1) careless - 39:4-97 - 2009E22022817
- 2) Leaving the scene of a MVA - 39:4-129B - 2009E22022819
- 3) Failure to report MVA - 39:4-130 - 2009E22022818
- 4) Uninsured MV - 39:4-129B - 2009E22022819

146. Officer's Signature

LINEBAUGH, OFC. MICHAEL

147. Badge #

909981

148. Reviewer

ROZYCKI, INV. MICHAEL

Badge #

909721

149. Case Status

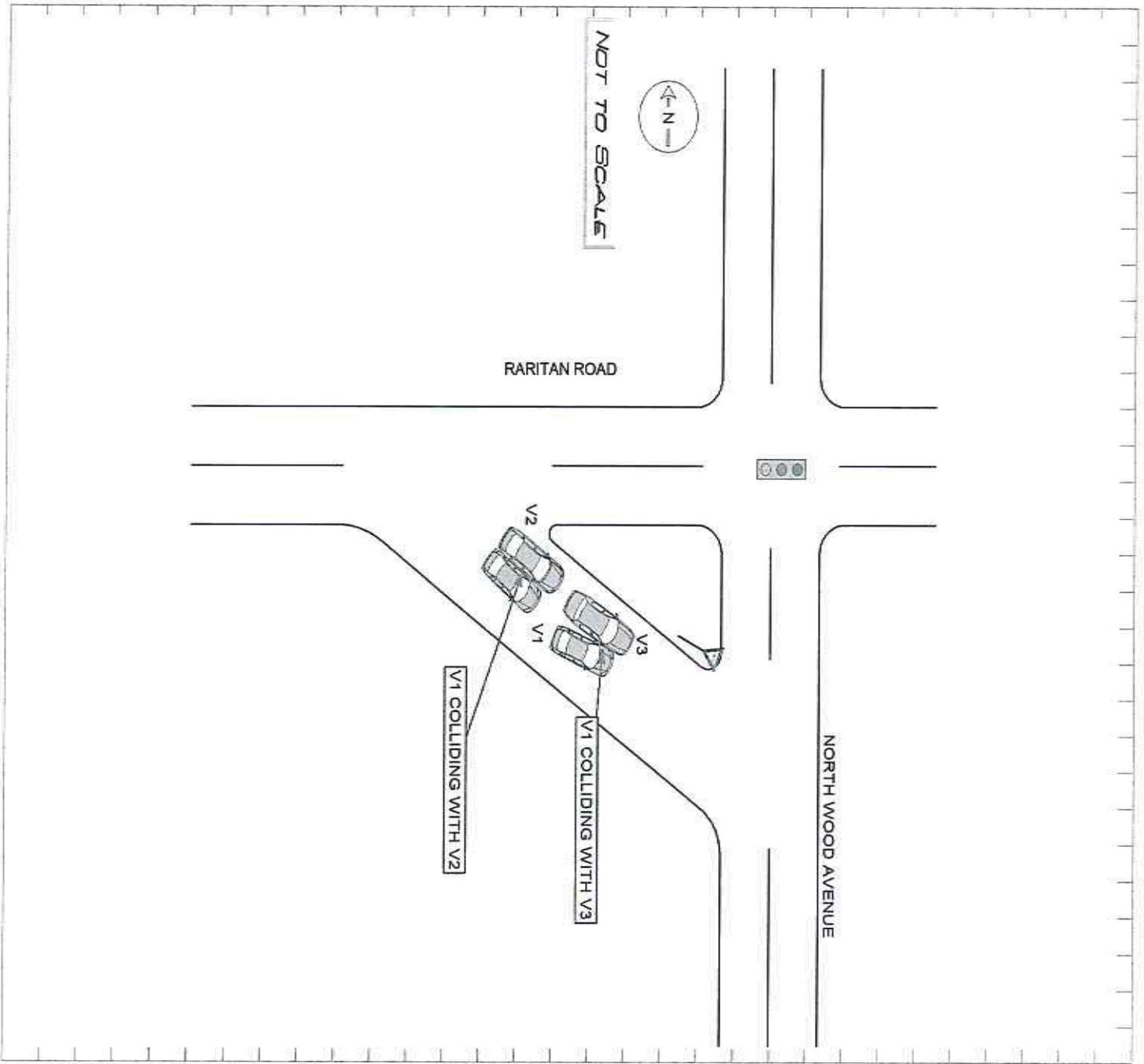
Pending  Complete

NJTR-1 (Rev. 01/17)

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash DiagramPolice Dept: LINDEN, NJ Code: 01  
Station: LINDEN PD Case No: 22065650

144 Crash Diagram (NOT TO SCALE)

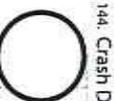
indicate North



Page <u>1</u> of <u>4</u> <input type="checkbox"/> Fatal		New Jersey Police Crash Investigation Report										<input type="checkbox"/> Reportable	<input checked="" type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report																					
<b>95</b> <b>05</b>	1. Case Number <b>22065756</b>	2. Police Dept. of <b>LINDEN, NJ</b>				Occurred On: 901 W LINDEN AVE		W <input type="checkbox"/> <input type="checkbox"/>	3. Station/Precinct <b>LINDEN</b>			Dir. At intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W  <input type="checkbox"/> Feet <input type="checkbox"/> Miles	11. Speed Limit of <input type="checkbox"/> 14 <input type="checkbox"/> 15	12. Route No., Suffix 13. Milepost <input type="checkbox"/> - <input type="checkbox"/> -	14. Speed Limit <input type="checkbox"/> - <input type="checkbox"/> -																				
<b>97</b> <b>01</b>	4. Date of Crash <b>1/12/1922</b>	5. Day of Week <b>Su</b>	6. Time (use 2400 hrs.) <b>06:40 AM</b>	7. Municipality use 3 digits <b>11301</b>	8. Total Killed <input type="checkbox"/> 0 <input type="checkbox"/> 0	9. Total Injured <input type="checkbox"/> 0 <input type="checkbox"/> 0	10. Crash Type Occurred On: <b>901 W LINDEN AVE</b>	11. Speed Limit of <input type="checkbox"/> 14 <input type="checkbox"/> 15	12. Route No., Suffix 13. Milepost <input type="checkbox"/> - <input type="checkbox"/> -	14. Speed Limit <input type="checkbox"/> - <input type="checkbox"/> -																									
<b>99</b> <b>09</b>	23. Veh. # <b>01</b>	24. Policy No. <b>ISAH25307756</b>	25. N.J. Ins. Code <b>02</b>	26. Driver's First Name <b>MERAB</b>	27. Driver's Last Name <b>GAGUA</b>	28. Sex <b>M</b>	29. State <b>NJ</b>	30. Age <b>06</b>	31. State <b>NJ</b>	32. Driver's License Number <b>G0158 53900 12776 1120377 1225</b>	33. DOB mm dd yy <b>12 03 77</b>	34. Expires mm yy <b>12 25</b>	35. Owner's First Name Initial <b>S</b>	36. Number & Street <b>36. Number &amp; Street 11690 NW 105TH ST</b>	37. City <b>MIAMI</b>	38. Make <b>FREIGHTLINER</b>	39. Model <b>TRUE</b>	40. Color <b>WT</b>	41. Year <b>2022</b>	42. Plate No. <b>3206050</b>	43. State <b>IN</b>	44. VIN <b>3 A K J H H D R 4 N S N F 5 1 5 0 10/23</b>	45. Expires <b>3 A K J H H D R X P S L K 3 5 0 1 12/22</b>	46. Vehicle Removed to:  <b>-</b>											
<b>101</b> <b>02</b>	<input type="checkbox"/> Driver Searched as Driver	<input type="checkbox"/> Towed Disabled Towed Impounded	<input type="checkbox"/> Towed Disabled & Impounded	<input type="checkbox"/> Same as Driver	53. Veh. # <b>XSAH25562197</b>	54. Veh. # <b>02</b>	55. Veh. # <b>02</b>	56. Driver's First Name Initial <b>N</b>	57. Driver's Last Name <b>PRIME INC.</b>	58. City <b>SPRINGFIELD</b>	59. State <b>MO</b>	60. Age <b>--</b>	61. State <b>--</b>	62. Driver's License Number <b>--</b>	63. DOB mm dd yy <b>--</b>	64. Expires mm yy <b>--</b>																			
<b>102</b> <b>01</b>	65. Owner's First Name Initial <b>R</b>	66. Number & Street <b>PO BOX 4208</b>	67. City <b>PO</b>	68. Make <b>FREIGHTLINER</b>	69. Model <b>CASCADIA</b>	70. Color <b>RD</b>	71. Year <b>2023</b>	72. Plate No. <b>35KS3T</b>	73. State <b>MO</b>	74. VIN <b>3 A K J H H D R X P S L K 3 5 0 1 12/22</b>	75. Expires <b>3 A K J H H D R X P S L K 3 5 0 1 12/22</b>	76. Vehicle Removed to:  <b>-</b>	77. Authority  <b>-</b>	78. Alcohol/Drag 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: <b>0. - - % Pending</b>	79. Hazardous Material Type: <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Results: <b>0. - - % Pending</b>	80. Carrier No. <b>00317061</b>	81. Placard No. <b>(Tucks &amp; buses only) \$5,000 lbs. 10,001-26,000 lbs. 26,001 lbs.</b>	82. Motor Carrier or Government Entity <b>NEW PRIME INC.</b>																	
<b>103</b> <b>03</b>	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: <b>0. - - % Pending</b>	83. Hazard Class  <b>-</b>	84. Placard No.  <b>(Tucks &amp; buses only) \$5,000 lbs. 10,001-26,000 lbs. 26,001 lbs.</b>	85. Hazard Class  <b>-</b>	86. Placard No.  <b>(Tucks &amp; buses only) \$5,000 lbs. 10,001-26,000 lbs. 26,001 lbs.</b>	87. Motor Carrier or Government Entity <b>RYDER TRUCK RENTAL</b>																													
<b>104</b> <b>04</b>	50. Carrier No. <b>USPSOT</b>	88. Motor Carrier or Government Entity <b>NEW PRIME INC.</b>	89. Number & Street <b>11690 NW 105 ST.</b>	90. City <b>MIAMI</b>	91. State <b>FL</b>	92. Zip <b>33178</b>	93. State <b>MO</b>	94. Zip <b>65808</b>	95. State <b>MO</b>	96. Zip <b>65808</b>	97. Damage to Other Property  <b>-</b>																								
<b>105</b> <b>06</b>	98. Operator  <b>-</b>	99. Operator  <b>-</b>	100. Operator  <b>-</b>	101. Operator  <b>-</b>	102. Operator  <b>-</b>	103. Operator  <b>-</b>	104. Operator  <b>-</b>	105. Operator  <b>-</b>	106. Operator  <b>-</b>	107. Operator  <b>-</b>	108. Operator  <b>-</b>	109. Operator  <b>-</b>	110. Operator  <b>-</b>	111. Operator  <b>-</b>	112. Operator  <b>-</b>	113. Operator  <b>-</b>	114. Operator  <b>-</b>	115. Operator  <b>-</b>	116. Operator  <b>-</b>	117. Operator  <b>-</b>	118. Operator  <b>-</b>	119. Operator  <b>-</b>	120. Operator  <b>-</b>	121. Operator  <b>-</b>	122. Operator  <b>-</b>	123. Operator  <b>-</b>	124. Operator  <b>-</b>	125. Operator  <b>-</b>	126. Operator  <b>-</b>	127. Operator  <b>-</b>	128. Operator  <b>-</b>	129. Operator  <b>-</b>	130. Operator  <b>-</b>	131. Operator  <b>-</b>	132. Operator  <b>-</b>
Oper. <b>A</b>	136. Charge  <b>-</b>	137. Summons No. <b>-</b>	138. Charge  <b>-</b>	139. Summons No. <b>-</b>	140. Charge  <b>-</b>	141. Summons No. <b>-</b>	142. Charge  <b>-</b>	143. Summons No. <b>-</b>	144. Summons No. <b>-</b>	145. Summons No. <b>-</b>	146. Summons No. <b>-</b>	147. Summons No. <b>-</b>	148. Summons No. <b>-</b>	149. Summons No. <b>-</b>	150. Summons No. <b>-</b>	151. Summons No. <b>-</b>	152. Summons No. <b>-</b>	153. Summons No. <b>-</b>	154. Summons No. <b>-</b>	155. Summons No. <b>-</b>	156. Summons No. <b>-</b>	157. Summons No. <b>-</b>	158. Summons No. <b>-</b>	159. Summons No. <b>-</b>	160. Summons No. <b>-</b>	161. Summons No. <b>-</b>	162. Summons No. <b>-</b>	163. Summons No. <b>-</b>	164. Summons No. <b>-</b>	165. Summons No. <b>-</b>	166. Summons No. <b>-</b>	167. Summons No. <b>-</b>	168. Summons No. <b>-</b>	169. Summons No. <b>-</b>	170. Summons No. <b>-</b>
<b>B</b>	171. Operator  <b>-</b>	172. Operator  <b>-</b>	173. Operator  <b>-</b>	174. Operator  <b>-</b>	175. Operator  <b>-</b>	176. Operator  <b>-</b>	177. Operator  <b>-</b>	178. Operator  <b>-</b>	179. Operator  <b>-</b>	180. Operator  <b>-</b>	181. Operator  <b>-</b>	182. Operator  <b>-</b>	183. Operator  <b>-</b>	184. Operator  <b>-</b>	185. Operator  <b>-</b>	186. Operator  <b>-</b>	187. Operator  <b>-</b>	188. Operator  <b>-</b>	189. Operator  <b>-</b>	190. Operator  <b>-</b>	191. Operator  <b>-</b>	192. Operator  <b>-</b>	193. Operator  <b>-</b>	194. Operator  <b>-</b>	195. Operator  <b>-</b>	196. Operator  <b>-</b>	197. Operator  <b>-</b>	198. Operator  <b>-</b>	199. Operator  <b>-</b>	200. Operator  <b>-</b>					
<b>C</b>	201. Operator  <b>-</b>	202. Operator  <b>-</b>	203. Operator  <b>-</b>	204. Operator  <b>-</b>	205. Operator  <b>-</b>	206. Operator  <b>-</b>	207. Operator  <b>-</b>	208. Operator  <b>-</b>	209. Operator  <b>-</b>	210. Operator  <b>-</b>	211. Operator  <b>-</b>	212. Operator  <b>-</b>	213. Operator  <b>-</b>	214. Operator  <b>-</b>	215. Operator  <b>-</b>	216. Operator  <b>-</b>	217. Operator  <b>-</b>	218. Operator  <b>-</b>	219. Operator  <b>-</b>	220. Operator  <b>-</b>	221. Operator  <b>-</b>	222. Operator  <b>-</b>	223. Operator  <b>-</b>	224. Operator  <b>-</b>	225. Operator  <b>-</b>	226. Operator  <b>-</b>	227. Operator  <b>-</b>	228. Operator  <b>-</b>	229. Operator  <b>-</b>	230. Operator  <b>-</b>	231. Operator  <b>-</b>	232. Operator  <b>-</b>			
<b>D</b>	233. Operator  <b>-</b>	234. Operator  <b>-</b>	235. Operator  <b>-</b>	236. Operator  <b>-</b>	237. Operator  <b>-</b>	238. Operator  <b>-</b>	239. Operator  <b>-</b>	240. Operator  <b>-</b>	241. Operator  <b>-</b>	242. Operator  <b>-</b>	243. Operator  <b>-</b>	244. Operator  <b>-</b>	245. Operator  <b>-</b>	246. Operator  <b>-</b>	247. Operator  <b>-</b>	248. Operator  <b>-</b>	249. Operator  <b>-</b>	250. Operator  <b>-</b>	251. Operator  <b>-</b>	252. Operator  <b>-</b>	253. Operator  <b>-</b>	254. Operator  <b>-</b>	255. Operator  <b>-</b>	256. Operator  <b>-</b>	257. Operator  <b>-</b>	258. Operator  <b>-</b>	259. Operator  <b>-</b>	260. Operator  <b>-</b>	261. Operator  <b>-</b>	262. Operator  <b>-</b>	263. Operator  <b>-</b>	264. Operator  <b>-</b>			

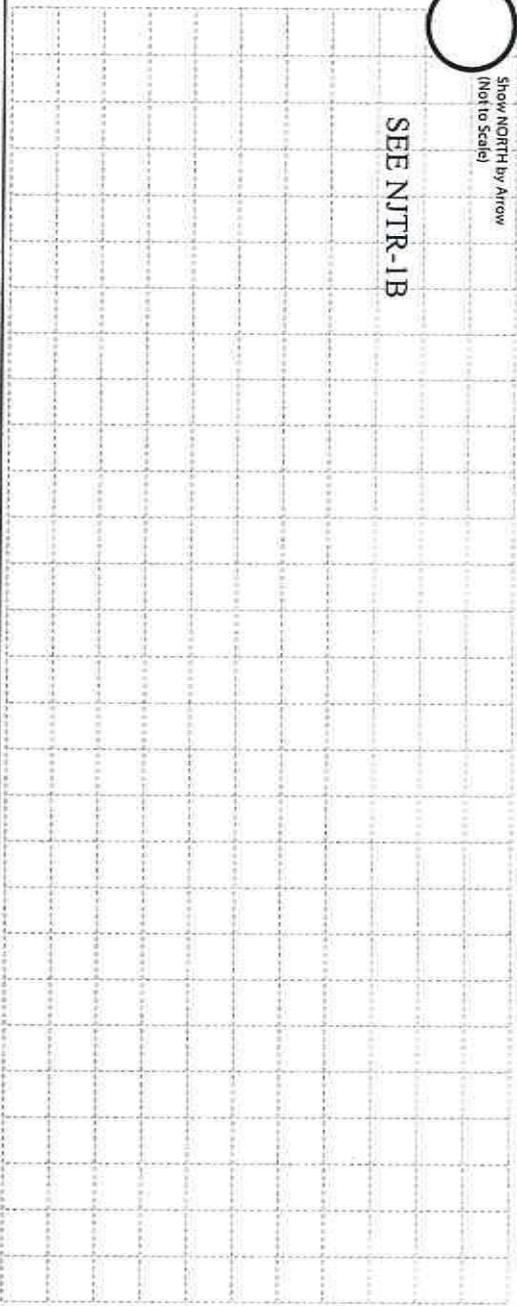
New Jersey Police Crash Investigation Report										Case Number	22065756	Page	2 of 4
										Names & Addresses of Occupants If Deceased, Date & Time of Death			
E	B3	B4	B5	B6	B7	B8	B9	B0	B1	B2	B3	B4	B5
F													
G													
H													
I													
J													

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B



145. Crash Description/Narrative

V2 was backed into the loading dock and parked at Blue Apron (901 W. Linden Avenue), V1 began backing adjacent to V2 and struck V2 with the edge of the trailer.

