New Jersey Police Crash Investigation Report

PAGE 1 OF 2 ☐ Fatal

☒ 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	06	07	02	04	01	01	01	1	11	-	-	01	-	01	-	-	-	-	-	03	-

1 Case Number: 18076921

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

3 Station/Precinct: EDISON

4 Date of Crash (mm dd yy): 12/20/18

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 0421

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: OLD POST RD (Road Name) — Dir: S — 11 Speed Limit: 25

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

18 Speed Limit: 25

☐ At Intersection With

14: 100 — 15: ☒ Feet ☐ Miles — 16: ☒ N ☐ E ☐ S ☐ W of: WOODING AVE (17 Cross Road Name)

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

21 Latitude: - 22 Longitude: -

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
29	-	-	-	09	-	-	-	01	-	-	-	26	52	-	-	52	-	-	-	-	-	52	01	01	-	-	04	-

Vehicle 1

23 Veh #: 1

24 Policy No.: 988832145 105 1

25 NJ Ins. Code: 129

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

26 Driver's First Name: CAROLYN — Initial: A — Last Name: BOWER - — 29 Sex: F

27 Number & Street: 33 BARKALOW ST

28 City: SOUTH AMBOY — State: NJ — Zip: 08879

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

32 Driver's License Number: B68811136153652

33 DOB (mm dd yyyy): 03/04/1965

34 Expires (mm yy): 03 21

35 Owner's ☒ Same As Driver — First Name: CAROLYN — Initial: A — Last Name: BOWER -

36 Number & Street: 33 BARKALOW ST

37 City: SOUTH AMBOY — State: NJ — Zip: 08879

38 Make: FORD — 39 Model: FOCUS — 40 Color: GY — 41 Year: 2010 — 42 Plate No.: K23KAK — 43 State: NJ

44 VIN: 1FAHP3CN6AW213613 — 45 Expires: 05 19

46 Vehicle Removed To: CAR GUYS

☐ 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 #: -

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 - ☐ 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

STRUCK POLE #72253 ED....MINOR DAMAGE

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	-	53	F	-	-	-	11	11	01	-	DRIVER 1 -
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-

New Jersey Police Crash Investigation Report

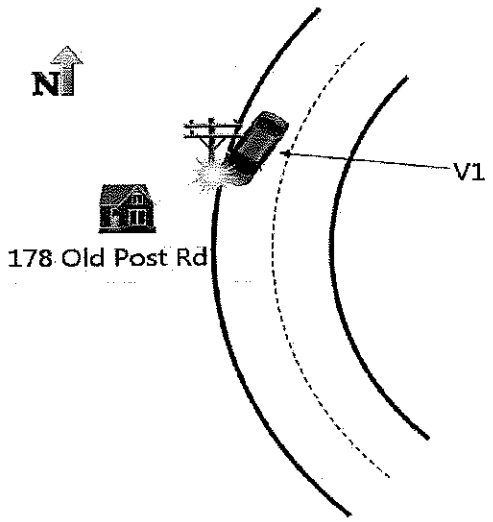
Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON Case No: 18076921

(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)



145 Crash Description/Narrative

Driver #1 stated she was traveling south on Old Post Road when she fell asleep and lost control of her car striking a utility pole(#72253ED) in front of 178 Old Post Road. JFK ambulance responded but driver #1 stated she was not injured. PSE&G was notified to check the pole. Nothing further at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WILLIAM MCCANN	0405	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	18077132
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/21/18
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0010
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	WOODBRIDGE AVE. (Road Name) E (Dir)
☐ At Intersection With	of: NORWOOD PLACE (17 Cross Road Name)
☒ Feet ☐ Miles	75 (14 15)
☐ N ☐ E ☒ S ☐ W	16
11 Speed Limit	25
12 Route No.	0514
Suffix	-
13 Milepost	-
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.	4344-58-59-40
25 NJ Ins. Code	639
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NICOLE M ESPOSITO
29 Sex	F
27 Number & Street	51 BARROW PLACE
28 City / State / Zip	STATEN ISLAND NY 10309
30 Eyes	02
DL Class	D
Restrictions	B
Endorsements	NO
31 State	NY
32 Driver's License Number	671171492
33 DOB (mm dd yyyy)	10/21/1991
34 Expires (mm yy)	10 20
35 Owner's ☒ Same As Driver / First Name / Initial / Last Name	NICOLE M ESPOSITO
36 Number & Street	51 BARROW PLACE
37 City / State / Zip	STATEN ISLAND NY 10309
38 Make	MAZDA
39 Model	CX-5
40 Color	BK
41 Year	2018
42 Plate No.	JEF1565
43 State	NY
44 VIN	JM3KFBCM2J0446547
45 Expires	12 20
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.	-
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
☒ 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

