☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	06
99	05
100a	01
100b	04
101	02
102	01
103	01
104	1
105	11
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	-

1 Case Number: 18040419

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: PATROL

4 Date of Crash (mm dd yy): 07/01/18

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 0131

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MILL RD | Road Name | Dir: W | 11 Speed Limit: 40 | 12 Route No.: 0667 | Suffix: - | 13 Milepost: 001.00

☒ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W — 14: - | 15 | 16

of: COLLEGE DR (17 Cross Road Name) | 18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - (20 Route/Name) ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: -

22 Longitude: -

118a	29
118b	21
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	01
123	-
124	-
125	-
126a	56
126b	05
126c	-
126d	-
126e	56
127a	-
127b	-
127c	-
127d	-
127e	-
128	56
129	12
130	14
131	-
132	-
133	04
134	-

Vehicle 1

23 Veh #: 1

24 Policy No.: 55PHB439807

25 NJ Ins. Code: 655

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: ARIEL | Initial: E | Last Name: BROWN - | 29 Sex: F

27 Number & Street: 40 COLLEGE DRIVE

28 City: EDISON | State: NJ | Zip: 08817

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: B76100586554932

33 DOB (mm dd yyyy): 04/10/1993

34 Expires (mm yy): 02 20

35 Owner's ☐ Same As Driver | First Name: RONALD | Initial: K | Last Name: BROWN -

36 Number & Street: 40 COLLEGE DRIVE

37 City: EDISON | State: NJ | Zip: 08817

38 Make: HYUNDAI | 39 Model: ELANTRA | 40 Color: GY | 41 Year: 2013 | 42 Plate No.: F90DRD | 43 State: NJ

44 VIN: KMHDH4AE2DU929032 | 45 Expires: 09 18

46 Vehicle Removed To: KINGS HIGH TOWING

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☐ Driver ☒ Police

48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -

50 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: -

54 Policy No.: -

55 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: - | Initial: - | Last Name: - - | 59 Sex: -

57 Number & Street: -

58 City: - | State: - | Zip: -

60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

65 Owner's ☐ Same As Driver | First Name: - | Initial: - | Last Name: - -

66 Number & Street: -

67 City: - | State: - | Zip: -

68 Make: - | 69 Model: - | 70 Color: - | 71 Year: - | 72 Plate No.: - | 73 State: -

74 VIN: - | 75 Expires: - -

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test — Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Other

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	25	F	-	-	-	11	04	-	-	D1 - - - - - - - - -
B														
C														
D														

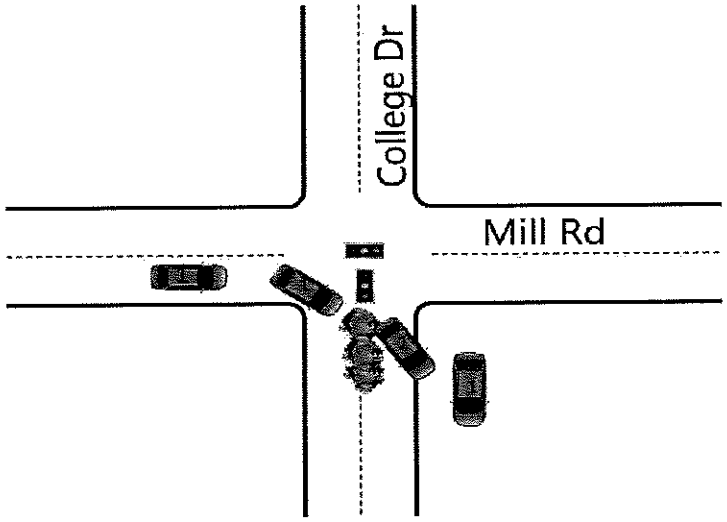
New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01
Station: PATROL Case No: 18040419

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated she was driving on Mill Rd in the right lane when a vehicle from the left lane cut her off, making a right onto College Dr. This action resulted in D1 losing control of Veh. 1 and running off the roadway at the intersection of Mill Rd and College Dr. D1 stated the other involved vehicle did not stop and could not provide a description for the suspect vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JAMES WHALEN	0457	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18040481
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	07/01/18
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1114
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	1700-OAK TREE ROAD
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	-
15 Miles	-
16 N ☐ E ☐ S ☐ W	
of:	-
17 Cross Road Name	
18 Speed Limit	-
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	0890372-B24-30
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JASMINE G VED
29 Sex	F
27 Number & Street	1123-STAATS COURT
28 City / State / Zip	SOUTH PLAINFIELD NJ 07080
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	V21223886761652
33 DOB mm dd yyyy	11/29/1965
34 Expires mm yy	10 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver FALGUNI G VED
36 Number & Street	1123-STAATS COURT
37 City / State / Zip	SOUTH PLAINFIELD NJ 07080
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYOTA / PRIUS / SL / 2011 / WWF49F / NJ
44 VIN	JTDKN3DU7B1464795
45 Expires	04 19
46 Vehicle Removed To	DRIVEN
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	OUT OF STATE
55 NJ Ins. Code	*
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHASHIKANT K KALARIYA
59 Sex	M
57 Number & Street	23-AUTUMN CIRCLE
58 City / State / Zip	CLARKS SUMMIT PA 18411
60 Eyes / DL Class / Restrictions / Endorsements	01 / C / - / -
61 State	PA
62 Driver's License Number	17800146
63 DOB mm dd yyyy	06/27/1948
64 Expires mm yy	06 20
65 Owner's First Name / Initial / Last Name	☒ Same As Driver SHASHIKANT K KALARIYA
66 Number & Street	23-AUTUMN CIRCLE
67 City / State / Zip	CLARKS SUMMIT PA 18411
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	LEXUS / RX 350 / WT / 2010 / HKY0323 / PA
74 VIN	2T2BK1BA8AC055278
75 Expires	03 20
76 Vehicle Removed To	DRIVEN
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
01	NONE AT THIS TIME	-	02	-	-
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	52	F	-	-	-	11	04	-	-	JASMINE G VED - / 1123-STAATS COURT SOUTH PLAINFIE NJ 07080 - -
B	02	01	01	-	70	M	-	-	-	11	04	-	-	SHASHIKANT K KALARIYA - / 23-AUTUMN CIRCLE CLARKS SUMMIT PA 18411 - -
C	02	02	01	-	65	F	-	-	-	11	04	-	-	MANJU - KALARIYA - / 23-AUTUMN CIRCLE CLARKS SUMMIT PA 18411 - -
D														

New Jersey Police
Crash Investigation Report

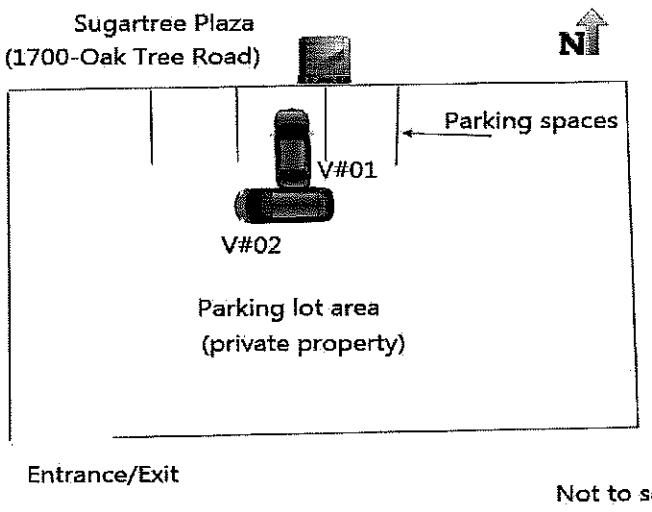
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040481

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Block # 54 & 55 Erie Insurance Exchange, 100- Erie Insurance Place, Erie Pennsylvania, 16530. Policy # Q062414586, expires 12/24/2018, NAIC code 26271 and phone number is (717) 263-1752 or 1-800-367-3743.

Driver of vehicle #01 stated that she was in the SugarTree Plaza parking lot located at 1700- Oak Tree Road and attempted to back out from a parking space. That's when vehicle #01 made impact into the passenger side of vehicle #02.

Driver of vehicle #02 stated that he was driving through the Sugartree Plaza parking lot area and vehicle #01 made impact into his vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROBERT OLSEN	0341	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	02

1 Case Number: 18040485

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: EDISON

4 Date of Crash (mm dd yy): 07/01/18

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 1137

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 205 VINEYARD ROAD (PRIV) | S

Road Name | Dir

☐ At Intersection With ☒ Feet ☐ Miles

of: LINCOLN HIGHWAY

☐ N ☐ E ☐ S ☒ W

11 Speed Limit: 15

12 Route No. | Suffix | 13 Milepost

18 Speed Limit: 40

17 Cross Road Name

19 Ramp ☐ To ☐ From:

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude

22 Longitude

118a	00
118b	-
119a	00
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	13
124	-
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	12
132	12
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: -

25 NJ Ins. Code: *

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: MEHMET | Initial: - | Last Name: TURKOZ | 29 Sex: M

27 Number & Street: 26 REDCLIFFE AVENUE

28 City: HIGHLAND PARK | State: NJ | Zip: 08904

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: T93785370003842

33 DOB (mm dd yyyy): 03/04/1984

34 Expires (mm yy): 08 18

35 Owner's First Name: BO | Initial: Y | Last Name: PARK

☐ Same As Driver

36 Number & Street: 9348 CHERRYHILL RD APT 514

37 City: COLLEGE PARK | State: MD | Zip: 20740

38 Make: HYUNDAI | 39 Model: SONATA | 40 Color: SL | 41 Year: 2014 | 42 Plate No.: 4DB2773 | 43 State: MD

44 VIN: 5NPEB4AC2EH927463

45 Expires: 09 19

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -

50 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: 4508308576

55 NJ Ins. Code: 148

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: SARJAY | Initial: B | Last Name: PATEL | 59 Sex: M

57 Number & Street: 2 ANGELA COURT

58 City: PISCATAWAY | State: NJ | Zip: 08854

60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: P07956916203652

63 DOB (mm dd yyyy): 03/10/1983

64 Expires (mm yy): 03 22

65 Owner's First Name: SARJAY | Initial: B | Last Name: PATEL

☒ Same As Driver

66 Number & Street: 2 ANGELA COURT

67 City: PISCATAWAY | State: NJ | Zip: 08854

68 Make: ACURA | 69 Model: TL | 70 Color: BL | 71 Year: 2011 | 72 Plate No.: S61BHF | 73 State: NJ

74 VIN: JH4CU2F64BC014752

75 Expires: 08 19

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☐ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	-	-	-	-	-
-	-	-	-	-	-

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	33	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	2	01	01	-	34	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

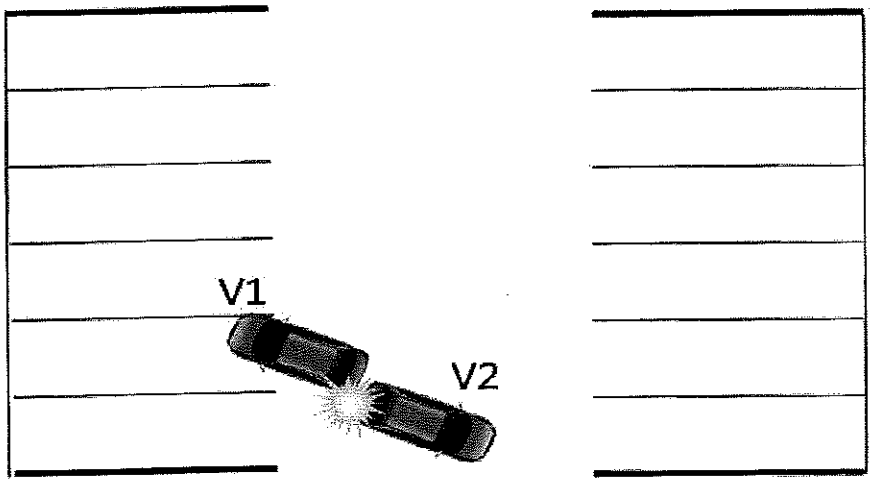
Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18040485

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 and V2 were both reversing out of their parking spots and made contact with one another. I was unable to determine who was at fault for this accident. V1 insured in Maryland with policy number 916985661, and insurance code 1000.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOHAMMAD GHAFOOR	0445	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 18040488

2 Police Dept of: EDISON POLICE DEPARTI — Code: 01

3 Station/Precinct: EDISON

4 Date of Crash (mm dd yy): 07/01/18

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 1148

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: PLAINFIELD AVE (Road Name) — Dir: N

11 Speed Limit: 35

12 Route No.: 0529 — Suffix: - — 13 Milepost: -

☐ At Intersection With

14: 3 — 15: ☒ Feet ☐ Miles — 16: ☒ N ☐ E ☐ S ☐ W — of: CENTRAL AVE (17 Cross Road Name)

18 Speed Limit: 25

19 Ramp: ☐ To ☐ From: - (20 Route/Name) ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: -

22 Longitude: -

Field	Vehicle 1	Vehicle 2
Veh # (23 / 53)	1	2
Policy No. (24 / 54)	020244818G71059	919171838
NJ Ins. Code (25 / 55)	200	134
Checkboxes	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name (26 / 56)	JAMARIE - PASTRANA -	NADIYA - CHERNITSKA -
Sex (29 / 59)	F	F
Number & Street (27 / 57)	350 WILBUR HENRY DRIVE	125 WALNUT COURT
City / State / Zip (28 / 58)	FLORENCE NJ 08518	HIGHLAND PARK NJ 08904
Eyes (30 / 60)	02	02
DL Class	D	D
Restrictions	-	-
Endorsements	-	-
State (31 / 61)	NJ	NJ
Driver's License Number (32 / 62)	P07803830060872	C33775760059852
DOB mm dd yyyy (33 / 63)	10/10/1987	09/22/1985
Expires mm yy (34 / 64)	04 19	06 19
Owner's First Name / Initial / Last Name (35 / 65)	☐ Same As Driver — ERIC J PASTRANA -	☐ Same As Driver — NADIYA - CHERNITSKA -
Number & Street (36 / 66)	350 WILBUR HENRY DRIVE	125 WALNUT COURT
City / State / Zip (37 / 67)	FLORENCE NJ 08518	HIGHLAND PARK NJ 08904
Make (38 / 68)	NISSAN	MAZDA
Model (39 / 69)	PATHFINDER	CX-5
Color (40 / 70)	BL	BL
Year (41 / 71)	2005	2012
Plate No. (42 / 72)	B14HVP	F99CER
State (43 / 73)	NJ	NJ
VIN (44 / 74)	5N1AR18W05C781659	JM1CW2CL0C0132144
Expires (45 / 75)	04 19	05 19
Vehicle Removed To (46 / 76)	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority (47 / 77)	☐ Owner ☒ Driver ☐ Police	☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test (48 / 78)	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material (49 / 79)	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No. (50 / 80)	☐ USDOT - ☐ MC/MX - ☐ None	☐ USDOT - ☐ MC/MX - ☐ None
GVWR/GCWR (51 / 81)	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52 / 82)	-	-
Number & Street	-	-
City / State / Zip	- / - / -	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	30	F	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - - -
B	1	02	01	-	51	F	-	-	-	11	04	-	-	JENNETT - MONTERO - / 270 KING ST PERTH AMBOY NJ 08861 - -
C	2	01	01	-	32	F	-	-	-	11	04	-	-	DRIVER 2 - - - / - - - - - - -
D	2	02	01	-	53	M	-	-	-	11	04	-	-	MYKHAILO - BARAN - / 125 WALNUT COURT HIGHLAND PAR NJ 08861 - -

Left margin codes:

Code	Value
96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	07
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	01

Right margin codes:

Code	Value
118a	02
118b	08
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	07
131	01
132	01
133	02
134	02

New Jersey Police Crash Investigation Report

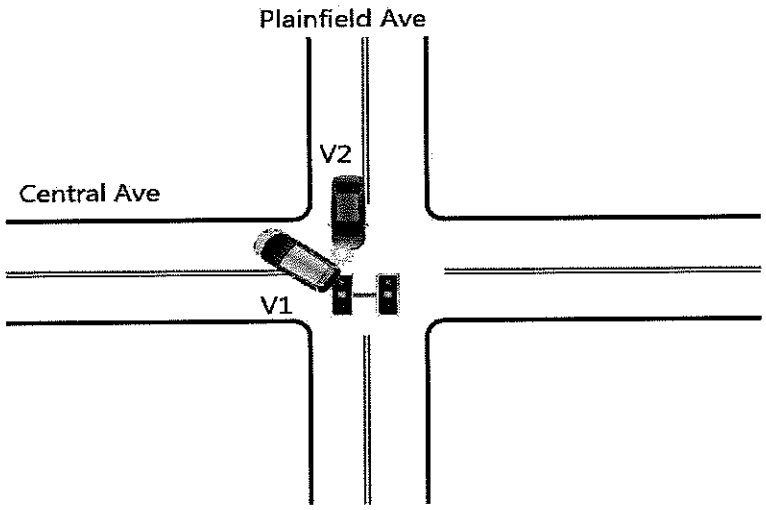
Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18040488

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was attempting to make a left turn on to Central Avenue. V2 was traveling west on Plainfield Avenue was was unable to brake in time before impact.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOHAMMAD GHAFOOR	0445	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05		
97	01	1 Case Number: 18040491	
98	01	2 Police Dept of: EDISON POLICE DEPART / Code: 01	
99	09	3 Station/Precinct: EDISON	
100a	01	4 Date of Crash mm dd yy: 07/01/18	5 Day Of Week: SUNDAY
100b	04	23 Veh #: 1	24 Policy No.: 0483347A1530L / 25 NJ Ins. Code: 962
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name: CHRISTINE / Initial: - / Last Name: PROVENZANO / 29 Sex: F	
103	01	27 Number & Street: 15 CAMBRIDGE ROAD	
104	2	28 City: EDISON / State: NJ / Zip: 08817	
		30 Eyes: 02 / DL Class: D / Restrictions: - / Endorsements: - / 31 State: NJ	
105	08	32 Driver's License Number: P76011240056626 / 33 DOB mm dd yyyy: 06/21/1962 / 34 Expires mm yy: 10 18	
106	-	35 Owner's First Name: HONDA / Initial: - / Last Name: LEASE - ☐ Same As Driver	
107	-	36 Number & Street: 201 LITTLE FALLS DRIVE	
108	01	37 City: EDISON / State: NJ / Zip: 08817	
109	01	38 Make: HONDA / 39 Model: ACCORD / 40 Color: RD / 41 Year: 2017 / 42 Plate No.: L12HUG / 43 State: NJ	
110	01	44 VIN: 1HGCR2F19HA130879 / 45 Expires: 04 20	
111	01	46 Vehicle Removed To: -	
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority: ☐ Owner ☒ Driver ☐ Police	
114	-	48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused / Type: ☐ Breath ☐ Blood ☐ Urine / Results: 0. - % ☐ Pending	49 Hazardous Material: ☐ None ☐ On Board ☐ Spill / Hazard Class: - / Placard No.: -
115	-		
116	03	50 Carrier No.: ☐ USDOT - ☐ None / ☐ MC/MX -	51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
117	01		
		52 Motor Carrier or Government Entity: -	
		Number & Street: -	
		City: - / State: - / Zip: -	
		135 Damage To Other Property: ☐ Yes (If Yes, describe) ☐ No: -	
		Oper.: - / 136 Charge: - / 137 Summons. No.: -	
		Oper.: - / 140 Charge: - / 141 Summons. No.: -	

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	66	F	-	-	-	11	04	-	-	DRIVER 1 - - - - - - -
B	2	01	01	-	33	F	-	-	-	11	04	-	-	DRIVER 2 - - - - - - -
C														
D														

118a	02	10 Crash Occurred On: 267 PLAINFIELD AVE (PRIV) / Road Name	S / 11 Speed Limit: 15
118b	10	☐ At Intersection With / ☒ Feet ☐ Miles / 14 30 15	☐ N ☒ E ☐ S ☐ W / 16 of: LINCOLN HIGHWAY / 17 Cross Road Name
119a	25	19 Ramp ☐ To ☐ From: - / 20 Route/Name	0529 - - / 12 Route No. Suffix 13 Milepost / 18 Speed Limit: 40 / ☐ NB ☐ EB ☐ SB ☐ WB
119b	-	6 Time (use 2400 hrs): 1215 / 7 Municipality Code: 1205 / 8 Total Killed: -- / 9 Total Injured: --	21 Latitude: - / 22 Longitude: -
120a	01	53 Veh #: 2	54 Policy No.: TCA00001007653 / 55 NJ Ins. Code: 632
120b	01	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
121a	-	56 Driver's First Name: KRINSTINA / Initial: D / Last Name: VAUGHN-CARSWEL - / 59 Sex: F	
121b	-	57 Number & Street: 68 HAWKINS ST APT 1A	
		58 City: NEWARK / State: NJ / Zip: 07105	
122	13	60 Eyes: 02 / DL Class: D / Restrictions: - / Endorsements: - / 61 State: NJ	
123	08	62 Driver's License Number: V08784376452852 / 63 DOB mm dd yyyy: 02/07/1985 / 64 Expires mm yy: 02 20	
124	-	65 Owner's First Name: KRINSTINA / Initial: D / Last Name: VAUGHN-CARSWEL - ☒ Same As Driver	
125	-	66 Number & Street: 68 HAWKINS ST APT 1A	
126a	26	67 City: NEWARK / State: NJ / Zip: 07105	
126b	-	68 Make: NISSAN / 69 Model: ALTIMA / 70 Color: BG / 71 Year: 2014 / 72 Plate No.: X61JCV / 73 State: NJ	
126c	-	74 VIN: 21N4AL3AP4EC157373 / 75 Expires: 07 18	
126d	-	76 Vehicle Removed To: -	
126e	26	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
127a	26	77 Authority: ☒ Owner ☐ Driver ☐ Police	
127b	26	78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused / Type: ☐ Breath ☐ Blood ☐ Urine / Results: 0. - % ☐ Pending	79 Hazardous Material: ☐ None ☐ On Board ☐ Spill / Hazard Class: - / Placard No.: -
127c	-		
127d	-	80 Carrier No.: ☐ USDOT - ☐ None / ☐ MC/MX -	81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
127e	-		
128	26	82 Motor Carrier or Government Entity: -	
129	08	Number & Street: -	
130	08	City: - / State: - / Zip: -	
131	02		
132	02	Oper.: - / 138 Charge: - / 139 Summons. No.: -	
133	02	Oper.: - / 142 Charge: - / 143 Summons. No.: -	
134	02		

New Jersey Police Crash Investigation Report

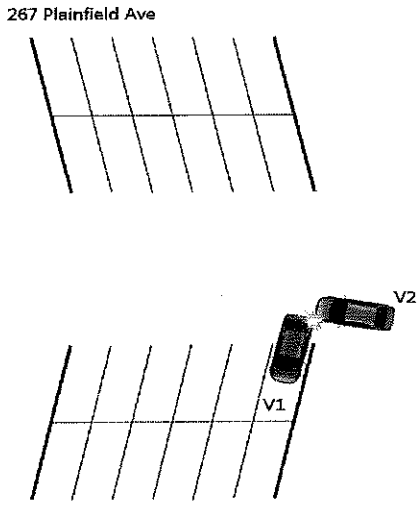
Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18040491

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was reversing out of her parking spot as V2 was stopped at the entrance way of the parking lot. As a result V1 reversed into V2 with minimal damage to both vehicles.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOHAMMAD GHAFOOR	0445	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18040527
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	HEADQUARTERS
4 Date of Crash (mm dd yy)	07/01/18
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1653
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	U S HWY 1
Dir	S
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	800
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☒ W
17 Cross Road Name (of:)	PARSONAGE RD
18 Speed Limit	35
19 Ramp	☐ To ☐ From:
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	4461985626
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RAHIM D MAHMOUD -
29 Sex	M
27 Number & Street	208 E. ELIZABETH AVE APT B1A
28 City / State / Zip	LINDEN NJ 07036
30 Eyes	02
DL Class	D
Restrictions	Z
Endorsements	NO
31 State	NJ
32 Driver's License Number	M01686386406952
33 DOB (mm dd yyyy)	06/22/1995
34 Expires (mm yy)	10 18
35 Owner's First Name / Initial / Last Name	☒ Same As Driver RAHIM D MAHMOUD -
36 Number & Street	208 E. ELIZABETH AVE APT B1A
37 City / State / Zip	LINDEN NJ 07036
38 Make	HONDA
39 Model	ACCORD
40 Color	GN
41 Year	2010
42 Plate No.	F85HFW
43 State	NJ
44 VIN	1HGCP2F78AA022091
45 Expires	10 18
46 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

Field	Value
53 Veh #	2
54 Policy No.	OUT OF STATE
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ROBERT W DEFILIPPI II
59 Sex	M
57 Number & Street	594 CLIFF ST
58 City / State / Zip	HONESDALE PA 18431
60 Eyes	02
DL Class	B
Restrictions	Q
Endorsements	NO
61 State	PA
62 Driver's License Number	26 696 463
63 DOB (mm dd yyyy)	07/09/1969
64 Expires (mm yy)	07 22
65 Owner's First Name / Initial / Last Name	☒ Same As Driver ROBERT W DEFILIPPI II
66 Number & Street	594 CLIFF ST
67 City / State / Zip	HONESDALE PA 18431
68 Make	NISSAN
69 Model	MAXIMA
70 Color	RD
71 Year	2017
72 Plate No.	KJW7992
73 State	PA
74 VIN	1N4AA6APXHC375653
75 Expires	05 19
76 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	23	M	-	-	-	11	04	-	-	DRIVER V1 - - - - - - - - - -
B	2	01	01	-	48	M	-	-	-	11	04	-	-	DRIVER V2 - - - - - - - - - -
C														
D														

Margin codes

Code	Value
96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03
118a	02
118b	-
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	07
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	02

New Jersey Police Crash Investigation Report

Police Dept: **EDISON POLICE DEPAR** Code: **01**

Station: **HEADQUARTERS** Case No: **18040527**

(Refer to vehicle by number)

ALL INVOLVED

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

V2 was traveling southbound on Route 1 approaching Parsonage Rd slowing down in traffic when it was rear ended by V1. No injuries reported on scene. Vehicles moved prior to Police arrival.

V2 has Pennsylvania Insurance: Erie Insurance Exchange Policy #Q07 2115158. Code: 26271. Address: 100 Erie Insurance Place. Erie, PA 16530. No Tel# provided.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MAURICE SINCLAIR-DUROSE	**0416**	**DECHIRICO**	**0199**	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 04
97: 01
98: 01
99: 05
100a: 03
100b: 04
101: 02
102: 01
103: 01
104: 1
105: 11
106: -
107: -
108: 01
109: -
110: 01
111: -
112: -
113: -
114: -
115: -
116: 02
117: -

1 Case Number: 18040529

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 07/01/18

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 1717

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 2029 OAK TREE ROAD (Road Name) | E (Dir) | 11 Speed Limit: 35

12 Route No.: 0604 | Suffix: - | 13 Milepost: - | 18 Speed Limit: -

☐ At Intersection With | ☐ Feet ☐ N ☐ E of: - | ☐ Miles ☐ S ☐ W

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

20 Route/Name: -

21 Latitude: - | 22 Longitude: -

118a: 02
118b: -
119a: -
119b: -
120a: 01
120b: 01
121a: -
121b: -
122: 01
123: -
124: 04
125: -
126a: 05
126b: 54
126c: 61
126d: -
126e: 54
127a: -
127b: -
127c: -
127d: -
127e: -
128: 54
129: 02
130: 02
131: -
132: -
133: 03
134: -

Vehicle 1

23 Veh #: 1 | 24 Policy No.: AOJ-238-158044-7081 | 25 NJ Ins. Code: 183

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: CHERYL | Initial: A | Last Name: FOWLER | 29 Sex: F

27 Number & Street: 169 ELMHURST AVE

28 City: ISELIN | State: NJ | Zip: 08830

30 Eyes: 02 | DL Class: D | Restrictions: 01 | Endorsements: - | 31 State: NJ

32 Driver's License Number: F68871226155872 | 33 DOB (mm dd yyyy): 05/20/1987 | 34 Expires (mm yy): 11 21

35 Owner's First Name: GEORGE | Initial: - | Last Name: RESABALA | ☐ Same As Driver

36 Number & Street: 169 ELMHURST AVENUE

37 City: ISELIN | State: NJ | Zip: 08830

38 Make: FORD | 39 Model: MUSTANG | 40 Color: RD | 41 Year: 2013 | 42 Plate No.: J54CXR | 43 State: NJ

44 VIN: 1ZVBP8EM6D5276879 | 45 Expires: 02 19

46 Vehicle Removed To: DRIVEN AWAY

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.- % ☐ Pending

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -

50 Carrier No.: ☐ USDOT - ☐ None | ☐ MC/MX -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: - | 54 Policy No.: - | 55 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: - | Initial: - | Last Name: - | 59 Sex: -

57 Number & Street: -

58 City: - | State: - | Zip: -

60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 61 State: -

62 Driver's License Number: - | 63 DOB (mm dd yyyy): - | 64 Expires (mm yy): - -

65 Owner's First Name: - | Initial: - | Last Name: - | ☐ Same As Driver

66 Number & Street: -

67 City: - | State: - | Zip: -

68 Make: - | 69 Model: - | 70 Color: - | 71 Year: - | 72 Plate No.: - | 73 State: -

74 VIN: - | 75 Expires: - -

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.- % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ None | ☐ MC/MX -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

135 Damage To Other Property: ☒ Yes (If Yes, describe) ☐ No

ONE (01) MAILBOX WITH A WOODEN POST/HOLDER

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	31	F	-	-	-	11	04	-	-	DRIVER #1 - - - - - - -
B	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - -
C	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - -
D	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - -

New Jersey Police Crash Investigation Report

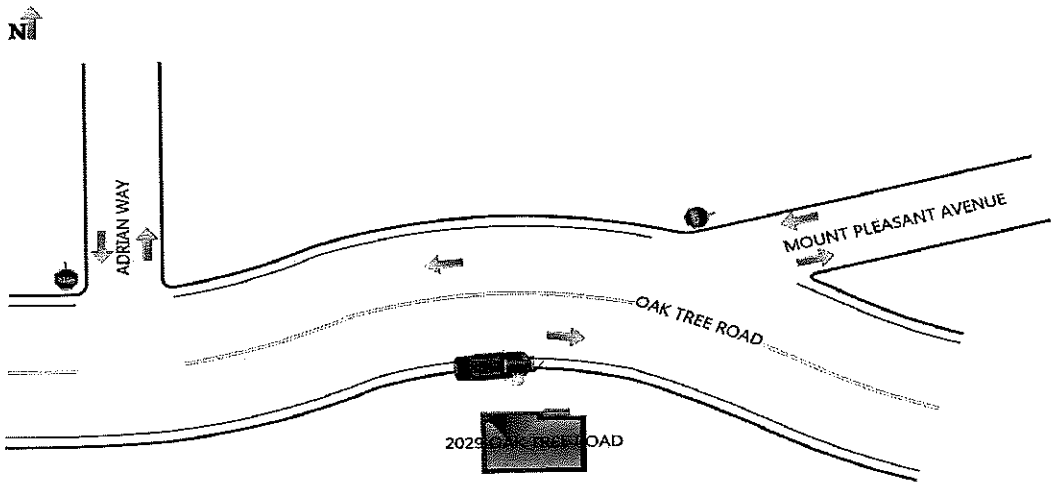
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040529

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



THIS CRASH DIAGRAM IS NOT TO SCALE

145 Crash Description/Narrative

Officer's investigation revealed that vehicle #1 was traveling eastbound on Oak Tree Road. During that time, vehicle #1 struck the mailbox at 2029 Oak Tree Road. The impact of the crash broke the mailbox support. Another motorist who noticed the incident was also traveling behind vehicle #1 eastbound on Oak Tree Road.