Insurance Information for V1:

Policy Number: ISAH25307756

Company Number: 22667

Aon Risk Services Central Inc.

200 East Randolph

Chicago, IL 60601

Trailer Information for V1:

License Plate: PT993E9 (Pennsylvania)

VIN: 1UYVS2534K6455319

2019 Utility Trailer

146. Officer's Signature

DZIA DOSZ, KATARZYNA

910095

147. Badge #

ROZYCKI, MICHAEL

909721

148. Reviewer

Badge #

ROZYCKI, MICHAEL

909721

149. Case Status

Complete

NJTR-1 (Rev. 01/17)

New Jersey Police Crash Investigation Report	Police Dept: <u>LINDEN, NJ</u>	Code: <u>01</u>
Motor Vehicle Crash Description	Station: <u>LINDEN</u>	Case No: <u>22065756</u>

145 Crash Description

Insurance Information for V2:

Policy Number: XSAH25562197

Lockton Companies

444 W. 47th Street Suite 900

Kansas City, MO 64112-1906

Phone: 800-321-1192

Trailer Information for V2:

License Plate: 15B787 (Missouri)

VIN: 1UYVS2533GU615497

2016 Utility Trailer

DZIADOSZ, KATARZYNA

Officer's Signature

910095

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ

Code: 01

Station: LINDEN

Case No: 22065756

144 Crash Diagram (NOT TO SCALE)

(Indicate  
North)

NOT TO SCALE

PLEASANT ST.

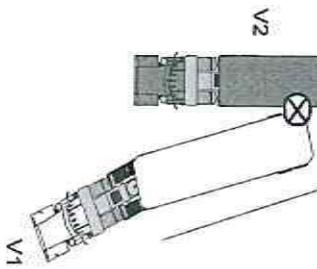


W. LINDEN AVE.

BLUE APRON  
(901 W. LINDEN AVE.)

LOADING DOCK

V2



96	Page	1	of	3	<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			
97	1	1. Case Number			22065782	10. Crash Occurred On:	W LINDEN AVE	E	11. Speed Limit	- - - - -		
98	01	2. Police Dept. of			LINDEN, NJ	Code	01	Dir	12. Route No.	Suffix		
99	07	3. Station/Precinct			LINDEN				13. Milepost	18. Speed Limit		
100a	01	4. Date of Crash			mm dd yy	5. Day of Week	su @ am	14. Time (2400 hrs.)	15. At intersection with	2	5	
100b	04	23. Veh. #			955038114	24. Policy No.	4u ⑥ Au Aw	use 2400 hrs.)	Feet	NB	EB	
101	02	26. Driver's First Name			KYRA	Initial	Last Name	16. S	Miles	SB	WB	
102	01	27. Number & Street			209 ORCHARD MEADOWS DR SO			17. Cross Road Name/Route No.				
103	01	28. City			UNION	State	NJ	18. Route Name/Route No.	19. To:	119a	119b	
104	02	30. Eyes	DL Class	Restrictions		Endorsements	31. State	20. Route Name/Route No.	21. Latitude	120a	-	
105	02	02	D -	- - - - -		- - -	NJ	22. Longitude	20 Route Name/Route No.	118b	01	
106	-	32. Driver's license Number			W7414	33. DOB	mm dd yy	21. Initial	22. Amplitude	-	-	
107	-	34. Expires			43864	35. Owner's First Name	initial	23. Sex	23. Hit & Run	120b	-	
108	01	36. Number & Street			61872	36. Last Name	last name	F	55. NJINS Code	121a	01	
109	01	37. City				State	Zip	56. Owner's First Name	909875126	59. Sex	01	
110	01	38. Make	39. Model	40. Color	2018	41. Year	T8 RNS	57. Number & Street	59.5	59.5	01	
111	01	CHEVY	CAMARO	SL	41. State	42. Plate No.	NJ	58. City	54	54	01	
112	-	44. VIN	1 G 1 F B 3 D S 3 J 0 1 1 6 5 8 0	43. State	44. Eyes	45. Expires	NJ	59. Model	221 JEFFERSON AVE.	59.5	59.5	
113	-	1	1	1	1	1	1	60. Model	221 JEFFERSON AVE.	59.5	59.5	
114	-	46. Vehicle Removed to:	47. Authority	48. Alcohol Drug Test	Given: <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Yes <input type="checkbox"/> Refused	Type: <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine	49. Hazardous Material	61. State	62. Latitude	63. Longitude	64. Amplitude	
115	-	-	-	-	-	-	☒ None	NJ	-	-	-	
116	02	Results: 0. - - - - %	50. Carrier No.	51. GWR / GCWR	On Board	Spill	Endorsements	61. Initial	62. Latitude	63. Longitude	64. Amplitude	
117	02	-	☒ US DOT	Placard No.	-	-	-	61. Last Name	-	-	-	
118	-	-	☒ MC/MX	51. GWR / GCWR	52. Motor Carrier or Government Entity	53. GWR / GCWR	54. Hazardous Material	61. State	62. Latitude	63. Longitude	64. Amplitude	
119	-	-	-	Trucks & buses only	Number & Street	(trucks & buses only)	On Board	61. Initial	62. Latitude	63. Longitude	64. Amplitude	
120	-	-	-	☐ 0,000 lbs.	Number & Street	☐ 10,001 - 26,000 lbs.	Spill	61. Last Name	-	-	-	
121	-	-	-	☐ 10,001 - 26,000 lbs.	Number & Street	☐ 26,001 lbs.	Hazard Class	61. State	62. Latitude	63. Longitude	64. Amplitude	
122	-	-	-	☐ 26,001 lbs.	Number & Street		Placard No.	61. Initial	62. Latitude	63. Longitude	64. Amplitude	
123	-	-	-		Number & Street			61. Last Name	-	-	-	
124	-	-	-		Number & Street			61. State	62. Latitude	63. Longitude	64. Amplitude	
125	-	-	-		Number & Street			61. Initial	62. Latitude	63. Longitude	64. Amplitude	
126	-	-	-		Number & Street			61. Last Name	-	-	-	
127	-	-	-		Number & Street			61. State	62. Latitude	63. Longitude	64. Amplitude	
128	-	-	-		Number & Street			61. Initial	62. Latitude	63. Longitude	64. Amplitude	
129	-	-	-		Number & Street			61. Last Name	-	-	-	
130	-	-	-		Number & Street			61. State	62. Latitude	63. Longitude	64. Amplitude	
131	-	-	-		Number & Street			61. Initial	62. Latitude	63. Longitude	64. Amplitude	
132	-	-	-		Number & Street			61. Last Name	-	-	-	
133	-	-	-		Number & Street			61. State	62. Latitude	63. Longitude	64. Amplitude	
134	-	-	-		Number & Street			61. Initial	62. Latitude	63. Longitude	64. Amplitude	
135	-	-	-		Number & Street			61. Last Name	-	-	-	
136	-	-	-		Number & Street			61. State	62. Latitude	63. Longitude	64. Amplitude	
137	-	-	-		Number & Street			61. Initial	62. Latitude	63. Longitude	64. Amplitude	
138	-	-	-		Number & Street			61. Last Name	-	-	-	
139	-	-	-		Number & Street			61. State	62. Latitude	63. Longitude	64. Amplitude	
140	-	-	-		Number & Street			61. Initial	62. Latitude	63. Longitude	64. Amplitude	
A	01	01	01	-	35	F	-	91	92	93	94	95
B	02	01	01	-	71	F	-	01	11	04	-	-
C	02	03	01	-	35	F	-	01	11	04	-	-
D				-			-					

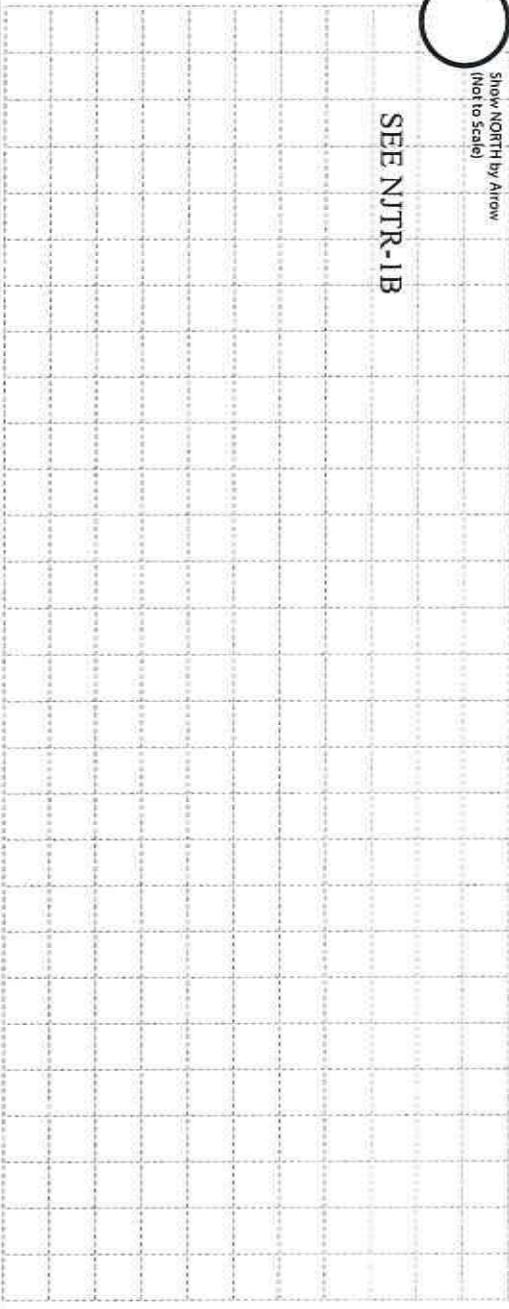
New Jersey Police Crash Investigation Report											Case Number 22065782	Page <u>2</u> of <u>3</u>
B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13		
E												
F												
G												
H												
I												
J												

144. Crash Diagram



(Not to Scale)

SEE NJTR-1B



145. Crash Description/Narrative

V1 and V2 were both travelling eastbound on W. Linden Avenue, passing Coolidge Street. Driver of V1 stated V2 ran a red light at a previous intersection and they both honked at each other. After they were both on the same road, it appeared as if V2 was pulling over to the side of the road after their interaction. As V1 began to overtake V2, V2 veered towards the left side of the lane and was struck by V1 as it passed. Driver of V2 denied pulling over or indicating she was going to stop and that she was improperly passed by V1 while she was occupying her lane.

146. Officer's Signature

DZIADOSZ, KATARZYNA

147. Badge #

910095

148. Reviewer

ROZYCKI, INV. MICHAEL

Badge #

909721

149. Case Status

 Pending Complete

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ

Code: 01

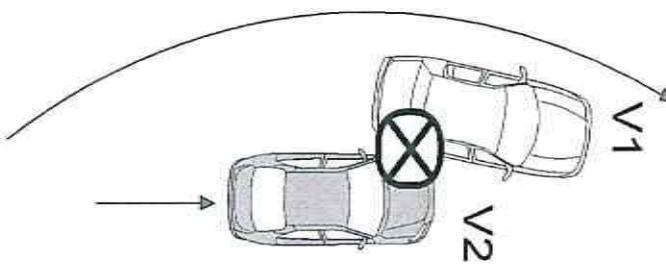
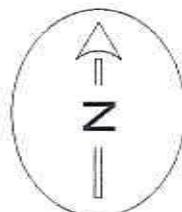
Station: LINDEN

Case No: 22065782

144 Crash Diagram (NOT TO SCALE)  
 Indicate  
North

W. LINDEN AVE.

COOLIDGE ST.



**NOT TO SCALE**

96 05	Page: 1 of 3 <input type="checkbox"/> Fatal		New Jersey Police Crash Investigation Report												
1. Case Number		<b>22065785</b>		10. Crash Occurred On		A VENUE C		11. Speed Limit		<input type="checkbox"/> Reportable		<input checked="" type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report	
2. Police Dept. of		LINDEN, NJ		Code				At intersection with		<input type="checkbox"/> N		<input checked="" type="checkbox"/> E			
3. Station/Precinct		LINDEN		01		50		<input type="checkbox"/> Road Name		Dir		12. Route No.		Suffix	
4. Date of Crash		1008 01		11. Day of Week		5. Day of Week		6. Time (2400 hrs.)		7. Municipality		8. Total Killed		9. Total Injured	
mm dd		1 2 1 9 2 2		su (W) Tu W		Th F		17 4 3		20 0 9		0 0		0 0	
22. Veh. #		100b 04		23. Policy No.		CGOG72486183		24. NJNS Code		172		53. Veh. #		02	
25. NJNS Code		26. Driver's First Name		Initial		Last Name		27. Route Name/Route No.		19. To:		20. Route Name/Route No.		21. Latitude	
01 INDERJIT		- SINGH		M		SINGH		Hit & Run		0001		22. Longitude		23. Millpost	
27. Number & Street		132 RIVA AVE		28. City		NJ		24. Speed Limit		4 5		25. Speed Limit		18. Speed Limit	
103 01		MILLTOWN		State		Zip 08850		19. Ramp		19. To:		20. Route Name/Route No.		119a	
104 02		30. Eyes		DL Class		Restrictions		Endorsements		Dir		21. If from:		119b	
105 02		03		A -		- - - -		- -		N		0001		NB	
32. Driver's License Number		33. DOB		34. Expires		35. Owner's First Name		36. Last Name		22. Route Name/Route No.		EB			
S4490 02		36200		10993		10 3 0 9 9		10 2 3		23. NJNS Code		WB			
37. City		State		Zip		37. City		24. Speed Limit		24. Speed Limit		120a			
108 25		MILLSTOWN		38. Make		39. Model		40. Color		41. Year		42. Plate No.		43. State	
109 01		FRH		TRT		WT		2016		AX175V		HON		ACC	
110 02		3 A K J G L B G 3 G S H T 7 5 1 9		44. VIN		45. Expires		46. Vehicle Removed to:		47. City		State		Zip	
111 01		-		107 02		Same as Driver		36. Number & Street		132 RIVA AVE		NJ		08850	
112 -		<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		38. Alcohol Drug Test		39. Hazardous Material		40. Color		41. Year	
113 -		<input type="checkbox"/> Left at Scene		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded		<input checked="" type="checkbox"/> Given:		<input checked="" type="checkbox"/> None		<input type="checkbox"/> On Board		<input type="checkbox"/> Spill	
114 -		<input type="checkbox"/> Authority		<input type="checkbox"/> Owner		<input type="checkbox"/> Police		42. Type:		<input type="checkbox"/> Breath		<input type="checkbox"/> Blood		<input type="checkbox"/> Urine	
115 -		<input type="checkbox"/> Driver		<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Police		43. Results:		0. (-)		0. (-)		-	
116 01		48. Alcohol Drug Test		49. Hazardous Material		50. Carrier No.		51. GVWR / GCWR		52. Motor Carrier or Government Entity		53. Veh. #		54. Policy No.	
117 01		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Refused		<input type="checkbox"/> Driver		(Trucks & buses only)		-		054		054	
52. Motor Carrier or Government Entity		<input type="checkbox"/> Breath		<input type="checkbox"/> Blood		<input type="checkbox"/> Police		<input type="checkbox"/> Is 10,000 lbs.		<input type="checkbox"/> Is 26,000 lbs.		RAHWAY		RAHWAY	
BKG TRANSPORT LLC		<input type="checkbox"/> Urine		<input type="checkbox"/> Urine		<input type="checkbox"/> Police		<input type="checkbox"/> Is 10,001 - 26,000 lbs.		<input type="checkbox"/> Is 26,001 lbs.		NJ		NJ	
Number & Street		<input type="checkbox"/> Result:		<input type="checkbox"/> Hazard Class		<input type="checkbox"/> Plead and No.		<input type="checkbox"/> Is 10,000 lbs.		<input type="checkbox"/> Is 26,000 lbs.		07065		07065	
132 RIVA AVE		0. (-)		-		<input type="checkbox"/> None		<input type="checkbox"/> Is 10,001 - 26,000 lbs.		<input type="checkbox"/> Is 26,001 lbs.		07065		07065	
City		55. Damage to Other Property		56. Same as Driver		57. Number & Street		58. City		59. State		60. Zip		61. State	
MILLTOWN		<input type="checkbox"/> Yes (if Yes, describe)		<input checked="" type="checkbox"/> No		132 RIVA AVE		RAHWAY		NJ		07065		NJ	
-		-		-		-		-		-		-		-	
Oper.		136. Charge		137. Summons No.		138. Charge		139. Hazardous Material		140. Charge		141. Summons No.		142. Charge	
-		-		-		-		<input type="checkbox"/> On Board		-		-		-	
Oper.		140. Charge		141. Summons No.		142. Charge		<input type="checkbox"/> Oper.		-		-		-	
-		-		-		-		-		-		-		-	
A 01		83 84 85 86 87 88 89 90 91 92 93 94 95		Names & Addresses of Occupants If Deceased, Date & Time of Death		133. Summons No.		134. Summons No.		135. Summons No.		136. Summons No.		137. Summons No.	
B 02		83 84 85 86 87 88 89 90 91 92 93 94 95		INDERJIT SINGH 132 RIVA AVE MILLTOWN NJ 08850		138. Summons No.		139. Summons No.		140. Summons No.		141. Summons No.		142. Summons No.	
C 02		83 84 85 86 87 88 89 90 91 92 93 94 95		NAOMI LUCIANO 1713 ESSEX ST Apt#1 RAHWAY NJ 07065		143. Summons No.		144. Summons No.		145. Summons No.		146. Summons No.		147. Summons No.	
D		83 84 85 86 87 88 89 90 91 92 93 94 95		07065		148. Summons No.		149. Summons No.		150. Summons No.		151. Summons No.		152. Summons No.	