NO DAMAGE TO OTHER PROPERTY

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	-	27	F	-	-	-	11	04	-	-	NICOLE M ESPOSITO - 51 BARROW PLACE STATEN ISLAND NY 10309 10/23/1991 -
B														
C														
D														

96	05
97	01
98	06
99	05
100a	01
100b	04
101	02
102	02
103	02
104	2
105	05
106	-
107	-
108	04
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	04
118a	25
118b	-
119a	02
119b	14
120a	01
120b	-
121a	00
121b	-
122	01
123	01
124	04
125	04
126a	26
126b	05
126c	99
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	11
131	00
132	00
133	02
134	00

New Jersey Police Crash Investigation Report

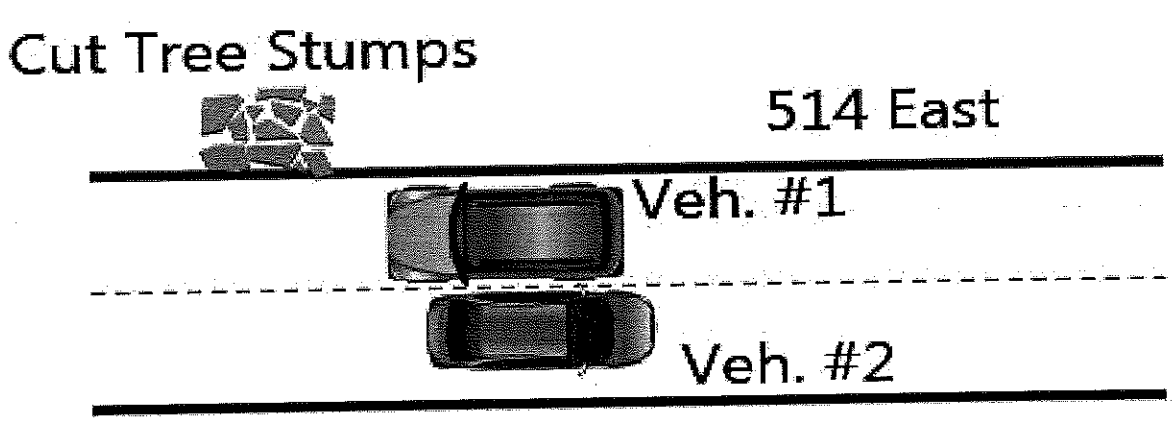
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18077132