Driver #1 stated that she was not injured in the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DANNY LAU	0377	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	97	98	99	100a	100b	101	102	103	104	105
05	01	01	07	01	04	02	01	01	1	11

106	107	108	109	110	111	112	113	114	115	116	117
-	-	01	-	02	-	06	-	-	-	03	-

1 Case Number: 18040538

2 Police Dept of: EDISON POLICE DEPARTI Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 07/01/18

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 1828

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: 4

10 Crash Occurred On: VINEYARD RD (Road Name) Dir: S

11 Speed Limit: 25

12 Route No.: - Suffix: - 13 Milepost: -

☐ At Intersection With

14: 50 15: ☒ Feet ☐ Miles 16: ☐ N ☐ E ☒ S ☐ W of: MAGEE RD (17 Cross Road Name)

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - 20 Route/Name ☐ NB ☐ SB ☐ EB ☐ WB

21 Latitude: - 22 Longitude: -

118a	118b	119a	119b	120a	120b	121a	121b	122	123
02	-	-	-	01	-	-	-	01	-

124	125	126a	126b	126c	126d	126e	127a	127b	127c	127d	127e
11	-	05	56	52	-	52	-	-	-	-	-

128	129	130	131	132	133	134
56	12	12	-	-	04	-

Vehicle 1

23 Veh #: 1

24 Policy No.: -

25 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run

26 Driver's First Name: EDWIN Initial: - Last Name: RAMIREZ-ALVARAD -

29 Sex: M

27 Number & Street: 225 SEAMON ST APT 2

28 City: NEW BRUNSWICK State: NJ Zip: 08901

30 Eyes: 02 DL Class: - Restrictions: - Endorsements: -

31 State: -

32 Driver's License Number: -

33 DOB (mm dd yyyy): 03/09/1994

34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver First Name: KENIA Initial: C Last Name: BLANCO-ROMERO -

36 Number & Street: 285 REMSEN AVE APT 2

37 City: NEW BRUNSWICK State: NJ Zip: 08901

38 Make: TOYOTA 39 Model: SIENNA 40 Color: GD 41 Year: 2001 42 Plate No.: F45KAC 43 State: NJ

44 VIN: 4T3ZF13C81U368926

45 Expires: 05 19

46 Vehicle Removed To: MAJESTIC

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded

47 Authority: ☐ Owner ☐ Driver ☒ Police

48 Alcohol/Drug Test
Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - % ☐ Pending

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill
Hazard Class: - Placard No.: -

50 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

Vehicle 2

53 Veh #: -

54 Policy No.: -

55 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: - Initial: - Last Name: - -

59 Sex: -

57 Number & Street: -

58 City: - State: - Zip: -

60 Eyes: - DL Class: - Restrictions: - Endorsements: -

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

65 Owner's ☐ Same As Driver First Name: - Initial: - Last Name: - -

66 Number & Street: -

67 City: - State: - Zip: -

68 Make: - 69 Model: - 70 Color: - 71 Year: - 72 Plate No.: - 73 State: -

74 VIN: -

75 Expires: - -

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test
Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill
Hazard Class: - Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

Charges

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

UTILITY POLE #63056ED

Oper.	Charge	Summons. No.
01	136 Charge: 39:4-97	137: G019771
01	138 Charge: 39:3-10	139: G019773
01	140 Charge: 39:3-19.1	141: G019774
01	142 Charge: 39:4-129A	143: G019775

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	24	M	-	-	-	11	11	01	-	DRIVER 1 - - - - - - - - -
B	01	03	01	04	16	M	05	05	01	11	11	01	-	KELVIN - RIOS-REYES - 255 SEAMAN ST 2FL NEW BRUNSWICI NJ 08901 - -
C	01	04	01	-	35	F	-	-	-	04	04	-	-	MARIA - REYES - 255 SEAMAN ST 2FL NEW BRUNSWICI NJ 08901 - -
D	01	04	01	03	3	M	02	04	02	01	01	-	6204	JUNIOR - RAMIREZ - 255 SEAMAN ST 2FL NEW BRUNSWICI NJ 08901 - -

New Jersey Police
Crash Investigation Report

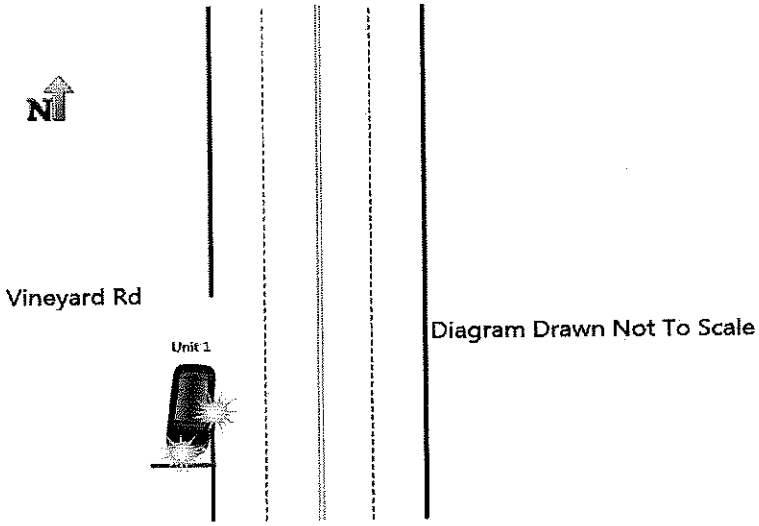
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040538

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	01	06	01	04	14	M	02	05	02	04	04	-	6204	DANIEL - RIOS-REYES - 255 SEAMAN ST 2FL NEW BRUNSWICK NJ 08901 - -
F	01	06	01	-	2	M	-	-	-	01	01	-	-	JORDAN - RAMIREZ - 255 SEAMAN ST 2FL NEW BRUNSWICK NJ 08901 - -
G	01	07	01	-	12	M	-	-	-	04	04	-	-	BRALIO - RIOS - 255 SEAMAN ST 2FL NEW BRUNSWICK NJ 08901 - -
H	01	09	04	04	13	M	11	05	02	04	04	-	6204	ANGEL - RIOS - 255 SEAMAN ST 2FL NEW BRUNSWICK NJ 08901 - -
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 fled on foot in unknown direction prior to arrival (only description is: male). V1 was traveling s/b on Vineyard Rd. V1 ran off the roadway into a driveway, then struck a curb, then struck a utility pole where it came to a rest.

Passenger Maria Reyes stated the vehicle was sent as a taxi service in New Brunswick (unknown phone number). New Brunswick PD attempted and was unable to make contact with the registered owner of the V1.

Four (4) passengers inside V1 sustained injuries, three (3) of whom were subsequently transported to St. Peter's Hospital via JFK EMS.

Majestic Towing responded for the impoundment of V1.

D1 (over an hour later) came back to the scene. D1 said he fled because he was scared-he has no license and did not know what to do. D1 said he does not know how the crash occurred- he just looked up and there was the pole.

In addition to the summonses issued to D1 listed above, D1 was issued: 39:3-76.2a (G019776), and 39:4-130 (G019777).

The registered owner of V1 was issued the following summonses: 39:6B-2 (G019769), 39:3-37.1b (G019770), and 39:3-19.1 (G019772)

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RICHARD WESTOVER	0446	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18040587
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	EDISON PD
4 Date of Crash (mm dd yy)	07/02/18
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2342
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	US HIGHWAY RT 1 SOUTH (Road Name) S (Dir)
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
18 Speed Limit	35
At Intersection With	OLD POST RD
☒ Feet 200 ☐ Miles	☐ N ☐ E ☒ S ☐ W of:
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	OUT OF STATE INSURANCE
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MORGAN
Initial	R
Last Name	HAWKES -
29 Sex	F
27 Number & Street	39 LAFRANCE RD
28 City	WEARE
State	NH
Zip	03281
30 Eyes	02
DL Class	D
Restrictions	NO
Endorsements	NO
31 State	NJ
32 Driver's License Number	03HSM00191
33 DOB (mm dd yyyy)	03/19/2000
34 Expires (mm yy)	03 21
35 Owner's	☐ Same As Driver
First Name	MATHIEU
Initial	F
Last Name	PLANTE -
36 Number & Street	233 NORTH STARK HWY
37 City	WEARE
State	NH
Zip	03281
38 Make	GMC
39 Model	UNKNOWN
40 Color	BK
41 Year	2018
42 Plate No.	J&M-01
43 State	NH
44 VIN	1GT42YEY9JF184300
45 Expires	11 18
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
50 Carrier No.	☒ USDOT 2997902 ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	J&M UNLIMITED LLP
Number & Street	233 N STARK HWY
City	WEARE
State	NH
Zip	03281

Vehicle 2

53 Veh #	2
54 Policy No.	202893406
55 NJ Ins. Code	217
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	DANNY
Initial	L
Last Name	COLLINS -
59 Sex	M
57 Number & Street	41 GAGE RD
58 City	EAST BRUNSWICK
State	NJ
Zip	08816
60 Eyes	02
DL Class	D
Restrictions	NO
Endorsements	NO
61 State	NJ
62 Driver's License Number	C62771547303942
63 DOB (mm dd yyyy)	03/26/1994
64 Expires (mm yy)	03 22
65 Owner's	☒ Same As Driver
First Name	DANNY
Initial	L
Last Name	COLLINS -
66 Number & Street	41 GAGE RD
67 City	EAST BRUNSWICK
State	NJ
Zip	08816
68 Make	GMC
69 Model	ENVOY
70 Color	RD
71 Year	2004
72 Plate No.	F53HMH
73 State	NJ
74 VIN	1GKET16S846198622
75 Expires	01 19
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95
A	01	01	01	-	24	F	-	-	-	11	04	-	-
B	01	01	03	-	18	M	-	-	-	11	04	-	-
C	01	01	04	-	15	M	-	-	-	11	04	-	-
D	02	01	01	-	18	M	-	-	-	11	04	-	-

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

DRIVER 1 - -

- - - - - -

MATHIEU - PLANTE

233 NORTH STARK WEARE NH 03281 06/23/2001

ALEX - PLANTE

233 NORTH STARK WEARE NH 03281 06/23/2003

DRIVER 2 - -

- - - - - -

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON PD Case No: 18040587

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E	02	03	01	-	24	F	-	-	-	11	04	-	-	MELISSA - TORRES 2744 US RT 1 C#13 MONMOUTH JUN(NJ 08852 01/06/1994 -
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Vehicles Moved Prior to Officer Arrival on Scene.

Officer Investigation Reveals: V-1 was driving south on US Highway Rt 1 South just prior to the Comfort Inn in the right lane. V-2 was driving south on US Highway Rt 1 South in the middle lane behind V-1 when it observed V-1 make a lane change into the middle lane, attempting to swing wide into the Comfort Inn. V-2 moved into the right lane to avoid hitting V-1 when at this time V-1 attempted to make the right hand turn into the Comfort Inn, striking the left hand side of V-2 causing damage.

V-1 Insurance:
USAA
Policy# 024721008C
Expires 01/01/2019

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCOTT BENEDICKSON	0460	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 18040609

97: 01

2 Police Dept of: EDISON POLICE DEPART | Code: 01

98: 01

3 Station/Precinct: PATROL

99: 07

4 Date of Crash mm dd yy: 07/03/18

100a: 01

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 0540

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: NEWFIELD AVE (Road Name) | E (Dir)

☐ At Intersection With

☒ Feet ☐ Miles | ☐ N ☐ E ☒ S ☐ W

100 (14 15)

of: RARITAN CENTER PKWY (16)

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

20 Route/Name:

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude:

22 Longitude:

11 Speed Limit: 25

12 Route No. | Suffix | 13 Milepost

18 Speed Limit: 35

118a: 02
118b: -
119a: 25
119b: -
120a: 01
120b: -
121a: -
121b: -
122: 01
123: 10
124: -
125: -
126a: 28
126b: -
126c: -
126d: -
126e: 28
127a: 26
127b: -
127c: -
127d: -
127e: 26
128: 28
129: 01
130: 01
131: 12
132: 12
133: 02
134: 03

Vehicle 1

100b: 04

23 Veh #: 1

24 Policy No.: 05627527-7

25 NJ Ins. Code: 038

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

101: 02

26 Driver's First Name: HECTOR | Initial: M | Last Name: COLLAZO | 29 Sex: M

102: 01

27 Number & Street: 358 GRANTWOOD AVE

103: 01

28 City: STATEN ISLAND | State: NY | Zip: 10312

104: 2

30 Eyes: 02 | DL Class: AM | Restrictions: - | Endorsements: - | 31 State: NY

105: 06

32 Driver's License Number: 610145326 | 33 DOB mm dd yyyy: 08/07/1959 | 34 Expires mm yy: 08 25

106: -

35 Owner's First Name | Initial | Last Name

☐ Same As Driver: C TRUCKING & PA

107: -

36 Number & Street: 249-263 JOHNSON AVENUE

108: 25

37 City: NEWARK | State: NJ | Zip: 07114

109: 03

38 Make: FREIGHTLINE | 39 Model: TR | 40 Color: WT | 41 Year: 2000 | 42 Plate No.: AP551W | 43 State: NJ

110: 02

44 VIN: 1FUWHLCB5YHH23997 | 45 Expires: 05 19

111: 02

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

112: -

☐ Left At Scene ☐ Towed Impounded

113: -

47 Authority: ☐ Owner ☒ Driver ☐ Police

114: -

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %: ☐ Pending

115: -

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill

Hazard Class: - | Placard No.:

116: 02

50 Carrier No.: ☒ USDOT NJ34995 ☐ None

117: -

☐ MC/MX: -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: C TRUCKING

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: CA4400105

55 NJ Ins. Code: 228

☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name | Initial | Last Name | 59 Sex

57 Number & Street:

58 City | State | Zip

60 Eyes | DL Class | Restrictions | Endorsements | 61 State

62 Driver's License Number | 63 DOB mm dd yyyy | 64 Expires mm yy

65 Owner's First Name | Initial | Last Name

☐ Same As Driver: COMPASS GROUP

66 Number & Street: 4001 LEADENHALL RD

67 City: MOUNT LAUREL | State: NJ | Zip: 08054

68 Make: FORD | 69 Model: E SERIES | 70 Color: WT | 71 Year: 2012 | 72 Plate No.: XZ550G | 73 State: NJ

74 VIN: 1FTNS2EW0CDA43338 | 75 Expires: 01 19

76 Vehicle Removed To:

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☒ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %: ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill

Hazard Class | Placard No.

80 Carrier No.: ☐ USDOT | ☐ None | ☐ MC/MX

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity:

Number & Street:

City | State | Zip

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☐ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	-	-	48	M	-	-	-	11	04	-	-	D1 - - - - - - -
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: **EDISON POLICE DEPAR** Code: **01**

Station: **PATROL** Case No: **18040609**

(Refer to vehicle by number)

ALL INVOLVED

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

D1 stated 03 deer ran in front of Veh 1 while travelling on Newfield Ave. While attempting to avoid the deer, D1 impacted the front of parked Veh 2. Vehicles moved prior to my arrival.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JAMES WHALEN	**0457**	**DECHIRICO**	**0199**	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18040616
2 Police Dept of	EDISON POLICE DEPART (01)
3 Station/Precinct	EDISON
4 Date of Crash (mm dd yy)	07/02/18
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0706
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	US 1
Road Name Dir	N
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
14 Miles	-
15	-
16	☒ At Intersection With; ☐ Feet; ☐ Miles; ☐ N ☐ E ☐ S ☐ W; of: PARSONAGE RD
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp	☐ To ☐ From: -
20 Route/Name	-
	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	CT741473001
25 NJ Ins. Code	480
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	MOHAMMED A HAMOUM -
29 Sex	M
27 Number & Street	1202 TUDOR CT
28 City / State / Zip	HILLSBOROUGH NJ 08844
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / A / - / - / NJ
32 Driver's License Number	H03665606104902
33 DOB (mm dd yyyy)	04/06/1990
34 Expires (mm yy)	12 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AFFORDABLE - TOWING SERVICE -
36 Number & Street	PO BOX 251
37 City / State / Zip	MANVILLE NJ 08835
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	VOLVO / UNKNOWN / RD / 2001 / AN228U / NJ
44 VIN	4V4NC9JJ21N259493
45 Expires	07 18
46 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☒ USDOT 708364 ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	AFFORDABLE TOWING
Number & Street	PO BOX 251
City / State / Zip	MANVILLE NJ 08835

Vehicle 2

53 Veh #	2
54 Policy No.	F100571033
55 NJ Ins. Code	426
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name / Initial / Last Name	MAUREEN V HERBAN -
59 Sex	F
57 Number & Street	9 RIDGEVIEW RD
58 City / State / Zip	JAMESBURG NJ 08831
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / 1 / - / NJ
62 Driver's License Number	H26525318557682
63 DOB (mm dd yyyy)	07/14/1968
64 Expires (mm yy)	03 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MAUREEN V HERBAN -
66 Number & Street	9 RIDGEVIEW RD
67 City / State / Zip	JAMESBURG NJ 08831
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYOTA / RAV4 / WT / 2017 / A74JHT / NJ
74 VIN	JTMBFREVXHJ171778
75 Expires	10 20
76 Vehicle Removed To	MAJESTIC
	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.
01	39:3-29	1205G018165
-	-	-

Oper.	138 Charge	139 Summons. No.
01	39:4-81	1205G018164
-	-	-

Oper.	140 Charge	141 Summons. No.
-	-	-

Oper.	142 Charge	143 Summons. No.
-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	-	-	28	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - -
B	02	01	-	04	49	F	07	08	02	11	11	02	6201	DRIVER 2 - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18040616

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Vehicles moved

145 Crash Description/Narrative

V1 was traveling NB on US 1 and reports as he passed through the intersection the light was yellow. D1 reports he noticed the vehicle on the jug handle or Parsonage Rd began to drive and he attempted to avoid impact but could not stop his vehicle in time. As a result V1 impacted V2, D1 admits he was at fault. D2 reports her light was green and as she proceeded V1 impacted her.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KASHIF SALAHUDDIN	0434	DECHIRICO	0199	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18040629
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/02/18
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0831
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	US HIGHWAY 1
Dir	N
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
☒ At Intersection With / ☐ Feet / ☐ Miles	-
14 / 15 / 16	☐ N ☐ E ☐ S ☐ W
of: 17 Cross Road Name	PRINCE ST
18 Speed Limit	25
19 Ramp ☐ To ☐ From: 20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Code	Value
96	01
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	01
109	20
110	01
111	02
112	-
113	-
114	-
115	03
116	01
117	01

Code	Value
118a	02
118b	02
119a	25
119b	25
120a	01
120b	01
121a	01
121b	01
122	03
123	03
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	08
132	08
133	03
134	02

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	HPA1253A007545
25 NJ Ins. Code	413
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	DOROTHY L OGLESBY -
29 Sex	F
27 Number & Street	1565 MONTGMERY ST
28 City / State / Zip	RAHWAY NJ 07065
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	030901787356362
33 DOB (mm dd yyyy)	06/02/1936
34 Expires (mm yy)	05 19
35 Owner's First Name / Initial / Last Name	☒ Same As Driver DOROTHY L OGLESBY -
36 Number & Street	1565 MONTGMERY ST
37 City / State / Zip	RAHWAY NJ 07065
38 Make	HONDA
39 Model	ACCORD
40 Color	BK
41 Year	2002
42 Plate No.	MEW42A
43 State	NJ
44 VIN	1HGCG66892A001073
45 Expires	01 19
46 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
50 Carrier No.	☐ USDOT - ; ☐ None ; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

Field	Value
53 Veh #	2
54 Policy No.	OUT OF STATE
55 NJ Ins. Code	-
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name / Initial / Last Name	MIGUEL A ALVARADO -
59 Sex	M
57 Number & Street	426 SOUTH PLAINFIELD AVE
58 City / State / Zip	SO PLAINFIELD NJ 07080
60 Eyes	02
DL Class	A
Restrictions	1
Endorsements	M
61 State	NJ
62 Driver's License Number	A56745476109672
63 DOB (mm dd yyyy)	09/29/1967
64 Expires (mm yy)	09 18
65 Owner's First Name / Initial / Last Name	☐ Same As Driver RYDER TRUCK - RENTAL LT -
66 Number & Street	920 BRUNSWICK ST
67 City / State / Zip	BALTIMORE MD 21223
68 Make	ISUZU
69 Model	UNKNOWN
70 Color	WT
71 Year	2016
72 Plate No.	9CC7300
73 State	MD
74 VIN	JALC4W166G7K00193
75 Expires	10 18
76 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
80 Carrier No.	☒ USDOT 247538 ; ☐ None ; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	RYDER TRUCK RENTAL LT
Number & Street	920 BRUNSWICK ST
City / State / Zip	BALITMORE / MD / 21223

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	-	82	F	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - - -
B	V1	02	01	-	20	M	-	-	-	11	04	-	-	TERRELL - OGLESBY - / 12 CHRISTOPHER LN COLONIA NJ 07067 - -
C	V2	01	01	-	50	M	-	-	-	11	04	-	-	DRIVER 2 - - - / - - - - - - -
D														

New Jersey Police Crash Investigation Report

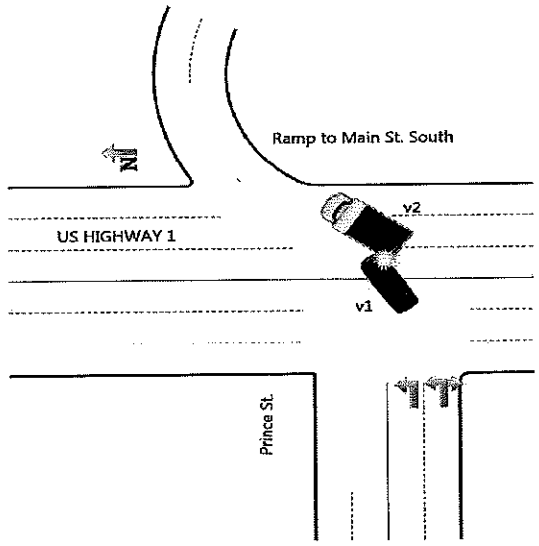
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040629

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Box 54 55,
Policy # Z-35726-39 NAIC #24147
AON Risk Services Central, INC.
200 East Randolph
Chicago, IL 60601
(312) 381-1000

Based on Officer's investigation vehicle 2 was making a left turn from the right lane on Prince St. onto US highway 1 North. Vehicle 1 was in the left lane simultaneously making a left turn. Vehicle 1 changed lanes in an attempt to take the ramp to Main St. South, striking vehicle 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
STEVEN MARTIN	0459	DECHIRICO	0199	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	04
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

Field	Value
1 Case Number	18040631
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	EDISON PD
4 Date of Crash (mm dd yy)	07/02/18
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0833
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	US HIGHWAY RT 1 NORTH
Dir	N
11 Speed Limit	50
12 Route No. / Suffix / 13 Milepost	- - -
At Intersection With	☐
14 Distance	200 ☒ Feet ☐ Miles
15/16 Direction	☒ N ☐ E ☐ S ☐ W
of: 17 Cross Road Name	OLD POST RD
18 Speed Limit	35
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Field	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	03
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	02

Vehicles

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	NO INSURANCE	54 Policy No.	HPA00002129020
25 NJ Ins. Code	-	55 NJ Ins. Code	017
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	VASILE - MICLESCU -	56 Driver's First Name / Initial / Last Name	JAEWON - LEE -
29 Sex	M	59 Sex	M
27 Number & Street	107 IVAN AVE S	57 Number & Street	100 HIRAM SQUARE APT 212
28 City / State / Zip	LEHIGH ACRES FL 33973	58 City / State / Zip	NEW BRUNSWICK NJ 08901
30 Eyes	02	60 Eyes	02
DL Class	E	DL Class	D
Restrictions	NO	Restrictions	1
Endorsements	NO	Endorsements	NO
31 State	FL	61 State	NJ
32 Driver's License Number	M-242-860-95-282-0	62 Driver's License Number	L21583830001802
33 DOB (mm dd yyyy)	08/02/1995	63 DOB (mm dd yyyy)	01/05/1980
34 Expires (mm yy)	10 18	64 Expires (mm yy)	11 18
35 Owner's First Name / Initial / Last Name	☐ Same As Driver HERTZ LLC - - -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver NISSAN INFINITI - LT -
36 Number & Street	900 DOREMUS AVE	66 Number & Street	PO BOX 254648
37 City / State / Zip	NEWARK NJ 07114	67 City / State / Zip	SACRAMENTO CA 95865
38 Make	MERCEDES-B	68 Make	INFINITI
39 Model	L-CLASS	69 Model	Q50
40 Color	BK	70 Color	WT
41 Year	2017	71 Year	2016
42 Plate No.	HPD8378	72 Plate No.	T26HJF
43 State	NY	73 State	NJ
44 VIN	WDC0G4KB3HF254368	74 VIN	JN1FV7AR8GM450583
45 Expires	09 18	75 Expires	11 20
46 Vehicle Removed To	-	76 Vehicle Removed To	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-29	1205-G-020193	-	-	-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
01	39:6B-2	1205-G-020194	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	23	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	02	01	01	-	37	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - -
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON PD Case No: 18040631

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Vehicles Moved Prior to Officer Arrival on Scene.

Officer Investigation Reveals: V-1 and V-2 were driving north on US Highway Rt 1 North on the right hand lane just past Old Post Rd. V-2 was slowing down due to traffic and a red light, V-1 then struck the rear of V-2 causing damage.

Hertz was contacted due to no insurance on the vehicle. Hertz advised me to have the driver drive to the closest Hertz Rental Store to fill out an accident incident form

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCOTT BENEDICKSON	0460	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18040636
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/02/18
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0853
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	WOODBRIDGE AVE (Road Name) E (Dir)
11 Speed Limit	40
12 Route No.	0514
Suffix	-
13 Milepost	-
18 Speed Limit	25
At Intersection With	STANLEY SWIDERSKI AVE
17 Cross Road Name	
☒ Feet / ☐ Miles	200
N ☐ E / S ☒ W of:	
19 Ramp ☐ To / ☐ From	-
20 Route/Name	-
NB ☐ EB / SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	NJSS-205369527
25 NJ Ins. Code	217
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AIDA V SMITH -
29 Sex	F
27 Number & Street	53 JOHNSON STREEY
28 City / State / Zip	FORDS NJ 08863
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number	S57780148557686
33 DOB (mm dd yyyy)	07/26/1968
34 Expires (mm yy)	10 21
35 Owner's First Name / Initial / Last Name	☒ Same As Driver AIDA V SMITH -
36 Number & Street	53 JOHNSON STREEY
37 City / State / Zip	FORDS NJ 08863
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HONDA / ACCORD / BK / 2004 / VCD24N / NJ
44 VIN	1HGCM56314A066879
45 Expires	09 18
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class -; Placard No. -
50 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4341-75-02-24
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HETTY H CHAN -
59 Sex	F
57 Number & Street	12 COLUMBUS AVE
58 City / State / Zip	EDISON NJ 08817
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / 1 / - / NJ
62 Driver's License Number	C31753306853752
63 DOB (mm dd yyyy)	03/02/1975
64 Expires (mm yy)	05 20
65 Owner's First Name / Initial / Last Name	☒ Same As Driver HETTY H CHAN -
66 Number & Street	12 COLUMBUS AVE
67 City / State / Zip	EDISON NJ 08817
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HONDA / ACCORD / RD / 2012 / WDF78L / NJ
74 VIN	1HGCP2F41CA222299
75 Expires	08 19
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class -; Placard No. -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	49	F	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	2	01	01	04	43	F	01	08	01	11	04	-	-	DRIVER 2 - - - - - - - - -
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040636

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Driver of Vehicle 2 stated she was exiting the parking lot of Wawa onto Woodbridge Ave (East) when struck in the rear by Vehicle 1. Driver of Vehicle 2 stated she was moving forward in order to merge onto Woodbridge Ave, however there was an ambulance traveling East on Woodbridge Ave which made Driver of Vehicle 2 to come to a stop. It was at this point, the front of Vehicle 1 struck the rear of Vehicle 2.

Driver of Vehicle 1 stated she was directly behind Vehicle 2 and they both were moving forward in order to merge onto Woodbridge Ave from the parking lot of Wawa. Driver of Vehicle 1 stated Driver of Vehicle 2 came to a complete stop when she observed the ambulance traveling East on Woodbridge Ave. Driver of Vehicle 1 was not able to stop in time, causing the front of Vehicle 1 to strike the rear of Vehicle 2.

*****Vehicles Moved Prior to Arrival*****

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HARPINDER SINGH	0466	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Margin	Field	Value
96: 05	1 Case Number	18040656
97: 01	2 Police Dept of / Code	EDISON POLICE DEPART / 01
98: 01	3 Station/Precinct	EDISON
99: 01	4 Date of Crash (mm dd yy)	07/02/18
100a: 01	5 Day Of Week	MONDAY
	6 Time (use 2400 hrs)	1053
	7 Municipality Code	1205
	8 Total Killed	--
	9 Total Injured	--

10 Crash Occurred On: US 1 — Dir: N — 11 Speed Limit: 50 — 12 Route No.: 0001 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name

14: 500 — 15: ☒ Feet ☐ Miles — 16: ☐ N ☐ E ☒ S ☐ W — of: PARSONAGE RD (17 Cross Road Name) — 18 Speed Limit: 40

19 Ramp: ☐ To ☐ From: - — 20 Route/Name — ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: - — 22 Longitude: -

Right margin: 118a: 02 — 118b: 09 — 119a: 25 — 119b: - — 120a: 01 — 120b: 01 — 121a: 01 — 121b: 01 — 122: 01 — 123: 01 — 124: 03 — 125: 03 — 126a: 26 — 126b: - — 126c: - — 126d: - — 126e: 26 — 127a: 26 — 127b: - — 127c: - — 127d: - — 127e: 26 — 128: 26 — 129: 12 — 130: 12 — 131: 06 — 132: 06 — 133: 03 — 134: 03

Left margin: 100b: 04 — 101: 02 — 102: 01 — 103: 01 — 104: 2 — 105: 01 — 106: - — 107: - — 108: 01 — 109: 01 — 110: 01 — 111: 01 — 112: - — 113: - — 114: - — 115: - — 116: 01 — 117: 01

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	4400980894	4289510218
NJ Ins. Code	100	100
Type	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	GIANFRANC - LEONE -	CHRISTOPH M MUNROE -
Sex	M	M
Number & Street	81 WOODING AVE	159 APT 2 OAK TREE AVE
City / State / Zip	EDISON NJ 08817	SOUTH PLAINFIELD NJ 07080
Eyes	02	02
DL Class	D	D
Restrictions	1	-
Endorsements	-	-
State	NJ	NJ
Driver's License Number	L26082820008932	M92921247409582
DOB (mm dd yyyy)	08/28/1993	09/12/1958
Expires (mm yy)	09 20	01 22
Owner's First Name / Initial / Last Name	☐ Same As Driver — ISABELLA C LEONE -	☒ Same As Driver — CHRISTOPH M MUNROE -
Owner Number & Street	81 WOODING AVE	159 APT 2 OAK TREE AVE
Owner City / State / Zip	EDISON NJ 08817	SOUTH PLAINFIELD NJ 07080
Make	MAZDA	NISSAN
Model	MAZDA3	MURANO
Color	BL	BL
Year	2008	2005
Plate No.	F24FGP	Y39GLN
State	NJ	NJ
Expires	04 19	03 19
VIN	JM1BK344481780821	JN8AZ08W75W440082
Vehicle Removed To	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	☐ Owner ☒ Driver ☐ Police	☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test Given	☒ No ☐ Yes ☐ Refused	☒ No ☐ Yes ☐ Refused
Type	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending	0. - % ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -	☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -
Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None	☐ USDOT - ☐ MC/MX - ☐ None
GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	24	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	01	01	01	-	59	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18040656

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Vehicles moved

145 Crash Description/Narrative

D1 V1 was behind V2 in the middle lane for US 1 North when V1 impacted V2 from the rear. D1 reports the traffic was stop and go and he did not realize D2 had stopped.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KASHIF SALAHUDDIN	0434	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

PAGE 1 OF 2 ☐ Fatal — ☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18040686
2 Police Dept of	EDISON POLICE DEPARTI
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/02/18
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1314
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On (Road Name)	ROUTE 1
Dir	S
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
☒ At Intersection With / ☐ Feet ☐ Miles / ☐ N ☐ E ☐ S ☐ W of:	
14	-
17 Cross Road Name	EDISON TOWN SQUARE
18 Speed Limit	15
19 Ramp ☐ To ☐ From:	-
20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 02; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 2; 105: 01; 106: -; 107: -; 108: 01; 109: 04; 110: 01; 111: 01; 112: -; 113: -; 114: -; 115: -; 116: 03; 117: 03

Right margin codes: 118a: 02; 118b: -; 119a: 25; 119b: -; 120a: 01; 120b: -; 121a: 01; 121b: -; 122: 11; 123: 07; 124: 03; 125: 03; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: 26; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 26; 129: 01; 130: 02; 131: 07; 132: 07; 133: 04; 134: 03

Vehicles

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	F589270-8	OUT OF STATE
NJ Ins. Code	426	*
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
Driver's First Name / Initial / Last Name	DIANE - GORRELL -	MEGAN L SCARBOROUGH -
Sex	F	F
Number & Street	10 LANDING LANE	25 STRATFORD RD
City / State / Zip	NEW BRUNSWICK NJ 08901	CRANSTON RI 02905
Eyes	02	02
DL Class	D	10
Restrictions	-	-
Endorsements	-	-
State	NJ	RI
Driver's License Number	G6645 16700 52992	3692611
DOB	02/11/1999	07/29/1999
Expires (mm yy)	09 20	07 22
Owner's First Name / Initial / Last Name	☐ Same As Driver SAUNDRA L SESSION -	☐ Same As Driver DONNA S CORTON -
Number & Street	3 GATLING CT	160 WASHINGTON ST
City / State / Zip	NEW BRUNSWICK NJ 08901	PLAINVILLE MA 02762
Make	NISSAN	TOYOTA
Model	SENTRA	RAV4
Color	GY	BL
Year	2013	2012
Plate No.	X37JCX	3THN80
State	NJ	MA
VIN	3N1AB7AP7DL719440	2T3BF4DV5CW245350
Expires	08 18	10 19
Vehicle Removed To	AAA	-
	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	☐ Owner ☒ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None	☐ USDOT - ☐ MC/MX - ☐ None
GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	-	-	2	-	-
-	-	-	-	-	-

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	04	19	F	12	04	02	11	04	-	-	DRIVER 1 -
B	2	01	01	04	18	F	99	99	02	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: EDISON POLICE DEPAR Code: 01 Station: - Case No: 18040686