**New Jersey Police  
Crash Investigation Report**

Case Number 22065785      Page 2 of 3

Names & Addresses of Occupants  
if Deceased, Date & Time of Death

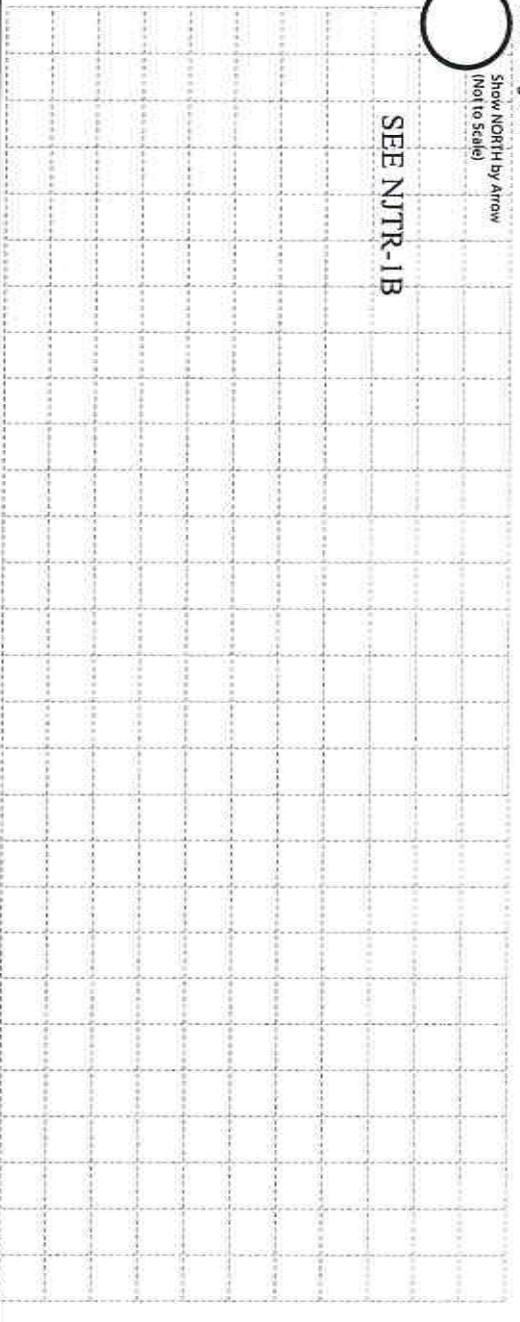
E	83	84	85	86	87	88	89	90	91	92	93	94	95
F													
G													
H													
I													
J													

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B



145. Crash Description/Narrative

Veh 2 was stopped facing north in the inside left turn lane on Avenue C. Veh 1 was traveling north in the outside left turn lane on Avenue C, prepared to make a wide left turn onto U.S. 1, and struck Veh 2.

146. Officer's Signature

HESTON, RALPH

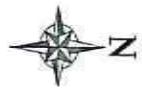
147. Badge # 8837      148. Reviewer ROZYCKI, INV. MICHAEL      Badge # 909721      149. Case Status  Pending  Complete

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065785

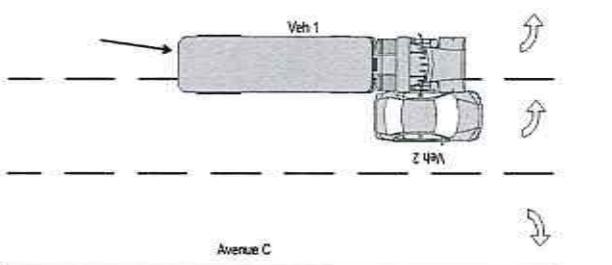
144 Crash Diagram (NOT TO SCALE)

Indicate  
North



N

**NOT TO SCALE**



U.S. 1

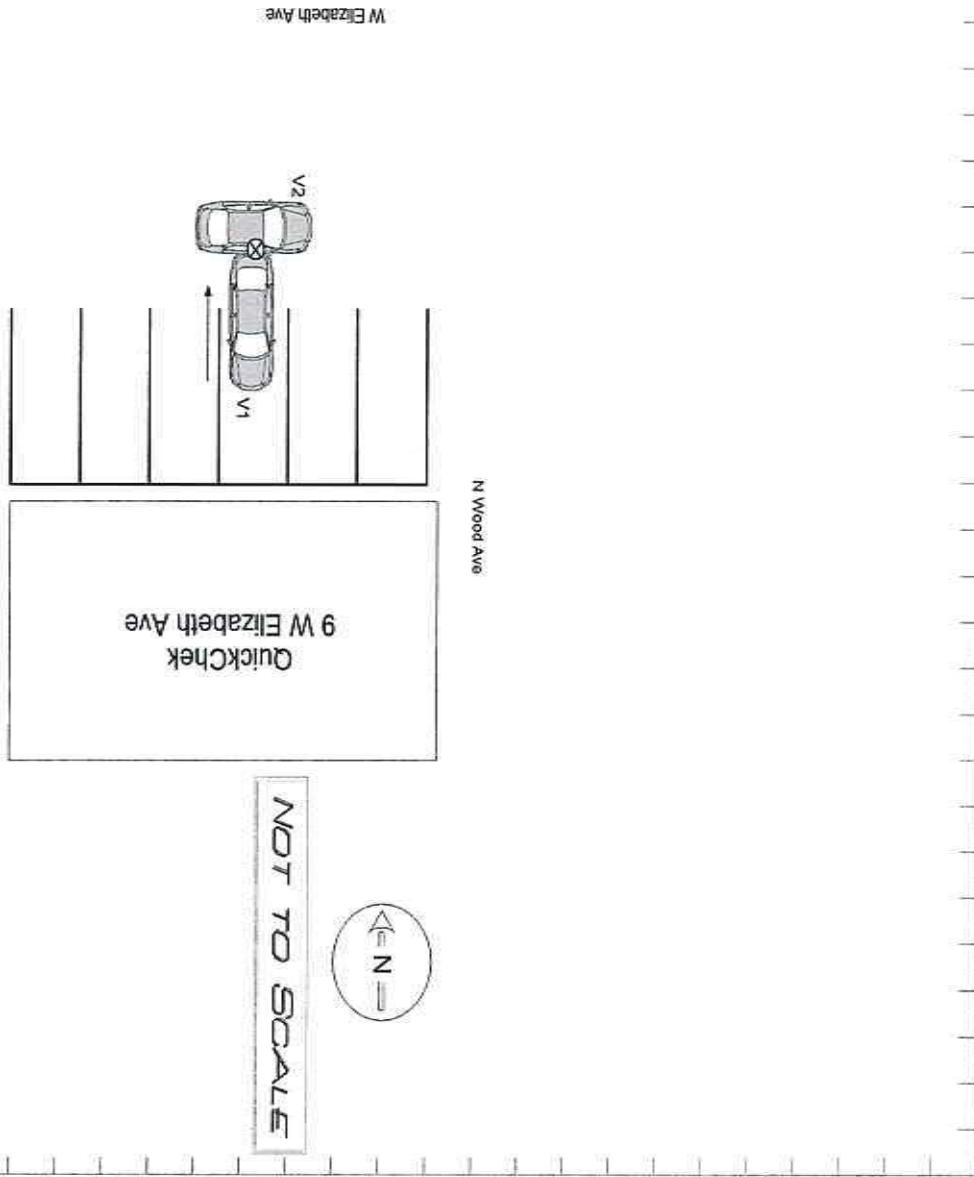
96 05	Page 1 of 3 <input type="checkbox"/> Final		New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report	
97 01	1. Case Number		22065789												11. Speed Limit	
98 06	2. Police Dept. of		LINDEN, NJ												<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> P	
99 09	3. Station/Precinct		Code		01		- - - - -		12. Route No.		Suffix		13. Milepost			
	LINDEN PD															
100b 01	4. Date of Crash		29/09/2023		5. Day of Week		Su M Tu W Th F Sa		6. Time (A.M./P.M. hrs.)		7. Municipality		8. Total Killed			
101 02	23. Veh. #		A7998193810		24. Policy No.		Initial M		Last Name BROOKS		9. Total Injured		10. -			
102 01	26. Driver's First Name		TERRENCE		27. Number & Street		Initial M		29. Sex M		11. -		12. -			
103 01	28. City		ELIZABETH		State NJ		Zip 07708		30. City MATAWAN		State NJ		13. -			
104 02	30. Eyes		<input type="checkbox"/> D -		Restrictions		Endorsements		31. State NJ		14. -		15. -			
105 08	32. Driver's License Number		B7561   73374		33. DOB		mm dd yy		34. Expires mm yy		16. -		17. -			
106 02	35. Owner's First Name		MARIYN M BROOKS		Initial M		Last Name		18. -		19. -		20. -			
107 02	36. Number & Street		830 ERCAMA ST		State NJ		Zip 07036		21. -		22. -		23. -			
108 01	37. City		LINDEN		State NJ		Zip 07036		24. -		25. -		26. -			
109 01	38. Make		NIS ALT		40. Color GY		41. Year 2016		42. Plate No. R97GCU		43. State NJ		27. -			
110 01	44. VIN		1   1   N   4   A   L   3   A   P   X   G   C   1   8   2   7   1   7   03/23		45. Expires		46. Vehicle Removed To:		47. Authority		48. Alcohol Drug Test		49. Hazardous Material			
111 01	- - - - -		<input type="checkbox"/> Driver		<input type="checkbox"/> Police		<input type="checkbox"/> Police		<input type="checkbox"/> Driver		<input type="checkbox"/> Police		<input type="checkbox"/> Driver			
112 -	<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Disabled & Impounded		<input type="checkbox"/> Towed Disabled & Impounded			
113 -	<input type="checkbox"/> Left at Scene		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Towed Impounded			
114 -	<input type="checkbox"/> Owner		<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Police		<input type="checkbox"/> Police		<input type="checkbox"/> Driver		<input type="checkbox"/> Police		<input type="checkbox"/> Driver			
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 checked="" 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		79. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		80. Carrier No.		81. GVWR / CGWR (trucks & buses only)			
116 01	Results: 0. - - % <input type="checkbox"/> Pending		<input type="checkbox"/> Hard Class		<input type="checkbox"/> Placard No.		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		<input type="checkbox"/> Hard Class		Placard No.		81. GVWR / CGWR (trucks & buses only)			
117 02	<input type="checkbox"/> Motor Carrier No. <input type="checkbox"/> Bus/Port <input type="checkbox"/> MC/MX		<input type="checkbox"/> None		<input type="checkbox"/> Placard No.		<input type="checkbox"/> US DOT <input type="checkbox"/> MC/MX		<input type="checkbox"/> US DOT <input type="checkbox"/> MC/MX		<input type="checkbox"/> MC/MX		<input type="checkbox"/> 10,000 lbs. <input type="checkbox"/> 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														City		
State Zip														State Zip		
135. Damage to Other Property <input type="checkbox"/> Yes (if Yes, describe) <input checked="" type="checkbox"/> No														131. -		
- - - - -														132. -		
Oper. 136. Charge: - - - - -														133. -		
Oper. 140. Charge: - - - - -														134. -		
A 01 01 01 - 54 M - - 01 11 04 -														135. Summons No. Oper. 138. Charge: - - - - -		
B 02 01 01 - 30 M - - 01 11 04 -														141. Summons No. Oper. 142. Charge: - - - - -		
C - - - - -														Names & Addresses of Occupants if Deceased, Date & Time of Death		
D - - - - -														143. Summons No. - - - - -		

New Jersey Police Crash Investigation Report											Case Number	22065789	Page	<u>2</u> of <u>3</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	
F															
G															
H															
I															
J															
<p>144. Crash Diagram            Show NORTH by Arrow          (Not to Scale)</p>															
<p>145. Crash Description/Narrative          V1 was traveling north exiting the parking lot space. V2 was traveling east when V1 struck V2 while backing.</p>															
<p>146. Officer's Signature  <b>JEROME, OFFICER VICTORSON</b></p>				147. Badge # <b>910147</b>	148. Reviewer <b>ROZYCKI, INV. MICHAEL</b>	Badge # <b>909721</b>	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete								
<p>NJTR-1 (Rev. 01/17)</p>															

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN PD Case No: 22065789

144 Crash Diagram (NOT TO SCALE)  
 indicate  
North





New Jersey Police Crash Investigation Report										Case Number	22065791	Page	2 of 3	
										Names & Addresses of Occupants If Deceased, Date & Time of Death				
E	83	84	85	86	87	88	89	90	91	92	93	94	95	
F														
G														
H														
I														
J														

144 Crash Diagram

(Not to Scale)



SEE NJTR-1B

145 Crash Description/Narrative

V1 and V2 were both preparing to make a right turn onto US 1 Southbound from Legacy Square Plaza, with V2 following V1. Due to high traffic congestion in the area, V1 was forced to back out of the intersection and struck V2 on the Legacy Square access road, adjacent to Chick-Fil-A (900 W. Edgar Road).

146 Officer's Signature

DZIADOSZ, KATARZYNA

910095

147 Badge #

ROZYCKI,

INV. MICHAEL

909721

Badge #

Pending

Complete

Case Status

W.

NJTR-1 (Rev. 01/17)

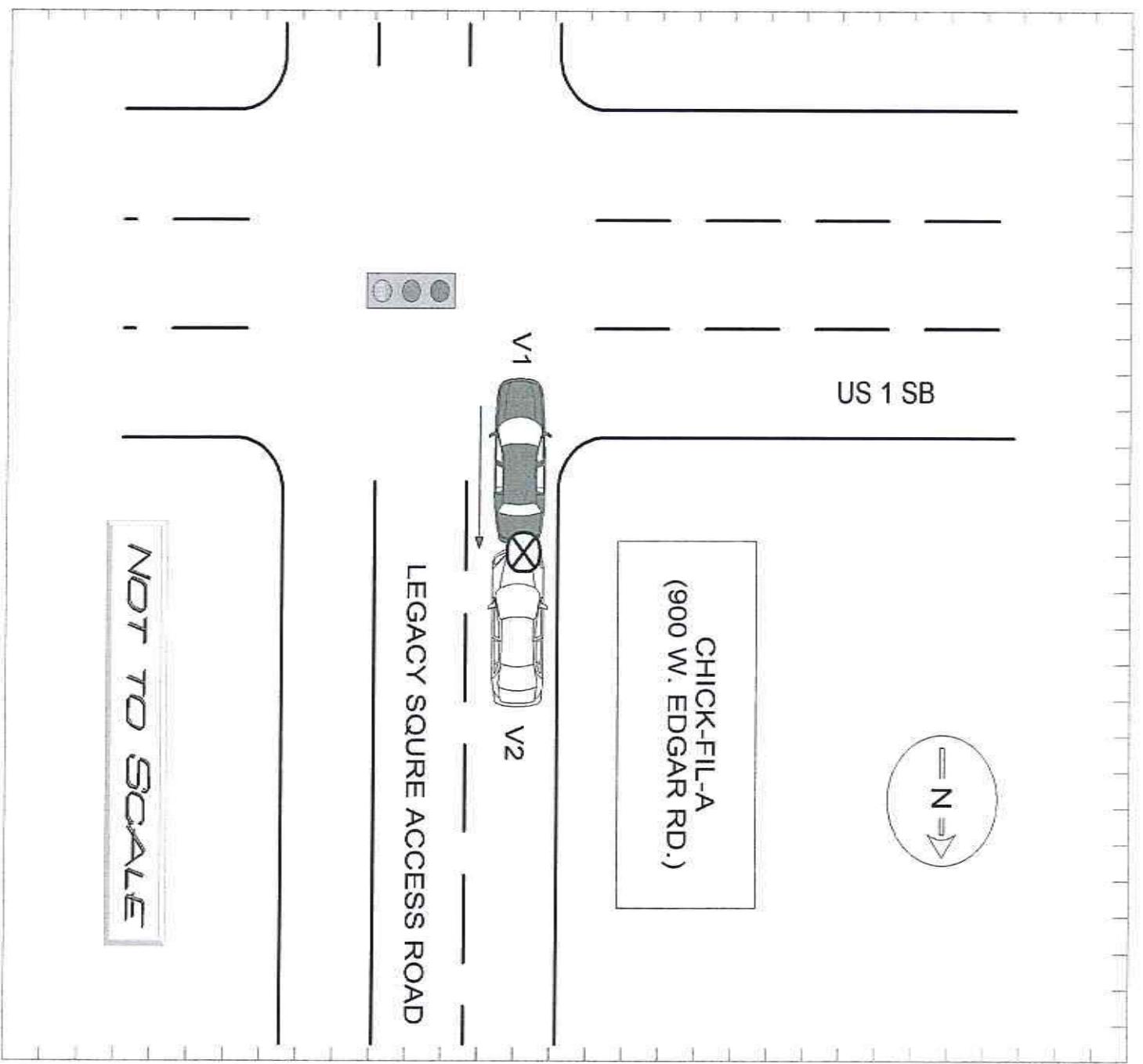
New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065791