(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 stated, while traveling east on 514, a dark colored vehicle traveling west bound on 514 crossed over double yellow lane marking and struck her driver's side of her vehicle, causing her to strike(cut up tree stump) pilled near side of road. Nearby units checked area for vehicle #2 with negative results. Vehicle #2 was described a dark, maybe black Honda. No injuries reported.
BWC utilized during investigation.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUDOLPH INNOCENTI	0345	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18077606
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/23/18
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0546
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	500 PARSONAGE ROAD (Road Name)
Dir	W
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☐ At Intersection With	
of:	ROUTE 27
☒ Feet ☐ Miles	200
☐ N ☒ E ☐ S ☐ W	
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.	8106A47062ACOF15
25 NJ Ins. Code	2516
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MAGDY
Initial	H
Last Name	ELSAYED -
29 Sex	M
27 Number & Street	52 ANDERSON AVE APT 1
28 City	WALLINGTON
State	NJ
Zip	07057
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	E55975086810632
33 DOB (mm dd yyyy)	10/23/1963
34 Expires (mm yy)	10 19
35 Owner's First Name	☐ Same As Driver METROPOLITAN
Initial	-
Last Name	BAKING CO INC -
36 Number & Street	1 ENTIN RD UNIT 1
37 City	CLIFTON
State	NJ
Zip	07014
38 Make	FORD
39 Model	E SERIES
40 Color	WT
41 Year	2012
42 Plate No.	XDGM63
43 State	NJ
44 VIN	21FDWE3FL0CDA21096
45 Expires	09 19
46 Vehicle Removed To	SCOTTS 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 1679490 ☐ 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	METROPOLITAN BAKING CO INC
Number & Street	1 ENTIN RD UNIT 1
City	CLIFTON
State	NJ
Zip	07013

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	☐ Same As Driver -
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	--

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

VEHICLE MADE CONTACT WITH BRIDGE AND CAUSED DAMAGE.

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	-	-	55	M	-	-	-	11	04	-	-	D1 - - - - - -
B														
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

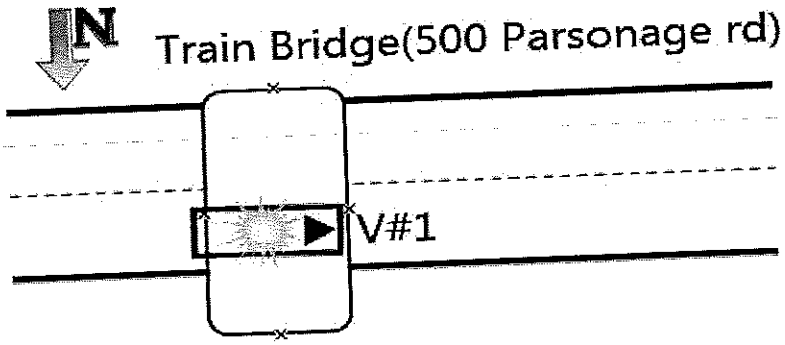
Station: - Case No: 18077606

(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)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Vehicle #1 was traveling West on Parsonage Road when driver attempted to drive under a 8'7 foot bridge with a 12 foot truck. Vehicle became stuck under the bridge and had to be winched out by Scotts towing. Be advised that there are numerous signs posted as well as a large sign that states the maximum height of the bridge.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
TYLER NEWTON	0453	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 [ ] Fatal

New Jersey Police Crash Investigation Report

[X] Reportable [ ] Non-Reportable [ ] Change Report

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

1 Case Number: 18079071

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 12/31/18

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1616

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: VINEYARD RD (Road Name) — Dir: W — 11 Speed Limit: 25

12 Route No.: - — Suffix: - — 13 Milepost: - — 18 Speed Limit: 15

[ ] At Intersection With

14: 15 — 15: [X] Feet [ ] Miles — 16: [ ] N [X] E [ ] S [ ] W — of: VINEYARD SQ (17 Cross Road Name)

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

21 Latitude: - — 22 Longitude: -

Code box	Value
118a	02
118b	05
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	12
123	07
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	04
130	04
131	11
132	11
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4461920136 — 25 NJ Ins. Code: 148

[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [ ] Hit & Run

26 Driver's First Name: MAYURIKA — Initial: G — Last Name: PATEL — - — 29 Sex: F

27 Number & Street: 4-408 COBBLESTONE LANE

28 City: EDISON — State: NJ — Zip: 08820

30 Eyes: 01 — DL Class: D — Restrictions: 0 — Endorsements: 0 — 31 State: NJ

32 Driver's License Number: P07955366761731 — 33 DOB (mm dd yyyy): 11/19/1973 — 34 Expires (mm yy): 12 20

35 Owner's [ ] Same As Driver — First Name: GHANSHYAM — Initial: C — Last Name: PATEL — -

36 Number & Street: 4-408 COBBLESTONE LANE

37 City: EDISON — State: NJ — Zip: 08820

38 Make: ACURA — 39 Model: TL — 40 Color: GN — 41 Year: 1997 — 42 Plate No.: C45JGD — 43 State: NJ

44 VIN: JH4UA2657VC000451 — 45 Expires: 09 19

46 Vehicle Removed To: -

[X] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [ ] Left At Scene [ ] Towed Impounded