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

VEHICLES MOVED PRIOR TO ARRIVAL

145 Crash Description/Narrative

***Vehicle 2 Safety Insurance Policy BP972751 20 Custom House Street Boston MA 617-951-0600**
Driver 2 states she was slowing/stopping at the yellow light on Route 1 South and Edison Town Square when she was struck in the rear by Vehicle 1. Driver 1 states she was attempting to switch lanes on Route 1 South to avoid a truck when she accidentally struck Vehicle 2 in the rear. Officers Notes: Both vehicles were in the middle lane of Route 1 South. Box 89 & 90 Driver 2 Nauseas. Box 89 Driver 1 Cuts From Glass.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SALVATORE CIPOLLA	0350	DECHIRICO	0199	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 18040741
2 Police Dept of: EDISON POLICE DEPART| Code: 01
3 Station/Precinct: EDISON
4 Date of Crash (mm dd yy): 07/02/18
5 Day Of Week: MONDAY
6 Time (use 2400 hrs): 1748
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: 2170 LINCOLN HWY (Road Name)
11 Speed Limit: 50
Dir: N
12 Route No.: 0027 Suffix: B 13 Milepost: -
☐ At Intersection With
14: 500 15: ☒ Feet ☐ Miles 16: ☐ N ☐ E ☐ S ☐ W of: VINEYARD ROAD (17 Cross Road Name)
18 Speed Limit: 35
19 Ramp: ☐ To ☐ From: -
20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude: -
22 Longitude: -

118a	01
118b	02
119a	25
119b	25
120a	01
120b	01
121a	01
121b	01
122	01
123	01
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	01
132	01
133	02
134	02

Vehicle 1

23 Veh #: 1
24 Policy No.: 921409807
25 NJ Ins. Code: 678
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: JAMAL Initial: J Last Name: ORIOL -
29 Sex: M
27 Number & Street: 8216 FRANKFORD AVE APT B15
28 City: PHILADELPHIA State: PA Zip: 19136
30 Eyes: 01 DL Class: C Restrictions: - Endorsements: -
31 State: PA
32 Driver's License Number: 33042610
33 DOB (mm dd yyyy): 02/10/1998
34 Expires (mm yy): 02 22
35 Owner's ☐ Same As Driver First Name: DOMINIQUE Initial: - Last Name: DERVILE -
36 Number & Street: 49 E 91ST ST
37 City: BROOKLYN State: NY Zip: 11212
38 Make: TOYOTA
39 Model: COROLLA
40 Color: WT
41 Year: 2014
42 Plate No.: HWS6218
43 State: NY
44 VIN: 2T1BURHE9EC20689800
45 Expires: 11 19
46 Vehicle Removed To: DRIVEN
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority: ☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - % ☐ Pending
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill
Hazard Class: - Placard No.: -
50 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

Vehicle 2

53 Veh #: 2
54 Policy No.: 4416454702
55 NJ Ins. Code: 148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: BALASARAS Initial: - Last Name: PENMETSA -
59 Sex: F
57 Number & Street: 823 EDISON GLEN TERRACE
58 City: EDISON State: NJ Zip: 08837
60 Eyes: 02 DL Class: D Restrictions: - Endorsements: -
61 State: NJ
62 Driver's License Number: P25540710062812
63 DOB (mm dd yyyy): 12/18/1981
64 Expires (mm yy): 09 20
65 Owner's ☐ Same As Driver First Name: BALA Initial: - Last Name: PENMETSA -
66 Number & Street: 823 EDISON GLEN TERRACE
67 City: EDISON State: NJ Zip: 08837
68 Make: HONDA
69 Model: ACCORD
70 Color: RD
71 Year: 2013
72 Plate No.: K81HER
73 State: NJ
74 VIN: 1HGCR2F34DA046349
75 Expires: 10 18
76 Vehicle Removed To: DRIVEN
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority: ☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - % ☐ Pending
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill
Hazard Class: - Placard No.: -
80 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No
N/A

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	017132	-	-	-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	20	M	-	-	-	11	04	-	-	JAMAL J ORIOL - 8216 FRANKFORD AVE PHILADELPHIA PA 19136 - -
B	2	01	01	-	36	F	-	-	-	11	04	-	-	BALA - PENMETSA - 823 EDISON GLEN TERR EDISON NJ 08837 - -
C														
D														

New Jersey Police
Crash Investigation Report

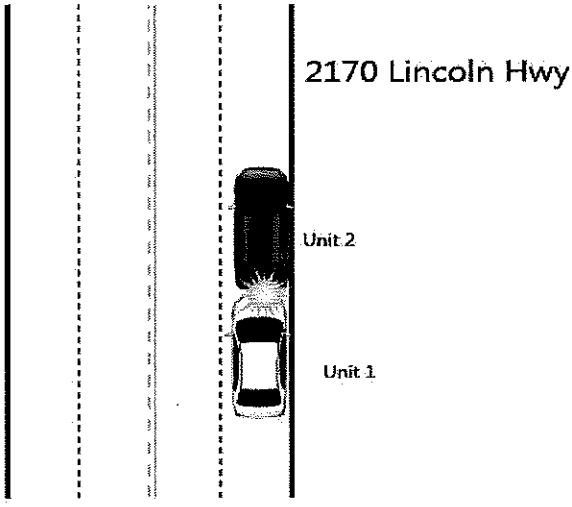
Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18040741

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 reports that he was traveling N/B on Lincoln Hwy in the right lane when vehicle #2 stopped short causing him to crash into the rear of her vehicle.

Driver #2 reports that she was traveling N/B on Lincoln Hwy in the right lane when vehicle #1 crashed into her vehicle while she was driving.

1 summons was issued to driver #1. 39:4-97. #017132

BWC operated

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JENNIFER IORIO	0402	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18040743
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/02/18
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1802
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	US HWY #1 (Road Name) N (Dir)
11 Speed Limit	50
12 Route No.	0001
Suffix	C
13 Milepost	000.00
18 Speed Limit	50
☐ At Intersection With	
☒ Feet ☐ Miles	25 (14 15)
☒ N ☐ E ☐ S ☐ W of:	INT 287 NORTH
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	4511541288
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DEJULES - ALCINE -
29 Sex	M
27 Number & Street	87 ARLINGTON DR
28 City / State / Zip	FORDS NJ 08863
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	01 / D / - / - / NJ
32 Driver's License Number	A51791590001851
33 DOB (mm dd yyyy)	01/25/1985
34 Expires (mm yy)	04 19
35 Owner's First Name / Initial / Last Name	☒ Same As Driver DEJULES - ALCINE -
36 Number & Street	87 ARLINGTON DR
37 City / State / Zip	FORDS NJ 08863
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISSAN / JUKE / WT / 2013 / V51JGW / NJ
44 VIN	JN8AF5MV8DT216645
45 Expires	04 19
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class -; Placard No. -
50 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	F5872817
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ROBERT A BARRERA -
59 Sex	M
57 Number & Street	117 COURT ST APT 2
58 City / State / Zip	ELIZABETH NJ 07206
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	B06646586101922
63 DOB (mm dd yyyy)	01/16/1992
64 Expires (mm yy)	08 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JESUS - BARRERA -
66 Number & Street	117 COURT ST 1ST FLOOR
67 City / State / Zip	ELIZABETH NJ 07206
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODGE / DART / BL / 2013 / Z38HHT / NJ
74 VIN	1C3CDFBA2DD328663
75 Expires	01 19
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class -; Placard No. -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	-	-	-	-	-
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	33	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	02	01	01	-	26	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040743

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Vehs moved prior to arrival

145 Crash Description/Narrative

V2 traveling NB on US Hwy #1 in the right lane of travel. V1 traveling NB on US Hwy #1 in the center lane of travel.

D1 stated V2 attempted to change lanes into his lane and impacted with the passenger side of V2.
D2 stated V1 attempted to change lanes into his lane and impacted with the driver side of V1.

Unable to determine fault due to conflicting accounts.-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NICOLE ERRICO	0441	DECHIRICO	0199	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18040841
2 Police Dept of	EDISON POLICE DEPARTI
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/03/18
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0742
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	LINCOLN HWY
Dir	S
11 Speed Limit	40
12 Route No.	0027
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	100
15	☒ Feet ☐ Miles
16	☒ N ☐ E ☐ S ☐ W
of: 17 Cross Road Name	VINEYARD RD
18 Speed Limit	25
19 Ramp	☐ To ☐ From:
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	4209-10-45-55	54 Policy No.	4487-24-25-49
25 NJ Ins. Code	148	55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SREEDHAR R CHINNAPIDO -	56 Driver's First Name / Initial / Last Name	DOMINIQUE A OLIVERA -
29 Sex	M	59 Sex	M
27 Number & Street	1310 RIVENDELL WAY	57 Number & Street	510 NORTH WOOD AVE APT 6
28 City / State / Zip	EDISON NJ 08817	58 City / State / Zip	LINDEN NJ 07036
30 Eyes	01	60 Eyes	02
DL Class	D	DL Class	D
Restrictions	-	Restrictions	1
Endorsements	-	Endorsements	-
31 State	NJ	61 State	NJ
32 Driver's License Number	C34847207906781	62 Driver's License Number	053971726108952
33 DOB (mm dd yyyy)	06/10/1978	63 DOB (mm dd yyyy)	08/02/1995
34 Expires (mm yy)	10 18	64 Expires (mm yy)	08 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SEEPA - CHITYALA -	65 Owner's First Name / Initial / Last Name	☒ Same As Driver DOMINIQUE A OLIVERA -
36 Number & Street	1310 RIVENDELL WAY	66 Number & Street	510 NORTH WOOD AVE APT 6
37 City / State / Zip	EDISON NJ 08817	67 City / State / Zip	LINDEN NJ 07036
38 Make	TOYOTA	68 Make	TOYOTA
39 Model	SIENNA	69 Model	RAV4
40 Color	SL	70 Color	BK
41 Year	04	71 Year	08
42 Plate No.	T61EHJ	72 Plate No.	B74HWE
43 State	NJ	73 State	NJ
44 VIN	5TDZA22C54S183129	74 VIN	JTMBD33V686085599
45 Expires	05 18	75 Expires	05 19
46 Vehicle Removed To	-	76 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	NONE	-	2	NONE	-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	40	M	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - -
B	2	01	01	-	22	M	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - -
C	2	03	01	-	22	F	-	-	-	11	04	-	-	KENIA - GARCIA - / 510 N. WOOD AVE #6 LINDEN NJ 07036 06/02/1996 -
D														

Code	Value
96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	08
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	03
134	03

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040841

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Based on the statements of the drivers and the location of the vehicles this officer's investigation revealed the following events: Vehicle #2 was in the right lane of Route 27 stopped for the red signal about three cars from the intersection when it was struck in the rear by Vehicle #1. Driver #1 stated that he tried to stop but hit Vehicle #2.

Vehicles were moved prior to arrival.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WILLIAM COLLETTO	0269	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 04 | 97: 01 | 98: 01 | 99: 09 | 100a: 01 | 100b: 04 | 101: 02 | 102: 01 | 103: 01 | 104: 2 | 105: 06 | 106: - | 107: - | 108: 01 | 109: 01 | 110: 01 | 111: 01 | 112: - | 113: - | 114: - | 115: - | 116: 02 | 117: 02

1 Case Number: 18040882

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: -

10 Crash Occurred On: 10 PARSONAGE ROAD | Dir: E | 11 Speed Limit: 15 | 12 Route No.: - | Suffix: - | 13 Milepost: - | 18 Speed Limit: -

☐ At Intersection With | ☐ Feet ☐ Miles | 14: - | 15 | 16: ☐ N ☐ E ☐ S ☐ W of: - (17 Cross Road Name)

19 Ramp ☐ To ☐ From: - (20 Route/Name) ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
07/03/18	TUESDAY	1054	1205	--	--	-	-

118a: 02 | 118b: - | 119a: 25 | 119b: - | 120a: 01 | 120b: - | 121a: - | 121b: - | 122: 02 | 123: 10 | 124: 04 | 125: 04 | 126a: 28 | 126b: - | 126c: - | 126d: - | 126e: 28 | 127a: 26 | 127b: - | 127c: - | 127d: - | 127e: 26 | 128: 28 | 129: 07 | 130: 07 | 131: 02 | 132: 02 | 133: 02 | 134: 02

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	HPA00002081081	54 Policy No.	8004320000
25 NJ Ins. Code	411	55 NJ Ins. Code	945
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	ELIZABETH A WOOD -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	F	59 Sex	-
27 Number & Street	139 MOHAWK TRL	57 Number & Street	-
28 City / State / Zip	WAYNE NJ 07470	58 City / State / Zip	- - -
30 Eyes	06	60 Eyes	-
DL Class	D	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	-
32 Driver's License Number	W64622126155646	62 Driver's License Number	-
33 DOB (mm dd yyyy)	05/04/1964	63 DOB (mm dd yyyy)	-
34 Expires (mm yy)	08 18	64 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☒ Same As Driver ELIZABETH A WOOD -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver VAULT - - -
36 Number & Street	139 MOHAWK TRL	66 Number & Street	3104 UNIONVILLE ROAD
37 City / State / Zip	WAYNE NJ 07470	67 City / State / Zip	CRANBERRY TWP PA 16066
38 Make	FORD	68 Make	MASERATI
39 Model	EXPLORER	69 Model	GHIBLI
40 Color	RD	70 Color	BK
41 Year	2007	71 Year	2015
42 Plate No.	F18ABS	72 Plate No.	N92FRW
43 State	NJ	73 State	NJ
44 VIN	1FMEU74EX7UB80207	74 VIN	ZAM57RTA7F1160224
45 Expires	08 18	75 Expires	07 19
46 Vehicle Removed To	-	76 Vehicle Removed To	-
Disposition	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	Disposition	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-29	1205G019654	-	-	-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	54	F	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B														
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040882

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

***Vehicles moved prior to police arrival.**

As driver 1 was looking to park her vehicle in the parking lot of 10 Parsonage Road (Executive Plaza) she cut the turn too sharply and skidded against the driver side bumper of vehicle 2, which was parked and unoccupied. Minor scratches on both vehicles.

It should be noted that as this officer began his investigation, driver 1 was unable to provide me her license, claiming she did not know where it was. It was very apparent to this officer that driver 1 was shaken up; she was breathing heavily and trembling when I arrived on scene. This officer was able to confirm that she was a licensed driver and wrote her a summons for 39:3-29. Shortly afterwards, however, the registered owner of vehicle 2 (Joseph Biancamano) approached me with driver 1's license claiming he had held on to it to make sure she would not leave the scene of the accident, as he believed that she might. Driver 1 was so shaken up that she forgot she had given her license to Mr. Biancamano. This officer advised driver 1 that I would document this in the report and advised her of her court date.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ZACHARY DLABIK	0471	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 04

1 Case Number: 18040770

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: -

97: 01 | 98: 01 | 99: 07 | 100a: 01

4 Date of Crash (mm dd yy): 07/02/18

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 2056

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: PLAINFIELD AVE | Road Name | W | Dir

☒ At Intersection With

☐ Feet ☐ N ☐ E of: LINCOLN HIGHWAY

- ☐ Miles ☐ S ☐ W

14 | 15 | 16

11 Speed Limit: 35

12 Route No.: 0000 | Suffix: - | 13 Milepost: 000.00

18 Speed Limit: 45

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: -

21 Latitude: -

22 Longitude: -

118a: 02 | 118b: - | 119a: 25 | 119b: - | 120a: 01 | 120b: -

100b: 04

23 Veh #: 1

24 Policy No.: A1368536A

25 NJ Ins. Code: 825

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

101: 02

26 Driver's First Name: SADARDIN | Initial: A | Last Name: LAILANI - | 29 Sex: M

102: 01

27 Number & Street: 5 LUCILLE COURT

103: 01

28 City: PISCATAWAY | State: NJ | Zip: 08854

104: 2

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

105: 01

32 Driver's License Number: L01816846107421

33 DOB (mm dd yyyy): 07/16/1942

34 Expires (mm yy): 07 21

106: -

35 Owner's First Name: ☒ Same As Driver SADARDIN | Initial: A | Last Name: LAILANI -

107: -

36 Number & Street: 5 LUCILLE COURT

108: 01

37 City: PISCATAWAY | State: NJ | Zip: 08854

109: 01

38 Make: LEXUS | 39 Model: RX | 40 Color: SL | 41 Year: 2010 | 42 Plate No.: N19DJL | 43 State: NJ

110: 01

44 VIN: 2T2BK1BA1AC072164

45 Expires: 05 19

111: 01

46 Vehicle Removed To: -

112: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

113: -

47 Authority: ☒ Owner ☐ Driver ☐ Police

114: -

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

115: -

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.:

116: 04

117: 04

50 Carrier No.: ☐ USDOT - ☐ None | ☐ MC/MX -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

53 Veh #: 2

54 Policy No.: HPA00001093312

55 NJ Ins. Code: 411

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

121a: 01

56 Driver's First Name: SALOAM | Initial: S | Last Name: EL | JR | 59 Sex: M

121b: -

57 Number & Street: 125 POMPONIO AVENUE

58 City: SOUTH PLAINFIELD | State: NJ | Zip: 07080

122: 01

60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

123: 01

62 Driver's License Number: E50016858202622

63 DOB (mm dd yyyy): 02/20/1962

64 Expires (mm yy): 03 21

124: 03

65 Owner's First Name: ☒ Same As Driver SALOAM | Initial: S | Last Name: EL | JR

125: 03

66 Number & Street: 125 POMPONIO AVENUE

126a: 26

67 City: SOUTH PLAINFIELD | State: NJ | Zip: 07080

126b: -

68 Make: SAAB | 69 Model: 9 - 3 | 70 Color: RD | 71 Year: 2008 | 72 Plate No.: YRF34A | 73 State: NJ

126c: -

74 VIN: YS3FH46U081156347

75 Expires: 03 18

126d: -

76 Vehicle Removed To: -

126e: 26

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

127a: 26

77 Authority: ☒ Owner ☐ Driver ☐ Police

127b: -

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

127c: -

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -

127d: -

80 Carrier No.: ☐ USDOT - ☐ None | ☐ MC/MX -

127e: 26

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

128: 26

82 Motor Carrier or Government Entity: -

129: 02

Number & Street: -

130: 02

City: - | State: - | Zip: -

131: 07

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

-

132: 07

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-

133: 02

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

134: 02

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	76	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	2	01	01	-	56	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040770

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Vehicles Moved Prior To Police Arrival

145 Crash Description/Narrative

D1 stated that he was traveling West on Plainfield Ave in the left turn lane attempting to enter the right lane when he struck D2 in the rear driver side with his front passenger side. D2 stated that he was traveling West on Plainfield Ave when he was suddenly struck in the driver side rear by D1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BRIAN MONICO	0452	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18040966
2 Police Dept of / Code	EDISON POLICE DEPART / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/03/18
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1745
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	US HIGHWAY 1 (Road Name)
At Intersection With	☐
Feet / Miles	☒ Feet / ☐ Miles — 25
N E S W	☐ N ☐ E ☒ S ☐ W
Dir	N
11 Speed Limit	50
12 Route No. / Suffix / 13 Milepost	0001 / - / -
of:	GRANDVIEW AVENUE
17 Cross Road Name	
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
20 Route/Name	
NB EB SB WB	☐ ☐ ☐ ☐
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	S2087318
25 NJ Ins. Code	206
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	QUENTIN / T / PORTER -
29 Sex	M
27 Number & Street	21 KENMORE AVENUE
28 City / State / Zip	NEWARK / NJ / 07106
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / A / - / NT / NJ
32 Driver's License Number	P66676358304762
33 DOB (mm dd yyyy)	04/11/1976
34 Expires (mm yy)	06 / 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / WILLIAMS - TRUCKING INC -
36 Number & Street	923 GREEN ST
37 City / State / Zip	ISELIN / NJ / 08830
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	INTERNATIO / UNKNOWN / YL / 2006 / XBHH55 / NJ
44 VIN	1HTMMAAL66H206389
45 Expires	06 / 19
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	WILLIAMS TRUCKING INC
Number & Street	923 GREEN ST
City / State / Zip	ISELIN / NJ / 08830

Vehicle 2

53 Veh #	2
54 Policy No.	F4541280
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ISHVARBHA / S / PATEL -
59 Sex	M
57 Number & Street	89 BURNHAM DR
58 City / State / Zip	FORDS / NJ / 08863
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	01 / D / 1 / - / NJ
62 Driver's License Number	P07953748212441
63 DOB (mm dd yyyy)	12/10/1944
64 Expires (mm yy)	09 / 18
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / ISHVARBHA S PATEL -
66 Number & Street	89 BURNHAM DR
67 City / State / Zip	FORDS / NJ / 08863
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYOTA / CAMRY / GY / 2005 / RXD39C / NJ
74 VIN	4T1BE32K95U983430
75 Expires	10 / 18
76 Vehicle Removed To	ALL CAR TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	42	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	2	01	01	-	73	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C	2	02	01	-	69	F	-	-	-	11	04	-	-	KAPILA - PATEL - SAME AS DRIVER 2 - - - - - -
D														

New Jersey Police Crash Investigation Report

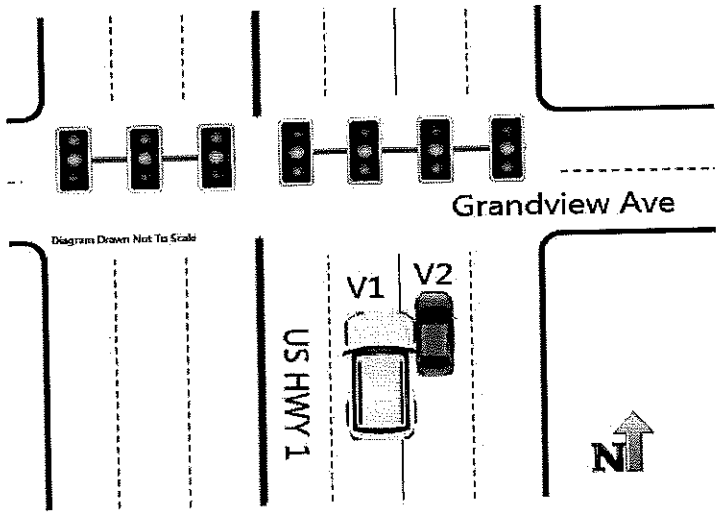
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040966

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was traveling US HWY 1 N/B in the left middle lane and attempted to change lanes to the right middle lane striking V2. V2 was already traveling in the right middle lane prior to collision. V1 driver stated he did not see V2 when attempting to change lanes with poor visibility due to rain.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KEVIN MCGOTTY	0443	DECHIRICO	0199	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18040988
2 Police Dept of	EDISON POLICE DEPARTI
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/03/18
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1940
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	US HWY 1
Dir	N
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	50
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☒ S ☐ W
of: 17 Cross Road Name	LEO ST
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	-	54 Policy No.	922200438
25 NJ Ins. Code	-	55 NJ Ins. Code	882
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	- - - -	56 Driver's First Name / Initial / Last Name	DAVID - GAMBOA -
29 Sex	-	59 Sex	-
27 Number & Street	-	57 Number & Street	270 PINDLE AVE
28 City / State / Zip	- / - / -	58 City / State / Zip	ENGLEWOOD / NJ / 07631
30 Eyes	-	60 Eyes	02
DL Class	-	DL Class	D
Restrictions	-	Restrictions	1
Endorsements	-	Endorsements	-
31 State	-	61 State	NJ
32 Driver's License Number	-	62 Driver's License Number	G03441560010922
33 DOB (mm dd yyyy)	-	63 DOB (mm dd yyyy)	10/30/1992
34 Expires (mm / yy)	- / -	64 Expires (mm / yy)	12 / 21
35 Owner's First Name / Initial / Last Name	☒ Same As Driver - - - -	65 Owner's First Name / Initial / Last Name	☒ Same As Driver DAVID - GAMBOA -
36 Number & Street	-	66 Number & Street	270 PINDLE AVE
37 City / State / Zip	- / - / -	67 City / State / Zip	ENGLEWOOD / NJ / 07631
38 Make	-	68 Make	HONDA
39 Model	-	69 Model	CIVIC
40 Color	-	70 Color	GY
41 Year	-	71 Year	2000
42 Plate No.	-	72 Plate No.	X48KDL
43 State	-	73 State	NJ
44 VIN	-	74 VIN	2HGEJ6445YH109548
45 Expires	- / -	75 Expires	01 / 19
46 Vehicle Removed To	-	76 Vehicle Removed To	MANDYS
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- / - / -	City / State / Zip	- / - / -

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

STOP SIGN/SIDE OF BUILDING (50 US HWY 1)

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	00	-	U	-	-	00	00	00	-	-	UNKNOWN - - - / - - - - - - -
B	02	01	01	-	25	M	-	-	-	11	11	01	-	DRIVER 2 - - - / - - - - - - -
C														
D														

Left column codes:

Code	Value
96	01
97	01
98	03
99	02
100a	03
100b	04
101	02
102	01
103	05
104	2
105	02
106	-
107	-
108	01
109	01
110	00
111	01
112	-
113	-
114	-
115	-
116	01
117	01

Right column codes:

Code	Value
118a	02
118b	-
119a	25
119b	-
120a	00
120b	-
121a	01
121b	-
122	11
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	56
127c	05
127d	69
127e	69
128	26
129	00
130	00
131	07
132	03
133	00
134	04

New Jersey Police
Crash Investigation Report

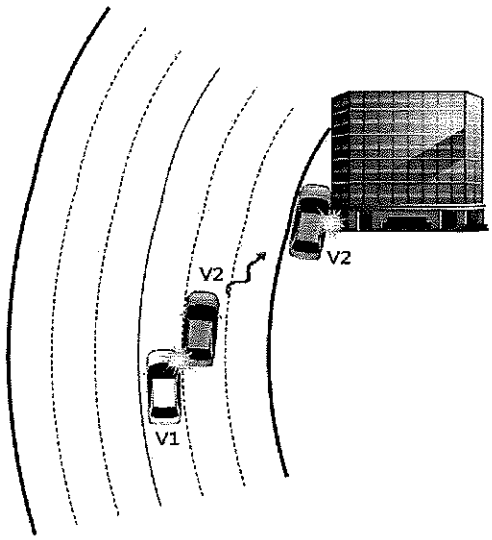
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18040988

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Officer's investigation reveals Driver #1 and Driver #2 were both traveling northbound on US Hwy 1, with Driver #1 in the left-hand lane, and Driver #2 in the middle lane. Driver #2 stated he believes Driver #1 attempted to merge into his lane, causing Driver #1 to strike Driver #2 in a side-swipe collision. This collision caused Driver #2 to veer off the roadway, into a stop sign, and finally striking the Open Road Honda dealership building (50 US Hwy 1) causing visible damage. Driver #1 fled the area prior to my arrival. Driver #2 described Vehicle #1 as a white-colored sedan. Driver #2 had minor visible lacerations; However, Driver #2 refused any medical attention. Damage appears consistent with Driver #2's recollection of events.

Officer's notes: Video footage from Open-road Honda may have captured accident; However, employees were unable to provide video at the time of this report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JAMES NAVAS	0458	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041004
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/03/18
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2153
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	1761 LINCOLN HWY(PK LOT)
Dir	N
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
☐ At Intersection With / ☐ Feet / ☐ Miles (14)	-
16 ☐ N ☐ E ☐ S ☐ W of: 17 Cross Road Name	-
18 Speed Limit	-
19 Ramp ☐ To ☐ From: 20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Code	Value
96	05
97	01
98	06
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	00
109	01
110	00
111	01
112	-
113	-
114	-
115	-
116	03
117	-
118a	02
118b	-
119a	25
119b	-
120a	00
120b	-
121a	-
121b	-
122	13
123	10
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	00
130	00
131	01
132	01
133	00
134	02

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	-	54 Policy No.	F0696013
25 NJ Ins. Code	-	55 NJ Ins. Code	426
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	Status	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	- - - -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	-	59 Sex	-
27 Number & Street	-	57 Number & Street	-
28 City / State / Zip	- / - / -	58 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -	60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	-	61 State	-
32 Driver's License Number	-	62 Driver's License Number	-
33 DOB (mm dd yyyy)	-	63 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- / -	64 Expires (mm yy)	- / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - - -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver WING M WONG -
36 Number & Street	-	66 Number & Street	600 SPICER AVE
37 City / State / Zip	- / - / -	67 City / State / Zip	S PLAINFIELD / NJ / 07080
38 Make	-	68 Make	AUDI
39 Model	-	69 Model	A4
40 Color	-	70 Color	WT
41 Year	-	71 Year	2014
42 Plate No.	-	72 Plate No.	L10HZW
43 State	-	73 State	NJ
44 VIN	-	74 VIN	WAUBFAFL7EN026066
45 Expires	- / -	75 Expires	07 / 19
46 Vehicle Removed To	-	76 Vehicle Removed To	-
Removal	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- / - / -	City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	UNK	U	-	-	-	-	-	-	-	UNKNOWN - - - / - - - - - -
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041004

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Vehicle Fled Prior to police arrival

145 Crash Description/Narrative

Officer's investigation reveals Vehicle #2 was parked in the lot of 1761 Lincoln Hwy. When Owner of Vehicle #2 returned to his vehicle, he observed damage to his vehicle which was not there prior to being parked at stated location. Owner of Vehicle #2 did not witness the collision, and Vehicle #1 fled prior to my arrival.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JAMES NAVAS	0458	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 18041089
2 Police Dept of: EDISON POLICE DEPART Code: 01
3 Station/Precinct: NJ0120500

10 Crash Occurred On: BROOKVILLE ROAD (Road Name) Dir: S 11 Speed Limit: 25
12 Route No.: - Suffix: - 13 Milepost: - 18 Speed Limit: 25
☐ At Intersection With
50 ☒ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: PARKERSON ROAD (17 Cross Road Name)
19 Ramp ☐ To ☐ From: - 20 Route/Name ☐ NB ☐ SB ☐ EB ☐ WB

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
07/04/18	WEDNESDAY	1054	1205	--	--	-	-

Left margin codes	
96	05
97	01
98	00
99	07
100a	01
100b	04
101	02
102	01
103	01
104	1
105	06
106	00
107	-
108	00
109	01
110	00
111	01
112	-
113	-
114	00
115	-
116	03
117	03

Right margin codes	
118a	02
118b	-
119a	25
119b	-
120a	00
120b	-
121a	-
121b	-
122	-
123	10
124	04
125	04
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	28
128	28
129	00
130	-
131	08
132	08
133	00
134	03

Vehicle 1

23 Veh #: - 24 Policy No.: - 25 NJ Ins. Code: -
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run
26 Driver's First Name: - Initial: - Last Name: - 29 Sex: -
27 Number & Street: -
28 City: - State: - Zip: -
30 Eyes: - DL Class: - Restrictions: - Endorsements: - 31 State: -
32 Driver's License Number: - 33 DOB (mm dd yyyy): - 34 Expires (mm yy): - -
35 Owner's ☐ Same As Driver First Name: - Initial: - Last Name: - -
36 Number & Street: -
37 City: - State: - Zip: -
38 Make: - 39 Model: - 40 Color: - 41 Year: - 42 Plate No.: - 43 State: -
44 VIN: - 45 Expires: - -
46 Vehicle Removed To: -
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority: ☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - % ☐ Pending
49 Hazardous Material: ☐ None ☐ On Board ☐ Spill
Hazard Class: - Placard No.: -
50 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

Vehicle 2

53 Veh #: 2 54 Policy No.: 939-354-377 55 NJ Ins. Code: 054
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: - Initial: - Last Name: - - 59 Sex: -
57 Number & Street: -
58 City: - State: - Zip: -
60 Eyes: - DL Class: - Restrictions: - Endorsements: - 61 State: -
62 Driver's License Number: - 63 DOB (mm dd yyyy): - 64 Expires (mm yy): - -
65 Owner's ☐ Same As Driver First Name: SANJAYKUM Initial: - Last Name: PATEL -
66 Number & Street: 14 BROOKVILLE ROAD
67 City: EDISON State: NJ Zip: 08817
68 Make: LEXUS 69 Model: ES 300 70 Color: GD 71 Year: 1999 72 Plate No.: J94HGW 73 State: NJ
74 VIN: JT8BF28G2X0146512 75 Expires: 12 18
76 Vehicle Removed To: -
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority: ☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - % ☐ Pending
79 Hazardous Material: ☐ None ☐ On Board ☐ Spill
Hazard Class: - Placard No.: -
80 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	00	00	-	-	00	00	00	00	00	-	-	DRIVER 1 - - - - - - - - -
B														
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: NJ0120500 Case No: 18041089

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Vehicle 2 was parked in front of 14 Brookville Road facing south bound in the area of Parkerson Road and it was struck by an unknown vehicle between the hours of 1930 hrs and 1030 hrs. It appeared that the vehicle that struck parked Vehicle 2 was a white in color vehicle since white paint was transpired onto Vehicle 2. It also appeared that the vehicle was traveling south bound on Brookville Road. Vehicle 2 received the majority of the damage on the back driver side tire. Negative for video surveillance camera on the registered owner's house and neighbors.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHIRLEY DONG	0461	DECHIRICO	0199	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041094
2 Police Dept of	EDISON POLICE DEPARTI
Code	01
3 Station/Precinct	EDISON PD
4 Date of Crash (mm dd yy)	07/04/18
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1120
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	1083 INMAN AVE
Dir	S
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
☐ At Intersection With / ☐ Feet / ☐ Miles (14, 15)	-
16 ☐ N ☐ E ☐ S ☐ W of: 17 Cross Road Name	STOP AND SHOP PARKING LOT
18 Speed Limit	15
19 Ramp ☐ To ☐ From: 20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	909657052	939557080
NJ Ins. Code	054	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
Driver's First Name / Initial / Last Name	CHANDRAKA V CHIKKENHALLI -	MANISH C PARANJAPE -
Sex	M	M
Number & Street	212 ORANDO ST	1002 PENNY LN
City / State / Zip	EDISON NJ 08817	SCOTCH PLAINS NJ 07076
Eyes	01	01
DL Class	D	D
Restrictions	NO	1
Endorsements	NO	NO
State	NJ	NJ
Driver's License Number	C34511208505741	P05365166312721
DOB (mm dd yyyy)	05/17/1974	12/24/1972
Expires (mm yy)	05 20	09 19
Owner's First Name / Initial / Last Name	☒ Same As Driver CHANDRAKA V CHIKKENHALLI -	☒ Same As Driver MANISH C PARANJAPE -
Owner Number & Street	212 ORANDO ST	1002 PENNY LN
Owner City / State / Zip	EDISON NJ 08817	SCOTCH PLAINS NJ 07076
Make	HONDA	TESLA
Model	CIVIC	MODEL S
Color	BK	RD
Year	2000	2018
Plate No.	U93FFX	N43JWF
State	NJ	NJ
VIN	1HGEJ8641YL015601	5YJSA1E2XJF243579
Expires	11 18	03 22
Vehicle Removed To	-	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven	☒ Driven
Authority ☐ Owner ☐ Driver ☐ Police	☒ Driver	☒ Driver
Alcohol/Drug Test Given	☒ No ☐ Yes ☐ Refused	☒ No ☐ Yes ☐ Refused
Type	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending	0. - % ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill	☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.	- / -	- / -
Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None	☐ USDOT - ☐ MC/MX - ☐ None
GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- / - / -	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	43	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	02	01	01	-	45	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - -
C														
D														

Code	Value
96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	02

Code	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	13
124	-
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	02
130	02
131	06
132	06
133	02
134	02

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON PD Case No: 18041094

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Vehicles Moved Prior to Officer Arrival on Scene.