144 Crash Diagram (NOT TO SCALE)

Indicate  
North



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report															
96	Page	1	of	3	<input type="checkbox"/> Fatal																										
04	1. Case Number	22065795				New Jersey Police Crash Investigation Report																									
97	2. Police Dept. of	LINDEN, NJ				10. Crash occurred On				1000 W EDGAR RD				W				P	P												
01	3. Station/Precinct	LINDEN				Road Name				Dir				11. Speed Limit				-	-	-											
98	4. Date of Crash	mm dd yy				5. Day of Week				At Intersection with				- N				-	-	-											
06	min dd	su	6. Time 2400 hrs.	7. Municipality	8. Total	9. Total	10. Route No.	11. Suffix	12. Route No.	13. Milepost	14. Sped Limit	15. Miles	16. Sped Limit	17. Cross Road Name/Route No.	18. Speed Limit	NB	EB	WB													
99	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01												
09	23. Veh. #	112 1922				24. Policy No.				25. NJ Ins. Code				26. Police No.				27. Latitude													
100D	04	01	Parked	Ped	Pedestrian	Resp. to Emergency	Hit & Run	02	Parked	Ped	Pedestrian	Resp. to Emergency	Hit & Run	19. To:	17. Cross Road Name/Route No.	20. Route Name/Route No.	21. Longitude														
101	02	26. Driver's First Name	Initial	Last Name	CORNEJO-SANCHEZ	28. Sex	DARRION	Initial	Last Name	BOWEN	Initial	Last Name	55. NJ Ins. Code																		
102	01	27. Number & Street	504 UNION ST				57. Number & Street				58. City				59. Sex																
103	01	28. City	RAHWAY				State				Zip				State				Zip												
104	02	30. Eyes	DL Class	Restrictions	Endorsements	31. State	NJ	32. Driver's License Number	33. DOB	34. Expires	35. Owner's First Name	36. Same as	37. City	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	44. VIN	45. Expires										
105	03	02	D -	- - -	- - -	NJ	C6623   53661   55002   0506000   0525	mm dd yy	mm yy	58958   1551   0525	60. Eyes	DL Class	Restrictions	Endorsements	61. State	NY	02	D -	- - -	- - -	63. DOB	64. Expires									
106	02	35. Owner's First Name	Initial	Last Name	39. Model	40. Color	41. Year	42. Plate No.	43. State	60. Eyes	DL Class	Restrictions	Endorsements	61. State	NY	01	D -	- - -	- - -	63. DOB	64. Expires										
107	02	36. Number & Street					65. Owner's First Name				66. Number & Street				67. City				68. Make												
108	01	37. City					Initial				Driver				JOYCELYN SAMUEL				VOLK												
109	01	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	44. VIN	45. Expires	69. Model	70. Color	71. Year	72. Plate No.	73. State	74. VIN	75. Expires	76. Vehicle removed to:	PAS													
110	01	44. VIN	SEN	RD	2011	S52KKX	NJ	1   V   W   D   T   7   A   3   X   H   C   0   3   5   1   2   8   10/24	SL	2017	KHH5937	NY	11434	NY	0125	02	08	01	0126	0126											
111	01	46. Vehicle removed to:					69. Model				70. Color				71. Year				72. Plate No.												
112	-	<input checked="" type="checkbox"/> Driver					73. State				74. VIN				75. Expires				76. Vehicle removed to:												
113	-	<input type="checkbox"/> Left at Scene					77. Authority				78. Alcohol Drug Test				79. Hazardous Material				80. Carrier No.												
114	-	<input checked="" type="checkbox"/> Owner					<input type="checkbox"/> Driver				<input type="checkbox"/> Driver				<input type="checkbox"/> Police				<input type="checkbox"/> Owner												
115	-	<input type="checkbox"/> Towed Disabled					<input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Towed Disabled				<input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Driver												
116	-	<input type="checkbox"/> Towed Impounded					<input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Police												
03	-	<input type="checkbox"/> Towed Impounded					<input type="checkbox"/> Police				<input type="checkbox"/> Police				<input type="checkbox"/> Police				<input type="checkbox"/> Police												
117	04	<input type="checkbox"/> Towed Impounded					<input type="checkbox"/> Police				<input type="checkbox"/> Police				<input type="checkbox"/> Police				<input type="checkbox"/> Police												
52	Motor Carrier or Government Entity					<input type="checkbox"/> Driver				<input type="checkbox"/> Driver				<input type="checkbox"/> Driver				<input type="checkbox"/> Driver													
Number & Street												<input type="checkbox"/> Driver				<input type="checkbox"/> Driver				<input type="checkbox"/> Driver											
-												<input type="checkbox"/> Police				<input type="checkbox"/> Police				<input type="checkbox"/> Police											
City												<input type="checkbox"/> Police				<input type="checkbox"/> Police				<input type="checkbox"/> Police											
-												<input type="checkbox"/> Police				<input type="checkbox"/> Police				<input type="checkbox"/> Police											
135. Damage to Other Property												<input type="checkbox"/> Yes (If Yes, describe)				<input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes (If Yes, describe)				<input type="checkbox"/> No							
-												<input type="checkbox"/> Yes (If Yes, describe)				<input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes (If Yes, describe)				<input type="checkbox"/> No							
Oper.												136. Charge				137. Summons No.				138. Charge				139. Summons No.				140. Charge			
-												-				-				-				-				-			
Oper.												140. Charge				141. Summons No.				142. Charge				143. Summons No.				144. Summons No.			
-												-				-				-				-				-			
A	01	01	01	-	22	F	-	01	11	04	-	-	MAYRA CORNEJO-SANCHEZ 504 UNION ST RAHWAY NJ 07065	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death				132	12	02								
B	02	01	01	-	18	M	-	01	11	04	-	-	DARRION BOWEN 411 CARNEGIE STREET LINDEN NJ 07036	93	94	95					133	12	03								
C																						03									
D																															

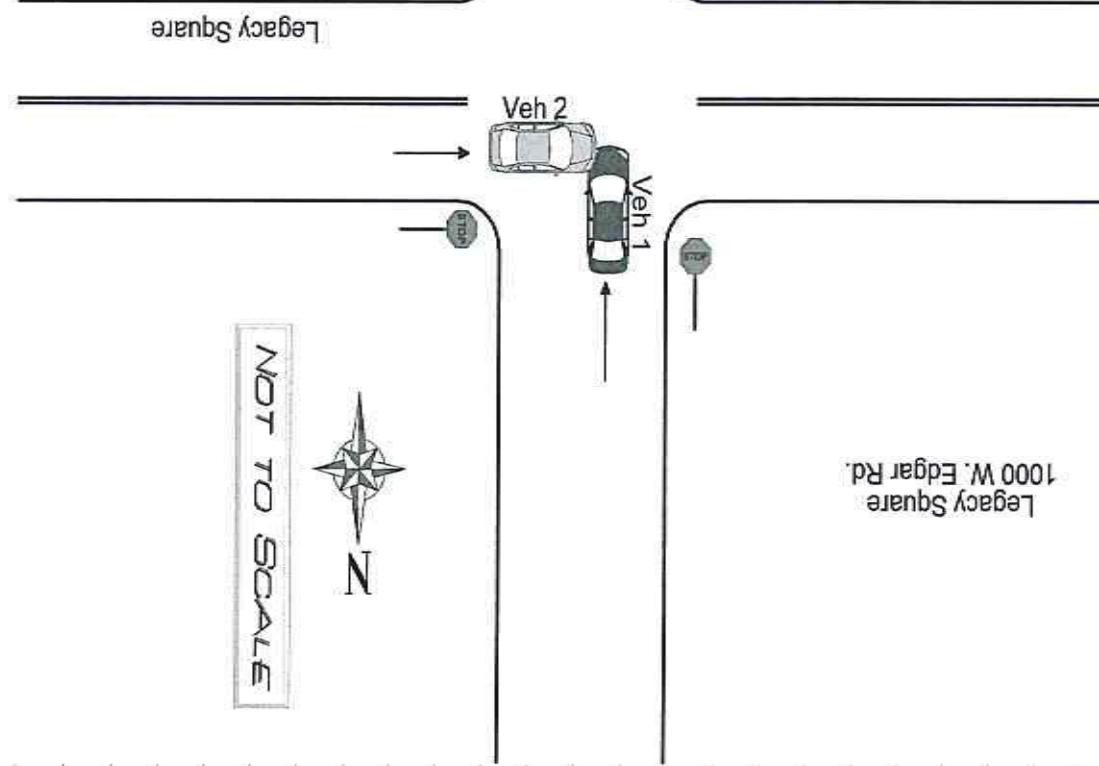
New Jersey Police Crash Investigation Report											Case Number:	22065795	Page	<u>2</u> of <u>3</u>	
E	B3	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased Date & Time of Death	
F															
G															
H															
I															
J															
<p>144 Crash Diagram            Show NORM by Arrow          (Not to Scale)</p>															
<p>145 Crash Description/Narrative          Veh 2 was stopped at the stop sign facing west in Legacy Square, located at 1000 West Edgar Road. Veh 1 was stopped at the stop sign facing south in Legacy Square. Veh 1 and Veh 2 then proceeded to travel through the stop signs, and struck each other.</p>															
<p>Veh 2 Insurance Information: Allstate Fire and Casualty Insurance Company, 3075 Sanders Rd.,          Suite H1E Northbrook, IL 60062, 1-800-255-7828.</p>															
146 Officer's Signature <b>HESTON, RALPH</b>		147 Badge # <b>8837</b>	148 Reviewer <b>ROZYCKI, INV. MICHAEL</b>	Badge # <b>909721</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete										

## New Jersey Police Crash Investigation Report

## Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065795

144 Crash Diagram (NOT TO SCALE)  
 Indicate  
North



Page 1 of 3		<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																																																																																																																																																																																																																									
95	05	1. Case Number		22065807												10. Crash Occurred On		RARITAN RD		W		11. Speed Limit		0 6 0 7		12. Route No.		Sufix		13. Milepost		118a																																																																																																																																																																																																													
97	01	2. Police Dept. of		LINDEN, NJ												Code		01		200		<input type="checkbox"/> At intersection with <input type="checkbox"/> feet		<input type="checkbox"/> N		<input type="checkbox"/> E		of:		BERLANT AVE		Dir		14		15		2 5		118b																																																																																																																																																																																																					
98	06	3. Station/Preinct		LINDEN																																				-																																																																																																																																																																																																					
99	05	4. Date of Crash		mm dd yy		5. Day of Week		Su		6. Time (use 2400 hrs.)		7. Municipality		8. Total killed		9. Total injured		10. Crash Occurred On		Road Name		11. Speed Limit		0 6 0 7		12. Route No.		Sufix		13. Milepost		119a																																																																																																																																																																																																													
100a	02	11 2 1 9 2 2		4h 45m		2 2 0 3		21009		810		810		0 0		0 0		RAMP		TO:		17. Cross Road Name/Route No.		Dir		2 5		119b																																																																																																																																																																																																																	
100b	04	23. Veh. #		NJ/A00000050909		24. Policy No.				25. NJ Int. Code				26. Driver's First Name		Initial T		Last Name BROWN-WHITAKER		27. Sex F		28. City JERSEY CITY		State NJ		Zip 07305		29. Route Name/Route No.		22. Longitude		0 58		120a																																																																																																																																																																																																											
101	02	<input type="checkbox"/> Parked		<input type="checkbox"/> Ped.		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Resp. to Emergency		32. Driver's License Number B7610		33. DOB mm dd yy		34. Expresses		35. Owner's First Name Initial O		36. Number & Street		37. City		State NJ		Zip 07306		30. Latitude		31. Route Name/Route No.		20. Longtitude		0 58		120b																																																																																																																																																																																																									
102	01	<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		<input type="checkbox"/> Same as Driver		33. DOB mm dd yy		34. Expresses		35. Owner's First Name Initial T		36. Number & Street		37. City		State NJ		Zip 07306		38. Vehicle Removed to: GABES(1739)		39. Model ELANTRA		40. Color BK		41. Year 2022		42. Plate No. M19PJK		43. State NJ		44. VIN		45. Expires		46. Vehicle Removed to: GABES(1739)		47. Authority		48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0 - - % Pending		49. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill - - -		50. Carrier No. - - - - -		51. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> 10,000 lbs. <input type="checkbox"/> 10,000 - 26,000 lbs. <input type="checkbox"/> 26,001 lbs.		52. Motor Carrier or Government Entity		53. Veh. # 02		54. Policy No. 4583-26-02-88		55. NJ Ins. Code 148		56. Driver's First Name Initial E		57. Number & Street 66 RARITAN RD		58. City LINDEN		59. State NJ		60. Zip 07036		61. Driver's License Number B6685		62. Expire's Y		63. DOB mm dd yy		64. Expresses		65. Owner's First Name Initial T		66. Number & Street		67. City		68. Make TOYOTA		69. Model TACOMA		70. Color BK		71. Year 2006		72. Plate No. P10RPZ		73. State NJ		74. VIN		75. Expire's Y		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 checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0 - - % Pending		79. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill - - -		80. Carrier No. - - - - -		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. Summons No. Oper. -		84. Charge -		85. Summons No. Oper. -		86. Charge -		87. Summons No. Oper. -		88. Charge -		89. Summons No. Oper. -		90. Charge -		91. Summons No. Oper. -		92. Charge -		93. Summons No. Oper. -		94. Charge -		95. Names & Addresses of Occupants If Deceased, Date & Time of Death		96. Summons No. Oper. -		97. Charge -		98. Summons No. Oper. -		99. Charge -		100. Summons No. Oper. -		101. Charge -		102. Summons No. Oper. -		103. Charge -		104. Summons No. Oper. -		105. Charge -		106. Summons No. Oper. -		107. Charge -		108. Summons No. Oper. -		109. Charge -		110. Summons No. Oper. -		111. Charge -		112. Summons No. Oper. -		113. Charge -		114. Summons No. Oper. -		115. Charge -		116. Summons No. Oper. -		117. Charge -		118. Summons No. Oper. -		119. Charge -		120. Summons No. Oper. -		121. Charge -		122. Summons No. Oper. -		123. Charge -		124. Summons No. Oper. -		125. Charge -		126. Summons No. Oper. -		127. Charge -		128. Summons No. Oper. -		129. Charge -		130. Summons No. Oper. -		131. Charge -		132. Summons No. Oper. -		133. Charge -		134. Summons No. Oper. -		135. Charge -	

New Jersey Police Crash Investigation Report											Case Number	22065807	Page	2 of 3
											Names & Addresses of Occupants If Decedent Date & Time of Death			
E														
F														
G														
H														
I														
J														

144. Crash Diagram



Show NORIM by Arrow  
(Not to Scale)

SEE NJTR-1B

145. Crash Description/Narrative

V2 was traveling West on Raritan Road, followed by V1. V2 stated he put his right blinker on then made a right into his driveway. As V2 was turning into the driveway, V1 struck the right side of V2. V1 stated, V2 did not have their blinker on.