47 Authority: [ ] Owner [X] Driver [ ] Police

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

49 Hazardous Material: [X] 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.: F532764-8 — 55 NJ Ins. Code: 426

[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [ ] Hit & Run

56 Driver's First Name: DARIA — Initial: M — Last Name: LUIS — - — 59 Sex: F

57 Number & Street: 15 MONAGHAN RD

58 City: EDISON — State: NJ — Zip: 08817

60 Eyes: 06 — DL Class: D — Restrictions: 0 — Endorsements: 0 — 61 State: NJ

62 Driver's License Number: L91771557456846 — 63 DOB (mm dd yyyy): 06/23/1984 — 64 Expires (mm yy): 06 21

65 Owner's [ ] Same As Driver — First Name: JESSE — Initial: - — Last Name: LUIS — -

66 Number & Street: 15 MONAGHAN RD

67 City: EDISON — State: NJ — Zip: 08817

68 Make: LEXUS — 69 Model: RX — 70 Color: WT — 71 Year: 2015 — 72 Plate No.: A66HDC — 73 State: NJ

74 VIN: 2T2BK1BA2FC260313 — 75 Expires: 09 19

76 Vehicle Removed To: -

[X] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [ ] Left At Scene [ ] Towed Impounded

77 Authority: [ ] Owner [X] Driver [ ] Police

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

79 Hazardous Material: [X] 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) [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.
-	-	-	-	-	-

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	-	45	F	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	1	03	01	-	60	F	-	-	-	04	04	-	-	HARSHIDA - PANDYA - 40 DAYTON DR 74D EDISON NJ 08817 - -
C	1	04	01	-	54	F	-	-	-	04	04	-	-	JANI - HEMLATABE - 55 GOODRICH ST ISELIN NJ 08830 - -
D	2	01	01	-	34	F	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - -

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 18079071

(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	03	01	-	1	F	-	-	-	06	06	-	-	AVA - LUIS - 58 MONAGHAN RD EDISON NJ 08817 - -
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

Vehicles moved prior to arrival

145 Crash Description/Narrative

Driver 1 stated she was in the middle lane of Vineyard Rd westbound and attempted to merge into the right lane to turn into the Walmart parking lot. She stated that her car was halfway in the lane when it was struck by Veh 2. Her statement was translated by a family member.

Driver 2 stated that she was in traffic that wasn't moving in the right lane of Vineyard Rd westbound and Veh 1 attempted to merge in front of her. She explained that Veh 1 misjudged the amount of room she had and the rear passenger side of Veh 1 struck the front drivers side of Veh 2. Driver 2 also stated that Driver 1 got out of her vehicle and apologized saying she was running late.

After speaking with both parties I have determined Veh 1 to be at fault due to Veh 2 having the right of way.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICHAEL GOLDFARB	0437	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: 19000011