Officer Investigation Reveals: V-1 was driving in the Stop and Shop Parking Lot. V-2 was backing up from his parking spot in the Stop and Shop parking lot when V-1 struck the rear bumper of V-2 causing damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCOTT BENEDICKSON	0460	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	2 Police Dept of	Code	3 Station/Precinct
18041103	EDISON POLICE DEPART	01	NJ0120500

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured
07/04/18	WEDNESDAY	1233	1205	--	--

10 Crash Occurred On: ROUTE 27 (Road Name) Dir: N | 11 Speed Limit: 35 | 12 Route No.: 0027 | Suffix: - | 13 Milepost: -

☐ At Intersection With
50 (14) ☒ Feet ☐ Miles (15) ☐ N ☐ E ☐ S ☐ W (16) of: STURGIS ROAD (17 Cross Road Name) | 18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - (20 Route/Name) ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: - | 22 Longitude: -

Field	Vehicle 1	Vehicle 2
Veh # (23 / 53)	1	2
Policy No. (24 / 54)	4318-86-41-15	WBS3U9C52FP967599
NJ Ins. Code (25 / 55)	148	058
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
Driver's First Name / Initial / Last Name (26 / 56)	GABRIEL S DACOSTA -	QASIM H MIR -
Sex (29 / 59)	M	M
Number & Street (27 / 57)	184 CABOT AVENUE	23 JEAN PLACE
City / State / Zip (28 / 58)	EDISON NJ 08837	EDISON NJ 08820
Eyes (30 / 60)	02	02
DL Class	D	D
Restrictions	1	-
Endorsements	M	NJ
State (31 / 61)	NJ	NJ
Driver's License Number (32 / 62)	D0077-27082-04722	M4588-63568-09792
DOB (33 / 63) mm/dd/yyyy	04/14/1972	09/03/1979
Expires (34 / 64) mm yy	04 21	04 20
Owner's First Name / Initial / Last Name (35 / 65)	☒ Same As Driver GABRIEL S DACOSTA -	☐ Same As Driver ZAMMURAD - MIR -
Number & Street (36 / 66)	184 CABOT AVENUE	23 JEAN PLACE
City / State / Zip (37 / 67)	EDISON NJ 08837	EDISON NJ 08820
Make (38 / 68)	CHEVROLET	BMW
Model (39 / 69)	EQUINOX	M SERIES
Color (40 / 70)	WT	GY
Year (41 / 71)	2016	2015
Plate No. (42 / 72)	F98GCN	P83HGJ
State (43 / 73)	NJ	NJ
VIN (44 / 74)	2GNFLGE35G6139367	WBS3U9C52FP967599
Expires (45 / 75)	11 19	01 18
Vehicle Removed To (46 / 76)	-	-
Removal	☒ Driven ☐ Left At Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & Impounded	☐ Driven ☒ Left At Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & Impounded
Authority (47 / 77)	☒ Owner ☐ Driver ☐ Police	☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test (48 / 78)	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material (49 / 79)	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No. (50 / 80)	☐ USDOT - ☐ MC/MX - ☐ None	☐ USDOT - ☐ MC/MX - ☐ None
GVWR/GCWR (51 / 81)	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52 / 82)	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No
-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
D2	39:3-4	1205-G-019795	-	-	-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	-	46	M	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - -
B	V1	03	01	-	52	F	-	-	-	11	04	-	-	JACLYNN - DACOSTA - / 184 CABOT AVENUE EDISON NJ 08837 - -
C	V2	01	01	-	38	M	-	-	-	11	04	-	-	DRIVER 2 - - - / - - - - - -
D														

Code	Value
96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01

Code	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	03
132	03
133	03
134	03

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: NJ0120500 Case No: 18041103

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Vehicle Moved Prior To Arrival

145 Crash Description/Narrative

Driver of Vehicle 1 made a left turn towards Route 27 (south bound) from the parking lot of La Bonbonniere located in the parking of 2062 Route 27, he failed to observe the Driver of Vehicle 2 who was traveling north bound on Route 27. Vehicle 2 was merging onto the left turn lane towards Talmadge Road at the time his vehicle was struck by Vehicle 1. Vehicle 1 received damage to the front bumper while Vehicle 2 received damage to the front and back passenger side door.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHIRLEY DONG	0461	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	07
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	01

1 Case Number: 18041118

2 Police Dept of: EDISON POLICE DEPARTI — Code: 01

3 Station/Precinct: -

10 Crash Occurred On: LINCOLN HIGHWAY (Road Name) — Dir: N — 11 Speed Limit: 40 — 12 Route No.: 0027 — Suffix: - — 13 Milepost: -

☐ At Intersection With

14: 300 — 15: ☒ Feet ☐ Miles — 16: ☐ N ☐ E ☒ S ☐ W — of: STURGIS RD (17 Cross Road Name) — 18 Speed Limit: 25

19 Ramp: ☐ To ☐ From: - (20 Route/Name) ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 07/04/18 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1415 — 7 Municipality Code: 1205 — 8 Total Killed: -- — 9 Total Injured: 1

21 Latitude: - — 22 Longitude: -

	Vehicle 1	Vehicle 2
Veh #	23 Veh #: 1	53 Veh #: 2
Policy No.	24: 14714080	54: 4408-86-89-84
NJ Ins. Code	25: 134	55: 148
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	26: CHRISTINE N STEFANI -	56: NITIN D JADHAV -
Sex	29: F	59: M
Number & Street	27: 2102 MINDY LANE	57: 13 BROOKVILLE RD
City / State / Zip	28: PISCATAWAY NJ 08854	58: EDISON NJ 08817
Eyes	30: 02	60: 01
DL Class	D	D
Restrictions	-	-
Endorsements	-	M
State	31: NJ	61: NJ
Driver's License Number	32: S81811247552792	62: J01025946409651
DOB (mm dd yyyy)	33: 02/09/1979	63: 09/02/1965
Expires (mm yy)	34: 12 20	64: 04 20
Owner's First Name / Initial / Last Name	35: ☒ Same As Driver CHRISTINE N STEFANI -	65: ☐ Same As Driver VANRAJKUM Y PATEL -
Number & Street	36: 2102 MINDY LANE	66: 6303 BRISTOL STATION CT
City / State / Zip	37: PISCATAWAY NJ 08854	67: CARTERET NJ 07008
Make	38: HONDA	68: HYUNDAI
Model	39: ACCORD	69: SONATA
Color	40: SL	70: WT
Year	41: 05	71: 11
Plate No.	42: R78DVD	72: K40FWA
State	43: NJ	73: NJ
VIN	44: 1HGCM66575A001494	74: 5NPEC4AC4BH188153
Expires	45: 12 18	75: 09 18
Vehicle Removed To	46: CAR GUYS	76: -
Removal	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	47: ☐ Owner ☐ Driver ☒ Police	77: ☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test	48: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material	49: ☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79: ☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No.	50: ☐ USDOT - ☐ None ☐ MC/MX -	80: ☐ USDOT - ☐ None ☐ MC/MX -
GVWR/GCWR	51: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	52: -	82: -
Number & Street	-	-
City / State / Zip	- - -	- - -

Field	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	-
124	11
125	11
126a	26
126b	05
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	12
132	12
133	04
134	03

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons. No.	Oper.	Charge	Summons. No.
1	136 Charge: NONE	137: -	2	138 Charge: NONE	139: -
-	140 Charge: -	141: -	-	142 Charge: -	143: -

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	04	39	F	01	08	02	11	11	04	6201	DRIVER 1 - - - - - - - - -
B	01	03	01	-	17	M	-	-	-	11	04	-	-	WILLIAM - BROOKS - 2102 MINDY LANE PISCATAWAY NJ 08854 04/03/2001 -
C	02	01	01	-	53	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - -
D														

New Jersey Police
Crash Investigation Report

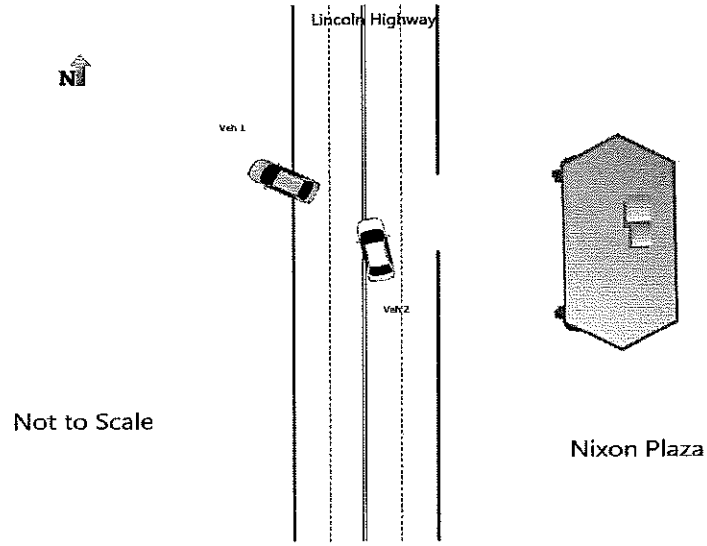
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041118

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Based on the statements of the drivers, the location of the damage and the position of the vehicles this officer's investigation revealed the following events: Vehicle #2 was traveling north in the left lane of Lincoln Highway when vehicle # 1 Exited Nixon Plaza into the path of Vehicle #2 causing a crash. The force of impact caused Vehicle #1 to mount the curb of the south bound lane. The Edison Division of Fire used the "Jaws of Life" to extricate the driver of Vehicle #1. Driver #1 was transported to JFK Hospital via JFK Emergency Services. Driver #1 stated that she was attempting to turn right onto Route 27 in order to get to Talmadge Rd. However, based on the position of Vehicle #1 and the damage to same this officer believes that Vehicle #1 was turning left out of Nixon Plaza.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WILLIAM COLLETTO	0269	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 18041123
2 Police Dept of: EDISON POLICE DEPART — Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 07/04/18
5 Day Of Week: WEDNESDAY
6 Time (use 2400 hrs): 1435
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: 1

10 Crash Occurred On: LINCOLN HIGHWAY (Road Name) — Dir: N
11 Speed Limit: 40
12 Route No.: 0027 — Suffix: - — 13 Milepost: -
☒ At Intersection With ☐ Feet ☐ Miles (14: -, 15, 16) ☐ N ☐ E ☐ S ☐ W of: FITCH ROAD (17 Cross Road Name)
18 Speed Limit: 25
19 Ramp ☐ To ☐ From: -
20 Route/Name
☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude: -
22 Longitude: -

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	08
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	12
132	12
133	04
134	03

Vehicle 1

23 Veh #: 1
24 Policy No.: 139 251 558
25 NJ Ins. Code: 012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: JACOB — Initial: B — Last Name: RODRIGUEZ -
29 Sex: M
27 Number & Street: 26 OAKWOOD DRIVE
28 City: PARLIN — State: NJ — Zip: 08859
30 Eyes: 02 — DL Class: D — Restrictions: 1 — Endorsements: -
31 State: NJ
32 Driver's License Number: R6094 38162 01952
33 DOB (mm dd yyyy): 01/24/1995
34 Expires (mm yy): 01 20
35 Owner's ☐ Same As Driver — First Name: BRANDON — Initial: A — Last Name: RODRIGUEZ -
36 Number & Street: 3 TIGER LILY COURT
37 City: SAYREVILLE — State: NJ — Zip: 08872
38 Make: VOLKSWAGEN — 39 Model: PASSAT — 40 Color: BN — 41 Year: 2010 — 42 Plate No.: J17GPV — 43 State: NJ
44 VIN: WVWJM7AN3AE104787
45 Expires: 05 19
46 Vehicle Removed To: AAA (OWN TOW)
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority: ☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -
50 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

Vehicle 2

53 Veh #: 2
54 Policy No.: TCA00002010021
55 NJ Ins. Code: 632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: TRACY — Initial: Y — Last Name: BRYANT -
59 Sex: F
57 Number & Street: 446-448 KEENE ST 1ST FLOOR
58 City: PERTH AMBOY — State: NJ — Zip: 08861
60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: -
61 State: NJ
62 Driver's License Number: B7701 75088 51712
63 DOB (mm dd yyyy): 01/21/1971
64 Expires (mm yy): 04 20
65 Owner's ☐ Same As Driver — First Name: TRACY — Initial: Y — Last Name: BRYANT -
66 Number & Street: 446-448 KEENE ST 1ST FLOOR
67 City: PERTH AMBOY — State: NJ — Zip: 08861
68 Make: MERCEDES-B — 69 Model: GLA-CLASS — 70 Color: BK — 71 Year: 2015 — 72 Plate No.: L29KDM — 73 State: NJ
74 VIN: WDCT64GB2FJ141981
75 Expires: 06 19
76 Vehicle Removed To: -
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority: ☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -
80 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	23	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - -
B	1	02	01	-	22	F	-	-	-	11	04	-	-	KEYANG - HUANG 51 MILLION ST EDISON NJ 08820 - -
C	2	01	01	04	47	F	06	08	01	11	04	-	-	DRIVER 2 - - - - - - - -
D														

New Jersey Police Crash Investigation Report

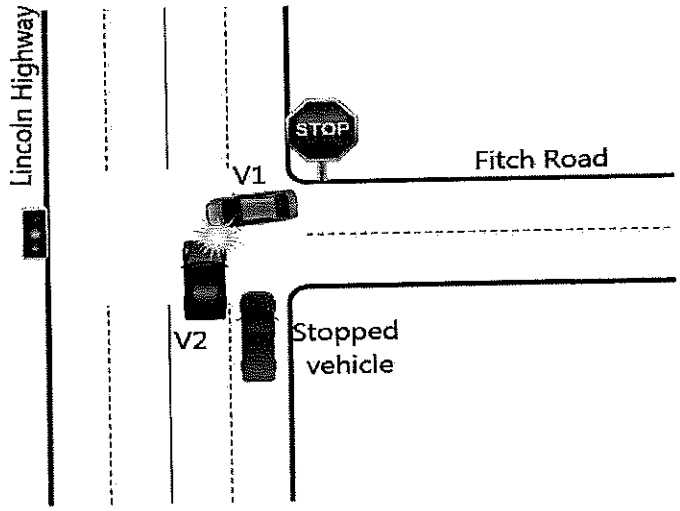
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041123

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he came to the stop sign and stopped at the intersection of Fitch Road and Lincoln Highway. Driver 1 stated a truck stopped in the right lane of Lincoln Highway northbound to allow him to exit. In the process of exiting out onto Lincoln Highway southbound driver 2 (who was traveling straight in the left lane of Lincoln Highway northbound) struck vehicle 1.

Driver 2 stated she was traveling northbound in the left lane of Lincoln Highway. Driver 2 stated there was a truck was stopped in the right lane. Driver 2 stated she was going straight when vehicle 1 pulled out in front of her attempting to make a left turn onto Lincoln highway southbound.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALAN ESPOSITO	0442	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041125
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/04/18
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1538
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	GARDEN TERR (Road Name) E (Dir)
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
☐ At Intersection With	
☒ Feet / ☐ Miles	200 (14 / 15)
☐ N ☒ E / ☐ S ☐ W	of: VIOLET PL (16)
17 Cross Road Name	
19 Ramp ☐ To / ☐ From	-
20 Route/Name	
☐ NB ☐ EB / ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	- / - / -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - / - / -
36 Number & Street	-
37 City / State / Zip	- / - / -
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	- / - / - / - / - / -
44 VIN	-
45 Expires	- / -
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
50 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	TCA00001002670
55 NJ Ins. Code	632
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- / - / -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver KIMBERLY / E / HOLMAN
66 Number & Street	89 GARDEN TER
67 City / State / Zip	EDISON / NJ / 08817
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INFINITI / G37 / BK / 2012 / X89FDB / NJ
74 VIN	JN1CV6AR0CM973149
75 Expires	02 / 19
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	-	-	-	-	-
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	00	00	00	-	U	00	00	00	00	00	-	-	UNKNOWN - - - - - - -
B	02	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - -
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041125

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

The owner of V2 stated that her kids went out front of her residence when they noticed that her car was damaged. She stated that the damage was not there prior to her parking her vehicle. There is no cameras in the area that captured the incident.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICHAEL GALLANT	0440	DECHIRICO	0199	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Code	Value
96	04
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	04

1 Case Number: 18041156
2 Police Dept of: EDISON POLICE DEPART| Code: 01
3 Station/Precinct: -

10 Crash Occurred On: 135 LINCOLN HIGHWAY | Dir: W | 11 Speed Limit: 15 | 12 Route No.: 0027 | Suffix: - | 13 Milepost: -
☐ At Intersection With | 18 Speed Limit: -
14: - ☐ Feet ☐ Miles | 15 | 16: ☐ N ☐ E ☐ S ☐ W of: -
17 Cross Road Name
19 Ramp ☐ To ☐ From: - | 20 Route/Name | ☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude: - | 22 Longitude: -

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured
07/04/18	WEDNESDAY	1810	1205	--	--

Vehicle 1

23 Veh #: 1 | 24 Policy No.: BX07652803 | 25 NJ Ins. Code: 058
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: ROMEO | Initial: D | Last Name: DELOS-REYES | - | 29 Sex: M
27 Number & Street: 9 REILLY COURT
28 City: METUCHEN | State: NJ | Zip: 08840
30 Eyes: 01 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ
32 Driver's License Number: D241966766408711 | 33 DOB: 08/08/1971 | 34 Expires: 08 22
35 Owner's ☐ Same As Driver | First Name: MARJA | Initial: G | Last Name: DELOS-REYES | -
36 Number & Street: 9 REILLY COURT
37 City: METUCHEN | State: NJ | Zip: 08840
38 Make: HONDA | 39 Model: PILOT | 40 Color: SL | 41 Year: 2006 | 42 Plate No.: UFX49F | 43 State: NJ
44 VIN: 2HKYF18566H514759 | 45 Expires: 12 18
46 Vehicle Removed To: -
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority: ☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -
50 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity: -
Number & Street: -
City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2 | 54 Policy No.: AOJ-238-373926-40 7 1 | 55 NJ Ins. Code: 370
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: - | Initial: - | Last Name: - | - | 59 Sex: -
57 Number & Street: -
58 City: - | State: - | Zip: -
60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 61 State: -
62 Driver's License Number: - | 63 DOB: - | 64 Expires: - -
65 Owner's ☐ Same As Driver | First Name: MOHAMMAD | Initial: - | Last Name: JAMILE | -
66 Number & Street: 26 KNOLLWOOD LANE
67 City: COLONIA | State: NJ | Zip: 07067
68 Make: HONDA | 69 Model: CIVIC | 70 Color: SL | 71 Year: 2005 | 72 Plate No.: E48KDM | 73 State: NJ
74 VIN: 1HGEM22505L068143 | 75 Expires: 06 19
76 Vehicle Removed To: -
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority: ☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -
80 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: - | State: - | Zip: -

Code	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	10
124	04
125	04
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	06
130	06
131	01
132	01
133	02
134	02

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	47	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	1	02	01	-	45	F	-	-	-	11	04	-	-	MARJA - DELOS-REYES - 9 REILLY COURT METUCHEN NJ 08840 - -
C	1	02	01	-	13	F	-	-	-	11	04	-	-	JUSTINE - DELOS-REYES - 9 REILLY COURT METUCHEN NJ 08840 - -
D	1	02	01	-	10	M	-	-	-	11	04	-	-	JASON - DELOS-REYES - 9 REILLY COURT METUCHEN NJ 08840 - -

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041156

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

As vehicle 1, which had two mountain bikes attached to the back of it, attempted to back into a parking spot, driver 1 misjudged the space he had due to the bike attachments and struck vehicle 2 which was parked and unoccupied. Minor damage to both vehicles.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ZACHARY DLABIK	0471	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041231
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0737
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	LINCOLN HWY
Road Name	
N	
Dir	
11 Speed Limit	40
12 Route No.	0027
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	15
☐ N ☐ E ☒ S ☐ W	
of:	PENN AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	4515-91-69-24
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JAMES
Initial	W
Last Name	NOBLE
29 Sex	M
27 Number & Street	3206 HANA RD
28 City	EDISON
State	NJ
Zip	08817
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	N60253838608804
33 DOB (mm dd yyyy)	08/05/1980
34 Expires (mm yy)	08 22
35 Owner's	☐ Same As Driver
First Name	JUDY
Initial	-
Last Name	TORRES
36 Number & Street	3206 HANA RD
37 City	EDISON
State	NJ
Zip	08817
38 Make	RAM
39 Model	TRUCK
40 Color	BL
41 Year	17
42 Plate No.	S30JKV
43 State	NJ
44 VIN	1C6RR7FT3HS851496
45 Expires	11 21
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	03673 12 96C
55 NJ Ins. Code	823
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	LEAH
Initial	C
Last Name	HALL
59 Sex	F
57 Number & Street	403 YOSKO DR
58 City	EDISON
State	NJ
Zip	08817
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	M
61 State	NJ
62 Driver's License Number	HO2884506351832
63 DOB (mm dd yyyy)	01/21/1983
64 Expires (mm yy)	05 20
65 Owner's	☒ Same As Driver
First Name	LEAH
Initial	C
Last Name	HALL
66 Number & Street	403 YOSKO DR
67 City	EDISON
State	NJ
Zip	08817
68 Make	HONDA
69 Model	ACCORD
70 Color	BK
71 Year	13
72 Plate No.	NHJ58P
73 State	NJ
74 VIN	1HGCR2F58DA195297
75 Expires	11 18
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	-	-	2	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	37	F	-	-	-	11	04	-	-	DRIVER #1
B	01	03	01	-	14	M	-	-	-	11	04	-	-	ANTONIO - ARROYO 09/10/2003
C	02	01	01	-	35	F	-	-	-	11	04	-	-	DRIVER #2
D	02	03	01	-	32	M	-	-	-	11	04	-	-	DERRICK - HUGHES 02/01/1986

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041231

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E	02	06	01	-	21	M	-	-	-	04	04	-	-	MICHAEL - VERBOUT - - - - - 07/03/1986 -
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Based on the statements of the drivers and the location of the damage this officer's investigation revealed the following events: Vehicle #2 was turning right from route 27 on to Penn Ave and was struck in the rear by Vehicle #1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WILLIAM COLLETTO	0269	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041247
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0830
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	65 MAYFIELD (IN LOT)
Dir	W
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
14	-
15 ☐ At Intersection With ☐ Feet ☐ Miles	
16 ☐ N ☐ E ☐ S ☐ W	
17 Cross Road Name (of:)	-
18 Speed Limit	-
19 Ramp ☐ To ☐ From:	
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.503600
22 Longitude	-74.351120

Vehicle 1 / Vehicle 2

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	-
24 Policy No.	OUT OF STATE	54 Policy No.	-
25 NJ Ins. Code	-	55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	WILSTON A HERRERA -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	M	59 Sex	-
27 Number & Street	1552 CREEKSIDE RD APT 3	57 Number & Street	-
28 City / State / Zip	WHITEHALL PA 18052	58 City / State / Zip	- - -
30 Eyes	02	60 Eyes	-
DL Class	A	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	PA	61 State	-
32 Driver's License Number	31401670	62 Driver's License Number	-
33 DOB (mm dd yyyy)	11/07/1983	63 DOB	-
34 Expires (mm yy)	11 21	64 Expires	- -
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	FANTASTIC - TWINS TRANPORT -	65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	- - - -
36 Number & Street	1552 CREEKSIDE RD APT 1	66 Number & Street	-
37 City / State / Zip	WHITEHALL PA 18052	67 City / State / Zip	- - -
38 Make	PETERBILT	68 Make	-
39 Model	UNKNOWN	69 Model	-
40 Color	WT	70 Color	-
41 Year	1995	71 Year	-
42 Plate No.	AG74234	72 Plate No.	-
43 State	PA	73 State	-
44 VIN	1XPCDB8X0SN377060	74 VIN	-
45 Expires	05 18	75 Expires	- -
46 Vehicle Removed To	-	76 Vehicle Removed To	-
	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded		☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☒ USDOT 2598580 ☐ None ☐ MC/MX -	80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

Coded fields

Code	Value	Code	Value
96	05	118a	02
97	01	118b	-
98	01	119a	-
99	09	119b	-
100a	01	120a	01
100b	04	120b	-
101	02	121a	-
102	01	121b	-
103	01	122	13
104	1	123	-
105	08	124	11
106	02	125	-
107	-	126a	69
108	25	126b	-
109	-	126c	-
110	02	126d	-
111	-	126e	69
112	-	127a	-
113	-	127b	-
114	03	127c	-
115	-	127d	-
116	04	127e	-
117	-	128	69
		129	06
		130	06
		131	-
		132	-
		133	02
		134	-

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

STRUCTURAL DAMAGE TO 65 MAYFIELD

Oper.	136 Charge	137 Summons, No.	Oper.	138 Charge	139 Summons, No.
1	39:3-4	G020052	-	-	-

Oper.	140 Charge	141 Summons, No.	Oper.	142 Charge	143 Summons, No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	34	M	-	-	-	04	04	-	-	DRIVER 1 - - - - - - - - -
B														
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041247

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Box 24- policy #06113833-1 United Financial Casualty Co. (717) 436-7555 NAIC # 11770

Trailer Info: PA Registration PT391E4 VIN# 1DTV41527YA279972 Year-2000 Make-Dorsey
Owner- Savashe Express of PA INC 2372 South 10th St Allentown, PA 18103

This officer's investigation revealed the following events: Vehicle #1 was backing up to a loading dock and struck the building causing sructural damage to 65 Mayfield. Edison Division of Fire on the scene as well as the Edison Township Engineering Dept.

Property management allowed Driver #1 to park his vehicle until he could get it registered.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WILLIAM COLLETTO	0269	DECHIRICO	0199	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
96	05
97	01
98	01
99	08
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	-

Field	Value
1 Case Number	18041271
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1033
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	328 PLAINFIELD AVE (IN LOT
Dir	S
11 Speed Limit	15
12 Route No.	0529
Suffix	-
13 Milepost	-
14	-
☐ At Intersection With / ☐ Feet / ☐ Miles; ☐ N ☐ E ☐ S ☐ W; of:	-
17 Cross Road Name	
18 Speed Limit	-
19 Ramp ☐ To ☐ From:	-
20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.516601
22 Longitude	-74.406163

Field	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	-
121b	-
122	13
123	10
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	06
130	06
131	06
132	06
133	02
134	02

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	4467-27-65-17	54 Policy No.	15087922
25 NJ Ins. Code	148	55 NJ Ins. Code	135
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	Status	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	SANDEEP - PANDITA -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	M	59 Sex	-
27 Number & Street	517 VILLAGE DR	57 Number & Street	-
28 City / State / Zip	EDISON NJ 08817	58 City / State / Zip	- - -
30 Eyes	02	60 Eyes	-
DL Class	D	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	-
32 Driver's License Number	P04046890010802	62 Driver's License Number	-
33 DOB	10/04/1980	63 DOB	-
34 Expires (mm yy)	07 19	64 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SANDEEP - PANDITA -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver CLAUDIA S CARIDI -
36 Number & Street	517 VILLAGE DR	66 Number & Street	293 WOODS END CT
37 City / State / Zip	EDISON NJ 08817	67 City / State / Zip	SPOTSWOOD NJ 08884
38 Make	NISSAN	68 Make	HYUNDAI
39 Model	SENTRA	69 Model	ELANTRA
40 Color	SL	70 Color	SL
41 Year	17	71 Year	17
42 Plate No.	Z45HLY	72 Plate No.	H98HTY
43 State	NJ	73 State	NJ
44 VIN	3N1AB7AP6HY249992	74 VIN	KNHD74LF5HU372146
45 Expires	02 20	75 Expires	04 21
46 Vehicle Removed To	-	76 Vehicle Removed To	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☐ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -	80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons No.	Oper.	138 Charge	139 Summons No.
1	NONE	-	-	-	-

Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	37	M	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - - -
B	1	03	01	-	36	F	-	-	-	11	04	-	-	ISHITA - PANDITA - / 517 VILLAGE DR EDISON NJ 08817 10/23/1981 -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041271

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Based on the statement of the driver and the location of the damage this officer's investigation revealed the following events: Driver #1 was turning around in the parking lot of the Stelton Recreation Center and in doing so backed into Vehicle #2 which was parked in a marked space. After the collision the passenger got out and checked for damage but did not see any so they left.