146. Officer's Signature

LAZZETTA, OFFICER JILLIAN

147. Badge #

910151

148. Reviewer

ROZYCKI, INV. MICHAEL

Badge #

909721

149. Case Status

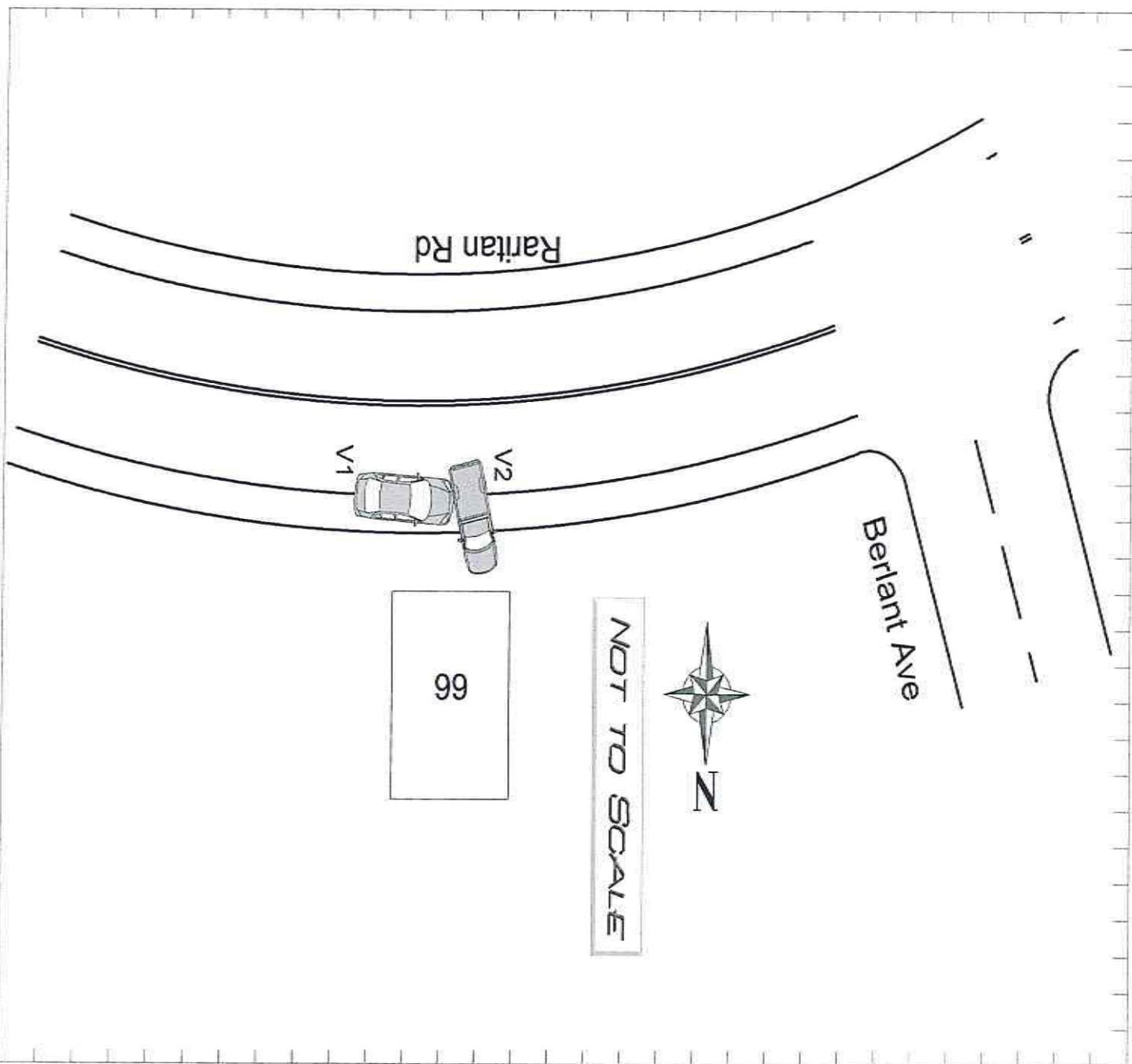
Complete

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065807

144 Crash Diagram (NOT TO SCALE)  
 Indicate  
North



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/>	<input type="checkbox"/> Reportable	<input type="checkbox"/> Non-Reportable	<input type="checkbox"/> Change Report																									
1. Case Number			W ELIZABETH AVE									Dir.	11. Speed Limit	0 5 1 4	-	- - - - -																								
97 01			E 2 5									Suffix	13. Miles per	4 0	16. Speed limit																									
2. Police Dept. of			LINDEN PD									of:	N STILES ST																											
98 01			Code 01									At intersection with	<input type="checkbox"/> N	<input type="checkbox"/> E																										
3. Station/precinct												<input type="checkbox"/> S	<input checked="" type="checkbox"/> W																											
99 05												16																												
100 01			4. Date of Crash 1/2/2023									17																												
100 02			5. Day of Week 5									18																												
100 04			6. Time (2400 hrs.) 10:29 AM									19																												
101 02			7. Municipality 20									To: 17. Cross Road Name/Route No.																												
102 01			8. Total Killed 0									Ramp																												
103 01			9. Total Injured 0									From:																												
104 02			10. Crash Occurred On: 1/2/2023									20	Route Name/Route No.																											
105 01			11. Crash Occurred On: 1/2/2023									21	Latitude																											
106 02			12. Route No. 42									22	Longitude																											
107 02			13. Vehicle # G012503739									23	NJMS Code																											
108 01			14. Policy No. 951770820									24	Hit & Run																											
109 01			15. Driver's First Name ANTONIO ESTEBAN									25	NJMS Code																											
110 01			16. Driver's Last Name FRANCO GIL									26	Hit & Run																											
111 01			17. Number & Street 228 ELM AVE									27	Number & Street																											
112 -			18. City RAHWAY									28	City																											
113 -			19. State NJ									29	State																											
114 -			20. Zip 07065									30	Zip																											
115 -			21. Eyes 0 6									31	Eyes																											
116 02			22. DL Class D -									32	DL Class																											
117 02			23. Restrictions - - - -									33	Restrictions																											
50. Carrier No.			24. Endorsements - - - -									34	Endorsements																											
51. GVWR / GCWR (trucks & buses only) 10,000 lbs.			35. Driver's First Name AKHILESH									36	Driver's First Name																											
52. Motor Carrier or Government Entity AKHILESH AYYAGARI			37. Driver's Last Name AYYAGARI									38	Driver's Last Name																											
Number & Street			39. Model CX7									40. Color RD	41. Year 2011	42. Plate No. G72RTS	43. State NJ	44. VIN J	45. Expires 12/23	46. Vehicle removed to:																						
City			47. Authority <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police									48. Alcohol/Drug Test Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	49. Hazardous Material Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	50. Hazardous Material Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	51. Hazardous Material Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	52. Motor Carrier or Government Entity <input type="checkbox"/> US DOT <input type="checkbox"/> MC/AMX <input type="checkbox"/> MC/MX <input type="checkbox"/> MC/MX	53. Placard No. <input type="checkbox"/> Hard Class <input type="checkbox"/> Placard No. <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	54. Placard No. <input type="checkbox"/> Hard Class <input type="checkbox"/> Placard No. <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	55. Placard No. <input type="checkbox"/> Hard Class <input type="checkbox"/> Placard No. <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	56. Placard No. <input type="checkbox"/> Hard Class <input type="checkbox"/> Placard No. <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	57. Placard No. <input type="checkbox"/> Hard Class <input type="checkbox"/> Placard No. <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	58. Placard No. <input type="checkbox"/> Hard Class <input type="checkbox"/> Placard No. <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	59. Placard No. <input type="checkbox"/> Hard Class <input type="checkbox"/> Placard No. <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	60. Placard No. <input type="checkbox"/> Hard Class <input type="checkbox"/> Placard No. <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	61. Placard No. <input type="checkbox"/> Hard Class <input type="checkbox"/> Placard No. <input type="checkbox"/> Hazard Class <input type="checkbox"/> Placard No.	62. Driver's License Number A9696	63. DOB 01/15/00	64. Expires 08/26	65. Driver's First Name SUMA AS	66. Number & Street	67. City	68. Make KIA	69. Model FORTE	70. Color GY	71. Year 2021	72. Plate No. HAAK142	73. State KS	74. VIN 3KPF34AD7ME398914	75. Expires 02/23	76. Vehicle removed to:
Oper. 136. Charge -			137. Summons No. Oper. 138. Charge -									139. Summons No. Oper. 140. Charge -	141. Summons No. Oper. 142. Charge -	Names & Addresses of Occupants if Decedent, Date & Time of Death	143. Summons No.																									
A 01 01 01 - 45 M - - 01 11 04 -			B 02 01 01 - 41 M - - 01 11 04 -									C 02 03 01 04 37 F 01 08 01 11 04 -									D																			
ANTONIO ESTEBAN FRANCO GIL 228 ELM AVE			AKHILESH AYYAGARI 307 W ELIZABETH AVE									HARINI SARIPELLA 307 W ELIZABETH AVE																												
LINDEN NJ 07036			Ap#126 LINDEN NJ 07036									LINDEN NJ 07036																												

**New Jersey Police  
Crash Investigation Report**

Case Number

**22065868**

Page

**2 of 3**

	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	Name & Address of Occupants if Deceased Date & Time of Death
E														
F														
G														
H														
I														
J														

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B

145. Crash Description/Narrative

V1 was traveling east on W Elizabeth Ave. V2 was traveling east on the W Elizabeth Ave. V1 struck V2 in the rear.

146. Officer's Signature

JEROME, OFFICER VICTORSON

147. Badge #

910147

148. Reviewer

ROZYCKI, INV. MICHAEL

Badge #

909721

149. Case Status

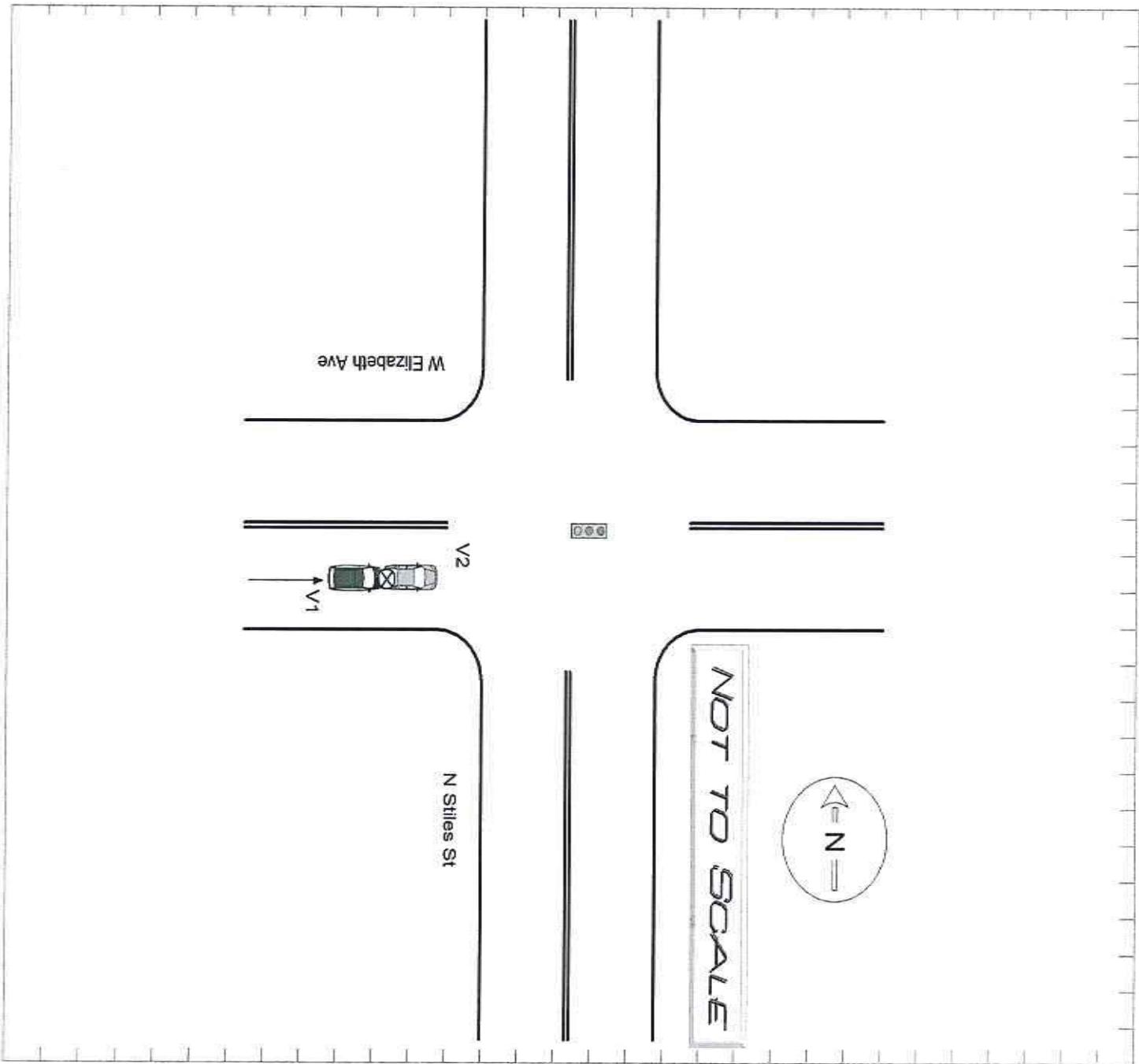
Complete  
 Pending

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN PD Case No: 22065868

144 Crash Diagram (NOT TO SCALE)

Indicate  
North



96 05	Page <b>1</b> of <b>4</b>	<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 <b>03</b>	
97 01	1. Case Number <b>22065872</b>	10. Crash Occurred On: <b>S WOOD AVE</b>	11. Speed Limit <b>N [2] 5</b>	0 6 1 7 - - - - -	12. Route No. <b>2</b>	Suffix <b>5</b>	13. Milepost <b>18. Speed Limit</b>	118b <b>02</b>
98 01	2. Police Dept. of <b>LINDEN, NJ</b>	14. Road Name <b>PENNSYLVANIA RR AVE</b>	Dir. <b>W</b>	15. At intersection with <b>N E</b>	of <b>19. To</b>	<b>17. Cross Road Name/Route No.</b>	18. Ramp <b>Ramp</b>	119a - -
99 07	3. Station/Precinct <b>LINDEN</b>	16. <b>15</b> Feet	<b>15</b> Miles	17. Municipality <b>20. Route Name/Route No.</b>	8. Total <b>9. Total</b>	21. Latitude <b>22. Longitude</b>	19. <b>18. Speed Limit</b>	119b - - - - - - - <b>01</b>
100 01	4. Date of Crash <b>1/2/2012</b>	5. Day of Week <b>Su M T W Th F S</b>	6. Time (use 24 hrs.) <b>11:17</b>	7. Month <b>2</b>	8. Total Killed <b>0</b>	9. Total Injured <b>0</b>	20. Route Name/Route No. <b>25. NJ Ins. Code</b>	21. Latitude <b>22. Longitude</b>
100b 05	23. Veh. # <b>UGA 700198822</b>	24. Policy No. <b>01</b>	25. NJ Ins. Code <b>-</b>	26. Driver's First Name <b>HENRY</b>	27. Number & Street <b>A TAVERAS</b>	28. City <b>JAMAICA</b>	29. Sex <b>M</b>	30. State <b>NY</b>
101 02	<input type="checkbox"/> Parked	<input type="checkbox"/> Ped.	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Resp. to Emergency	<input type="checkbox"/> Hit & Run	<input type="checkbox"/> Hit & Run	<input type="checkbox"/> Hit & Run	31. State <b>NY</b>
102 01	32. Driver's License Number <b>28783 8893</b>	33. DOB <b>02/20/94</b>	34. Expires <b>02/25</b>	35. Owner's First Name <b>K&amp;N ENTERPRRIES INC.</b>	36. Number & Street <b>3279 ROYAL AVE.</b>	37. City <b>OCEANSIDE</b>	38. Make <b>FREIGHTLINER</b>	39. Model <b>999</b>
103 01	40. Color <b>RD</b>	41. Year <b>2012</b>	42. Plate No. <b>59472PC</b>	43. State <b>NY</b>	44. VIN <b>1F UJ GL B G 6 CL B C 8 2 7 8</b>	45. Expires <b>11/23</b>	46. Vehicle Removed to: <b>-</b>	47. Authority <b>Driver</b>
104 01	<input type="checkbox"/> Yes <b>0</b>	<input type="checkbox"/> DL Class <b>A</b>	<input type="checkbox"/> Restrictions <b>- - - - -</b>	<input type="checkbox"/> Endorsements <b>- - - -</b>	50. Eyes <b>[ ] -</b>	51. State <b>NY</b>	52. Driver's License Number <b>[ ] -</b>	53. Veh. # <b>[ ] -</b>
105 11	32. Driver's License Number <b>28783 8893</b>	33. DOB <b>02/20/94</b>	34. Expires <b>02/25</b>	35. Owner's First Name <b>K&amp;N ENTERPRRIES INC.</b>	36. Number & Street <b>3279 ROYAL AVE.</b>	37. City <b>OCEANSIDE</b>	38. Make <b>FREIGHTLINER</b>	39. Model <b>999</b>
106 02	<input type="checkbox"/> Same as Driver	40. Color <b>RD</b>	41. Year <b>2012</b>	42. Plate No. <b>59472PC</b>	43. State <b>NY</b>	44. VIN <b>1F UJ GL B G 6 CL B C 8 2 7 8</b>	45. Expires <b>11/23</b>	46. Vehicle Removed to: <b>-</b>
107 -	47. Authority <b>Driver</b>	<input type="checkbox"/> Driver	<input checked="" type="checkbox"/> Police	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Driver	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Impounded
108 23	48. Alcohol Drug Test Given: <b>No</b>	Type: <b>Breath</b>	<input type="checkbox"/> Yes <b>0</b>	<input type="checkbox"/> Refused	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	78. Alcohol Drug Test Given: <b>No</b>	79. Hazardous Material On Board <b>None</b>
109 -	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Pending	<input type="checkbox"/> Breath	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	Type: <b>Breath</b>	<input type="checkbox"/> On Board
110 02	49. Hazardous Material Placard No. <b>Hazard Class</b>	-	50. Carrier No. <b>01</b>	51. GVWR / GCWR <b>(trucks &amp; buses only)</b>	52. Motor Carrier or Government Entity <b>K&amp;N ENTERPRISES INC.</b>	53. Motor Carrier or Government Entity <b>Number &amp; Street</b>	54. No. <b>3279 ROYAL AVE.</b>	55. Name & Address of Occupants <b>HENRY A. TAVERAS 11837 GUY BRWR BL. AP#2J JAMAICA NY 11434</b>
111 -	<input type="checkbox"/> Owner	<input type="checkbox"/> Driver	<input type="checkbox"/> Police	<input type="checkbox"/> Towed Disabled & Impounded	<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Driver	<input type="checkbox"/> Towed Disabled & Impounded	<input type="checkbox"/> Towed Impounded
112 -	<input type="checkbox"/> Driver	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Driver	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Driver	<input type="checkbox"/> Towed Disabled & Impounded
113 -	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Pending	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed Impounded	<input type="checkbox"/> Driver	<input type="checkbox"/> Towed Disabled	<input type="checkbox"/> Towed Impounded
114 03	56. Alcohol Drug Test Given: <b>No</b>	Type: <b>Breath</b>	<input type="checkbox"/> Yes <b>0</b>	<input type="checkbox"/> Refused	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	78. Alcohol Drug Test Given: <b>No</b>	79. Hazardous Material On Board <b>None</b>
115 -	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Pending	Type: <b>Breath</b>	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Yes <b>0</b>	<input type="checkbox"/> On Board
116 01	Results: <b>0. - %</b>	<input type="checkbox"/> Pending	57. Carrier No. <b>01</b>	58. GVWR / GCWR <b>(trucks &amp; buses only)</b>	59. Motor Carrier or Government Entity <b>K&amp;N ENTERPRISES INC.</b>	60. Carrier No. <b>01</b>	61. GVWR / GCWR <b>(trucks &amp; buses only)</b>	62. Motor Carrier or Government Entity <b>Number &amp; Street</b>
117 -	<input type="checkbox"/> Uspspot	<input type="checkbox"/> None	<input type="checkbox"/> MC/MX	<input type="checkbox"/> 0,000 lbs.	<input type="checkbox"/> 10,001 - 26,000 lbs.	<input type="checkbox"/> 0,001 lbs.	<input type="checkbox"/> 26,001 lbs.	<input type="checkbox"/> 0,000 lbs.
52. Motor Carrier or Government Entity <b>K&amp;N ENTERPRISES INC.</b>	Number & Street <b>3279 ROYAL AVE.</b>	53. Motor Carrier or Government Entity <b>Number &amp; Street</b>	54. Name & Address of Occupants <b>HENRY A. TAVERAS 11837 GUY BRWR BL. AP#2J JAMAICA NY 11434</b>	55. Name & Address of Occupants <b>Number &amp; Street</b>	56. Name & Address of Occupants <b>Number &amp; Street</b>	57. Name & Address of Occupants <b>Number &amp; Street</b>	58. Name & Address of Occupants <b>Number &amp; Street</b>	59. Name & Address of Occupants <b>Number &amp; Street</b>
135. Damage to Other Property <b>Yes</b> (if Yes, describe) <input type="checkbox"/> No	136. Charge <b>-</b>	137. Summons No. <b>-</b>	138. Charge <b>-</b>	139. Summons No. <b>-</b>	140. Charge <b>-</b>	141. Summons No. <b>-</b>	142. Charge <b>-</b>	143. Summons No. <b>-</b>
<b>A</b>	0 1 0 1 - 2 8	M - - 0 1 1 0 4 -	Oper. <b>140. Charge</b>	Oper. <b>141. Summons No.</b>	Oper. <b>142. Charge</b>	Oper. <b>143. Summons No.</b>	Oper. <b>144. Charge</b>	Oper. <b>145. Summons No.</b>
<b>B</b>	-	-	-	-	-	-	-	-
<b>C</b>	-	-	-	-	-	-	-	-
<b>D</b>	-	-	-	-	-	-	-	-