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

3 Station/Precinct: -

10 Crash Occurred On: NEW DOVER RD (Road Name) | N (Dir) | 11 Speed Limit: 35

☒ At Intersection With of: GROVE AVENUE

☐ Feet ☐ N ☐ E ☐ S ☐ W ☐ Miles

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

18 Speed Limit: 35

17 Cross Road Name - | ☐ NB ☐ EB ☐ SB ☐ WB

19 Ramp ☐ To ☐ From

20 Route/Name -

21 Latitude - | 22 Longitude -

14 | 15 | 16

4 Date of Crash mm dd yy: 01/01/19

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 0037

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

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

Vehicle 1

23 Veh #: 1

24 Policy No.: 939 253 051

25 NJ Ins. Code: 054

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

26 Driver's First Name: RASHESH | Initial: D | Last Name: PATEL | 29 Sex: M

27 Number & Street: 24 MINEBROOK RD APT-12A

28 City: EDISON | State: NJ | Zip: 08820

30 Eyes: 01 | DL Class: D | Restrictions: 0 | Endorsements: 0 | 31 State: NJ

32 Driver's License Number: P07956426403671

33 DOB mm dd yyyy: 03/28/1967

34 Expires mm yy: 03 22

35 Owner's First Name: FALGUNI | Initial: M | Last Name: PATEL

☐ Same As Driver

36 Number & Street: 10 FOLEY AVE

37 City: EDISON | State: NJ | Zip: 08820

38 Make: TOYOTA | 39 Model: CAMRY | 40 Color: BK | 41 Year: 15 | 42 Plate No.: F47KDY | 43 State: NJ

44 VIN: 4T1BF1FK8FU015204

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.: 923814952

55 NJ Ins. Code: 134

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

56 Driver's First Name: NIKAN | Initial: S | Last Name: MAKADIA | 59 Sex: M

57 Number & Street: 7 COLSON CT

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

60 Eyes: 02 | DL Class: D | Restrictions: 0 | Endorsements: 0 | 61 State: NJ

62 Driver's License Number: M02115928205912

63 DOB mm dd yyyy: 05/29/1991

64 Expires mm yy: 05 19

65 Owner's First Name: PARTH | Initial: M | Last Name: KANANI

☐ Same As Driver

66 Number & Street: 11 SIOUX AVE

67 City: LAKE HIAWATHA | State: NJ | Zip: 07034

68 Make: BMW | 69 Model: 328 | 70 Color: BL | 71 Year: 14 | 72 Plate No.: A26HZJ | 73 State: NJ

74 VIN: WBA3B5C59EP541569

75 Expires: 07 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	-	51	M	-	-	-	11	04	-	-	DRIVER 1 -
B	V2	01	01	-	27	M	-	-	-	11	04	-	-	DRIVER 2 -
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-

96: 05 | 97: 01 | 98: 06 | 99: 07 | 100a: 01 | 100b: 04 | 101: 02 | 102: 02 | 103: 02 | 104: 2 | 105: 08 | 106: - | 107: - | 108: 01 | 109: 01 | 110: 01 | 111: 01 | 112: - | 113: - | 114: - | 115: - | 116: 03 | 117: 01

118a: 02 | 118b: - | 119a: 25 | 119b: - | 120a: 01 | 120b: - | 121a: 01 | 121b: - | 122: 13 | 123: 01 | 124: 03 | 125: 03 | 126a: 26 | 126b: - | 126c: - | 126d: - | 126e: 26 | 127a: 26 | 127b: - | 127c: - | 127d: - | 127e: 26 | 128: 26 | 129: 05 | 130: 05 | 131: 11 | 132: 11 | 133: 02 | 134: 02

New Jersey Police Crash Investigation Report

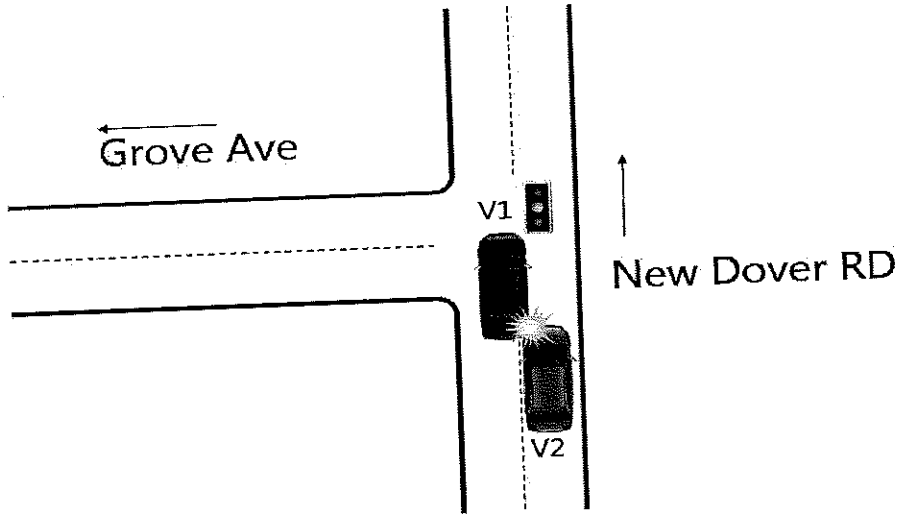
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19000011