This officer was able to make phone contact with the driver and had him return. Checking Vehicle #1 further myself and the driver located damage on the left rear.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WILLIAM COLLETTO	0269	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Code	Value
96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	04

1 Case Number: 18041274
2 Police Dept of: EDISON POLICE DEPART Code: 01
3 Station/Precinct: NJ0120500
4 Date of Crash (mm dd yy): 07/05/18
5 Day Of Week: THURSDAY
6 Time (use 2400 hrs): 1038
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: 2

10 Crash Occurred On: DUCLOS LANE (Road Name) Dir: W
11 Speed Limit: 25
12 Route No.: 0676 Suffix: - 13 Milepost: -
☐ At Intersection With
☒ Feet ☐ Miles 10 (14) ☐ N ☐ E ☐ S ☐ W (15, 16) of: ROSE STREET
17 Cross Road Name
18 Speed Limit: 25
19 Ramp ☐ To ☐ From: -
☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name
21 Latitude: -
22 Longitude: -

	Vehicle 1	Vehicle 2
Veh #	23 Veh #: 1	53 Veh #: 2
Policy No.	24: 55PHL413967-460130	54: 5056072
NJ Ins. Code	25: 242	55: 364
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	26: CHARLIE F ELLIS -	56: DENNIS S BOYCE -
Sex	29: M	59: M
Number & Street	27: 23 EAST SHIRLEY AVENUE	57: 1996 ROUTE 27 APARTMENT 28
City / State / Zip	28: COLONIA NJ 07067	58: EDISON NJ 08817
Eyes	30: 02	60: 05
DL Class	D	D
Restrictions	-	-
Endorsements	-	1
State	31: NJ	61: NJ
Driver's License Number	32: E54601206605382	62: B69081638204685
DOB (mm dd yyyy)	33: 05/30/1938	63: 04/12/1968
Expires (mm yy)	34: 03 19	64: 01 22
Owner's First Name / Initial / Last Name	35: ☒ Same As Driver CHARLIE F ELLIS -	65: ☐ Same As Driver FREEDMAN AUTO - SERVICE 1 -
Number & Street	36: 23 EAST SHIRLEY AVENUE	66: 1690 ROUTE 27
City / State / Zip	37: COLONIA NJ 07067	67: EDISON NJ 08817
Make	38: MERCEDES-B	68: HONDA
Model	39: E320	69: ODYSSEY
Color	40: SL	70: BL
Year	41: 1998	71: 1996
Plate No.	42: CFE-2	72: U71JCX
State	43: NJ	73: NJ
VIN	44: WDBJF65F7WA683013	74: JHMRA1847TC010463
Expires	45: 10 18	75: 08 19
Vehicle Removed To	46: BILL'S SERVICE CENTER	76: BILL'S SERVICE CENTER
Removal	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	47: ☒ Owner ☐ Driver ☐ Police	77: ☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test	48: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material	49: ☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79: ☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No.	50: ☐ USDOT - ☐ None ☐ MC/MX -	80: ☐ USDOT - ☐ None ☐ MC/MX -
GVWR/GCWR	51: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	52: -	82: -
Number & Street	-	-
City / State / Zip	- / - / -	- / - / -

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

SIGN FOR DUCLOS LANE AND PARKER ROAD WAS STRUCK BY VEHICLE 1

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
D1	39:4-97	1205-G-019796	-	-	-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

Code	Value
118a	16
118b	02
119a	25
119b	-
120a	07
120b	-
121a	01
121b	-
122	01
123	01
124	08
125	04
126a	26
126b	56
126c	54
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	08
130	08
131	01
132	01
133	04
134	04

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	04	80	M	04	08	02	11	04	-	6202	DRIVER 1 - - - - - - - - -
B	V2	01	01	04	50	M	08	04	01	11	11	01	-	DRIVER 2 - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

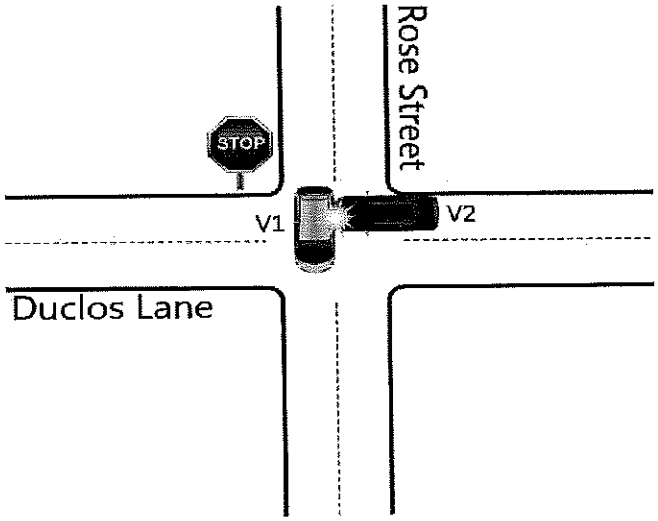
Police Dept: EDISON POLICE DEPAR Code: 01

Station: NJ0120500 Case No: 18041274

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 was traveling south bound on Rose Street towards Duclos Lane when he failed to stop at the stop sign located on Rose Street/ Duclos Lane. When Vehicle 1 ran the stop sign he was struck by the Driver of Vehicle 2 who was traveling west bound on Duclos Lane. Upon getting struck by Vehicle, Vehicle 1 hopped the curb, and struck the "Duclos Lane/ Parker Road" sign that is on the Highland Park side.

Witness, Ms. Lindsay Joyner (518-527-2379) who was traveling west bound on Duclos Lane, behind the Driver of Vehicle 2 witnessed the motor vehicle collision.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHIRLEY DONG	0461	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041276
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1041
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	775 US HIGHWAY 1
Dir	W
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	- - -
☐ At Intersection With / 14 ☐ Feet ☐ Miles	-
15 / 16 ☐ N ☐ E ☐ S ☐ W of:	-
17 Cross Road Name	
18 Speed Limit	-
19 Ramp ☐ To ☐ From: / 20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB	-
21 Latitude	-
22 Longitude	-

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	NJSS208522716	F6437586
NJ Ins. Code	217	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
Driver's First Name / Initial / Last Name	MAYURKUMA C PATEL -	EDWARD J RILEY -
Sex	M	M
Number & Street	75 TRENTON AVENUE	47 CLIFTON ST
City / State / Zip	EDISON NJ 08817	EDISON NJ 08817
Eyes	02	04
DL Class	D	D
Restrictions	-	1
Endorsements	-	-
State	NJ	NJ
Driver's License Number	P07955366309572	R43201927107364
DOB (mm dd yyyy)	09/10/1957	07/22/1936
Expires (mm yy)	08 19	01 21
Owner's ☐ Same As Driver / First Name / Initial / Last Name	MAYURKUMA C PATEL -	MARY A RILEY -
Number & Street	75 TRENTON AVENUE	47 CLIFTON ST
City / State / Zip	EDISON NJ 08817	EDISON NJ 08817
Make	CHRYSLER	NISSAN
Model	PACIFICA	ALTIMA
Color	GN	GY
Year	2006	2012
Plate No.	VGM23J	JKU89T
State	NJ	NJ
VIN	2A4GM68426R750098	1N4AL2AP3CN438902
Expires	12 18	10 18
Vehicle Removed To	-	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	☒ Owner ☐ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	☐ USDOT - ☐ MC/MX - ☒ None
GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	60	M	-	-	-	11	04	-	-	DRIVER 1
B	2	01	01	-	82	M	-	-	-	11	04	-	-	DRIVER 2
C	2	02	01	-	79	F	-	-	-	11	04	-	-	MARY - RILEY SAME AS DRIVER 2
D														

Left margin codes:

Code	Value
96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02

Right margin codes:

Code	Value
118a	02
118b	-
119a	02
119b	-
120a	01
120b	01
121a	01
121b	01
122	13
123	13
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	07
132	07
133	02
134	02

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041276

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

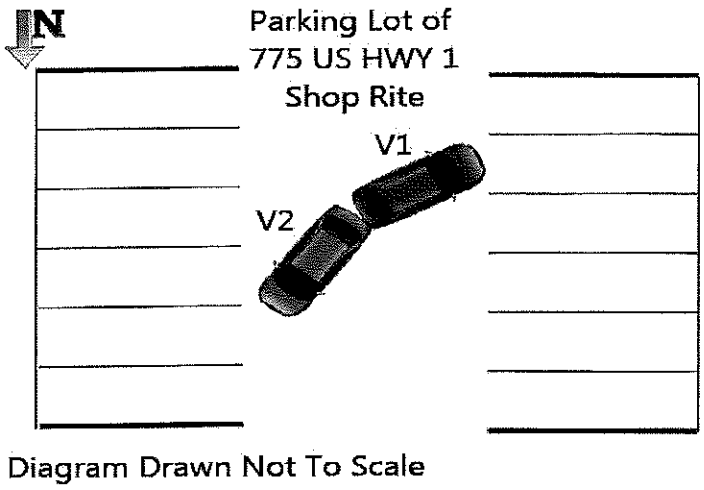


Diagram Drawn Not To Scale

145 Crash Description/Narrative

V1 and V2 both attempted to back out of parking spaces in the private lot of 775 US HWY 1 and struck each other. Both vehicles were were unable to see the other vehicle prior to backing out of the parking space.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KEVIN MCGOTTY	0443	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
96	01
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

Field	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	08
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	03
134	03

1 Case Number: 18041277

2 Police Dept of: EDISON POLICE DEPART — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 07/05/18

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1046

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: 2

10 Crash Occurred On: US HIGHWAY 1 (Road Name) — Dir: S

11 Speed Limit: 50

12 Route No.: 0001 — Suffix: - — 13 Milepost: 000.00

☒ At Intersection With

14: 10 — ☐ Feet ☐ Miles (15) — ☒ N ☐ E ☐ S ☐ W (16) of: EDISON TOWNE SQUARE (17 Cross Road Name)

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - (20 Route/Name) ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: -

22 Longitude: -

Vehicle 1

23 Veh #: 1

24 Policy No.: A0J-238-214762-70 7 0

25 NJ Ins. Code: 370

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: EDWARD — Initial: R — Last Name: LUKA -

29 Sex: M

27 Number & Street: 194 SHERMAN AVE

28 City: GLEN RIDGE — State: NJ — Zip: 07028

30 Eyes: 04 — DL Class: D — Restrictions: 1 — Endorsements: -

31 State: NJ

32 Driver's License Number: L9178 19279 05974

33 DOB (mm dd yyyy): 05/17/1997

34 Expires (mm yy): 05 22

35 Owner's ☐ Same As Driver — First Name: RICHARD — Initial: E — Last Name: LUKA -

36 Number & Street: 194 SHERMAN AVE

37 City: GLEN RIDGE — State: NJ — Zip: 07028

38 Make: TOYOTA — 39 Model: SIENNA — 40 Color: GY — 41 Year: 2016 — 42 Plate No.: T47GNB — 43 State: NJ

44 VIN: 5TDKK3DC6GS696282 — 45 Expires: 04 20

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

50 Carrier No.: ☐ USDOT - ☐ MC/MX - ☐ None

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: 995741890 206 1

55 NJ Ins. Code: 884

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: HONGLIANG — Initial: - — Last Name: CAO -

59 Sex: M

57 Number & Street: 200 DEY ST UNIT 266

58 City: HARRISON — State: NJ — Zip: 07029

60 Eyes: 01 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: C0508 33700 10641

63 DOB (mm dd yyyy): 10/31/1964

64 Expires (mm yy): 04 21

65 Owner's ☐ Same As Driver — First Name: HONGLIANG — Initial: - — Last Name: CAO -

66 Number & Street: 200 DEY ST UNIT 266

67 City: HARRISON — State: NJ — Zip: 07029

68 Make: HONDA — 69 Model: CR-V — 70 Color: RD — 71 Year: 2015 — 72 Plate No.: C93FVS — 73 State: NJ

74 VIN: 5J6RM4H37FL107226 — 75 Expires: 09 18

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ MC/MX - ☐ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-29	G-019372	-	-	-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	21	M	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - -
B	2	01	01	04	53	M	04	08	01	11	04	-	-	DRIVER 2 - - - / - - - - - -
C	2	02	01	04	48	F	04	08	02	11	04	-	6202	WEIYU - WANG - / 200 DEY ST 266 HARRISON NJ 07029 - -
D														

New Jersey Police
Crash Investigation Report

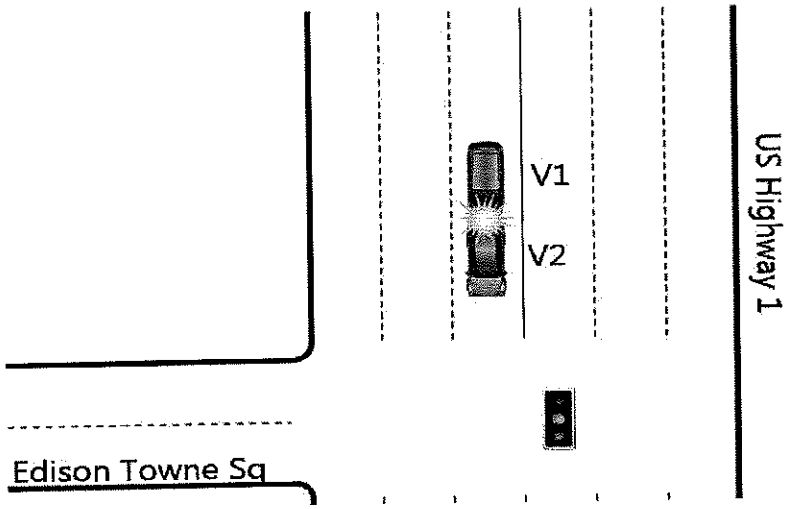
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041277

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated the 2 vehicles in front of him came to a sudden stop due to a red traffic signal at the intersection of US Highway 1 southbound and Edison Towne Square. Driver 1 stated he attempted to come to a stop however was unable to and rear ended vehicle 2.

Driver 2 stated him and the vehicle in front of him came to a stop due to a red traffic signal at the intersection of US Highway 1 southbound and Edison Towne Square. Driver 2 stated he came to a stop then got rear ended by vehicle 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALAN ESPOSITO	0442	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041284
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1146
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	TALMADGE RD (Road Name)
At Intersection With	NEW DURHAM RD
Feet / Miles	320 Feet; S W; of:
11 Speed Limit	40
Dir	N
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
17 Cross Road Name	-
19 Ramp To / From	-
20 Route/Name	-
NB EB SB WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	914022197
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	VANESSA E SANCHEZ -
29 Sex	F
27 Number & Street	450 WEST END AVE
28 City / State / Zip	NORTH PLAINFIELD NJ 07060
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	S03877626553902
33 DOB (mm dd yyyy)	03/16/1990
34 Expires (mm yy)	08 20
35 Owner's First Name / Initial / Last Name	☒ Same As Driver VANESSA E SANCHEZ -
36 Number & Street	450 WEST END AVE
37 City / State / Zip	NORTH PLAINFIELD NJ 07060
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MAZDA / 6 / GY / 07 / A93HLR / NJ
44 VIN / 45 Expires	1YVHP80CX75M55257 / 03 19
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	919782739
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ERNEST L NEELON 3RD
59 Sex	M
57 Number & Street	1694 WEST 4TH STREET
58 City / State / Zip	PISCATAWAY NJ 08854
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	N2183234731207
63 DOB (mm dd yyyy)	12/13/1997
64 Expires (mm yy)	11 19
65 Owner's First Name / Initial / Last Name	☒ Same As Driver ERNEST L NEELON 3RD
66 Number & Street	1694 WEST 4TH STREET
67 City / State / Zip	PISCATAWAY NJ 08854
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HONDA / CIVIC / BL / 18 / P25JVM / NJ
74 VIN / 75 Expires	2HGFC2F5XJH523640 / 02 21
76 Vehicle Removed To	AAA
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.
1	NONE	-
-	-	-

Oper.	138 Charge	139 Summons. No.
2	NONE	-
-	-	-

Oper.	140 Charge	141 Summons. No.
-	-	-

Oper.	142 Charge	143 Summons. No.
-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	28	F	-	-	-	11	04	-	-	DRIVER #1 - - - - - - - - - - - -
B	02	01	01	-	20	M	-	-	-	11	11	02	-	DRIVER #2 - - - - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041284

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Witness: Ben Shotland 15 Shadowlawn Drive Oldbridge, NJ 088857 (908) 770-0089

Based on the statements of the drivers, the statement of the witness and the location of the damage this officer's investigation revealed the following events: Vehicle #2 was attempting to turn left from Durham Center onto Talmadge Road. North bound traffic was backed up from the signal at New Durham Rd and at a stand still. A vehicle left an opening for the driveway entrance to Durham Center so that Vehicle #2 could exit. As Vehicle #2 exited the lot it was struck by Vehicle #1 which was passing the stopped vehicles on the left despite the double yellow lines indicating a no passing zone.

Officer notes that the roadway is only marked as a single lane road and widens approximately 100 feet north of the crash into a multiple directional lane intersection.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WILLIAM COLLETTO	0269	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	97	98	99	100a	100b	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117
05	01	01	02	01	04	02	01	01	2	07	-	-	01	01	01	01	-	-	-	-	03	01

118a	118b	119a	119b	120a	120b	121a	121b	122	123	124	125	126a	126b	126c	126d	126e	127a	127b	127c	127d	127e	128	129	130	131	132	133	134
02	56	25	-	01	-	01	-	03	01	08	11	26	-	-	-	26	26	-	-	-	26	26	12	12	11	11	03	04

1 Case Number: 18041309

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: -

10 Crash Occurred On: LINCOLN HIGHWAY (Road Name) | Dir: N | 11 Speed Limit: 40 | 12 Route No.: 0027 | Suffix: - | 13 Milepost: -

☐ At Intersection With

14: 50 | 15: ☒ Feet ☐ Miles | 16: ☐ N ☐ E ☒ S ☐ W of: MORGAN DR (17 Cross Road Name) | 18 Speed Limit: 25

19 Ramp: ☐ To ☐ From: - | 20 Route/Name | ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
07/05/18	THURSDAY	1346	1205	--	1	-	-

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	902331853	54 Policy No.	4167-96-87-36
25 NJ Ins. Code	134	55 NJ Ins. Code	148
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	MARTA T SAUREZ -	56 Driver's First Name / Initial / Last Name	DENISE - TUBELLI -
29 Sex	F	59 Sex	F
27 Number & Street	315 NETHERWOOD AVE	57 Number & Street	1 FAIRVIEW AVE
28 City / State / Zip	PISCATAWAY NJ 08854	58 City / State / Zip	EDISON NJ 08817
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / 1 / -	60 Eyes / DL Class / Restrictions / Endorsements	02 / D / 1 / -
31 State	NJ	61 State	NJ
32 Driver's License Number	S90095258358582	62 Driver's License Number	T90211620057612
33 DOB (mm dd yyyy)	08/23/1958	63 DOB (mm dd yyyy)	07/29/1961
34 Expires (mm yy)	08 21	64 Expires (mm yy)	01 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL W HAZEL -	65 Owner's First Name / Initial / Last Name	☒ Same As Driver DENISE - TUBELLI -
36 Number & Street	315 NETHERWOOD AVE	66 Number & Street	1 FAIRVIEW AVE
37 City / State / Zip	PISCATAWAY NJ 08854	67 City / State / Zip	EDISON NJ 08817
38 Make	VOLKSWAGEN	68 Make	CHEVROLET
39 Model	JETTA	69 Model	CRUZE
40 Color	BK	70 Color	BK
41 Year	11	71 Year	16
42 Plate No.	H31DNA	72 Plate No.	L80ESU
43 State	NJ	73 State	NE
44 VIN	3VWDZ7AJXBM011592	74 VIN	1G1BG5SM6G7269678
45 Expires	09 18	75 Expires	12 18
46 Vehicle Removed To	-	76 Vehicle Removed To	DEFALCOS
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- / - / -	City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	NONE	-	2	NONE	-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	59	F	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - -
B	01	03	01	-	91	F	-	-	-	11	04	-	-	MARTA R SUAREZ - / - - - - 05/03/1927 -
C	02	01	01	04	56	F	08	08	02	11	04	-	6202	DRIVER 2 - - - / - - - - - -
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041309

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Witness: James Schoenig 1-800-576-4653, (732) 558-2693

Based on the statements of the drivers, the statement of the witness and the location of the damage this officer's investigation revealed the following events: Vehicle #2 was traveling north on Route 27 in the right lane when Vehicle #1 attempted to turn left out of the 7-11 parking lot to head south on Route 27 causing a collision. The witness observed Driver #1 look left then right but never looked back to the left. He also stated that Driver #2 was sounding her horn and moving left to avoid the collision.

Officer notes that Optimum Cable was performing work and parked on the sidewalk approximately 100 feet south of the crash limiting sight distance to the south.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WILLIAM COLLETTO	0269	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041314
2 Police Dept of	EDISON POLICE DEPART (Code 01)
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1353
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	READING RD (Road Name) S (Dir)
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	- - -
☐ At Intersection With	
☒ Feet 30 ☐ Miles (14 15)	☐ N ☐ E ☒ S ☐ W (16) of: READING RD
18 Speed Limit	15
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Vehicle 1 (23 Veh # 1)

24 Policy No.	157002916005
25 NJ Ins. Code	422
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	UBALDO A GUZMAN-ESTAVEZ -
29 Sex	M
27 Number & Street	172 SUYDAM ST APT 2
28 City / State / Zip	NEW BRUNSWICK NJ 08901
30 Eyes / DL Class / Restrictions / Endorsements	01 / D / - / -
31 State	NJ
32 Driver's License Number	G95217536102531
33 DOB (mm dd yyyy)	02/05/1953
34 Expires (mm yy)	01 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DURHAM WOODS - ASSOC -
36 Number & Street	820 MORRIS TNPK
37 City / State / Zip	SHORT HILLS NJ 07078
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F350 / WT / 1997 / X8304Y / NJ
44 VIN	1FDKF38F0VEC24201
45 Expires	04 19
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
50 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2 (53 Veh # 2)

54 Policy No.	4508745991
55 NJ Ins. Code	100
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver VASAN - MANI -
66 Number & Street	34G READING RD
67 City / State / Zip	EDISON NJ 08817
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYOTA / CAMRY / GY / 2014 / N65JGN / NJ
74 VIN	4T1BF1FK5EU438448
75 Expires	09 18
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	-	-	-	-	-
-	-	-	-	-	-

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	65	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041314

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Driver of V1 stated that as he was wiping sweat off of his face he lost control of the vehicle and struck V2 which was parked.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICHAEL GALLANT	0440	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041352
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1630
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	OAK TREE ROAD
Dir	E
11 Speed Limit	35
12 Route No.	0604
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	250
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☒ W
of: 17 Cross Road Name	WOOD AVENUE
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 05; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 2; 105: 08; 106: -; 107: -; 108: 20; 109: 01; 110: 02; 111: 01; 112: -; 113: -; 114: 03; 115: -; 116: 04; 117: 02

Right margin codes: 118a: 02; 118b: 10; 119a: 25; 119b: 25; 120a: 01; 120b: -; 121a: 01; 121b: -; 122: 13; 123: 08; 124: 04; 125: 04; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: 26; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 26; 129: 06; 130: 06; 131: 12; 132: 12; 133: 02; 134: 03

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	AS2-C21-004175-337	HPA00002041443
NJ Ins. Code	182	411
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
Driver's First Name / Initial / Last Name	ERIC W MILLER -	HARIS B SYED -
Sex	M	M
Number & Street	1654 AXEL AVENUE	3 SOPHIE STREET
City / State / Zip	NORTH BRUNSWICK NJ 08902	PARLIN NJ 08859
Eyes	04	02
DL Class	D	D
Restrictions	1	-
Endorsements	-	M
State	NJ	NJ
Driver's License Number	M4358 23286 04714	S9639 31462 07962
DOB	04/11/1971	07/27/1996
Expires (mm yy)	05 20	11 19
Owner's First Name / Initial / Last Name	☐ Same As Driver — UNITED PARCEL - SERVICE INC -	☒ Same As Driver — HARIS B SYED -
Number & Street	47 HARTZ WAY	3 SOPHIE STREET
City / State / Zip	SECAUCUS NJ 07094	PARLIN NJ 08859
Make	ISUZU	HONDA
Model	UNKNOWN	PRELUDE
Color	BN	BL
Year	2013	2001
Plate No.	XBF V77	U48 KAK
State	NJ	NJ
VIN	JALB4T17XD7M00220	JHMBB62421C006886
Expires	11 18	06 19
Vehicle Removed To	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	☐ Owner ☒ Driver ☐ Police	☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test Given	☒ No ☐ Yes ☐ Refused	☒ No ☐ Yes ☐ Refused
Type	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending	0. - % ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill	☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.	- / -	- / -
Carrier No.	☒ USDOT 021800 ☐ None ☐ MC/MX -	☐ USDOT - ☒ None ☐ MC/MX -
GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	UNITED PARCEL SERVICE INC	-
Number & Street	47 HARTZ WAY	-
City / State / Zip	SECAUCUS NJ 07094	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136 -	137 -	-	138 -	139 -
-	140 -	141 -	-	142 -	143 -

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	47	M	-	-	-	11	04	-	-	DRIVER 1 -
B	2	01	01	-	21	M	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police Crash Investigation Report

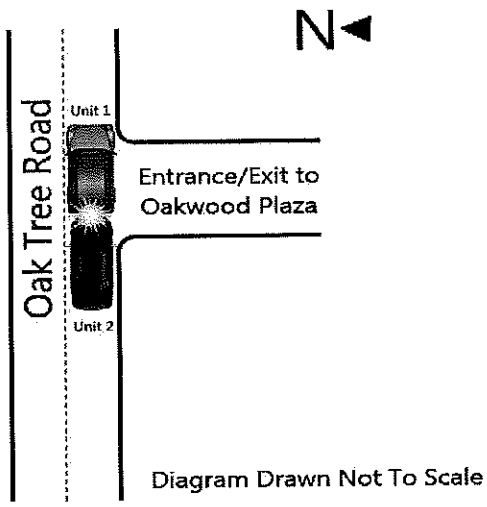
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041352

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

This officer's investigation revealed that on the above date and time, Vehicle 2 (V2) was stopped in traffic within the right lane of Oak Tree Road. At that time, Vehicle 1 (V1) was stopped in front of V2 and began backing. While backing, V1 struck the front bumper of V2 with its rear bumper.

Driver of V1 stated that he was backing in an effort to let a vehicle out of the Oakwood Plaza.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JOHN CERCATORE	0423	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041358
2 Police Dept of	EDISON POLICE DEPARTI
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1649
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	VALERIE DRIVE
Dir	E
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
☒ At Intersection With / ☐ Feet ☐ Miles (14)	-
15 / 16 ☐ N ☐ E ☐ S ☐ W	
of: 17 Cross Road Name	STACEY RD
18 Speed Limit	25
19 Ramp ☐ To ☐ From: 20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Margin	Value
96	05
97	01
98	01
99	07
100a	03
100b	04
101	02
102	01
103	01
104	2
105	04
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	02
118a	02
118b	14
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	02
123	03
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	11
132	11
133	04
134	03

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	NJSS204132023
25 NJ Ins. Code	217
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	PRASHANT H PATEL -
29 Sex	M
27 Number & Street	5 VALERIE RD
28 City / State / Zip	EDISON NJ 08820
30 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	P07956336808911
33 DOB (mm dd yyyy)	08/13/1991
34 Expires (mm yy)	08 20
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	HASMUKH K PATEL -
36 Number & Street	5 VALERIE RD
37 City / State / Zip	EDISON NJ 08820
38 Make	NISSAN
39 Model	ALTIMA
40 Color	BK
41 Year	2011
42 Plate No.	A40AZB
43 State	NJ
44 VIN	1N4AL2EP1BC115159
45 Expires	06 19
46 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

Field	Value
53 Veh #	2
54 Policy No.	A022316402960070
55 NJ Ins. Code	182
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PRABHA B PAI -
59 Sex	F
57 Number & Street	8 VALERIE RD
58 City / State / Zip	EDISON NJ 08820
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	P01756336261482
63 DOB (mm dd yyyy)	11/15/1948
64 Expires (mm yy)	10 19
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	BIKKU G PAI -
66 Number & Street	8 VALERIE RD
67 City / State / Zip	EDISON NJ 08820
68 Make	TOYOTA
69 Model	CAMRY
70 Color	SL
71 Year	2002
72 Plate No.	NAT74U
73 State	NJ
74 VIN	4T1BE32K72U637081
75 Expires	09 18
76 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

NONE

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	26	M	-	-	-	11	04	-	-	DRIVER # 1 - - - - - - - - - -
B	2	01	01	-	69	F	-	-	-	11	04	-	-	DRIVER # 2 - - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

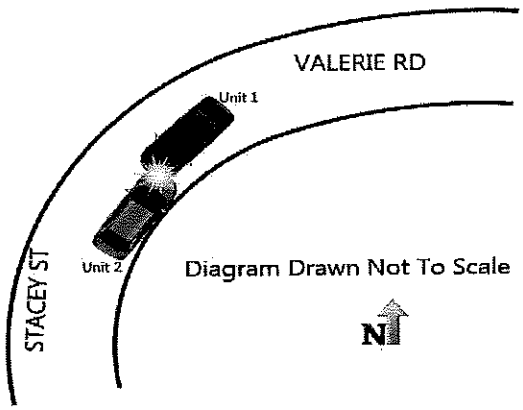
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041358

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Officer's investigation reveals that driver # 1 was making a left at the intersection of Valerie Street onto Stacey Rd. Vehicle # 2 was making a right onto Valerie Rd from Stacey Street. Driver # 1 did not see vehicle # 2 and was too far left of the center of the road and struck vehicle # 2 as she was turning.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCOTT LUKS	0410	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041378
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1802
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	US HWY NO 1 (Road Name)
Dir	N
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
☒ At Intersection With / ☐ Feet / ☐ Miles (14, 15)	-
☐ N ☐ E ☐ S ☐ W (16) of:	-
17 Cross Road Name	AMBOY AVENUE
18 Speed Limit	-
19 Ramp	☒ To ☐ From
20 Route/Name	☐ NB ☒ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Left margin codes: 96: 01; 97: 01; 98: 01; 99: 02; 100a: 01; 100b: 06; 101: 02; 102: 01; 103: 01; 104: 2; 105: 01; 106: -; 107: -; 108: 05; 109: 01; 110: 01; 111: 01; 112: -; 113: -; 114: -; 115: -; 116: 01; 117: 01

Right margin codes: 118a: 02; 118b: 02; 119a: 25; 119b: 25; 120a: 01; 120b: -; 121a: 01; 121b: -; 122: 01; 123: 08; 124: 04; 125: 04; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: 26; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 26; 129: 01; 130: 01; 131: 07; 132: 07; 133: 03; 134: 03

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	OUT OF STATE	54 Policy No.	NJSS - 107014975
25 NJ Ins. Code	-	55 NJ Ins. Code	217
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	SCOTT A MORISSETTE -	56 Driver's First Name / Initial / Last Name	GABRIELA - RAMIE -
29 Sex	M	59 Sex	F
27 Number & Street	1798 SHANNON LAKE DR	57 Number & Street	15 CORNELL ST
28 City / State / Zip	MIDDLEBURG FL 32068	58 City / State / Zip	AVENEL NJ 07001
30 Eyes	-	60 Eyes	02
DL Class	E	DL Class	D
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	FL	61 State	NJ
32 Driver's License Number	M623-781-92-066-0	62 Driver's License Number	R0353 27000 59872
33 DOB	02/26/1992	63 DOB	09/28/1987
34 Expires (mm yy)	02 25	64 Expires (mm yy)	05 21
35 Owner's Name	☒ Same As Driver SCOTT A MORISSETTE -	65 Owner's Name	☒ Same As Driver GABRIELA - RAMIE -
36 Number & Street	1798 SHANNON LAKE DR	66 Number & Street	15 CORNELL ST
37 City / State / Zip	MIDDLEBURG FL 32068	67 City / State / Zip	AVENEL NJ 07001
38 Make	CHEVROLET	68 Make	INFINITI
39 Model	COLORADO	69 Model	M35
40 Color	WT	70 Color	GY
41 Year	2016	71 Year	2009
42 Plate No.	BSL J26	72 Plate No.	X72 KCN
43 State	FL	73 State	NJ
44 VIN	1GCGTCE36G1342888	74 VIN	JNKCY01F89M852769
45 Expires	02 19	75 Expires	06 19
46 Vehicle Removed To	-	76 Vehicle Removed To	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- / - / -	City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136: -	137: -	-	138: -	139: -
-	140: -	141: -	-	142: -	143: -

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	26	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	2	01	01	-	30	F	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041378

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

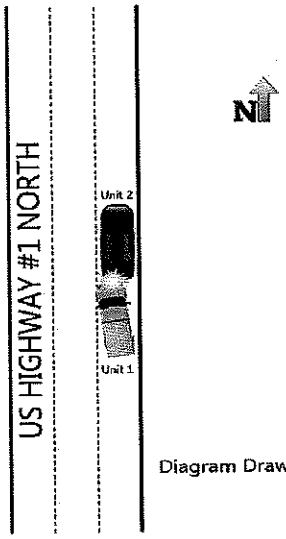


Diagram Drawn Not To Scale

145 Crash Description/Narrative

This officer's investigation revealed that on the above date and time, Vehicle 2 (V2) was stopped in traffic within the right lane of US Highway #1 Northbound. While stopped in traffic, V2 was struck from behind by Vehicle 1 (V1), which was also traveling in the right lane of US Highway #1 Northbound.

V1 Insurance: State Farm Insurance/Company # 09785/Policy # C59 3899-D31-59A 4

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JOHN CERCATORE	0423	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041400
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1952
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	MINEBROOK ROAD (Road Name)
N	
11 Speed Limit	26
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☐ At Intersection With	
☒ Feet ☐ Miles	500
☐ N ☐ E ☒ S ☐ W	
of:	OAK TREE ROAD
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	4229-88-52-90
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	PRACHI J GANDHI -
29 Sex	F
27 Number & Street	19 PARK GATE DR
28 City / State / Zip	EDISON NJ 08820
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / 1 / - / NJ
32 Driver's License Number	G0402 63371 51844
33 DOB (mm dd yyyy)	01/23/1984
34 Expires (mm yy)	08 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RITVIJ D METHA -
36 Number & Street	19 PARK GATE DR
37 City / State / Zip	EDISON NJ 08820
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYOTA / COROLLA / SL / 2014 / T85GKF / NJ
44 VIN	2T1BURHE5EC227621
45 Expires	03 19
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4542708260
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MEHUL M SHAH -
59 Sex	M
57 Number & Street	232 CINDER RD
58 City / State / Zip	1 NJ 08820
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	01 / - / 1 / - / NJ
62 Driver's License Number	S3142 53774 09571
63 DOB (mm dd yyyy)	09/06/1975
64 Expires (mm yy)	09 20
65 Owner's First Name / Initial / Last Name	☐ Same As Driver CAR RENTALS - INC -
66 Number & Street	1570 SOUTH WASHINGTON AVE
67 City / State / Zip	PISCATAWAY NJ 08854
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYOTA / COROLLA / RD / 2017 / Y35 GXZ / NJ
74 VIN	2T1BURHE3HC746655
75 Expires	09 18
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	34	F	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	2	01	01	-	42	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

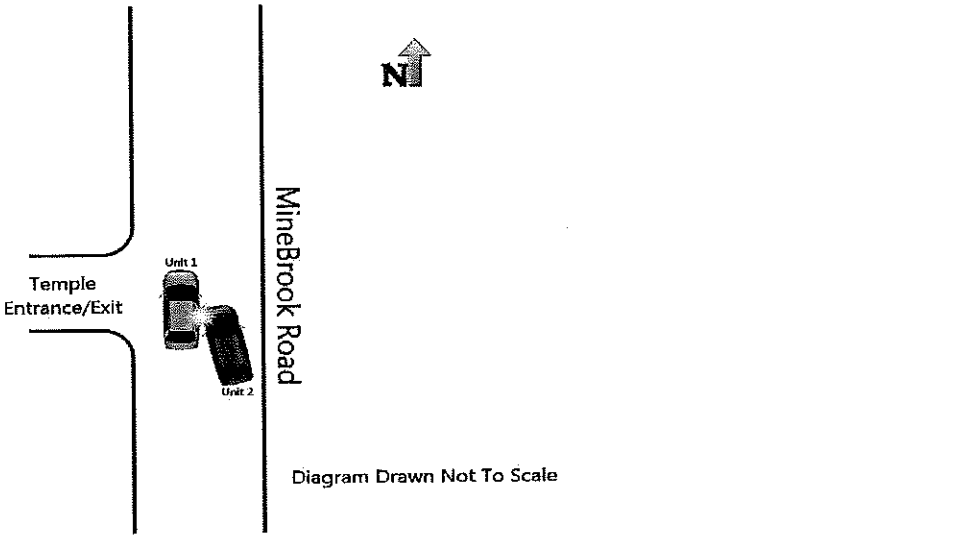
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041400

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

This officer's investigation revealed that on the above date and time, Vehicle 2 (V2) was traveling northbound on Minebrook Road. V2 then attempted to make a left turn into a private driveway and while doing so, struck Vehicle 1 (V1) which appeared to have been improperly passing on the left.