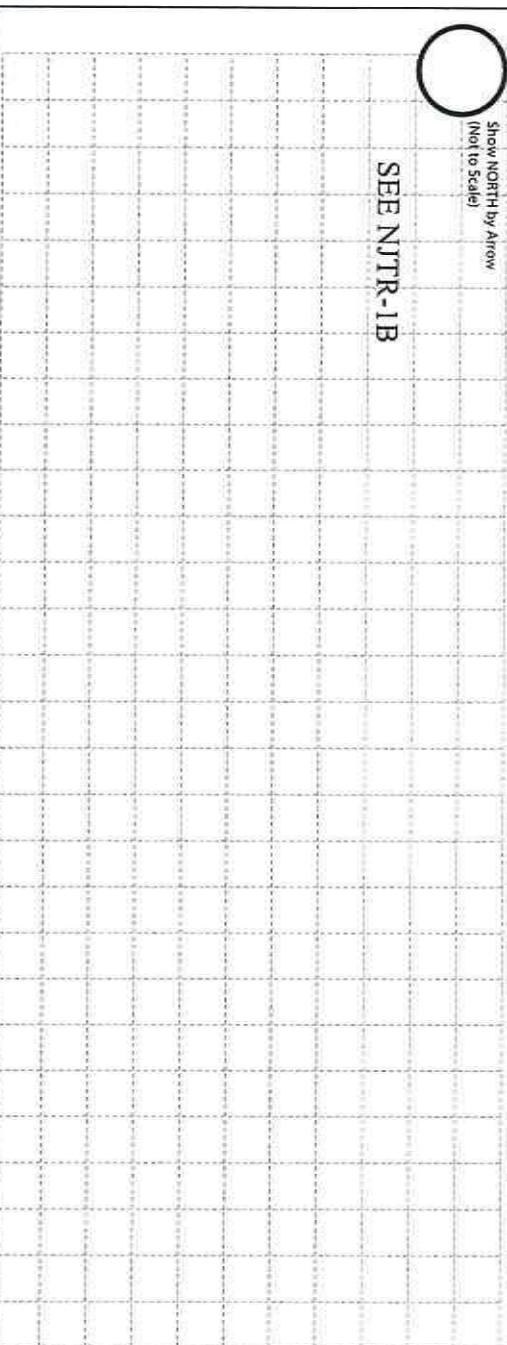
New Jersey Police Crash Investigation Report										Case Number	22065872	Page	2 of 4	
										Names & Addresses of Occupants				
E	B3	B4	B5	B6	B7	B8	B9	B0	B1	B2	B3	B4	B5	
F														
G														
H														
I														
J														

144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)



SEE NJTR-1B



145. Crash Description/Narrative

V1 was travelling northbound on S. Wood Avenue, approaching the train bridge located in front of 2 S. Wood Avenue. Driver of V1 acknowledged the warning signal indicating a height limit of 12'4" and proceeded forward while driving a vehicle 12'5" in height. As V1 proceeded underneath the bridge, the top of the tractor struck the bottom of the bridge. Driver of V1 was issued the following municipal ordinance:

E22022967 for Linden Municipal Ordinance 3-41.2 (Striking Overhead Bridge)

Insurance Information for V1 (New York):

Policy Number: UGA700198822

Company Code: 410

Country-Wide Insurance Co.

40 Wall Street

New York, NY 10005

146. Officer's Signature

DZIADOSZ, KATARZYNA

NJTR-1 (Rev. 01/17)

147. Badge #

910095

Reviewer

ROZYCKI, INV. MICHAEL

Badge #

909721

Pending

Complete

149. Case Status

Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: <u>LINDEN, NJ</u>	Code: <u>01</u>
	Station: <u>LINDEN</u>	Case No: <u>22065872</u>

145 Crash Description

Trailer Information:

2008 Gdan SE Trailer  
VIN: 1GRAA76298B706182  
K&N Enterprises Inc.  
3279 Royal Ave.  
Oceanside, NY 11572

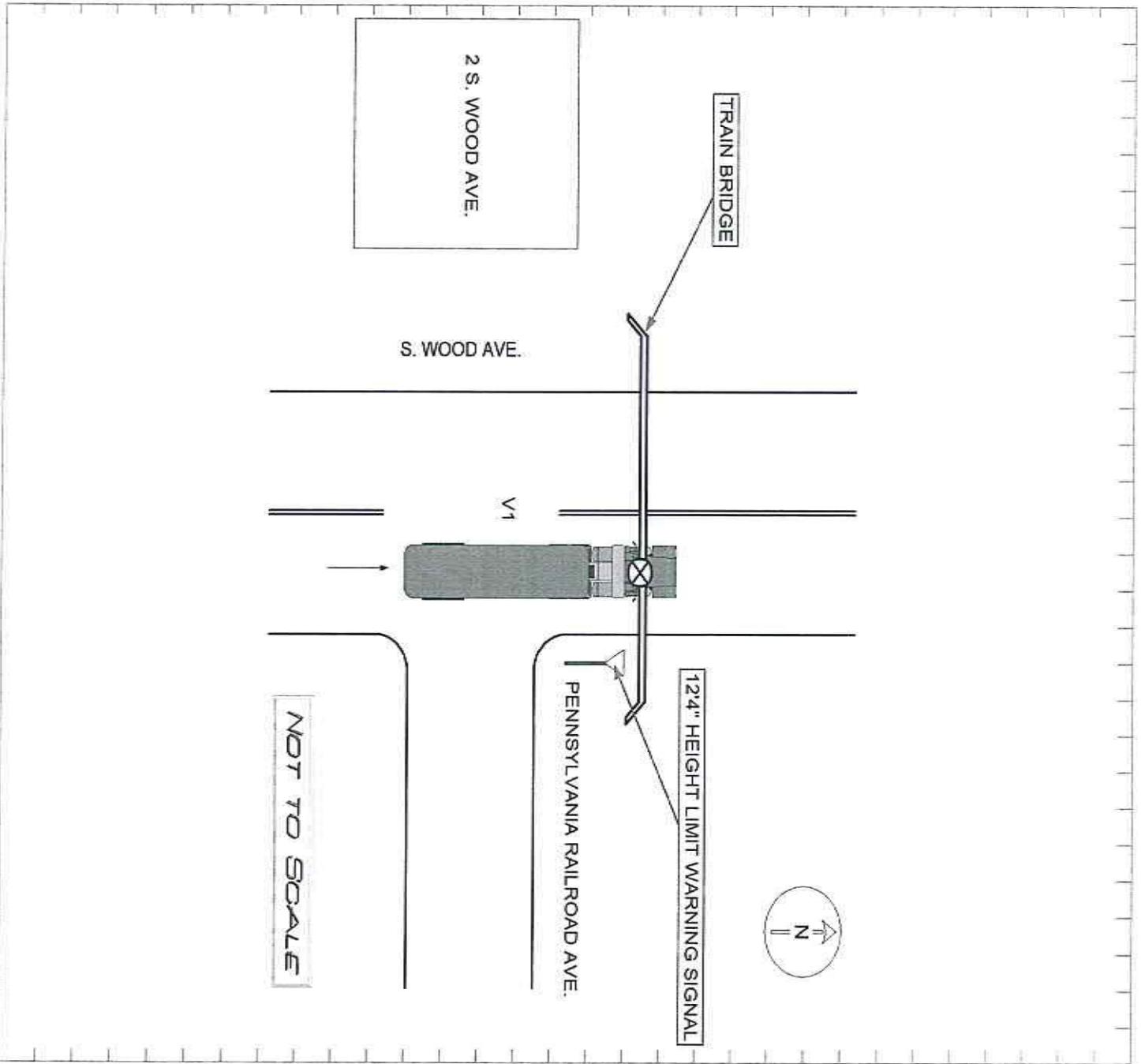
DZIADOSZ, KATARZYNA

Officer's Signature

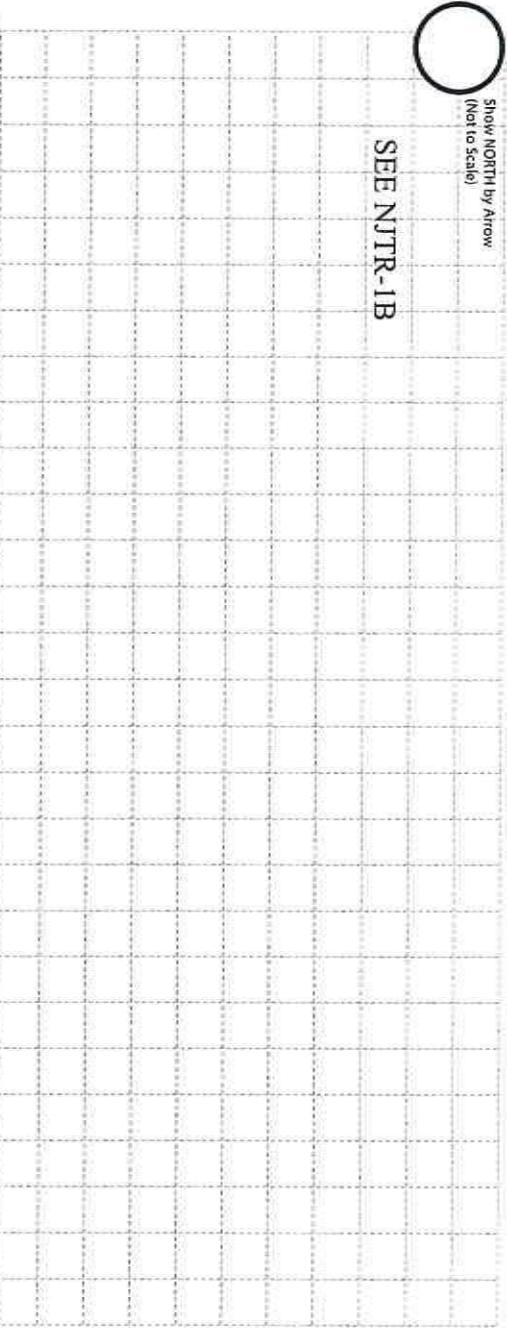
910095

## New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22065872144 Crash Diagram (NOT TO SCALE)  
 Indicate North

New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Repairable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																										
06 05	Page 1 of 3 <input type="checkbox"/> Fatal			New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Repairable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																						
97 01	1. Case Number <b>22065910</b>			10. Crash Occurred On: <b>1100 E EDGAR RD</b>			11. Speed Limit			<input type="checkbox"/> At Intersection with			<input type="checkbox"/> N			<input type="checkbox"/> P			<input type="checkbox"/> P																							
98 01	2. Police Dept. of <b>LINDEN, NJ</b>			12. Route No.			13. Suffix			14. Road Name			15. Miles			16. Dir			17. Cross Road Name/Route No.																							
99 09	3. Station/Precinct <b>LINDEN</b>			18. Speed Limit			19. Off			20. Route Name/Route No.			21. Latitude			22. Longitude			23. Policy No. <b>P22040346</b>																							
100a 01	4. Date of Crash <b>1/2/2022</b>			5. Day of Week <b>Su</b>			6. Time (use 2400 hrs.) <b>00:00 AM</b>			7. Municipality <b>11535</b>			8. Total <b>000</b>			9. Total <b>000</b>			10. To:			11. Crash Type:																				
100b 04	12. Driver's First Name <b>JUAN MARTINEZ JR</b>			13. Last Name <b>MARTINEZ JR</b>			14. Initial <b>J</b>			15. Resp. to Emergency <input type="checkbox"/>			16. Hit & Run <input type="checkbox"/>			17. Injured <input type="checkbox"/>			18. Ramp			19. From:																				
101 02	16. Driver's First Name <b>JUAN MARTINEZ JR</b>			17. Last Name <b>MARTINEZ JR</b>			18. Initial <b>J</b>			19. Resp. to Emergency <input type="checkbox"/>			20. Hit & Run <input type="checkbox"/>			21. Injured			22. Ramp			23. From:																				
102 01	20. Driver's First Name <b>JUAN MARTINEZ JR</b>			21. Last Name <b>MARTINEZ JR</b>			22. Initial <b>J</b>			23. Resp. to Emergency <input type="checkbox"/>			24. Hit & Run <input type="checkbox"/>			25. Injured			26. Ramp			27. From:																				
103 01	26. City <b>RHAWAY</b>			27. State <b>NJ</b>			28. Zip <b>07065</b>			29. Sex <b>M</b>			30. Age <b>02</b>			31. State <b>NJ</b>			32. Endorsements <input type="checkbox"/>			33. DOB <b>01/07/85</b>			34. Expiry <b>01/25</b>			35. State <b>NJ</b>			36. Endorsements <input type="checkbox"/>			37. DOB <b>01/25</b>			38. Expiry <b>01/25</b>					
104 02	30. Eyes <b>02</b>			31. DL Class <b>A -</b>			32. Restrictions <b>- - - - -</b>			33. Endorsements <input type="checkbox"/>			34. State <b>NJ</b>			35. Eyes <b>02</b>			36. DL Class <b>A -</b>			37. Restrictions <b>- - - - -</b>			38. Endorsements <input type="checkbox"/>			39. State <b>NJ</b>			40. Eyes <b>02</b>			41. DL Class <b>A -</b>			42. Restrictions <b>- - - - -</b>			43. Endorsements <input type="checkbox"/>		
105 02	32. Driver's License Number <b>M0691 41571</b>			33. DOB <b>01/07/85</b>			34. Expiry <b>01/25</b>			35. State <b>NJ</b>			36. Driver's License Number <b>M0691 41571</b>			37. DOB <b>01/25</b>			38. Expiry <b>01/25</b>			39. State <b>NJ</b>			40. Driver's License Number <b>M0691 41571</b>			41. DOB <b>01/25</b>			42. Expiry <b>01/25</b>			43. State <b>NJ</b>								
106 02	35. Owner's First Name <b>HIMAT ENTERPRISE INC</b>			36. Last Name <b>Driver</b>			37. Initial <b>A</b>			38. Address <b>1015 THAYER AVENUE</b>			39. Model <b>TRA</b>			40. Color <b>WT</b>			41. Year <b>2016</b>			42. Plate No. <b>XKNJ22</b>			43. State <b>NJ</b>			44. VIN <b>3A1KGE5D57GDG891</b>			45. Expires <b>03/23</b>											
107 02	46. Number & Street <b>1015 THAYER AVENUE</b>			47. City <b>AVENAL</b>			48. State <b>NJ</b>			49. Zip <b>07001</b>			50. Make <b>FRE</b>			51. Model <b>WT</b>			52. Color <b>TR</b>			53. Year <b>2016</b>			54. Plate No. <b>XKNJ22</b>			55. State <b>NJ</b>			56. VIN <b>3A1KGE5D57GDG891</b>											
108 25	56. Number & Street <b>1015 THAYER AVENUE</b>			57. City <b>AVENAL</b>			58. State <b>NJ</b>			59. Zip <b>07001</b>			60. Make <b>MAC</b>			61. Model <b>CV7</b>			62. Color <b>RD</b>			63. Year <b>2004</b>			64. Plate No. <b>XJJ48</b>			65. State <b>NJ</b>			66. VIN <b>3A1KGE5D57GDG891</b>											
109 25	66. Number & Street <b>33 COYLE ST</b>			67. City <b>PARLIN</b>			68. State <b>NJ</b>			69. Zip <b>08859</b>			70. Make <b>MAC</b>			71. Model <b>CV7</b>			72. Color <b>RD</b>			73. Year <b>2004</b>			74. Plate No. <b>XJJ48</b>			75. State <b>NJ</b>			76. VIN <b>3A1KGE5D57GDG891</b>											
110 02	76. Vehicle Removed to: -			77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			78. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			79. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			80. 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			81. Hazardous Material Type: <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill			82. Motor Carrier or Government Entity Number & Street <b>HIMAT ENTERPRISE</b>			83. Motor Carrier or Government Entity Number & Street <b>RDS PETROLEUM LLC</b>			84. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			85. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>														
111 02	85. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			86. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			87. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			88. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			89. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			90. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			91. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			92. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			93. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>																	
112 -	93. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			94. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			95. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			96. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			97. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			98. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			99. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			100. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			101. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>																	
113 -	101. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			102. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			103. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			104. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			105. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			106. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			107. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			108. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			109. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>																	
114 04	109. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			110. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			111. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			112. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			113. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			114. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			115. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			116. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			117. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>																	
118 01	117. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			119. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			120. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			121. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			122. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			123. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			124. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			125. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			126. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>																	
127 01	126. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			128. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			129. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			130. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			131. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			132. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			133. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			134. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>																				
135 -	134. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			136. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			137. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			138. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			139. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			140. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			141. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>			142. Motor Carrier or Government Entity Number & Street <b>33 COYLE ST</b>																				
A	01	01	01	-	37	M	-	-	01	11	04	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-													
B	02	01	01	-	48	M	-	-	01	04	04	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-													
C																																										
D																																										

New Jersey Police Crash Investigation Report										Case Number	22065910	Page	2 of 3	
										Names & Addresses of Occupants If Deceased, Date & Time of Death				
E	B3	84	85	86	87	88	89	90	91	92	93	94	95	
F														
G														
H														
I														
J														
144. Crash Diagram  Show NORTH by Arrow (Not to Scale)														
145. Crash Description/Narrative  SEE NJTR-1B  														
146. Officer's Signature HESTON, RALPH														
147. Badge # 8837														
148. Reviewer ROZYCKI, INV. MICHAEL														
149. Case Status <input checked="" type="checkbox"/> -complete <input type="checkbox"/> Pending														

NJTR-1 (Rev. 01/17)

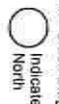
Veh 2 was stopped in traffic facing north on the property of Phillips 66, located at 1100 East Edgar Road. Veh 1 was traveling north on the property of Phillips 66, and struck Veh 2.