(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 at the intersection of New Dover and Grove Ave in the left hand turning lane. V1 was backing his vehicle due to going past the intersection. V2 was travelling in the right lane when he made contact V1 backing his vehicle into V2's lane. Minor damage was observed to both vehicles.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JOHN KURDES	0477	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19000246
2 Police Dept of / Code	EDISON POLICE DEPART / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/02/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0916
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	55 PARSONAGE RD (Road Name)
At Intersection With / Feet / Miles	- / N E S W of: -
11 Speed Limit	N / 15
12 Route No. / Suffix / 13 Milepost	0000 / - / 000.00
14 / 15 / 16	- / - / -
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp	☐ To ☐ From: -
20 Route/Name	-
21 Latitude / 22 Longitude	- / -
NB EB SB WB	☐ ☐ ☐ ☐

Vehicle 1

23 Veh #	1
24 Policy No.	Z-35726-40
25 NJ Ins. Code	263
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DARREN - DELOSSANTOS
29 Sex	M
27 Number & Street	116 WASHINGTON AVE
28 City / State / Zip	BELLEVILLE / NJ / 07109
30 Eyes	02
DL Class	D
Restrictions	00
Endorsements	00
31 State	NJ
32 Driver's License Number	D24201560002942
33 DOB (mm dd yyyy)	02/17/1994
34 Expires (mm yy)	10 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RYDER TRUCK - RENTAL LT
36 Number & Street	119 MOONACHIE AVE
37 City / State / Zip	MOONACHIE / NJ / 07074
38 Make	FREIGHTLINE
39 Model	TR
40 Color	WT
41 Year	2014
42 Plate No.	XFLC73
43 State	NJ
44 VIN	3ALACWDT1EDFP2008
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 16130 ☐ 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	MARK IV
Number & Street	82 JOHN MILLER WAY
City / State / Zip	KEARNY / NJ / 07032

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

WATER SPRINKLER PIPE CONNECTED TO THE FIRE ALARM SYSTEM

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	-	-	D1 -
B														
C														
D														

96	05
97	01
98	01
99	09
100a	01
100b	04
101	01
102	01
103	01
104	1
105	11
106	-
107	-
108	20
109	-
110	02
111	-
112	-
113	-
114	03
115	-
116	01
117	-
118a	02
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	99
125	-
126a	69
126b	-
126c	-
126d	-
126e	69
127a	-
127b	-
127c	-
127d	-
127e	-
128	69
129	12
130	12
131	-
132	-
133	02
134	-

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19000246

(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)

145 Crash Description/Narrative

Simon Properties (Menlo Park Mall)
Contact: Michael Rapelye
100 Menlo Park Drive, Suite 412
Edison, NJ 08837
(732) 549-1900 x20