As per the driver of V1, she was traveling behind V2 when it attempted to make a left turn into a private driveway without signaling. Driver of V1 stated she attempted to avoid V2 in an unknown manner but was unsuccessful and both vehicles collided.

As per the driver of V2, he activated his left turn signal and attempted to make a left turn. The driver of V2 further stated that while making the turn, V1 came from behind his vehicle and attempted to pass him on the left resulting in the collision.

Based on where the impact occurred on both vehicles, it would appear that V1 was improperly passing on the left.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JOHN CERCATORE	0423	DECHIRICO	0199	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	97	98	99	100a	100b	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117
04	01	01	02	01	05	02	01	01	2	01	-	-	01	01	01	01	-	-	-	-	03	03

118a	118b	119a	119b	120a	120b	121a	121b	122	123	124	125	126a	126b	126c	126d	126e	127a	127b	127c	127d	127e	128	129	130	131	132	133	134
02	-	25	-	01	-	01	-	07	08	03	03	26	-	-	-	26	26	-	-	-	26	26	12	12	06	06	02	02

1 Case Number: 18041404

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: -

10 Crash Occurred On: LINCOLN HIGHWAY (Road Name) | Dir: S | 11 Speed Limit: 40 | 12 Route No.: 0027 | Suffix: - | 13 Milepost: -

☐ At Intersection With

14: 100 | 15: ☒ Feet ☐ Miles | 16: ☒ N ☐ E ☐ S ☐ W | of: EVERGREEN RD (17 Cross Road Name) | 18 Speed Limit: 25

19 Ramp: ☐ To ☐ From: - (20 Route/Name) | ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
07/05/18	THURSDAY	2010	1205	--	--	-	-

Vehicle 1

23 Veh #: 1 | 24 Policy No.: A0J2381209074077 | 25 NJ Ins. Code: 370

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: JAMES | Initial: E | Last Name: EBERE | - | 29 Sex: M

27 Number & Street: 965 PARK TERRACE

28 City: UNION | State: NJ | Zip: 07083

30 Eyes: 02 | DL Class: D | Restrictions: 1 | Endorsements: - | 31 State: NJ

32 Driver's License Number: E10283836509962 | 33 DOB (mm dd yyyy): 09/26/1996 | 34 Expires (mm yy): 05 20

35 Owner's ☐ Same As Driver | First Name: EBERE | Initial: C | Last Name: ONWUCHEKWA | -

36 Number & Street: PO BOX 111641

37 City: IRVINGTON | State: NJ | Zip: 07111

38 Make: NISSAN | 39 Model: ROGUE | 40 Color: GY | 41 Year: 2015 | 42 Plate No.: B15KCX | 43 State: NJ

44 VIN: 5N1AT2MV3FC758804 | 45 Expires: 05 19

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -

50 Carrier No.: ☐ USDOT - | ☐ MC/MX - | ☒ None

51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2 | 54 Policy No.: 9951224332061 | 55 NJ Ins. Code: 884

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: RUDOLPH | Initial: P | Last Name: VICTOR | - | 59 Sex: M

57 Number & Street: 1656 COLUMBUS PLACE

58 City: RAHWAY | State: NJ | Zip: 07065

60 Eyes: 01 | DL Class: D | Restrictions: 1 | Endorsements: - | 61 State: NJ

62 Driver's License Number: V41226777701741 | 63 DOB (mm dd yyyy): 01/02/1974 | 64 Expires (mm yy): 01 19

65 Owner's ☐ Same As Driver | First Name: MARIE | Initial: C | Last Name: JEAN | -

66 Number & Street: 1656 COLUMBUS PLACE

67 City: RAHWAY | State: NJ | Zip: 07065

68 Make: ACURA | 69 Model: MDX | 70 Color: SL | 71 Year: 2004 | 72 Plate No.: P22HMU | 73 State: NJ

74 VIN: 2HNYD18974H501902 | 75 Expires: 03 19

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -

80 Carrier No.: ☐ USDOT - | ☐ MC/MX - | ☒ None

81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Other

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	21	M	-	-	-	11	04	-	-	DRIVER#1 - - - / - - - - - - -
B	2	01	01	-	44	M	-	-	-	11	04	-	-	DRIVER#2 - - - / - - - - - - -
C	2	03	01	-	43	F	-	-	-	11	04	-	-	MARIE C JEAN - / 1656 COLUMBUS PLACE RAHWAY NJ 07065 - -
D	2	05	01	-	3	M	-	-	-	05	05	-	-	BRAD - VICTOR - / 1656 COLUMBUS PLACE RAHWAY NJ 07065 - -

New Jersey Police Crash Investigation Report

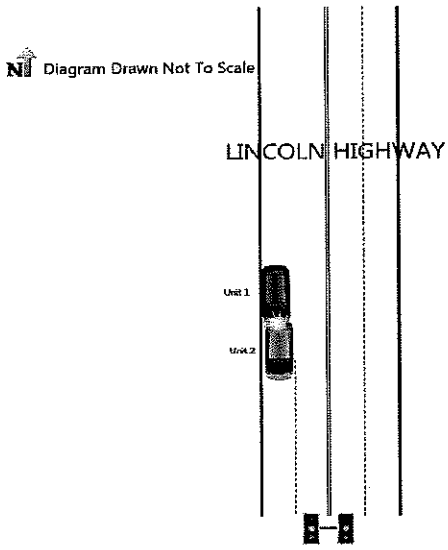
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041404

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Officer's investigation reveals that vehicle # 2 was stopped in traffic approaching the light on Lincoln Highway at Evergreen Road. Vehicle # 1 was approaching him from behind. Impact occurred when driver # 1 thought that traffic had began to move and slowed down but did not stop and in the process, rear-ended vehicle # 2 who was still waiting for traffic to move.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCOTT LUKS	0410	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041407
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2024
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	INMAN AVE (Road Name) W (Dir)
11 Speed Limit	35
12 Route No.	0602
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	FEATHERBED LANE
☐ Feet / ☐ Miles	-
☐ N ☐ E / ☐ S ☐ W	of:
19 Ramp ☐ To / ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB / ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	OUT OF STATE INS.
25 NJ Ins. Code	000
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SWATHI - RAGHURAMBHARAT -
29 Sex	F
27 Number & Street	41 BISSELL CT
28 City / State / Zip	SOUTH WINDSOR / CT / 06074
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / CT
32 Driver's License Number	058528876
33 DOB (mm dd yyyy)	05/31/1983
34 Expires (mm yy)	12 20
35 Owner's First Name / Initial / Last Name	☒ Same As Driver SWATHI - RAGHURAMBHARA -
36 Number & Street	41 BISSELL CT
37 City / State / Zip	SOUTH WINDSOR / CT / 06074
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HONDA / CR-V / SL / 2018 / AM61499 / CT
44 VIN	7FARW2H59JE015086
45 Expires	02 20
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4315063521
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NIGEL A FRANK -
59 Sex	M
57 Number & Street	972 WEST 8TH ST
58 City / State / Zip	PLAINFIELD / NJ / 07063
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	F71905916106852
63 DOB (mm dd yyyy)	06/21/1985
64 Expires (mm yy)	05 20
65 Owner's First Name / Initial / Last Name	☒ Same As Driver NIGEL A FRANK -
66 Number & Street	972 WEST 8TH ST
67 City / State / Zip	PLAINFIELD / NJ / 07063
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	SATURN / ION / GY / 2005 / J79DEV / NJ
74 VIN	1G8AJ52F55Z173204
75 Expires	07 18
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	-	-	-	-	-
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	35	F	-	-	-	11	04	-	-	DRIVER 1 -
B	02	01	01	-	33	M	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041407

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Vehicles moved prior to police arrival

145 Crash Description/Narrative

Box 24:AAA Policy#CTSS-204622591 AAA Allied Clib Agent ID 500008156 800-207-3618 NAIC# 11681 Oakland CA

Vehicle 2 traveling West on Inman Ave passing Featherbed Lane with green traffic signal. Vehicle 1 traveling on Featherbed Lane attempting to make a right turn(Right on red is allowed). Driver 1 does not notice Vehicle 2 approaching while turning and collides.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NEEL PATEL	0421	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041415
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/05/18
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2110
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	OLD POST ROAD
Dir	E
11 Speed Limit	35
12 Route No.	0000
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	10 ☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☐ W
of: 17 Cross Road Name	US HIGHWAY 1
18 Speed Limit	50
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	F017705-5	939117672
NJ Ins. Code	426	054
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	TYLER J KULICK -	DOUGLAS C BESSLER -
Sex	M	M
Number & Street	83 PROSPECT AVE	35 SHETLAND ROAD
City / State / Zip	EDISON NJ 08817	EAST BRUNSWICK NJ 08816
Eyes	02	02
DL Class	D	D
Restrictions	-	-
Endorsements	-	-
State	NJ	NJ
Driver's License Number	K92097527105012	B28211796302972
DOB	05/19/2001	02/09/1997
Expires (mm yy)	05 22	12 19
Owner (First / Initial / Last)	☐ Same As Driver — KATHLEEN - GIBBONS-KULICK -	☐ Same As Driver — CHRISTOPHER J BESSLER -
Owner Number & Street	83 PROSPECT AVE	35 SHETLAND ROAD
Owner City / State / Zip	EDISON NJ 08817	EAST BRUNSWICK NJ 08816
Make	SATURN	HONDA
Model	VUE	ACCORD
Color	BK	BK
Year	2007	2005
Plate No.	P64KBZ	B925WC
State	NJ	NJ
VIN	5GZCZ53487S801416	1HGCM56755A015146
Expires	05 19	09 19
Vehicle Removed To	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	☐ Owner ☒ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test Given	☒ No ☐ Yes ☐ Refused	☒ No ☐ Yes ☐ Refused
Type	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending	0. - % ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill	☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.	- / -	- / -
Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	☐ USDOT - ☐ MC/MX - ☒ None
GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- / - / -	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	17	M	-	-	-	11	04	-	-	DRIVER 1
B	2	01	01	-	21	M	-	-	-	11	04	-	-	DRIVER 2
C	2	02	01	-	22	F	-	-	-	11	04	-	-	MIRIAM B GOLDSTEIN 61 CLEVLAND AVE EAST BRUNSWI NJ 08816 11/30/1996 -
D														

Left margin codes:

Code	Value
96	05
97	01
98	05
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	02
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02

Right margin codes:

Code	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	02

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041415

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Vehicles moved prior to officers arrival. Officers investigation reveals vehicle 2 was traveling on Old Post Road just past US Highway 1 when vehicle 1 struck vehicle 2 in the rear.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEW MIECZKOWSKI	0433	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 18041485
2 Police Dept of: EDISON POLICE DEPARTI | Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 07/06/18
5 Day Of Week: FRIDAY
6 Time (use 2400 hrs): 0909
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: WOODBRIDGE AVENUE (Road Name) | Dir: E | 11 Speed Limit: 35 | 12 Route No.: 0514 | Suffix: - | 13 Milepost: -
☐ At Intersection With
14: 75 | 15: ☒ Feet ☐ Miles | 16: ☐ N ☐ E ☐ S ☒ W of: AMBOY AVENUE (17 Cross Road Name) | 18 Speed Limit: 25
19 Ramp: ☐ To ☐ From: - (20 Route/Name) ☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude: - | 22 Longitude: -

	Vehicle 1	Vehicle 2
Veh # (23 / 53)	1	2
Policy No. (24 / 54)	BXO7447883	F0548404
NJ Ins. Code (25 / 55)	058	426
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name (26 / 56)	COMFORT - ADJEI-MENSAH -	JANINE - KENNOVIN -
Sex (29 / 59)	F	F
Number & Street (27 / 57)	17 ALDRICH DRIVE APT A	20 HEIDI DR
City / State / Zip (28 / 58)	EDISON NJ 08837	FORDS NJ 08863
Eyes (30 / 60)	02	04
DL Class	D	D
Restrictions	-	-
Endorsements	-	-
State (31 / 61)	NJ	NJ
Driver's License Number (32 / 62)	A18381340059702	K25673850061744
DOB (33 / 63)	09/21/1970	11/27/1974
Expires mm / yy (34 / 64)	01 / 19	11 / 21
Owner's First Name / Initial / Last Name (35 / 65)	☐ Same As Driver COMFORT - ADJEI-MENSAH -	☐ Same As Driver CCAP AUTO - LEASE LTD -
Number & Street (36 / 66)	17 ALDRICH DRIVE APT A	PO BOX 961272
City / State / Zip (37 / 67)	EDISON NJ 08837	FT WORTH TX 76161
Make (38 / 68)	NISSAN	DODGE
Model (39 / 69)	ALTIMA	DURANGO
Color (40 / 70)	SL	GY
Year (41 / 71)	2008	2018
Plate No. (42 / 72)	A68ETG	V97JYZ
State (43 / 73)	NJ	NJ
VIN (44 / 74)	1N4AL21E68N533685	1C4RDJAG9JC224543
Expires (45 / 75)	09 18	04 21
Vehicle Removed To (46 / 76)	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority (47 / 77)	☒ Owner ☐ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test (48 / 78)	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material (49 / 79)	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No. (50 / 80)	☐ USDOT - ☐ MC/MX - ☒ None	☐ USDOT - ☐ MC/MX - ☒ None
GVWR/GCWR (51 / 81)	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52 / 82)	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	43	F	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	2	01	01	-	42	F	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C														
D														

Code	Value	Code	Value
96	05	118a	02
97	01	118b	-
98	01	119a	25
99	05	119b	-
100a	01	120a	01
100b	04	120b	01
101	02	121a	01
102	02	121b	01
103	05	122	08
104	2	123	07
105	01	124	03
106	-	125	03
107	-	126a	26
108	01	126b	-
109	04	126c	-
110	01	126d	-
111	01	126e	26
112	-	127a	26
113	-	127b	-
114	-	127c	-
115	-	127d	-
116	02	127e	26
117	02	128	26
		129	12
		130	12
		131	06
		132	06
		133	02
		134	02

New Jersey Police Crash Investigation Report

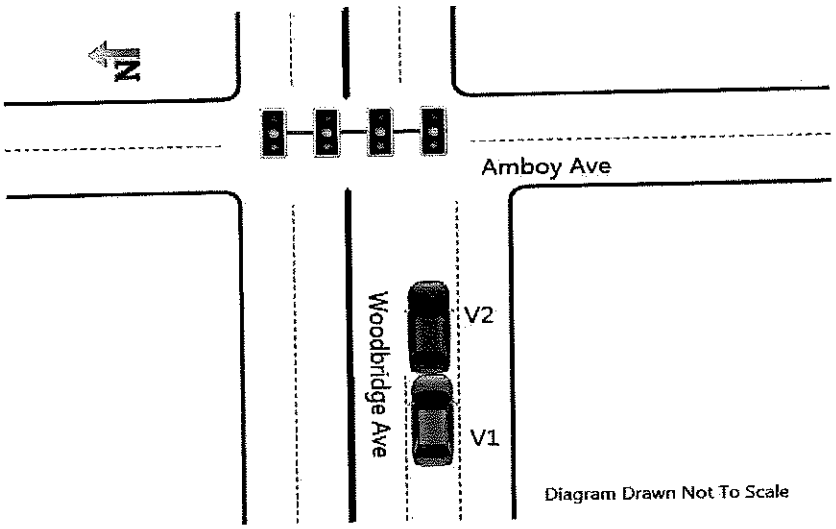
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041485

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V2 was traveling Woodbridge Ave E/B in the middle lane stopped for a traffic signal when rear ended by V1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KEVIN MCGOTTY	0443	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	2 Police Dept of	Code	3 Station/Precinct
18041513	EDISON POLICE DEPART	01	-

10 Crash Occurred On: ASHLEY ROAD (Road Name) | Dir: E | 11 Speed Limit: 25 | 12 Route No.: - | Suffix: - | 13 Milepost: -

☐ At Intersection With — 14: 20 ☒ Feet ☐ Miles (15) — 16: ☐ N ☐ E ☐ S ☒ W of: STURGIS ROAD (17 Cross Road Name) — 18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - (20 Route/Name) ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
07/06/18	FRIDAY	1136	1205	--	--	-	-

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	SELF INSURED
25 NJ Ins. Code	-
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	RICHARD F JONES -
29 Sex	M
27 Number & Street	66 SUNRISE DR
28 City / State / Zip	EDISON NJ 08817
30 Eyes	02
DL Class	B
Restrictions	EK
Endorsements	M
31 State	NJ
32 Driver's License Number	J6394 65566 11852
33 DOB (mm dd yyyy)	11/04/1985
34 Expires (mm yy)	07 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver EDISON - TOWNSHIP -
36 Number & Street	100 MUNICIPAL BLVD
37 City / State / Zip	EDISON NJ 08817
38 Make	PETERBILT
39 Model	UNKNOWN
40 Color	WT
41 Year	2017
42 Plate No.	19690MG
43 State	NJ
44 VIN	3BPZL70X4HF173005
45 Expires	08 19
46 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☒ USDOT EXEMPT ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

Field	Value
53 Veh #	2
54 Policy No.	939 168 401
55 NJ Ins. Code	054
	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name / Initial / Last Name	- - - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SHARON J KEYES -
66 Number & Street	6 ASHLEY ROAD
67 City / State / Zip	EDISON NJ 08817
68 Make	HYUNDAI
69 Model	SONATA
70 Color	BL
71 Year	2009
72 Plate No.	M41DSK
73 State	NJ
74 VIN	5NPEU46F59H476404
75 Expires	11 18
76 Vehicle Removed To	-
	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	32	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B														
C														
D														

Left margin code	Value
96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	20
109	01
110	03
111	01
112	-
113	-
114	09
115	-
116	02
117	02

Right margin code	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	10
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	03
130	17
131	07
132	07
133	01
134	03

New Jersey Police Crash Investigation Report

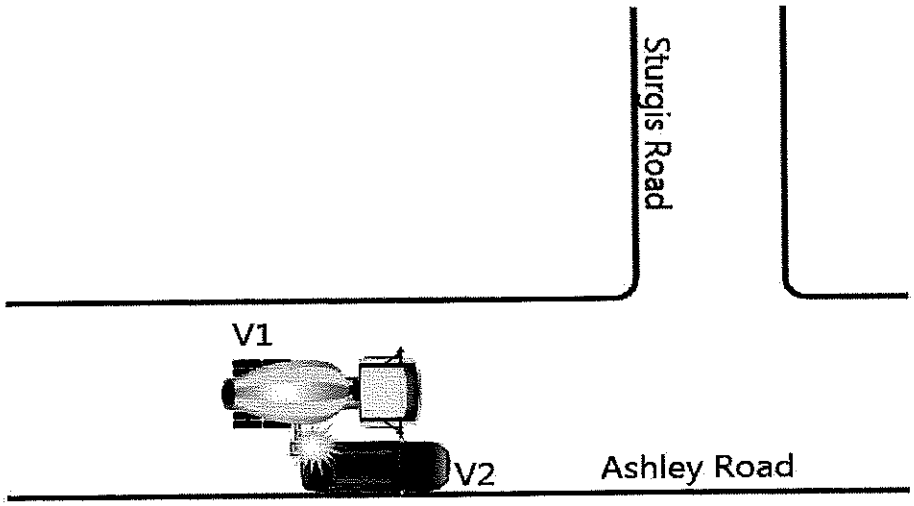
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041513

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Edison Township Garbage Truck
Self Insured ID: 19-98

Vehicle 1 (Edison Sanitation Truck G-29) emptied the garbage can for residence # 4 then the hook arm began to retract as the vehicle drove forward to the garbage can for residence #6. In the process of moving from 4 Ashley to 6 Ashley the hook arm did not fully retract and struck the rear bumper of vehicle 2. Vehicle 2 was parked and unoccupied.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALAN ESPOSITO	0442	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041533
2 Police Dept of	EDISON POLICE DEPART (01)
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/06/18
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1320
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	WOODBRIDGE AVE (Road Name) E (Dir)
11 Speed Limit	45
12 Route No.	0514
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	MEADOW ROAD
☐ Feet / ☐ Miles	-
☐ N ☐ E / ☐ S ☐ W	of:
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	4548-94-63-02
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BRIAN M NJOROGE -
29 Sex	M
27 Number & Street	26 COLLEGE DRIVE
28 City / State / Zip	EDISON NJ 08817
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	01 / D / T / - / NJ
32 Driver's License Number	N4803 09674 01991
33 DOB (mm dd yyyy)	01/09/1999
34 Expires (mm yy)	02 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BRIAN M NJOROGE -
36 Number & Street	26 COLLEGE DRIVE
37 City / State / Zip	EDISON NJ 08817
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYOTA / COROLLA / GN / 2001 / M34KCK / NJ
44 VIN	2T1BR12E31C473900
45 Expires	06 19
46 Vehicle Removed To	AAA (OWN TOW)
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4502-68-77-44
55 NJ Ins. Code	*
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SYED S ALI -
59 Sex	M
57 Number & Street	213 AVENUE T
58 City / State / Zip	BROOKLYN NY 11223
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / E / B / - / NY
62 Driver's License Number	169 875 015
63 DOB (mm dd yyyy)	03/23/1988
64 Expires (mm yy)	03 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver NUZHAT - SULTANA -
66 Number & Street	46 BRADFORD ROAD
67 City / State / Zip	VALLEY STREAM NY 11580
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HONDA / ACCORD / BL / 2013 / HVS8316 / NY
74 VIN	1HGCR2F8XDA054189
75 Expires	10 19
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	19	M	-	-	-	11	11	01	-	DRIVER 1 - - - - - - -
B	02	01	01	-	30	M	-	-	-	11	11	02	-	DRIVER 2 - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

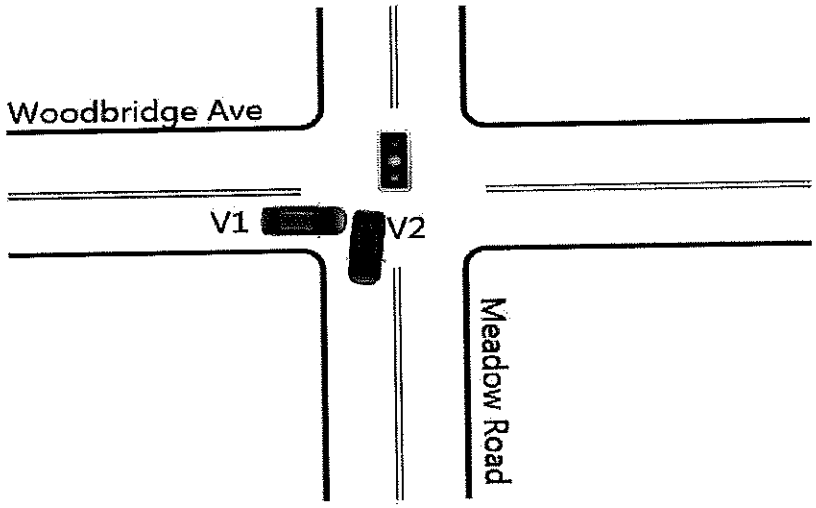
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041533

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 2 Geico Insurance (out of state)

Driver 1 stated he was traveling eastbound on Woodbridge Ave. Driver 1 stated he had a green signal at the intersection of Woodbridge Ave and Meadow road and as he approached the intersection vehicle 2 made left turn in front of his vehicle causing the accident.

Driver 2 stated he stopped at the intersection of Woodbridge Ave and Meadow Road to wait for traffic to clear up in order to make a left turn onto Meadow Road. Driver 2 stated the traffic light on Woodbridge Ave turned red so he made his left turn. As per driver 2 driver 1 disregarded the red signal and struck his vehicle.

Due to conflicting statements regarding the color of the traffic signal this officer was unable to determine fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALAN ESPOSITO	0442	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Code	Value
96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	02
103	05
104	2
105	07
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	02

1 Case Number: 18041543
2 Police Dept of: EDISON POLICE DEPART | Code: 01
3 Station/Precinct: NJ0120500
4 Date of Crash (mm dd yy): 07/06/18
5 Day Of Week: FRIDAY
6 Time (use 2400 hrs): 1344
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: TALMADGE ROAD (Road Name) | Dir: W | 11 Speed Limit: 35 | 12 Route No.: - | Suffix: - | 13 Milepost: -
☐ At Intersection With
14: 25 | 15: ☒ Feet ☐ Miles | 16: ☐ N ☐ E ☐ S ☐ W | of: HOEY DRIVE (17 Cross Road Name) | 18 Speed Limit: 25
19 Ramp: ☐ To ☐ From: - (20 Route/Name) | ☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude: - | 22 Longitude: -

Vehicle 1

23 Veh #: 1
24 Policy No.: 10712920 | 25 NJ Ins. Code: 217
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: SUNIL | Initial: M | Last Name: NAYAK | - | 29 Sex: M
27 Number & Street: 30 DRINKING BROOK ROAD
28 City: MONMOUTH JUNCTION | State: NJ | Zip: 08852
30 Eyes: 01 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ
32 Driver's License Number: N0953-72774-11641 | 33 DOB (mm dd yyyy): 11/15/1964 | 34 Expires (mm yy): 10 21
35 Owner's ☐ Same As Driver | First Name: VANDANA | Initial: M | Last Name: NAYAK | -
36 Number & Street: 30 DRINKING BROOK ROAD
37 City: MONMOUTH JUNCTION | State: NJ | Zip: 08852
38 Make: MERCEDES-B | 39 Model: S-CLASS | 40 Color: BK | 41 Year: 2013 | 42 Plate No.: B82FKL | 43 State: NJ
44 VIN: WDDNG9EB6DA497805 | 45 Expires: 05 19
46 Vehicle Removed To: EXPRESS TOWING
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority: ☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending
49 Hazardous Material: ☐ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -
50 Carrier No.: ☐ USDOT - | ☐ MC/MX - | ☐ None
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity: -
Number & Street: -
City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2
54 Policy No.: OUT OF STATE | 55 NJ Ins. Code: -
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: YOM TOV | Initial: - | Last Name: WEINBERGER | - | 59 Sex: M
57 Number & Street: 2 HAMBURG WAY 103
58 City: MONROE | State: NY | Zip: 10950
60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NY
62 Driver's License Number: 210-858-458 | 63 DOB (mm dd yyyy): 02/03/1979 | 64 Expires (mm yy): 02 22
65 Owner's ☒ Same As Driver | First Name: YOM TOV | Initial: - | Last Name: WEINBERGER | -
66 Number & Street: 2 HAMBURG WAY 103
67 City: MONROE | State: NY | Zip: 10950
68 Make: TOYOTA | 69 Model: SIENNA | 70 Color: BK | 71 Year: 2013 | 72 Plate No.: EVR6607 | 73 State: NY
74 VIN: 5TDKK3DC8DS327001 | 75 Expires: 11 19
76 Vehicle Removed To: EXPRESS TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority: ☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending
79 Hazardous Material: ☐ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -
80 Carrier No.: ☐ USDOT - | ☐ MC/MX - | ☐ None
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: - | State: - | Zip: -

Code	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	03
130	03
131	12
132	12
133	04
134	04

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	-	39	M	-	-	-	11	11	01	-	DRIVER 1 - - - - - - - - -
B	V2	01	01	-	53	M	-	-	-	11	11	02	-	DRIVER 2 - - - - - - - - -
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: NJ0120500 Case No: 18041543

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Vehicles Moved Prior To Arrival

145 Crash Description/Narrative

Driver of Vehicle 1 was traveling west bound on Talmadge Road, when he made a left hand turn towards Hoey Drive his vehicle was struck by the Driver of Vehicle 2 who was traveling east bound in the right lane of Talmadge Road. Vehicle 1 received damage to the passenger side front and back door. Vehicle 2 received damage to the front bumper.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHIRLEY DONG	0461	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041568
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/06/18
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1618
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	PARSONAGE RD
Dir	E
11 Speed Limit	35
12 Route No.	0630
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
of:	LAFAYETTE AVE
☒ Feet ☐ Miles	300
☐ N ☐ E ☐ S ☒ W	
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	906036857
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	GWENDOLYN
Initial	-
Last Name	THOMAS
29 Sex	F
27 Number & Street	48 ROANOKE STREET
28 City	WOODBRIDGE
State	NJ
Zip	07095
30 Eyes	02
DL Class	D
Restrictions	1
Endorsements	-
31 State	NJ
32 Driver's License Number	T35943100056502
33 DOB (mm dd yyyy)	06/25/1950
34 Expires (mm yy)	06 21
35 Owner's First Name	GWENDOLYN
Initial	-
Last Name	THOMAS
☒ Same As Driver	
36 Number & Street	48 ROANOKE STREET
37 City	WOODBRIDGE
State	NJ
Zip	07095
38 Make	CHRYSLER
39 Model	SEBRING
40 Color	RD
41 Year	2001
42 Plate No.	B75FKJ
43 State	NJ
44 VIN	1C3EL55U11N732488
45 Expires	06 19
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	17652519
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	ANDRES
Initial	G
Last Name	CHACA
59 Sex	M
57 Number & Street	24 UTICA ROAD
58 City	EDISON
State	NJ
Zip	08820
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	C31290426710962
63 DOB (mm dd yyyy)	10/21/1996
64 Expires (mm yy)	10 21
65 Owner's First Name	ANDRES
Initial	G
Last Name	CHACA
☒ Same As Driver	
66 Number & Street	24 UTICA ROAD
67 City	EDISON
State	NJ
Zip	08820
68 Make	FORD
69 Model	FUSION
70 Color	GY
71 Year	2017
72 Plate No.	A58HLJ
73 State	NJ
74 VIN	3FA6P0G75HR249419
75 Expires	01 21
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	68	F	-	-	-	11	04	-	-	DRIVER # 1 - - - - - - - - -
B	2	01	01	-	21	M	-	-	-	11	04	-	-	DRIVER # 2 - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

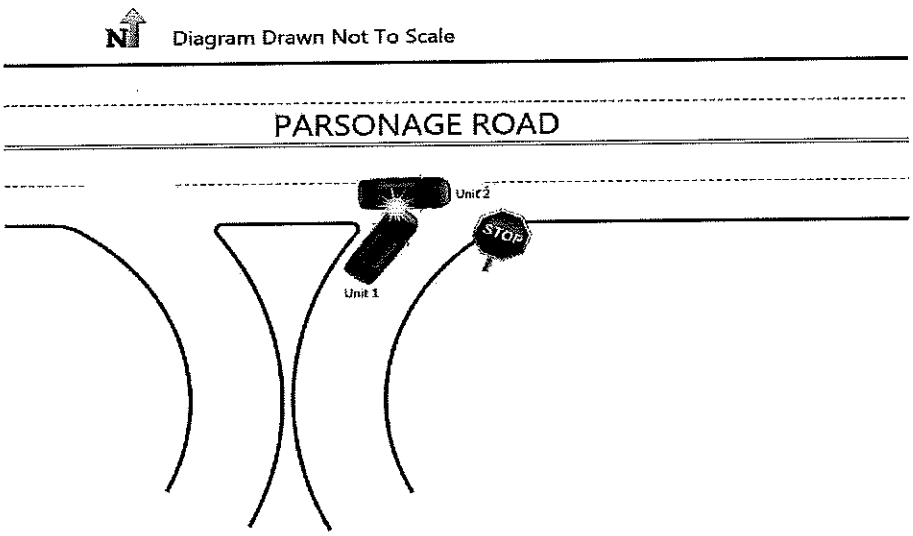
Station: - Case No: 18041568

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

N Diagram Drawn Not To Scale



145 Crash Description/Narrative

Officer's investigation reveals that vehicle # 2 was driving straight in the right lane of Parsonage Road East. He was cut off and stopped briefly but then continued to drive forward. Vehicle # 1 was turning right from the Menlo Park Mall driveway onto Parsonage Road. Impact occurred when vehicle # 1 pulled forward into the path of vehicle # 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCOTT LUKS	0410	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041570
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	EDISON
4 Date of Crash (mm dd yy)	07/06/18
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1640
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	55 PARSONAGE RD
Dir	N
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	26
☐ At Intersection With	
14	100 ☒ Feet ☐ Miles
15/16	☐ N ☐ E ☐ S ☒ W of:
17 Cross Road Name	MENLO DR
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Margin	Value
96	05
97	01
98	01
99	09
100a	01
100b	04
101	01
102	01
103	01
104	2
105	06
106	02
107	02
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01
118a	02
118b	-
119a	-
119b	-
120a	-
120b	-
121a	01
121b	-
122	09
123	10
124	-
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	28
128	28
129	05
130	05
131	01
132	01
133	02
134	02

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	F164396-4
25 NJ Ins. Code	426
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	CIARA E MCPARLAND
29 Sex	F
27 Number & Street	2132 BAYBERRY LN
28 City / State / Zip	SCOTCH PLAINS NJ 07076
30 Eyes	03
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M17241256561996
33 DOB (mm dd yyyy)	11/02/1999
34 Expires (mm yy)	11 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JAMES - MCPARLAND -
36 Number & Street	2132 BAYBERRY LN
37 City / State / Zip	SCOTCH PLAINS NJ 07076
38 Make	INFINITI
39 Model	G25
40 Color	BK
41 Year	2011
42 Plate No.	G56JBN
43 State	NJ
44 VIN	JN1DV6AR9BM451865
45 Expires	08 18
46 Vehicle Removed To	DRIVEN
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

Field	Value
53 Veh #	2
54 Policy No.	F185246-6
55 NJ Ins. Code	426
	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB	-
64 Expires	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver THOMAS - SCALERA -
66 Number & Street	150 IVY ST
67 City / State / Zip	SOUTH PLAINFIELD NJ 07080
68 Make	FORD
69 Model	FOCUS
70 Color	WT
71 Year	2014
72 Plate No.	Y59JZU
73 State	NJ
74 VIN	1FADP3F21EL215387
75 Expires	04 19
76 Vehicle Removed To	DRIVEN
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	-	-	2	-	-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	18	F	-	-	-	11	04	-	-	CIARA E MCPARLAND - 2132 BAYBERRY LN SCOTCH PLAINS NJ 07076 07/06/2018 1630
B														
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18041570

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Parked Veh 2- Responsible party for Veh 1 Jemma M. Scalera related veh 2 was parked and unoccupied when impact occurred.