Witness information: Robert Jenkins, 732-703-5331

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

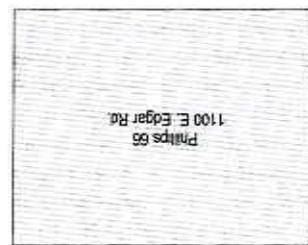
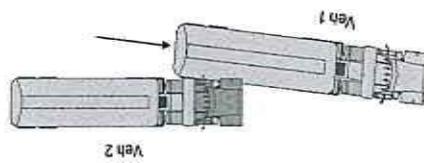
144 Crash Diagram (NOT TO SCALE)



Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No. 22065910



NOT TO SCALE



New Jersey Police Crash Investigation Report												
Page 1 of 3		<input type="checkbox"/> Fatal		<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report				
97 01	1. Case Number		22065919		10. Crash Occurred On:		US 1		N		<input type="checkbox"/> 4	<input type="checkbox"/> 5
98 06	2. Police Dept of		LINDEN, NJ		Code		01		Road Name		Dir	
99 02	3. Station/Precinct		LINDEN		4. Date of Crash		5. Day of Week		6. Time 2400 hrs.		7. Municipality	
100 03	mm dd yy		Su M Tu W Th F Sa		Q AM		Q AM		8. Total Killed		8. Total Injured	
100 04	1 2 2 0 2 2		1 6 4 7		1 6 4 7		2 0 0 9		0 0		0 2	
101 02	23. Veh. #		939913718		24. Policy No.		25. NJ Ins. Code		53. Veh. #		54. Policy No.	
102 01	<input type="checkbox"/> Parked		<input type="checkbox"/> Ped		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Resp. to Emergency		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Hit & Run	
103 01	26. Driver's First Name		ERICKA R		Initial L		27. Number & Street		28. City		29. Sex	
104 02	27. Number & Street		1511 N. STILES STREET		LINDEN		State		NJ		M	
105 02	30. Eyes		D -		Restrictions		Endorsements		31. State		32. Driver's License Number	
106 02	31. State		0 2		- - - - -		- - - - -		NJ		33. DOB	
107 02	32. Driver's License Number		I8040		34. DOB		35. Expires		36. Owner's First Name		37. City	
108 01	35. Owner's First Name		23279		0 8 2 6		0 8 2 6		S3145		HARRISON	
109 01	36. Number & Street		58852		mm dd yy		mm yy		41. Year		State	
110 01	37. City		Driver		37. City		Last Name		42. Plate No.		Zip	
111 01	38. Make		JEEP		39. Model		40. Color		41. Year		42. Plate No.	
112 01	41. State		COMPASS		WT		2019		G55MKJ		43. State	
113 -	42. State		VIN		44. VIN		45. Expires		46. Vehicle Removed to:		47. Authority	
114 -	43. State		3 C 4 N J D D B 1 K T 7 3 3 1 8 4		44. VIN		45. Expires		GABE'S TOWING #1741		48. Alcohol Drug Test	
115 -	44. State		01		45. Expires		46. Vehicle Removed to:		GABE'S TOWING #1741		49. Hazardous Material	
116 01	45. State		GABE'S TOWING #1741		46. Vehicle Removed to:		47. Authority		GABE'S TOWING #1742		50. Carrier No.	
117 01	46. Vehicle Removed to:		GABE'S TOWING #1742		48. Alcohol Drug Test		49. Hazardous Material		GABE'S TOWING #1742		51. Carrier No.	
52. Motor Carrier or Government Entity	47. Authority		GABE'S TOWING #1742		50. Carrier No.		51. Carrier No.		GABE'S TOWING #1742		52. Motor Carrier or Government Entity	
-	<input type="checkbox"/> Owner		<input type="checkbox"/> Driver		<input type="checkbox"/> Police		<input type="checkbox"/> Police		<input type="checkbox"/> Police		53. State	
Number & Street	<input type="checkbox"/> Driver		<input type="checkbox"/> Police		<input type="checkbox"/> Police		<input type="checkbox"/> Police		<input type="checkbox"/> Police		54. State	
-	<input type="checkbox"/> Breath		<input type="checkbox"/> Blood		<input type="checkbox"/> Urine		<input type="checkbox"/> Breath		<input type="checkbox"/> Breath		55. State	
City	<input type="checkbox"/> Breath		<input type="checkbox"/> Blood		<input type="checkbox"/> Urine		<input type="checkbox"/> Breath		<input type="checkbox"/> Breath		56. State	
-	<input type="checkbox"/> Breath		<input type="checkbox"/> Blood		<input type="checkbox"/> Urine		<input type="checkbox"/> Breath		<input type="checkbox"/> Breath		57. State	
135. Damage to Other Property	<input type="checkbox"/> Yes (if Yes, describe)		<input checked="" type="checkbox"/> No		57. State		58. City		59. State		60. City	
-	<input type="checkbox"/> Yes (if Yes, describe)		<input checked="" type="checkbox"/> No		60. City		61. State		62. Driver's License Number		63. DOB	
Oper.	136. Charge		137. Summons No.		61. State		62. Driver's License Number		63. DOB		64. Expires	
01	39.4-97		E22023010		NJ		OPTIMA		07/2015		05/23	
Oper.	140. Charge		141. Summons No.		64. Expires		65. Owner's First Name		66. Number & Street		67. City	
01	39.4-90		E22023011		05/23		S3145		HARRISON		07/2015	
A	01	01	-	37	F	-	-	01	11	04	02	*
B	01	03	01	04	14	F	07	08	01	11	02	-
C	01	06	01	-	14	M	-	01	11	11	02	-
D	02	01	01	04	30	M	07	08	01	11	02	-
Names & Addresses of Occupants' If Deceased, Date & Time of Death												
KHALID B SHAIHAH 13 DAVIS ST, APT#B3 HARRISON NJ 07036												
KARRA N ISLER 1511 N STILES STREET LINDEN NJ 07036												
ADAM SINGH 1420 S. WOOD AVE, LINDEN NJ 07036												
KHALID B SHAIHAH 13 DAVIS ST, APT#B3 HARRISON NJ 07036												

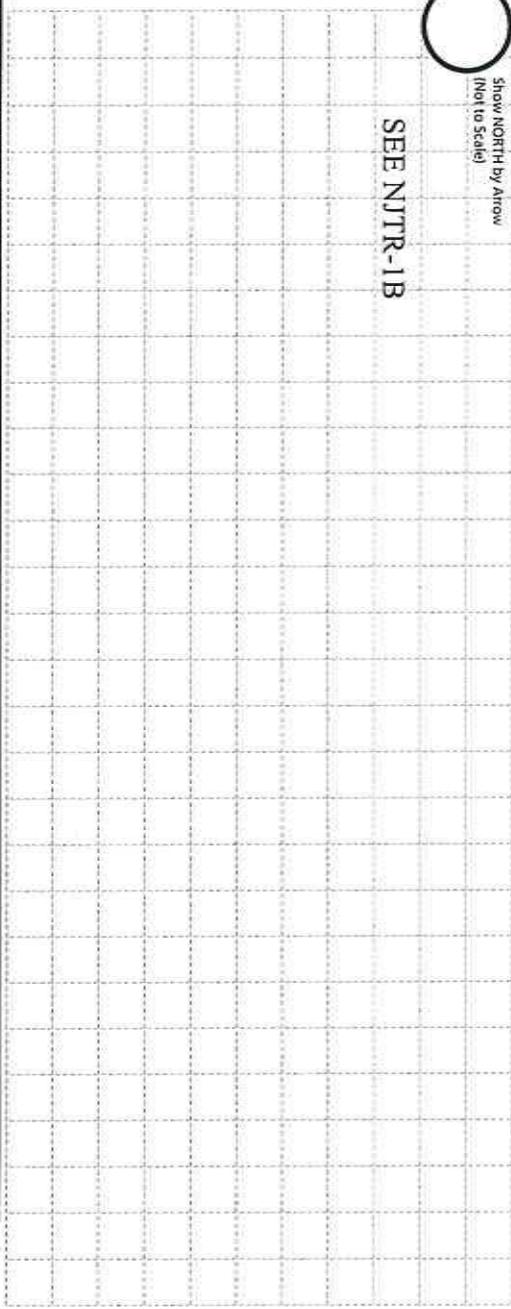
New Jersey Police Crash Investigation Report										Case Number	22065919	Page	2 of 3
										Names & Addresses of Occupants If Deceased, Date & Time of Death			
E													
F													
G													
H													
I													
J													

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE NJTR-1B



145. Crash Description/Narrative

V1 and V2 were travelling northbound on US 1 Northbound, approaching E. Lincoln Avenue. V1 was travelling in the middle lane and V2 was travelling in the right lane. Driver of V1 stated she intended to make the right turn onto E. Lincoln Avenue and was in the right lane. Driver of V2 stated he was in the right lane the whole time and V1 suddenly cut in front of him to make the right turn. It should be noted the damage on the vehicles was consistent with the statement from the driver of V2. Driver of V1 was issued the following motor vehicle summonses:

E22023010 for 39:4-97 (Careless Driving)

E22023011 for 39:4-90 (Failure Yield Right of Way)

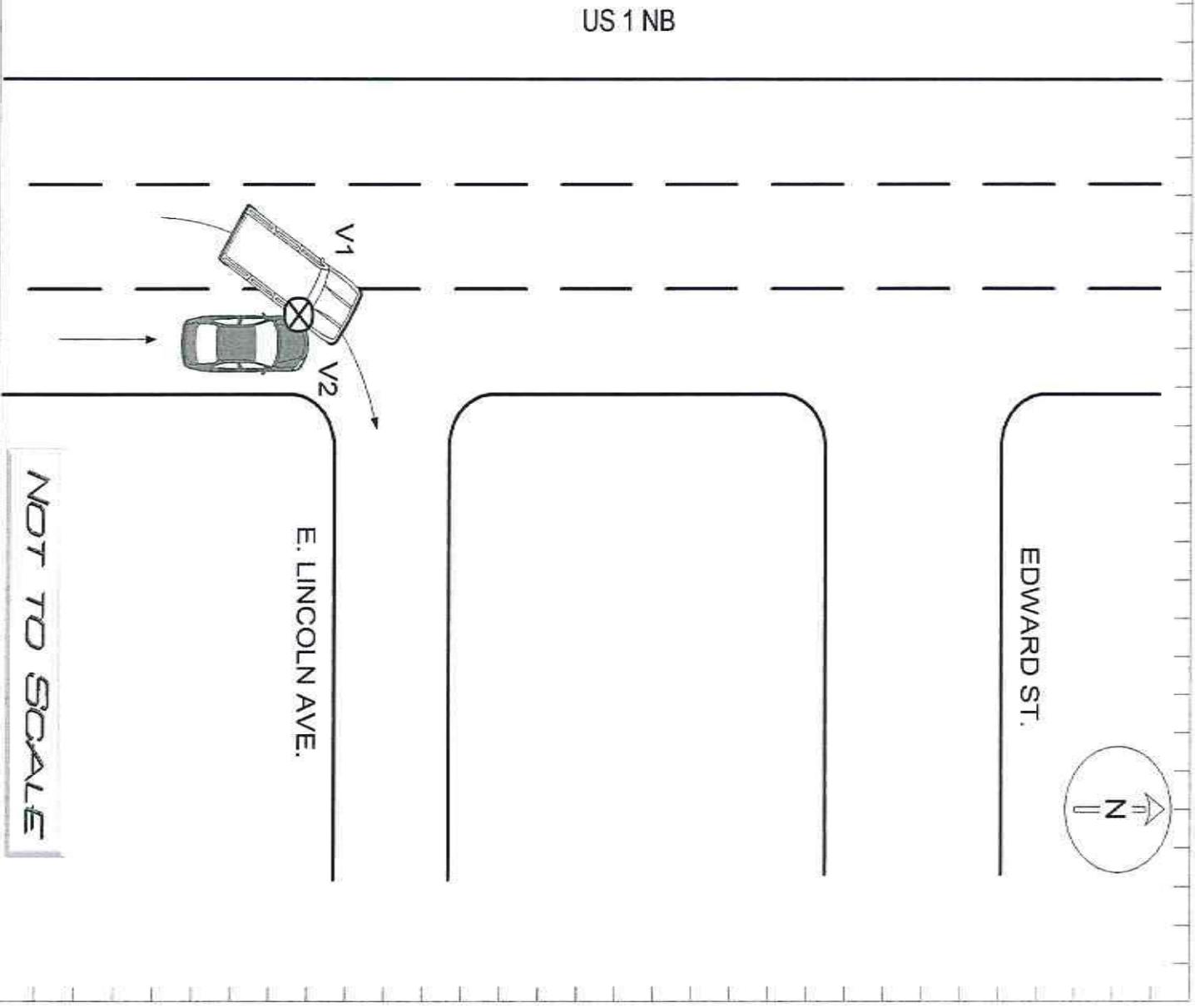
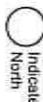
146. Officer's Signature <b>DZIADOSZ, KATARZYNA</b>	147. Badge # <b>910095</b>	148. Reviewer <b>ROZYCKI, INV. MICHAEL</b>	Badge # <b>909721</b>	149. Case Status <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Complete
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## New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01Station: LINDENCase No: 22065919