Driver 1 related she was attempting to park the vehicle in a marked parking spot but misjudged the distance, impact with Veh 2.

***Vehicles moved prior to arrival.**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEW LECHELT	0370	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

PAGE 1 OF 2 ☐ Fatal — ☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041572
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/06/18
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1642
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	US HWY NO 1 (Road Name)
Dir	N
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
☒ At Intersection With	
14 / 15 ☐ Feet ☐ Miles	-
16 ☐ N ☐ E ☐ S ☐ W of:	-
19 Ramp	☒ To ☐ From:
17 Cross Road Name	WOODBRIDGE AVENUE
18 Speed Limit	-
20 Route/Name	☐ NB ☐ EB ☐ SB ☒ WB
21 Latitude	-
22 Longitude	-

Left margin codes: 96: 01; 97: 01; 98: 01; 99: 02; 100a: 03; 100b: 06; 101: 02; 102: 01; 103: 01; 104: 2; 105: 01; 106: -; 107: -; 108: 01; 109: 04; 110: 01; 111: 01; 112: -; 113: -; 114: -; 115: -; 116: 04; 117: 04

Right margin codes: 118a: 02; 118b: 02; 119a: 25; 119b: 25; 120a: 01; 120b: -; 121a: 01; 121b: -; 122: 01; 123: 08; 124: 11; 125: 09; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: 26; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 26; 129: 12; 130: 12; 131: 06; 132: 06; 133: 03; 134: 03

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	PAA0002630836
25 NJ Ins. Code	963
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	SAMUEL D KOVAC -
29 Sex	M
27 Number & Street	206 NORTH 3RD AVENUE
28 City / State / Zip	HIGHLAND PARK NJ 08904
30 Eyes	02
DL Class	D
Restrictions	1
Endorsements	-
31 State	NJ
32 Driver's License Number	K6839 68864 12992
33 DOB	12/28/1999
34 Expires (mm yy)	12 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver — MARTHA D KOVAC -
36 Number & Street	206 NORTH 3RD AVENUE
37 City / State / Zip	HIGHLAND PARK NJ 08904
38 Make	SUBARU
39 Model	OUTBACK
40 Color	BL
41 Year	2016
42 Plate No.	PSH 87J
43 State	NJ
44 VIN	4S4BSACC9G3306570
45 Expires	12 18
46 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

Field	Value
53 Veh #	2
54 Policy No.	4437-90-99-57
55 NJ Ins. Code	148
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name / Initial / Last Name	KARA E ISAACSON -
59 Sex	F
57 Number & Street	84 CEDAR LANE APT C
58 City / State / Zip	HIGHLAND PARK NJ 08904
60 Eyes	05
DL Class	D
Restrictions	1
Endorsements	-
61 State	NJ
62 Driver's License Number	I8002 42465 54915
63 DOB	04/09/1991
64 Expires (mm yy)	07 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver — NISSAN INFINITI - - -
66 Number & Street	PO BOX 254648
67 City / State / Zip	SACRAMENTO CA 95865
68 Make	NISSAN
69 Model	ROGUE
70 Color	GY
71 Year	2015
72 Plate No.	D21 JEF
73 State	NJ
74 VIN	KNMAT2MV4FP567857
75 Expires	09 18
76 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	18	M	-	-	-	11	04	-	-	DRIVER 1
B	2	01	01	-	26	F	-	-	-	11	04	-	-	DRIVER 2
C	2	03	01	-	2	M	-	-	-	06	06	-	-	JAMES M ISAACSON, 84 CEDAR LN APT C, HIGHLAND PARK NJ 08904
D	2	04	01	-	9	F	-	-	-	11	04	-	-	EMMA I ISAACSON, 84 CEDAR LN APT C, HIGHLAND PARK NJ 08904

New Jersey Police Crash Investigation Report

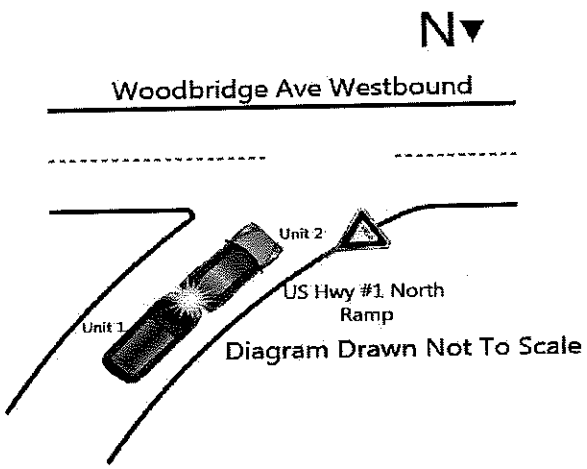
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041572

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	2	06	01	-	2	F	-	-	-	06	06	-	-	MELODY J ISAACSON - 84 CEDAR LN APT C HIGHLAND PARK NJ 08904 - -
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

This officer's investigation revealed that on the above date and time, Vehicle 2 (V2) was stopped on the ramp from US Highway #1 northbound to Woodbridge Avenue westbound. While V2 was stopped and awaiting for traffic to clear so that it could merge, it was struck from behind by Vehicle 1 (V1). Driver of V1 stated that he took his eyes off of V2 and was looking at the traffic.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JOHN CERCATORE	0423	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041583
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/06/18
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1759
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	GRANDVIEW AVENUE
Dir	W
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	-
15 Miles	
16 N E S W	
☒ At Intersection With	
of:	ROOSEVELT BLVD
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
NB EB SB WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	F488639-6
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JOAN
Initial	B
Last Name	WITKOWSKI -
29 Sex	F
27 Number & Street	27 WILSON DR
28 City	FORDS
State	NJ
Zip	08863
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	W4701 40262 62324
33 DOB (mm dd yyyy)	12/13/1932
34 Expires (mm yy)	04 19
35 Owner's First Name	LEONARD
Initial	-
Last Name	WITKOWSKI -
☐ Same As Driver	
36 Number & Street	27 WILSON DR
37 City	FORDS
State	NJ
Zip	08863
38 Make	SATURN
39 Model	SL
40 Color	RD
41 Year	1997
42 Plate No.	UBG 10K
43 State	NJ
44 VIN	1G8ZK5279VZ243991
45 Expires	11 18
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4318-11-58-72
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	PETER
Initial	C
Last Name	SHIA -
59 Sex	M
57 Number & Street	44 MERKER DR
58 City	EDISON
State	NJ
Zip	08837
60 Eyes	02
DL Class	D
Restrictions	1
Endorsements	-
61 State	NJ
62 Driver's License Number	S3416 62563 01552
63 DOB (mm dd yyyy)	01/11/1955
64 Expires (mm yy)	12 21
65 Owner's First Name	PETER
Initial	C
Last Name	SHIA -
☒ Same As Driver	
66 Number & Street	44 MERKER DR
67 City	EDISON
State	NJ
Zip	08837
68 Make	INFINITI
69 Model	G25
70 Color	GY
71 Year	2011
72 Plate No.	B78BMN
73 State	NJ
74 VIN	JN1DV6AR1BM451875
75 Expires	10 18
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	-	-	-	-	-
-	-	-	-	-	-

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	85	F	-	-	-	11	04	-	-	DRIVER 1 -
B	2	01	01	-	63	M	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police Crash Investigation Report

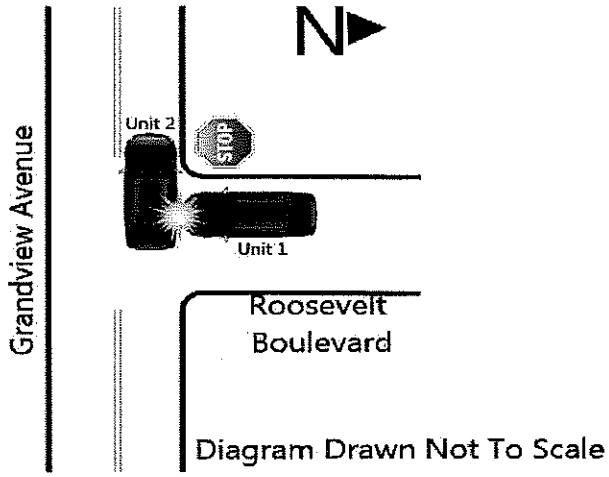
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041583

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

This officer's investigation revealed that on the above date and time, Vehicle 2 (V2) was traveling westbound on Grandview Avenue. While traveling in said direction, V2 was struck by Vehicle 1 (V1), which was attempting to make a left turn onto Grandview Avenue from Roosevelt Boulevard.

Driver of V1 stated that her foot became stuck between the gas and brake pedal causing her vehicle to accelerate into the intersection.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JOHN CERCATORE	0423	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 18041615

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 07/06/18

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 2125

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: STURGIS RD | Road Name | N | Dir

☐ At Intersection With

☒ Feet ☐ Miles | 20 | 14 15

☐ N ☐ E ☒ S ☐ W of: ROUTE 27

11 Speed Limit: 25

12 Route No. - | Suffix - | 13 Milepost -

18 Speed Limit: 40

19 Ramp ☐ To ☐ From: -

17 Cross Road Name -

20 Route/Name -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude -

22 Longitude -

118a: 02 | 118b: - | 119a: 25 | 119b: - | 120a: 01 | 120b: - | 121a: 01 | 121b: - | 122: 08 | 123: 13 | 124: 03 | 125: 03 | 126a: 26 | 126b: - | 126c: - | 126d: - | 126e: 26 | 127a: 26 | 127b: - | 127c: - | 127d: - | 127e: 26 | 128: 26 | 129: 06 | 130: 06 | 131: 08 | 132: 08 | 133: 02 | 134: 03

Vehicle 1

100a: 01 | 100b: 05 | 101: 02 | 102: 01 | 103: 01 | 104: 2 | 105: 08 | 106: - | 107: - | 108: 01 | 109: 01 | 110: 01 | 111: 01 | 112: - | 113: - | 114: - | 115: - | 116: 03 | 117: 01

23 Veh #: 1

24 Policy No.: 205509773

25 NJ Ins. Code: 217

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: ADITYA | Initial: - | Last Name: BALLAL -

29 Sex: M

27 Number & Street: 323 S 2ND AVE

28 City: HIGHLAND PARK | State: NJ | Zip: 08904

30 Eyes: 02 | DL Class: D | Restrictions: 1 | Endorsements: - | 31 State: NJ

32 Driver's License Number: B02920100009912

33 DOB (mm dd yyyy): 09/11/1991

34 Expires (mm yy): 05 19

35 Owner's: ☐ Same As Driver | First Name: GLEV | Initial: - | Last Name: KOTOOUSOV -

36 Number & Street: 4 COLUMBUS AVE

37 City: EDISON | State: NJ | Zip: 08817

38 Make: CHEVROLET | 39 Model: IMPALA | 40 Color: BG | 41 Year: 2000 | 42 Plate No.: Y96GKY | 43 State: NJ

44 VIN: 2G1WF52E6Y9203158

45 Expires: 04 19

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % | ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class - | Placard No. -

50 Carrier No.: ☐ USDOT - | ☒ None | ☐ MC/MX -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: 092 6349

55 NJ Ins. Code: 962

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: IMELDA | Initial: L | Last Name: ACOSTA - | 59 Sex: F

57 Number & Street: 1639 MABEL ST

58 City: PISCATAWAY | State: NJ | Zip: 08854

60 Eyes: 01 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: A71153617352741

63 DOB (mm dd yyyy): 02/22/1974

64 Expires (mm yy): 06 20

65 Owner's: ☐ Same As Driver | First Name: DANNY | Initial: L | Last Name: ARROYO-VILLALV -

66 Number & Street: 1639 MABEL ST

67 City: PISCATAWAY | State: NJ | Zip: 08854

68 Make: HONDA | 69 Model: CIVIC | 70 Color: BL | 71 Year: 2017 | 72 Plate No.: J86HMD | 73 State: NJ

74 VIN: 19XFC2F75HE213899

75 Expires: 01 20

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % | ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class - | Placard No. -

80 Carrier No.: ☐ USDOT - | ☒ None | ☐ MC/MX -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No -

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	1205G018126	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	26	M	-	-	-	11	04	-	-	DRIVER 1 -
B	1	03	01	-	26	F	-	-	-	11	04	-	-	DEEPTI - JAIN 43 LINCOLN AVE HIGHLAND PARK NJ 08904
C	1	04	01	-	28	M	-	-	-	11	04	-	-	ADITYA - POTUKUCHI 324 HARPER PL HIGHLAND PARK NJ 08904
D	2	01	01	-	44	F	-	-	-	11	04	-	-	DRIVER 2 -

New Jersey Police Crash Investigation Report

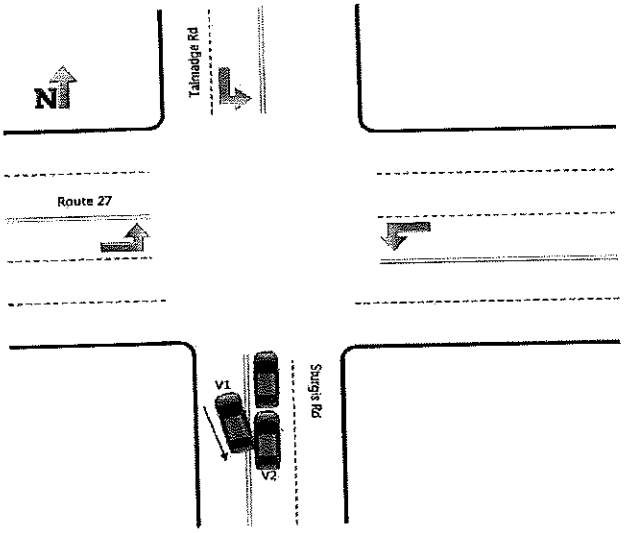
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041615

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E	02	03	01	-	21	F	-	-	-	11	04	-	-	HALEY A PICO - 1639 MABEL ST PISCATAWAY NJ 08854 - -
	F	02	04	01	-	14	M	-	-	-	11	04	-	-	JASON N ARROYO - 1639 MABEL ST PISCATAWAY NJ 08854 - -
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V2 was on Sturgis Rd stopped at a red light with a vehicle in front of it. V1 was traveling north on Sturgis Rd and approached the intersection on the wrong side of the road. The vehicle in front of V2 got the attention of the driver of V1 and told him he was on the wrong side of the road. V1 proceeded to back up to in an attempt to get into the correct lane and struck V2 in the process. No information on the vehicle in front of V2 other than it was a taxi.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROBERT BERTUCCI	0422	DECHIRICO	0199	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	18041626
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
10 Crash Occurred On: Road Name	TALMADGE ROAD
Dir	E
11 Speed Limit	40
12 Route No.	-
Suffix	-
13 Milepost	-
☒ At Intersection With / ☐ Feet / ☐ Miles	-
of: 17 Cross Road Name	ETHEL ROAD
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
4 Date of Crash (mm dd yy)	07/06/18
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	2310
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	1
21 Latitude	-
22 Longitude	-

Left margin codes: 96: 05; 97: 01; 98: 04; 99: 05; 100a: 01; 100b: 06; 101: 02; 102: 01; 103: 05; 104: 2; 105: 03; 106: -; 107: -; 108: 01; 109: 08; 110: 01; 111: 01; 112: -; 113: -; 114: -; 115: -; 116: 03; 117: 04

Right margin codes: 118a: 02; 118b: -; 119a: 25; 119b: -; 120a: 01; 120b: -; 121a: 01; 121b: -; 122: 03; 123: 01; 124: 08; 125: 04; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: 26; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 26; 129: 07; 130: 07; 131: 12; 132: 12; 133: 02; 134: 02

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	0980303E1930B	R2900198651-0
NJ Ins. Code	896	878
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
Driver's First Name	KEITH	MICHAEL
Initial	T	P
Last Name	WASHINGTON -	BRAKEFIELD P
Sex	M	M
Number & Street	803 MINDY LANE	2505 WOODBRISGE AVE T25L
City	PISCATAWAY	EDISON
State	NJ	NJ
Zip	08854	08817
Eyes	02	02
DL Class	D	D
Restrictions	1	-
Endorsements	-	M
State	NJ	NJ
Driver's License Number	W07384298310912	B71635447710682
DOB	10/24/1991	10/17/1968
Expires (mm yy)	07 19	10 21
Owner's: Same As Driver	☒	☒
Owner First Name	KEITH	MICHAEL
Owner Initial	T	P
Owner Last Name	WASHINGTON -	BRAKEFIELD P
Owner Number & Street	803 MINDY LANE	2505 WOODBRISGE AVE T25L
Owner City	PISCATAWAY	EDISON
Owner State	NJ	NJ
Owner Zip	08854	08817
Make	MAZDA	HARLEY DAVI
Model	UNKNOWN	TOURING
Color	BL	RD
Year	2010	2014
Plate No.	V21HTJ	3GEB8
State	NJ	NJ
Expires	04 19	05 19
VIN	JM1BL1SG2A1295274	1HD1KRM10EB634635
Vehicle Removed To	-	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	Driven	Driven
Authority: ☐ Owner ☒ Driver ☐ Police	Driver	Driver
Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused	No	No
Type: ☐ Breath ☐ Blood ☐ Urine		
Results: 0. - % ☐ Pending	0. - %	0. - %
Hazardous Material: ☒ None ☐ On Board ☐ Spill	None	None
Hazard Class	-	-
Placard No.	-	-
Carrier No. ☐ USDOT ☐ MC/MX ☐ None	- / -	- / -
GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City	-	-
State	-	-
Zip	-	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136 -	137 -	-	138 -	139 -
-	140 -	141 -	-	142 -	143 -

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	10	01	-	26	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	2	01	01	04	49	M	08	08	01	08	08	-	-	DRIVER 2 - - - - - - - - -
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041626

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

INCIDENT NUMBER: 18041626
TITLE: MOTOR VEHICLE CRASH

ON FRIDAY JULY 06, 2018 AT 23:10 HOURS I, OFFICER LISA CIMMINO, RESPONDED TO THE INTERSECTION OF TALMADGE ROAD / ETHEL ROAD ON A REPORT OF A MOTOR VEHICLE CRASH. UPON MY ARRIVAL I MET WITH BOTH DRIVERS WHO PROVIDED ME WITH STATEMENTS.

DRIVER 1 IN SUMMARY STATED THAT HE WAS TRAVELING SOUTH BOUND ON ETHEL ROAD. AS DRIVER 1 CAME TO A COMPLETE STOP AT THE INTERSECTION OF ETHEL ROAD / TALMADGE ROAD HE OBSERVED AN UNKNOWN MOTOR VEHICLE WHO WAS TRAVELING EAST BOUND ON TALMADGE ROAD MAKE A RIGHT TURN ONTO ETHEL ROAD. DRIVER 1 ATTEMPTED TO MAKE A LEFT TURN ONTO TALMADGE ROAD HOWEVER DRIVER 1 DID NOT OBSERVE VEHICLE 2 WHO WAS TRAVELING EAST BOUND ON TALMADGE ROAD. COLLISION OCCURRED.

DRIVER 2 IN SUMMARY STATED THAT HE WAS TRAVELING EAST BOUND ON TALMADGE ROAD. AS DRIVER 2 ENTERED INTO THE INTERSECTION OF TALMADGE TOAD / ETHEL ROAD VEHICLE 1 ATTEMPTED TO MAKE A LEFT TURN FROM ETHEL ROAD / TALMADGE ROAD.

OFFICER INVESTIGATION REVEALED THE FOLLOWING: VEHICLE 2 HAD THE RIGHT OF WAY. DRIVER 1 STATED THAT HE NEVER OBSERVED VEHICLE 2 PRIOR TO MAKING HIS LEFT TURN. NEITHER DRIVERS WERE IN USE OF THEIR CELLULAR DEVICES. CRASH DIAGRAM PROGRAM NOT WORKING.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LISA CIMMINO	0382	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 [ ] Fatal

New Jersey Police Crash Investigation Report

[X] Reportable [ ] Non-Reportable [ ] Change Report

1 Case Number	18041669
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/07/18
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0553
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	ROUTE 1
Dir	N
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
[ ] At Intersection With	
14	15
15	[X] Feet [ ] Miles
16	[X] N [ ] E [ ] S [ ] W
of: 17 Cross Road Name	OLD POST RD (SOUTH PORTION)
18 Speed Limit	25
19 Ramp	[ ] To [ ] From: -
20 Route/Name	[ ] NB [ ] EB [ ] SB [ ] WB
21 Latitude	-
22 Longitude	-

	Vehicle 1	Vehicle 2
Veh # (23 / 53)	1	2
Policy No. (24 / 54)	4233-99-00-78	FEN-159100298
NJ Ins. Code (25 / 55)	100	234
Status	[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [ ] Hit & Run	[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [ ] Hit & Run
Driver's First Name (26 / 56)	ZORAN	JOHNNY
Initial	-	-
Last Name	MILETIC	PIERRE
Suffix	-	-
Sex (29 / 59)	M	M
Number & Street (27 / 57)	121 NORTH 4TH AVE	1147 MONMOUTH AVE
City (28 / 58)	HIGHLAND PARK	LINDEN
State	NJ	NJ
Zip	08904	07036
Eyes (30 / 60)	02	02
DL Class	A	D
Restrictions	1	-
Endorsements	-	-
State (31 / 61)	NJ	NJ
Driver's License Number (32 / 62)	M43207970009522	P41924070007902
DOB (33 / 63) (mm dd yyyy)	09/21/1952	07/15/1990
Expires (34 / 64) (mm yy)	01 20	02 20
Owner's (35 / 65)	[X] Same As Driver	[ ] Same As Driver
Owner First Name	ZORAN	GALAXY
Initial	-	-
Last Name	MILETIC	AMBULANCE LLC
Suffix	-	-
Number & Street (36 / 66)	121 NORTH 4TH AVE	110 MAIN ST 303
City (37 / 67)	HIGHLAND PARK	SOUTH AMBOY
State	NJ	NJ
Zip	08904	08879
Make (38 / 68)	TOYOTA	HONDA
Model (39 / 69)	COROLLA	ODYSSEY
Color (40 / 70)	BG	SL
Year (41 / 71)	1995	2013
Plate No. (42 / 72)	W70GCB	OM1770
State (43 / 73)	NJ	NJ
VIN (44 / 74)	JT2AE09V6S0095115	5FNRL5H22DB028844
Expires (45 / 75)	01 19	01 19
Vehicle Removed To (46 / 76)	-	-
Removal	[X] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [ ] Left At Scene [ ] Towed Impounded	[X] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [ ] Left At Scene [ ] Towed Impounded
Authority (47 / 77)	[X] Owner [ ] Driver [ ] Police	[ ] Owner [X] Driver [ ] Police
Alcohol/Drug Test (48 / 78) Given	[X] No [ ] Yes [ ] Refused	[X] No [ ] Yes [ ] Refused
Type	[ ] Breath [ ] Blood [ ] Urine	[ ] Breath [ ] Blood [ ] Urine
Results	0. - % [ ] Pending	0. - % [ ] Pending
Hazardous Material (49 / 79)	[X] None [ ] On Board [ ] Spill	[X] None [ ] On Board [ ] Spill
Hazard Class	-	-
Placard No.	-	-
Carrier No. (50 / 80)	[ ] USDOT - [ ] MC/MX - [X] None	[ ] USDOT - [ ] MC/MX - [X] None
GVWR/GCWR (51 / 81)	[ ] Weight <= 10,000 lbs [ ] Weight 10,001-26,000 lbs [ ] Weight >= 26,001 lbs	[ ] Weight <= 10,000 lbs [ ] Weight 10,001-26,000 lbs [ ] Weight >= 26,001 lbs
Motor Carrier or Government Entity (52 / 82)	-	-
Number & Street	-	-
City	-	-
State	-	-
Zip	-	-

135 Damage To Other Property [ ] Yes (If Yes, describe) [X] 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	65	M	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - - -
B	2	01	01	-	27	M	-	-	-	11	04	-	-	DRIVER 2 - - - / - - - - - - -
C	2	03	01	-	29	F	-	-	-	11	04	-	-	JODY M FEBINGER - / 4 WILLIAMS RD KENDALL PARK NJ 08824 - -
D	2	04	01	-	24	F	-	-	-	11	04	-	-	RASHEEDAH Q KEARSE - / 227 LINDSEY CT FRANKLIN PARK NJ 08823 - -

Box	Value
96	01
97	01
98	02
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	02
112	-
113	-
114	-
115	-
116	01
117	01
118a	02
118b	59
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	02

New Jersey Police Crash Investigation Report

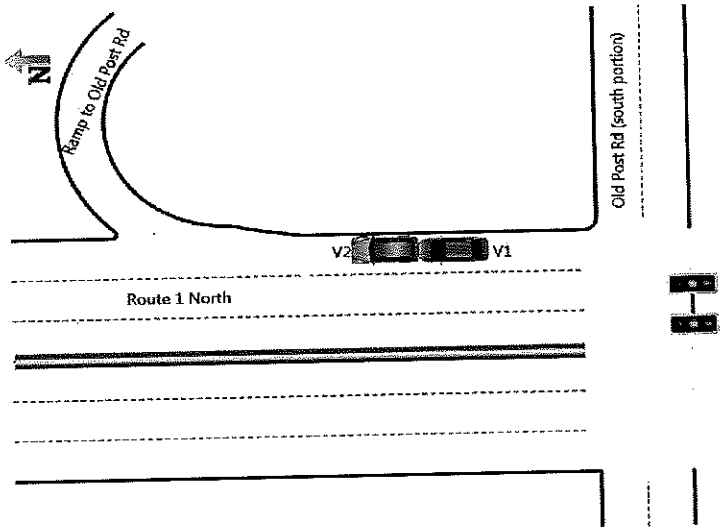
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041669

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E	2	06	01	-	51	M	-	-	-	11	04	-	-	RONALD E HUTCHINSON - 227 LINDSEY CT FRANKLIN PARK NJ 08823 - -
	F	2	07	01	-	34	F	-	-	-	11	04	-	-	LINDSAY - SANCHEZ - 3793 ROUTE 1 MONMOUTH JUN(NJ 08852 - -
	G	2	09	01	-	40	M	-	-	-	11	04	-	-	JOEL - SANCHEZ - 3793 ROUTE 1 MONMOUTH JUN(NJ 08852 - -
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was traveling on Route 1 north behind V2 and struck the vehicle from behind. Driver of V1 stated the sun glare caused him to not be able to see which caused the collision. When I arrived on scene and pulled behind V1 the sun glare was at about eye level.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROBERT BERTUCCI	0422	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041672
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	US HWY #1
Road Name	
Dir	S
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W	
of:	GRANDVIEW AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/07/18
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0710
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	1266984850
25 NJ Ins. Code	992
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ANNA - MAGBOO -
29 Sex	F
27 Number & Street	144 BUTTONWOOD DRIVE
28 City / State / Zip	PISCATAWAY NJ 08854
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / 1 / - / NJ
32 Driver's License Number	M01330477357732
33 DOB mm dd yyyy	07/01/1973
34 Expires mm yy	10 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ALEJANDRO C MAGBOO -
36 Number & Street	144 BUTTONWOOD DRIVE
37 City / State / Zip	PISCATAWAY NJ 08854
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXUS / 300 / GN / 2002 / MAGBOO / NJ
44 VIN	JTJHF10U720292076
45 Expires	09 18
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	PHPK1826495
55 NJ Ins. Code	280
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	KYLE - BIRD -
59 Sex	M
57 Number & Street	1 GRAND AVE
58 City / State / Zip	SOUTH RIVER NJ 08882
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / B / 1 / - / NJ
62 Driver's License Number	B45944387905975
63 DOB mm dd yyyy	05/14/1997
64 Expires mm yy	05 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MIDDLESEX - WATER CO -
66 Number & Street	1500 RONSON RD
67 City / State / Zip	ISELIN NJ 08830
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FREIGHTLINE / TR / WT / 2018 / XEZH69 / NJ
74 VIN	1FVACXFC6JHJV8498
75 Expires	11 18
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☒ USDOT 633401 ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	MIDDLESEX WATER CO
Number & Street	1500 RONSON RD
City / State / Zip	ISELIN / NJ / 08830

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	45	F	-	-	-	11	04	-	-	DRIVER 1 -
B	1	03	01	-	19	F	-	-	-	11	04	-	-	CHLOE - MAGBOO SAME AS DRIVER 1
C	2	01	01	-	21	M	-	-	-	04	04	-	-	DRIVER 2 -
D														

New Jersey Police Crash Investigation Report

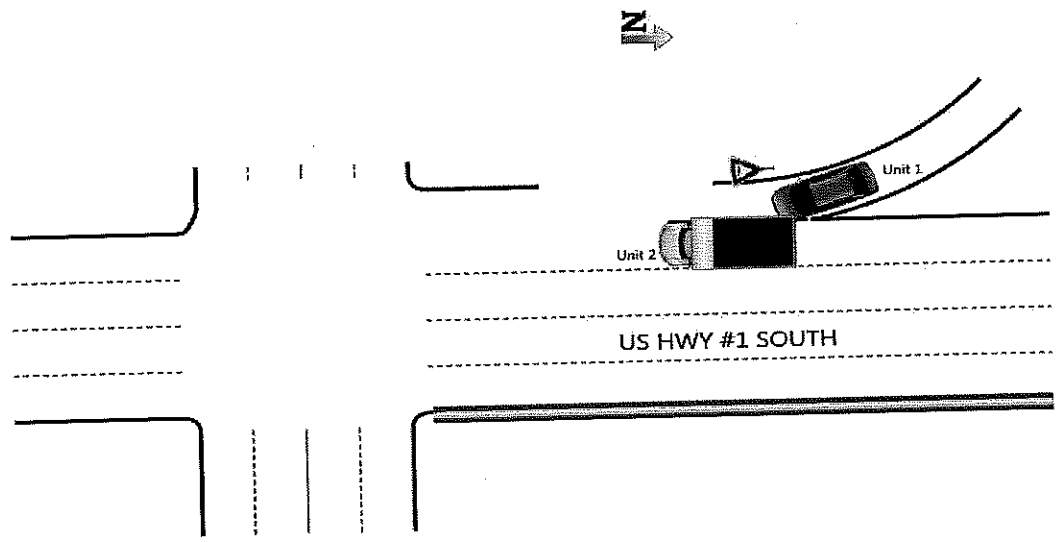
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041672

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 2 stated that he was traveling in the right most lane of Rt 1 South when vehicle 1 was approaching the exit ramp from Grandview Ave. As Veh 1 came to the end of the ramp Driver 1 stopped the vehicle with the nose of the vehicle sticking far out in the right lane as Driver 2's vehicle was passing his veh's rear wheel impacted the front bumper of veh 1.