144 Crash Diagram (NOT TO SCALE)



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Portable		<input type="checkbox"/> Non-Portable		<input type="checkbox"/> Change Report			
96 05	Page <u>1</u> of <u>3</u>			<input type="checkbox"/> Fatal			10. Cash Occurred On: <u>300 N WOOD AVE</u>			N			<input checked="" type="checkbox"/> P		<input checked="" type="checkbox"/> P		11. Speed Limit		
97 01	1. Case Number: <u>22066014</u>												<input type="checkbox"/> At Intersection with:		<input type="checkbox"/> N		<input type="checkbox"/> E		
98 01	2. Police Dept. of: <u>LINDEN, NJ</u>			Code: <u>01</u>			Road Name:						<input type="checkbox"/> S		<input type="checkbox"/> W				
99 09	3. Station/Precinct: <u>LINDEN</u>												<input type="checkbox"/> Air Fleet		<input type="checkbox"/> Miles				
100 01	4. Date of Crash: <u>1/2/2004</u>			5. Day of Week: <u>SU</u> <u>AM</u> <u>PM</u> <input checked="" type="checkbox"/>			6. Time (24 hrs.): <u>12:03</u>			7. Municipality: <u>CODGE</u>			8. Total killed: <u>0</u>		9. Total injured: <u>0</u>		10. at: <u>-</u>		
100h 04	23. Veh. #: <u>HIP/A00002784317</u>			24. Policy No.: <u>01</u>			25. NJ Ins. Code: <u>411</u>			26. Driver's First Name: <u>ETHEL</u>			27. Driver's Last Name: <u>GERSICK</u>		28. Sex: <u>F</u>		29. Ramp: <input type="checkbox"/>		
101 02	26. Driver's First Name: <u>ETHEL</u>			Initial: <u>-</u>			Last Name: <u>GERSICK</u>			29. Sex: <u>F</u>			30. Parked: <input type="checkbox"/>		31. Ped: <input type="checkbox"/>		32. Resp. to Emergency: <input type="checkbox"/>		
102 01	27. Number & Street: <u>932 BACHELLER AVE</u>												33. Veh. #: <u>02</u>		34. Policy No.: <u>949958389</u>		35. NJ Ins. Code: <u>134</u>		
103 01	28. City: <u>LINDEN</u>			State: <u>NJ</u>			Zip: <u>07036</u>			29. City: <u>-</u>			36. Driver's First Name: <u>-</u>		37. Driver's Last Name: <u>-</u>		38. Driver's Initial: <u>-</u>		
104 02	30. DL Class: <u>D</u>			Restrictions: <u>- - - - -</u>			Endorsements: <u>- -</u>			31. State: <u>NJ</u>			39. Eyes: <u>- -</u>		40. DL Class: <u>- -</u>		41. Restrictions: <u>- - - - -</u>		
105 06	32. Driver's License Number: <u>G2766</u>			33. DOB: <u>10/05/42</u>			34. Expires: <u>10/23</u>			35. Owner's First Name: <u>SANDRA C MEDINA</u>			42. Driver's license Number: <u>-</u>		43. Endorsements: <u>- - - - -</u>		44. DL DOB: <u>mm dd yy</u>		
106 -	36. Number & Street: <u>-</u>			State: <u>-</u>			Zip: <u>-</u>			36. Owner's First Name: <u>-</u>			45. Eyes: <u>- -</u>		46. DL Class: <u>- -</u>		47. Restrictions: <u>- - - - -</u>		
107 -	37. City: <u>-</u>			State: <u>-</u>			Zip: <u>-</u>			37. City: <u>-</u>			48. VIN: <u>1HGCRA2F8EA305678</u>		49. Make: <u>HON</u>		50. Model: <u>ACCORD</u>		
108 01	38. Make: <u>KYM</u>			39. Model: <u>ELANTRA</u>			40. Color: <u>BG</u>			41. Year: <u>2006</u>			51. GVWR/ GCWR: <u>3,000 lbs.</u>		52. Plate No.: <u>MCY94U</u>		53. Year: <u>2014</u>		
109 01	42. Year: <u>2006</u>			43. Plate No.: <u>01/24</u>			44. State: <u>NJ</u>			45. Express: <u>443 SPRINGFIELD AVE APT C</u>			54. Hazardous Material: <input checked="" type="checkbox"/> None		55. On Board: <input type="checkbox"/>		56. Spill: <input type="checkbox"/>		
110 01	46. Vehicle Removed to: <u>DRIVEN</u>			47. Authority: <u>Owner</u>			48. Alcohol Drug Test: <u>No</u>			49. Hazardous Material: <input checked="" type="checkbox"/> None			50. Given: <u>No</u>		51. Type: <u>Breath</u>		52. On Board: <input type="checkbox"/>		
111 01	47. Authority: <u>Driver</u>			48. Alcohol Drug Test: <u>Yes</u>			49. Hazardous Material: <input type="checkbox"/> None			53. Result: <u>0</u>		54. Type: <u>Breath</u>		55. On Board: <input type="checkbox"/>		56. Spill: <input type="checkbox"/>			
112 -	47. Authority: <u>Towed Disabled</u>			48. Alcohol Drug Test: <u>Refused</u>			49. Hazardous Material: <input type="checkbox"/> None			57. Result: <u>0</u>		58. Type: <u>Blood</u>		59. On Board: <input type="checkbox"/>		60. Spill: <input type="checkbox"/>			
113 -	47. Authority: <u>Towed Impounded</u>			48. Alcohol Drug Test: <u>Breath</u>			49. Hazardous Material: <input type="checkbox"/> None			61. Result: <u>0</u>		62. Type: <u>Urine</u>		63. On Board: <input type="checkbox"/>		64. Spill: <input type="checkbox"/>			
114 -	47. Authority: <u>Left at Scene</u>			48. Alcohol Drug Test: <u>Blood</u>			49. Hazardous Material: <input type="checkbox"/> None			65. Result: <u>0</u>		66. Type: <u>Urine</u>		67. On Board: <input type="checkbox"/>		68. Spill: <input type="checkbox"/>			
115 -	47. Authority: <u>Parked</u>			48. Alcohol Drug Test: <u>Urine</u>			49. Hazardous Material: <input type="checkbox"/> None			69. Result: <u>0</u>		70. Type: <u>No</u>		71. On Board: <input type="checkbox"/>		72. Spill: <input type="checkbox"/>			
116 01	50. Carrier No.: <u>0</u>			51. Hazard Class: <u>-</u>			52. Placard No.: <u>-</u>			73. Result: <u>0</u>		74. Type: <u>Breath</u>		75. On Board: <input type="checkbox"/>		76. Spill: <input type="checkbox"/>			
117 02	53. Motor Carrier or Government Entity: <u>USDOT</u>			54. Hazard Class: <u>-</u>			55. Placard No.: <u>-</u>			77. Result: <u>0</u>		78. Type: <u>Blood</u>		79. On Board: <input type="checkbox"/>		80. Spill: <input type="checkbox"/>			
52. Motor Carrier or Government Entity: <u>DMV/NM</u>										81. Result: <u>0</u>		82. Type: <u>Urine</u>		83. On Board: <input type="checkbox"/>		84. Spill: <input type="checkbox"/>			
Number & Street: <u>-</u>										85. Result: <u>0</u>		86. Type: <u>No</u>		87. On Board: <input type="checkbox"/>		88. Spill: <input type="checkbox"/>			
City: <u>-</u>										89. Result: <u>0</u>		90. Type: <u>No</u>		91. On Board: <input type="checkbox"/>		92. Spill: <input type="checkbox"/>			
State: <u>-</u>										93. Result: <u>0</u>		94. Type: <u>No</u>		95. On Board: <input type="checkbox"/>		96. Spill: <input type="checkbox"/>			
Zip: <u>-</u>										97. Result: <u>0</u>		98. Type: <u>No</u>		99. On Board: <input type="checkbox"/>		100. Spill: <input type="checkbox"/>			
135. Damage to Other Property: <input type="checkbox"/> Yes (if Yes, describe) <input checked="" type="checkbox"/> No												101. Summons No.: <u>Open</u>		102. Charge: <u>-</u>		103. Summons No.: <u>-</u>		104. Charge: <u>-</u>	
Oper. 136 Charge: <u>-</u>										105. Summons No.: <u>Open</u>		106. Charge: <u>-</u>		107. Summons No.: <u>Open</u>		108. Charge: <u>-</u>			
Oper. 140 Charge: <u>-</u>										109. Summons No.: <u>Open</u>		110. Charge: <u>-</u>		111. Summons No.: <u>Open</u>		112. Charge: <u>-</u>			
A 01 01 01 - 80 F - 01 11 04 -										113. Summons No.: <u>Open</u>		114. Charge: <u>-</u>		115. Summons No.: <u>Open</u>		116. Charge: <u>-</u>			
B										117. Summons No.: <u>Open</u>		118. Charge: <u>-</u>		119. Summons No.: <u>Open</u>		120. Charge: <u>-</u>			
C										121. Summons No.: <u>Open</u>		122. Charge: <u>-</u>		123. Summons No.: <u>Open</u>		124. Charge: <u>-</u>			
D										125. Summons No.: <u>Open</u>		126. Charge: <u>-</u>		127. Summons No.: <u>Open</u>		128. Charge: <u>-</u>			

Names & Addresses of Occupants  
If Deceased, Date & Time of Death

ETHEL GERSICK 932 BACHELLER AVE LINDEN NJ  
07036

**New Jersey Police  
Crash Investigation Report**

Case Number **22066014**

Page **2** of **3**

**E**

**F**

**G**

**H**

**I**

**J**

Names & Addresses of Occupants  
If Deceased, Date & Time of Death

**144. Crash Diagram**

Show NORTH by Arrow  
(Not to Scale)



SEE NJTR-1B

**145. Crash Description/Narrative**

V2 was parked unoccupied in the parking lot at 300 N. Wood Ave. (CVS) facing east. V1 was attempting to park in the spot next to V2 and struck V2 in the passenger side rear fender. Owner of V2 was notified.

\*\*\*BWC\*\*\*

146. Officer's Signature  
**COLON, JESSE**

147. Badge #  
**910159**

148. Reviewer  
**ROZYCKI, INV. MICHAEL**

Badge # **909721** 149. Case Status  
 Pending  Complete

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ

Code: 01

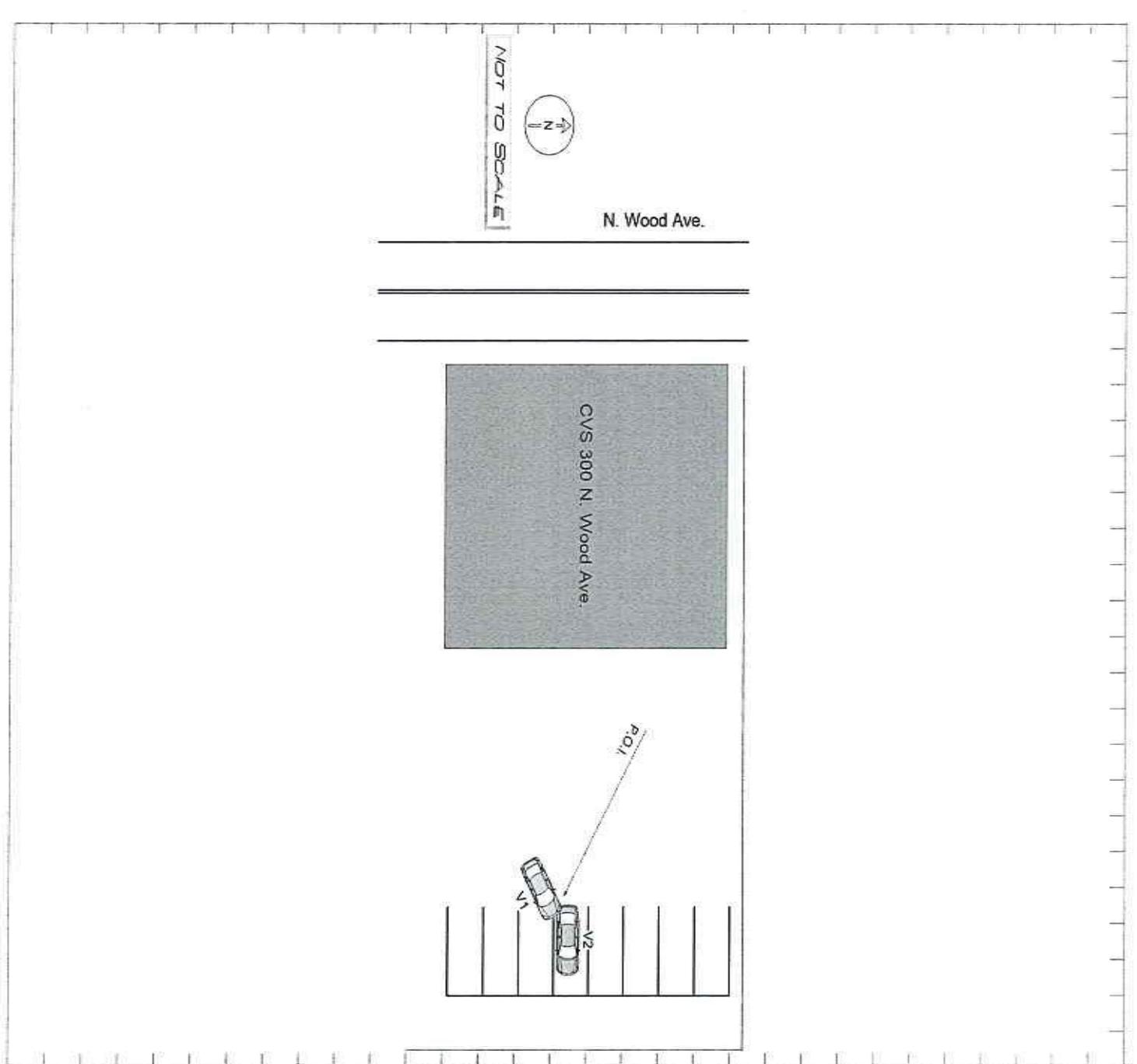
Station: LINDEN

Case No: 22066014

144 Crash Diagram (NOT TO SCALE)

Indicate

North



New Jersey Police Crash Investigation Report												<input checked="" type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report				
95 01	Page 1 of 3			<input type="checkbox"/> Fatal																
97 01	1. Case Number			22066035			10. Crash Occurred On:			US 1			11. Speed Limit		<input type="checkbox"/> 40		<input type="checkbox"/> 0001			
98 01	2. Police Dept. of			LINDEN, NJ			Code			01			12. Route No.		<input type="checkbox"/> 0		<input type="checkbox"/> -			
99 02	3. Station/Precinct			LINDEN			4. Date of Crash			5. Day of Week			Road Name		<input type="checkbox"/> N		<input type="checkbox"/> E			
100a 01							mm dd yy			6. Time use 2400 hrs. ft. + sa			7. Municipality		<input type="checkbox"/> S		<input type="checkbox"/> W			
100b 04	23. Veh. #			24. Policy No.			14			15			8. Total Injuries		9. Total Injuries		13. Milepost			
101 02	25. NJ Ins. Code			6072666942061			14			25. NJ Ins. Code			00		00		18. Speed Limit			
102 01	26. Driver's First Name			WAYNE C ANGELI			14			26. Driver's First Name			02		02		2			
103 01	27. Number & Street			814 GROVE ST			08			27. Number & Street			02		02		5			
104 02	28. City			ELIZABETH			20			28. City			NJ		NJ		25			
105 01	29. Eyes			D -			1 - - -			31. State			NJ		NJ		119a			
106 -	30. DL Class						M V			33. DOB			mm dd yy		mm dd yy		119b			
107 -	31. Endorsements						03 22 51			34. Expires			03 25		03 25		119c			
108 01	35. Owner's First Name			A5917			03514			36. Number & Street			NJ		NY		120a			
109 01	37. City						Initial Last Name			37. City			NJ		NY		120b			
110 01	38. Make			CHEVY			39. Model			40. Color			GN		NY		120c			
111 01	41. Year			1996			42. Plate No.			43. State			P13DCR		10463		121a			
112 -	44. VIN			1GNC18W4TK214041			45. Expires			46. Vehicle Removed To:			NJ		NY		01			
113 -	47. Authority			Owner			Driver			48. Alcohol Drug Test			HONDA		ACC		123			
114 -	49. Given Type:			Breath			50. Hazardous Material			51. Hazardous Material			RD		2018		07			
115 -	52. Motor Carrier or Government Entity			Blood			53. Hazardous Material			54. Hazardous Material			KDR5255		7/1/2018		07			
116 03	Number & Street			Urine			55. Placard No.			56. Placard No.			7/1/2018		KDR5255		07			
117 03	City			Results: 0. - - % Pending			57. Hazard Class			58. Hazard Class			7/1/2018		KDR5255		07			
118 -	135. Damage to Other Property			Oper. -			59. Placard No.			60. Placard No.			7/1/2018		KDR5255		07			
119 -	Oper. -			136. Charge			61. Placard No.			62. Placard No.			7/1/2018		KDR5255		07			
120 -	Oper. -			140. Charge			63. Placard No.			64. Placard No.			7/1/2018		KDR5255		07			
A 01	Oper. -			136. Charge			65. Placard No.			66. Placard No.			7/1/2018		KDR5255		07			
B 02	Oper. -			140. Charge			67. Placard No.			68. Placard No.			7/1/2018		KDR5255		07			
C -	Oper. -			136. Charge			69. Placard No.			70. Placard No.			7/1/2018		KDR5255		07			
D -	Oper. -			140. Charge			71. Placard No.			72. Placard No.			7/1/2018		KDR5255		07			
	Names & Addresses of Occupants If Deceased, Date & Time of Death						73. Summons No.			74. Summons No.			75. Summons No.		76. Summons No.		118a			
							Oper. -			Oper. -			77. Summons No.		78. Summons No.		79. Summons No.		09	
							141. Summons No.			142. Summons No.			79. Summons No.		80. Summons No.		118b			
							Oper. -			Oper. -			81. Summons No.		82. Summons No.		02			
							143. Summons No.			144. Summons No.			83. Summons No.		84. Summons No.		118c			
							Oper. -			Oper. -			85. Summons No.		86. Summons No.		01			
							145. Summons No.			146. Summons No.			87. Summons No.		88. Summons No.		01			
							Oper. -			Oper. -			89. Summons No.		90. Summons No.		01			
							147. Summons No.			148. Summons No.			91. Summons No.		92. Summons No.		01			
							Oper. -			Oper. -			93. Summons No.		94. Summons No.		01			
							149. Summons No.			150. Summons No.			95. Summons No.		96. Summons No.		01			

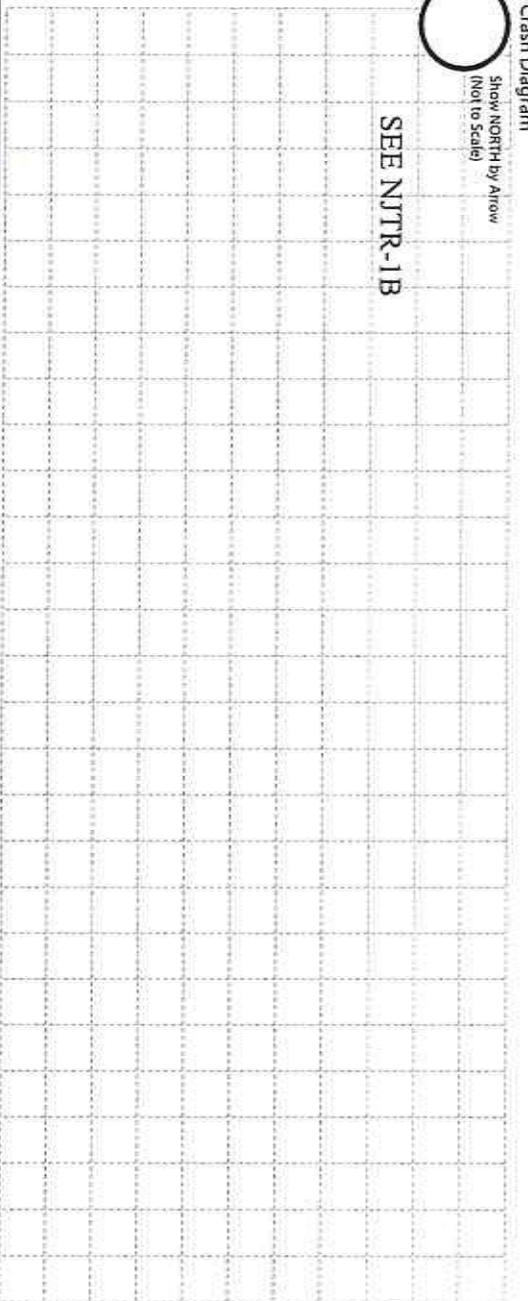
New Jersey Police Crash Investigation Report										Case Number	22066035	Page	2 of 3	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

## 144. Crash Diagram

Show NORTH by Arrow  
(Not to Scale)



SEE NJTR-1B



## 145. Crash Description/Narrative

V1 and V2 were both travelling southbound on US 1 Southbound, approaching 607 E. Edgar Road.  
V2 was stopping for traffic and was struck in the rear by V1.

146. Officer's Signature

DZIADOSZ, KATARZYNA

147. Badge #

910095

148. Reviewer

ROZYCKI, INV. MICHAEL

Badge #

909721

149. Case Status

 Complete  
 Pending

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: LINDEN, NJ Code: 01  
Station: LINDEN Case No: 22066035

144 Crash Diagram (NOT TO SCALE)  
 Indicate North