Driver 1 stated that she did not see veh 2 traveling in the right lane when she came to the end of the ramp and started to merge onto Rt 1 South. Her vehicle impacted Veh 2's rear tire as it passed.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CHRISTOPHER GADOMSKI	0417	DECHIRICO	0199	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	97	98	99	100a	100b	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117
05	01	01	02	03	04	02	01	01	2	04	-	-	01	01	01	01	-	-	-	-	03	01

118a	118b	119a	119b	120a	120b	121a	121b	122	123	124	125	126a	126b	126c	126d	126e	127a	127b	127c	127d	127e	128	129	130	131	132	133	134
02	12	25	-	01	-	01	-	01	16	-	-	26	-	-	-	26	26	-	-	-	26	26	12	12	12	12	04	04

1 Case Number: 18041674

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: EDISON

4 Date of Crash (mm dd yy): 07/07/18

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 0734

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: US HWY ONE (Road Name) | Dir: N | 11 Speed Limit: 15 | 12 Route No.: 0001 | Suffix: - | 13 Milepost: -

☐ At Intersection With | ☐ Feet | ☐ Miles | ☐ N ☐ E ☐ S ☐ W | of: - | 14: - | 15 | 16

17 Cross Road Name | 18 Speed Limit: -

19 Ramp: ☒ To ☐ From: MAIN STREET | 20 Route/Name | ☐ NB ☐ EB ☒ SB ☐ WB

21 Latitude: -

22 Longitude: -

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	-	4433376052
NJ Ins. Code	*	100
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
Driver's First Name / Initial / Last Name	MARIO R GILTAPIA -	WILMER - VASQUEZ-CRUZ -
Sex	M	M
Number & Street	2317 S 284TH PLACE	213 HILTON STREET
City / State / Zip	FEDERAL WAY WA 98003	HIGHLAND PARK NJ 08904
Eyes	02	02
DL Class	D	D
Restrictions	-	-
Endorsements	-	-
State	WA	NJ
Driver's License Number	GILTAMR485BR	V07617866902982
DOB (mm dd yyyy)	01/19/1952	02/21/1998
Expires (mm yy)	01 21	04 20
Owner's First Name / Initial / Last Name	☐ Same As Driver ELEAZAR - GILSANTOS -	☐ Same As Driver ADALITZA L CRUZ -
Owner Number & Street	1163 EAST 40TH STREET	213 HILTON STREET
Owner City / State / Zip	BROOKLYN NY 11210	HIGHLAND PARK NJ 08904
Make	JEEP	TOYOTA
Model	CHEROKEE	CAMRY
Color	BK	GY
Year	2018	2004
Plate No.	HSU9284	R75GSR
State	NY	NJ
VIN	1C4PJMDX7KD133330	44T1BE32K14U902029
Expires	08 19	06 18
Vehicle Removed To	MANDYS	MANDYS
Driven / Towed Disabled / Towed Disabled & Impounded / Left At Scene / Towed Impounded	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	☐ Owner ☐ Driver ☐ Police	☐ Owner ☐ Driver ☐ Police
Alcohol/Drug Test Given	☒ No ☐ Yes ☐ Refused	☒ No ☐ Yes ☐ Refused
Type	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending	0. - % ☐ Pending
Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None	☐ USDOT - ☐ MC/MX - ☐ None
GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

(Vehicle 1 fields numbered 23–52; Vehicle 2 fields numbered 53–82.)

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	Charge	Summons. No.	Oper.	Charge	Summons. No.
1	136: 39:4-97	137: 019292	-	138: -	139: -
2	140: 39:3-4	141: 019293	-	142: -	143: -

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	65	M	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - -
B	1	02	01	-	64	F	-	-	-	11	04	-	-	ELEAZAR - GILSANTOS - / 1163 EAST 40 BROOKLYN NY 11210 - -
C	1	03	01	-	45	M	-	-	-	11	04	-	-	JOSE - ZOSAYAS - / 1163 EAST 40 BROOKLYN NY 11210 - -
D	1	04	01	-	35	F	-	-	-	11	04	-	-	ELEAZAR - GILSANTOS = / 1163 EAST 40 BROOKLYN NY 11210 - -

New Jersey Police Crash Investigation Report

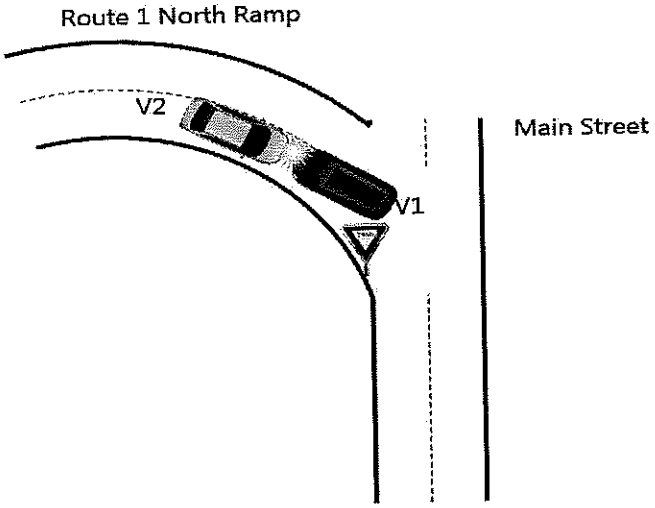
Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18041674

(Refer to vehicle by number)

		83 Veh Occ	84 Pos In/On	85 Eject	86 Phys Cond	87 Age	88 Sex	89 Loc Inj	90 Type Inj	91 Ref Med	92 Equip Avail	93 Equip Used	94 Bag Dept	95 Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E	2	01	01	04	17	M	01	08	02	11	04	-	6202	DRIVER 2 -
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was traveling North on Main Street and attempted to take the ramp for US Highway One. V1 took the wrong ramp and drove into on coming traffic that was exiting from route 1 on to Main street. This resulted in V1 colliding with V2 head on. V1 insurance policy is out of New York State #4495475164.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOHAMMAD GHAFOOR	0445	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18041674

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOHAMMAD GHAFOOR	0445	-	-	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 18041725

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: EDISON

97: 01 | 98: 01 | 99: 07 | 100a: 03

4 Date of Crash (mm dd yy): 07/07/18

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 1240

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: FOYER STREET | W | Road Name | Dir

☐ At Intersection With

☒ Feet ☐ Miles | 14 | 15 | 16

☐ N ☐ E ☐ S ☒ W

of: US HWY ONE

11 Speed Limit: 25

12 Route No. | Suffix | 13 Milepost

18 Speed Limit: 50

19 Ramp ☐ To ☐ From

17 Cross Road Name | 20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude | 22 Longitude

118a: 02 | 118b: 08 | 119a: 25 | 119b: - | 120a: 01

Vehicle 1

100b: 04 | 101: 02 | 102: 01 | 103: 01 | 104: 2

23 Veh #: 1

24 Policy No.: 939530880

25 NJ Ins. Code: 054

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: YOSHIHIRO | Initial: - | Last Name: HASEGAWA

29 Sex: M

27 Number & Street: 26 RIVER VIEW AVENUE

28 City: EDISON | State: NJ | Zip: 08817

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: -

31 State: NJ

105: 06

32 Driver's License Number: H07317900008942

33 DOB (mm dd yyyy): 08/20/1994

34 Expires (mm yy): 12 19

106: - | 107: -

35 Owner's ☐ Same As Driver | First Name: TSUKASA | Initial: - | Last Name: HASEGAWA

36 Number & Street: 26 RIVER VIEW AVENUE

108: 01

37 City: EDISON | State: NJ | Zip: 08817

109: 01

38 Make: HONDA | 39 Model: CIVIC | 40 Color: TN | 41 Year: 2003 | 42 Plate No.: M88BZH | 43 State: NJ

110: 01

44 VIN: 2HGES16533H614972

45 Expires: 05 19

111: 01

46 Vehicle Removed To: CAR GUYS

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

112: -

113: -

47 Authority: ☐ Owner ☐ Driver ☒ Police

114: -

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

115: -

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill

Hazard Class: - | Placard No.:

116: 04 | 117: 04

50 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: HPA00002031000

55 NJ Ins. Code: 411

☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: - | Initial: - | Last Name: - | 59 Sex: -

57 Number & Street: -

58 City: - | State: - | Zip: -

60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: -

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

65 Owner's ☐ Same As Driver | First Name: ESTELA | Initial: - | Last Name: RUFINOPENA

66 Number & Street: 41 BROAD STREET APT 9

67 City: FREEHOLD | State: NJ | Zip: 07728

68 Make: FORD | 69 Model: EXPEDITION | 70 Color: GN | 71 Year: 2003 | 72 Plate No.: V34JUH | 73 State: NJ

74 VIN: 41FMFU18L73LA74761

75 Expires: 03 19

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill

Hazard Class: - | Placard No.: -

80 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

122: 16 | 123: 10 | 124: - | 125: - | 126a: 28 | 126b: - | 126c: - | 126d: - | 126e: 28 | 127a: 26 | 127b: - | 127c: - | 127d: - | 127e: 26 | 128: 28 | 129: 07 | 130: 07 | 131: 05 | 132: 05 | 133: 04 | 134: 03

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	23	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	P	-	-	-	-	-	-	-	-	-	-	-	-	PARKED VEHICLE - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

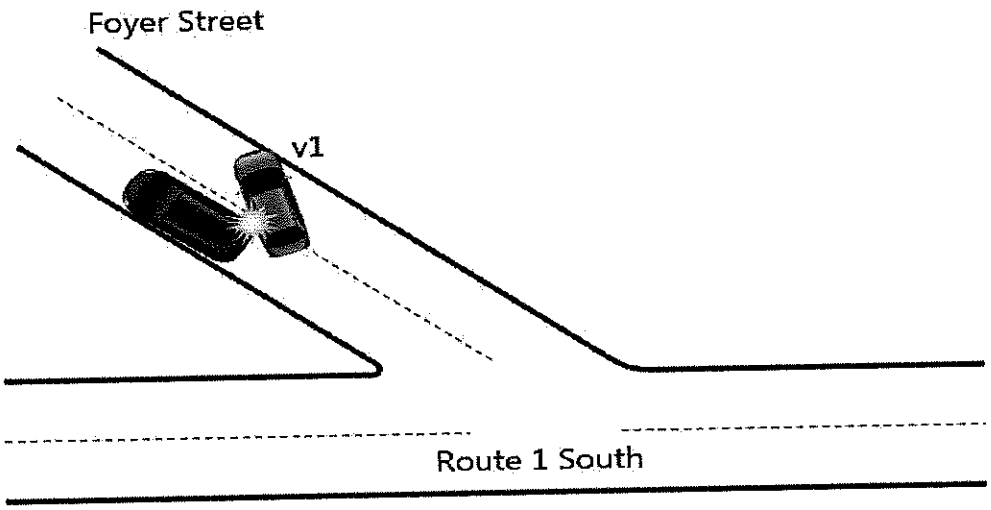
Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18041725

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 driver appears to have taken the exit for Foyer Street from Route 1 south at a high rate of speed, resulting in him losing control of his vehicle and colliding into parked vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOHAMMAD GHAFOOR	0445	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 18041736

2 Police Dept of: EDISON POLICE DEPART | Code: 01

3 Station/Precinct: -

4 Date of Crash mm dd yy: 07/07/18

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 1330

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CALVERT AVE WEST | Road Name | S | Dir

☒ At Intersection With of: SOUTHFIELD RD

☐ Feet ☐ N ☐ E ☐ S ☐ W ☐ Miles

11 Speed Limit: 25

12 Route No. - Suffix - 13 Milepost -

18 Speed Limit: 25

17 Cross Road Name -

19 Ramp ☐ To ☐ From

20 Route/Name -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude -

22 Longitude -

118a: 03
118b: 04
119a: 25
119b: -
120a: 00
120b: -
121a: 01
121b: -
122: 01
123: 01
124: 08
125: 08
126a: 26
126b: -
126c: -
126d: -
126e: 26
127a: 26
127b: -
127c: -
127d: -
127e: 26
128: 26
129: 01
130: 00
131: 04
132: 04
133: 00
134: 02

Vehicle 1

100b: 04

23 Veh #: 1

24 Policy No.: 00

25 NJ Ins. Code: 00

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run

101: 02

26 Driver's First Name: 00 | Initial: 0 | Last Name: 00 | 00

29 Sex: M

102: 01

27 Number & Street: 00

103: 01

28 City: 00 | State: UN | Zip: 00

104: 2

30 Eyes: - | DL Class: 00 | Restrictions: 00 | Endorsements: 00

31 State: UN

105: 03

32 Driver's License Number: 00

33 DOB mm dd yyyy: -

34 Expires mm yy: - 00

106: -

35 Owner's ☒ Same As Driver | First Name: 00 | Initial: 0 | Last Name: 00 | 00

107: -

36 Number & Street: 00

108: 01

37 City: 00 | State: UN | Zip: 00

109: 04

38 Make: UNKNOWN | 39 Model: UNKNOWN | 40 Color: BK | 41 Year: 00 | 42 Plate No.: 00 | 43 State: UN

110: 00

44 VIN: 00

45 Expires: 00 00

111: 01

46 Vehicle Removed To: -

112: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

113: -

47 Authority ☐ Owner ☒ Driver ☐ Police

114: -

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

115: -

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.:

116: 02

50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -

117: 03

51 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: 4067-09-77-76

55 NJ Ins. Code: 148

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: ABIGAIL | Initial: N | Last Name: YU | -

59 Sex: F

57 Number & Street: 16 CONCORD ST

58 City: EDISON | State: NJ | Zip: 08820

60 Eyes: 01 | DL Class: D | Restrictions: 1 | Endorsements: -

61 State: NJ

62 Driver's License Number: Y9001 00375 62711

63 DOB mm dd yyyy: 12/25/1971

64 Expires mm yy: 07 21

65 Owner's ☐ Same As Driver | First Name: MICHAEL | Initial: S | Last Name: YU | -

66 Number & Street: 16 CONCORD ST

67 City: EDISON | State: NJ | Zip: 08820

68 Make: HONDA | 69 Model: CR-V | 70 Color: BL | 71 Year: 2011 | 72 Plate No.: P43ARW | 73 State: NJ

74 VIN: 5J6RE4H43BL050829

75 Expires: 03 19

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -

80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -

81 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	-	00	M	-	-	-	00	00	-	-	UNK - UNK - UNK UNK UN 00 - -
B	V2	01	01	-	46	F	-	-	-	11	11	02	-	ABIGAIL N YU - 16 CONCORD ST EDISON NJ 08820 - -
C	V2	04	01	-	5	M	-	-	-	05	05	02	-	JACOB - YU - 16 CONCORD ST EDISON NJ 08820 - -
D														

New Jersey Police Crash Investigation Report

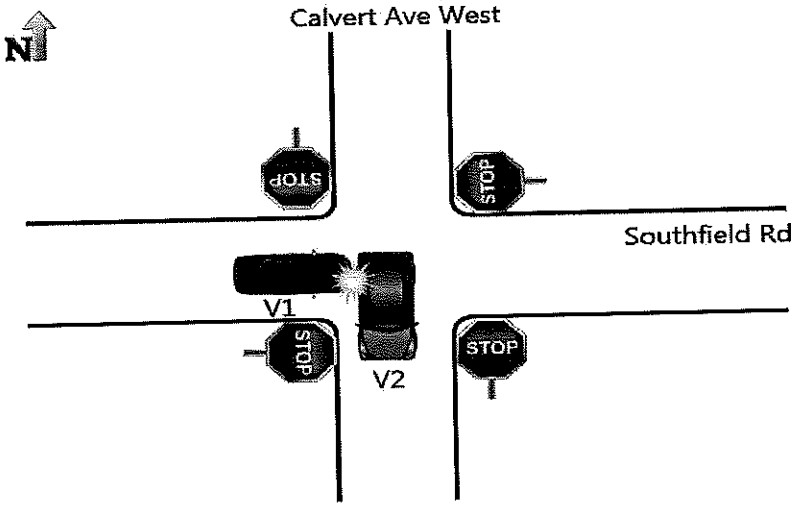
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041736

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was traveling East on Southfield Rd. V2 was traveling South on Calvert Ave West. Driver 2 stated that she stopped and the STOP and continued through the intersection. V1 failed to stop at the STOP sign, failed to give right of way and collided with V2. After impact, V1 fled down Southfield Rd. Driver 2 described V1 as a black sedan driven by a male, but was unable to provide further description. V1 had scratches to the rear passenger side wheel as well as the rear passenger side door.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ERWIN ENRIQUEZ	0399	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041740
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/07/18
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1355
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OAK TREE ROAD (Road Name) W (Dir)
☒ At Intersection With	MONTCLAIR AVE
☐ Feet / ☐ Miles	☐ N ☐ E / ☐ S ☐ W of: -
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	0604 - -
18 Speed Limit	25
19 Ramp ☐ To / ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB / ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	9951879902061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SEEMA - GUPTA
29 Sex	F
27 Number & Street	1410-GLENWOOD DRIVE
28 City / State / Zip	PISCATAWAY NJ 08854
30 Eyes / DL Class / Restrictions / Endorsements	01 / D / - / -
31 State	NJ
32 Driver's License Number	G93286960053731
33 DOB (mm dd yyyy)	03/05/1973
34 Expires (mm yy)	02 21
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	SANDEEP - GUPTA -
36 Number & Street	1410-GLENWOOD DRIVE
37 City / State / Zip	PISCATAWAY NJ 08854
38 Make	LEXUS
39 Model	RX 400
40 Color	BG
41 Year	2008
42 Plate No.	R16EGT
43 State	NJ
44 VIN	JTJHW31UX82054505
45 Expires	05 19
46 Vehicle Removed To	DRIVEN
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4199-14-76-89
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RAVI C PAMARTHI -
59 Sex	M
57 Number & Street	15-CODY AVE
58 City / State / Zip	EDISON NJ 08820
60 Eyes / DL Class / Restrictions / Endorsements	01 / D / 1 / -
61 State	NJ
62 Driver's License Number	P03386426305771
63 DOB (mm dd yyyy)	05/09/1977
64 Expires (mm yy)	12 19
65 Owner's ☒ Same As Driver / First Name / Initial / Last Name	RAVI C PAMARTHI -
66 Number & Street	15-CODY AVE
67 City / State / Zip	EDISON NJ 08820
68 Make	HONDA
69 Model	ODYSSEY
70 Color	GY
71 Year	2011
72 Plate No.	G81CPP
73 State	NJ
74 VIN	5FNRL5H27BB007405
75 Expires	11 18
76 Vehicle Removed To	DRIVEN
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.
01	136 NONE AT THIS TIME	-
-	140 -	141 -
02	138 -	139 -
-	142 -	143 -

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	45	F	-	-	-	11	04	-	-	SEEMA - GUPTA - 1410-GLENWOOD DR PISCATAWAY NJ 08854 - -
B	02	01	01	-	41	M	-	-	-	11	04	-	-	RAVI C PAMARTHI - 15-CODY AVE EDISON NJ 08820 - -
C	02	02	01	-	06	M	-	-	-	07	07	-	-	SHAURYA V PAMARTHI - 15-CODY AVE EDISON NJ 08820 - -
D														

New Jersey Police Crash Investigation Report

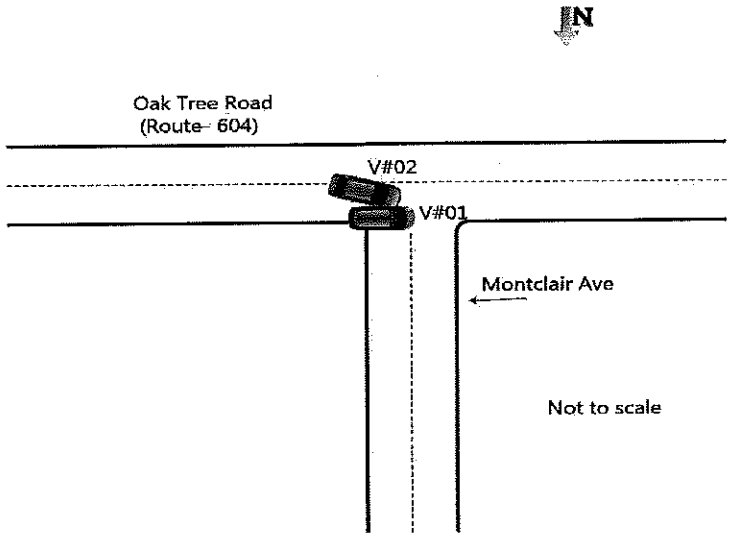
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041740

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle #01 stated that she was on Oak Tree Road at the intersection with Montclair Ave and vehicle #02 came to a sudden stop. That's when vehicle #01 attempted to pass on the right and impact was made with vehicle #02.

Driver of vehicle #02 stated that he was on Oak Tree Road and attempted to make a right turn onto Montclair Ave. That's when vehicle #01 attempted to pass on the right and impact was made with vehicle #02.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROBERT OLSEN	0341	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041759
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	07/07/18
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1636
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	US HWY#1 (Road Name) N (Dir)
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	000.00
14 Feet / 15 Miles	-
16 At Intersection With	-
17 Cross Road Name	MAIN ST
18 Speed Limit	-
19 Ramp	☒ To ☐ From:
20 Route/Name	☒ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	939400573
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NATHAN A WALKER -
29 Sex	M
27 Number & Street	220 HARRISON AVE
28 City / State / Zip	HIGHLAND PARK NJ 08904
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / 01 / 0 / NJ
32 Driver's License Number	W02835826108782
33 DOB mm dd yyyy	08/05/1978
34 Expires mm yy	06 20
35 Owner's First Name / Initial / Last Name	☒ Same As Driver NATHAN A WALKER -
36 Number & Street	220 HARRISON AVE
37 City / State / Zip	HIGHLAND PARK NJ 08904
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HONDA / ACCORD / GN / 2013 / J57GUS / NJ
44 VIN	1HGCR3F82DA035108
45 Expires	05 19
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
50 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	50423395
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANTHONY P OLSEN -
59 Sex	M
57 Number & Street	43 SHERIDAN AVE
58 City / State / Zip	METUCHEN NJ 08840
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / 0 / 0 / NJ
62 Driver's License Number	O56010537702872
63 DOB mm dd yyyy	02/12/1987
64 Expires mm yy	08 20
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHELE L CAPECE -
66 Number & Street	43 SHERIDAN AVE
67 City / State / Zip	METUCHEN NJ 08840
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HONDA / CR-V / GY / 2017 / J48JKZ / NJ
74 VIN	2HKRW2H88HH648261
75 Expires	11 18
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	-	-	-	-	-
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	39	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - -
B	02	01	01	-	31	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - -
C	02	03	01	-	28	F	-	-	-	11	04	-	-	MICHELE L CAPECE 43 SHERIDAN AVE METUCHEN NJ 08840 - -
D														

New Jersey Police
Crash Investigation Report

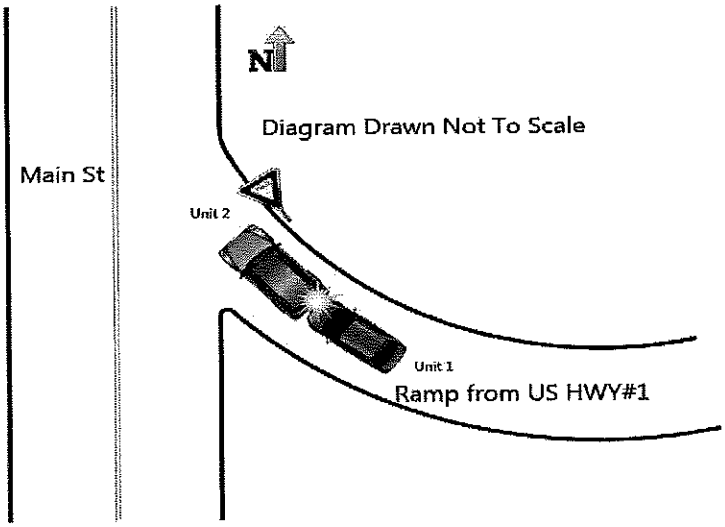
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041759

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 was stopped behind V2 n/b on the exit ramp from US HWY#1 to n/b Main St. D1 thought V2 had proceeded into traffic, so D1 began looking at oncoming traffic on Main St. D1 did not see that V2 had not proceeded. This caused V1 to strike V2.

D2 was stopped at the yield sign, n/b on the exit ramp from US HWY#1 to n/b Main St when V2 was struck from behind by V1.

No injuries. No cell phones. There is damage to the front end of V1 and rear end of V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RICHARD WESTOVER	0446	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 04

1 Case Number: 18041773

97: 01

2 Police Dept of: EDISON POLICE DEPART | Code: 01

98: 01

3 Station/Precinct: -

99: 05

4 Date of Crash (mm dd yy): 07/07/18

100a: 01

5 Day Of Week: SATURDAY

10 Crash Occurred On: PARSONAGE RD | Road Name: E | Dir | 11 Speed Limit: 35

☐ At Intersection With | ☒ Feet | ☐ Miles | 14 | 15

☐ N ☐ E ☐ S ☐ W of: US HWY 1 S

19 Ramp ☐ To ☐ From: - | 16

0630 | 12 Route No. | Suffix | 13 Milepost

17 Cross Road Name: -

20 Route/Name: -

18 Speed Limit: 50

☐ NB ☐ EB ☐ SB ☐ WB

6 Time (use 2400 hrs): 1737

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

21 Latitude: -

22 Longitude: -

118a: 02
118b: 02
119a: 25
119b: 25
120a: 01
120b: 01
121a: 01
121b: 01
122: 01
123: 01
124: 03
125: 03
126a: 26
126b: -
126c: -
126d: -
126e: 26
127a: 26
127b: -
127c: -
127d: -
127e: 26
128: 26
129: 07
130: 07
131: 02
132: 02
133: 02
134: 03

Vehicle 1

100b: 04

23 Veh #: 1

24 Policy No.: 4436569836

25 NJ Ins. Code: 639

101: 02

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: ATAF | Initial: - | Last Name: SULTAN -

29 Sex: M

102: 01

27 Number & Street: 220 VAN PELT AVENUE

103: 01

28 City: STATEN ISLAND | State: NY | Zip: 10303

104: 2

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NY

105: 01

32 Driver's License Number: 436590234

33 DOB (mm dd yyyy): 04/10/1981

34 Expires (mm yy): 04 20

106: -

35 Owner's First Name: ☒ Same As Driver ATAF | Initial: - | Last Name: SULTAN -

107: -

36 Number & Street: 220 VAN PELT AVENUE

108: 01

37 City: STATEN ISLAND | State: NY | Zip: 10303

109: 01

38 Make: SUBARU | 39 Model: UNKNOWN | 40 Color: BK | 41 Year: 2016 | 42 Plate No.: HYA5023 | 43 State: NY

110: 01

44 VIN: JF1VA2M60G9832642

45 Expires: 05 20

111: 01

46 Vehicle Removed To: -

112: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

113: -

47 Authority: ☒ Owner ☐ Driver ☐ Police

114: -

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

115: -

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.:

116: 02

50 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -

117: 02

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: 0633240F2830A

55 NJ Ins. Code: 962

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: SUSAN | Initial: C | Last Name: RAYMOND -

59 Sex: F

57 Number & Street: 3105 KLIMEK PLACE

58 City: SOUTH AMBOY | State: NJ | Zip: 08879

60 Eyes: 04 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: R09657276357584

63 DOB (mm dd yyyy): 07/03/1958

64 Expires (mm yy): 08 21

65 Owner's First Name: ☒ Same As Driver SUSAN | Initial: C | Last Name: RAYMOND -

66 Number & Street: 3105 KLIMEK PLACE

67 City: SOUTH AMBOY | State: NJ | Zip: 08879

68 Make: JEEP | 69 Model: GRAND CHER | 70 Color: SL | 71 Year: 2009 | 72 Plate No.: ZCW97M | 73 State: NJ

74 VIN: 1J8GR48KX9C559433

75 Expires: 09 18

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -

80 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:3-29	G020232	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	37	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - -
B	02	01	01	-	60	F	-	-	-	11	04	-	-	DRIVER 2 - - - - - - -
C	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - -
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041773

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

VEHICLES MOVED PRIOR TO ARRIVAL

145 Crash Description/Narrative

The driver of v1 states both v1 and v2 were stopped at the red light attempting to make a right turn onto US HWY 1 south. Driver of v1 then states the driver of v2 moved forward and then stopped abruptly, which caused v1 to collide with v2.

The driver of v2 states she was stopped and the driver of v1 struck her in the rear.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DARRIN HUTCHINSON	0418	DECHIRICO	0199	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Code	Value
96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	-

1 Case Number: 18041777
2 Police Dept of: EDISON POLICE DEPARTI | Code: 01
3 Station/Precinct: EDISON
4 Date of Crash (mm dd yy): 07/07/18
5 Day Of Week: SATURDAY
6 Time (use 2400 hrs): 1753
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: 20 CEDAR ST | Dir: W | 11 Speed Limit: 25
Road Name
12 Route No.: - | Suffix: - | 13 Milepost: -
☐ At Intersection With
14: 100 | 15: ☒ Feet ☐ Miles | 16: ☐ N ☒ E ☐ S ☐ W of: TOWER RD | 18 Speed Limit: 25
17 Cross Road Name
19 Ramp ☐ To ☐ From: - | ☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name
21 Latitude: - | 22 Longitude: -

Code	Value
118a	02
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	13
123	10
124	11
125	-
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	06
130	06
131	09
132	09
133	02
134	02

Vehicle 1

23 Veh #: 1
24 Policy No.: 4102951698 | 25 NJ Ins. Code: 100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: ASHWINI | Initial: N | Last Name: CHAVAN - | 29 Sex: F
27 Number & Street: 20 CEDAR ST
28 City: EDISON | State: NJ | Zip: 08820
30 Eyes: 01 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ
32 Driver's License Number: C32600647552761 | 33 DOB (mm dd yyyy): 02/11/1976 | 34 Expires (mm yy): 01 21
35 Owner's ☐ Same As Driver | First Name: VIKAS | Initial: M | Last Name: PANDHARE -
36 Number & Street: 20 CEDAR ST
37 City: EDISON | State: NJ | Zip: 08820
38 Make: HONDA | 39 Model: ACCORD | 40 Color: WT | 41 Year: 2009 | 42 Plate No.: YPW16P | 43 State: NJ
44 VIN: 1HGCP26739A032877 | 45 Expires: 02 19
46 Vehicle Removed To: -
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority: ☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -
50 Carrier No.: ☐ USDOT - | ☐ None | ☐ MC/MX -
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity: -
Number & Street: --
City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2
54 Policy No.: 9563947640 | 55 NJ Ins. Code: 945
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: - | Initial: - | Last Name: - - | 59 Sex: -
57 Number & Street: -
58 City: - | State: - | Zip: -
60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 61 State: -
62 Driver's License Number: - | 63 DOB (mm dd yyyy): - | 64 Expires (mm yy): - -
65 Owner's ☐ Same As Driver | First Name: ANJANAKUM | Initial: V | Last Name: PATEL -
66 Number & Street: 17 CEDAR ST
67 City: EDISON | State: NJ | Zip: 08820
68 Make: HONDA | 69 Model: ODYSSEY | 70 Color: GY | 71 Year: 2013 | 72 Plate No.: K68CYB | 73 State: NJ
74 VIN: 5FNRL5H49DB049157 | 75 Expires: 02 19
76 Vehicle Removed To: -
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority: ☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -
80 Carrier No.: ☐ USDOT - | ☐ None | ☐ MC/MX -
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: - | State: - | Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	42	F	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	02	-	-	-	-	-	-	-	-	-	-	-	-	PARKED - - - - - - - - - -
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18041777

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Vehicle moved

145 Crash Description/Narrative

V1 was backing from her driveway (20 Cedar St) when she impacted V2 which was parked on the street on the opposite side of the road outside of 17 Cedar St.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KASHIF SALAHUDDIN	0434	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18041798
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	97 SUNFIELD RD (LOT)
Road Name	
Dir	E
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
☐ Feet ☐ N ☐ E of:	-
☐ Miles ☐ S ☐ W	-
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/07/18
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2008
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - - -
36 Number & Street	-
37 City / State / Zip	- - -
38 Make	-
39 Model	-
40 Color	-
41 Year	-
42 Plate No.	-
43 State	-
44 VIN	-
45 Expires	- -
46 Vehicle Removed To	FLED SCENE
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
50 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	1292829890
55 NJ Ins. Code	945
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- - - -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DOUGLAS J ZAVODA
66 Number & Street	834 BLUESTONE LN
67 City / State / Zip	BRIDGEWATER NJ 08807
68 Make	TOYOTA
69 Model	4 RUNNER
70 Color	SL
71 Year	2014
72 Plate No.	SC208F
73 State	NJ
74 VIN	JTEBU5JR0E5200321
75 Expires	03 19
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	-	U	-	-	-	00	00	-	-	HIT AND RUN DRIVER - - - - - - -
B														
C														
D														

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	00
109	01
110	00
111	01
112	-
113	-
114	-
115	-
116	00
117	-
118a	02
118b	00
119a	25
119b	25
120a	00
120b	00
121a	01
121b	01
122	00
123	10
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	00
130	00
131	11
132	11
133	00
134	03

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18041798

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

V2 parked within a parking space in the lot of 97 Sunfield Rd and was struck on the front passenger side by an unknown vehicle. The accident occurred some time between the hours of 1700-2008. There are no cameras in the vicinity.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NICOLE ERRICO	0441	DECHIRICO	0199	☐ Pending ☒ Complete