V1 was traveling in the lower level loading area of the Menlo Park Mall at 55 Parsonage Rd. V1 did not observe the low clearance signs and struck a water sprinkler pipe connected to the fire alarm system on the ceiling in the lower level of the Mall. The collision caused damage to the pipe and sprinkler head.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CHRISTIAN PAONE	0480	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19000243
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/02/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0916
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	55 PARSONAGE RD (Road Name)
Dir	N
11 Speed Limit	15
12 Route No.	0000
Suffix	-
13 Milepost	000.00
18 Speed Limit	-
At Intersection With	☐
Feet / Miles	☐ / ☐
N E S W	☐ ☐ ☐ ☐
of:	-
17 Cross Road Name	-
19 Ramp To / From	☐ / ☐
NB EB SB WB	☐ ☐ ☐ ☐
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	Z-35726-40
25 NJ Ins. Code	263
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DARREN - DELOSSANTOS
29 Sex	M
27 Number & Street	116 WASHINGTON AVE
28 City / State / Zip	BELLEVILLE / NJ / 07109
30 Eyes	02
DL Class	D
Restrictions	00
Endorsements	00
31 State	NJ
32 Driver's License Number	D24201560002942
33 DOB (mm dd yyyy)	02/17/1994
34 Expires (mm yy)	10 / 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - RYDER TRUCK - RENTAL LT
36 Number & Street	119 MOONACHIE AVE
37 City / State / Zip	MOONACHIE / NJ / 07074
38 Make	FREIGHTLINE
39 Model	TR
40 Color	WT
41 Year	2014
42 Plate No.	XFLC73
43 State	NJ
44 VIN	3ALACWDT1EDFP2008
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 16130 ☐ 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	MARK IV
Number & Street	82 JOHN MILLER WAY
City / State / Zip	KEARNY / NJ / 07032

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

WATER SPRINKLER PIPE CONNECTED TO THE FIRE ALARM SYSTEM

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	-	-	D1 -
B														
C														
D														

96	05
97	01
98	01
99	09
100a	01
100b	04
101	01
102	01
103	01
104	1
105	11
106	-
107	-
108	20
109	-
110	02
111	-
112	-
113	-
114	03
115	-
116	01
117	-
118a	02
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	99
125	-
126a	69
126b	-
126c	-
126d	-
126e	69
127a	-
127b	-
127c	-
127d	-
127e	-
128	69
129	12
130	12
131	-
132	-
133	02
134	-

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: " Case No: 19000243

(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)

Unable to diagram, refer to narative.

145 Crash Description/Narrative

Simon Properties (Menlo Park Mall)
Contact: Michael Rapelye
100 Menlo Park Drive, Suite 412
Edison, NJ 08837
(732) 549-1900 x20

V1 was traveling in the lower level loading area of the Menlo Park Mall at 55 Parsonage Rd. V1 did not observe the low clearance signs and struck a water sprinkler pipe connected to the fire alarm system on the ceiling in the lower level of the Mall. The collision caused damage to the pipe and sprinkler head.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CHRISTIAN PAONE	0480	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19000303
2 Police Dept of / Code	EDISON POLICE DEPART / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/02/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1640
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	BLVD OF THE EAGLES (Road Name)
Dir	E
11 Speed Limit	15
12 Route No. / Suffix	0000 -
13 Milepost	000.00
14 Miles / 15 N E S W	-
16 At Intersection With	WINTHROP ROAD
17 Cross Road Name	-
18 Speed Limit	15
19 Ramp To / From	-
20 Route/Name	-
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	JAIELYN - ALSTON
29 Sex	F
27 Number & Street	1205 YOSKO DRIVE
28 City / State / Zip	EDISON NJ 08817
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	A56093830058013
33 DOB (mm dd yyyy)	08/22/2001
34 Expires (mm yy)	08 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ALETA G ALSTON
36 Number & Street	9940 PINEVILLE ROAD UNIT 201
37 City / State / Zip	RALEIGH NC 27617
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HONDA / CIVIC / WT / 2007 / PKY7395 / NC
44 VIN	2HGFG12847H522734
45 Expires	12 19
46 Vehicle Removed To	DEFALCOS 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 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

TIRE MARKS ON GRASS AND HIT THE TREE OUTSIDE OF 119 BLVD OF EAGLES. EDISON PROP

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	04	17	F	01	08	01	11	11	04	-	DRIVER 1 - - - - - - -
B														
C														
D														

New Jersey Police Crash Investigation Report

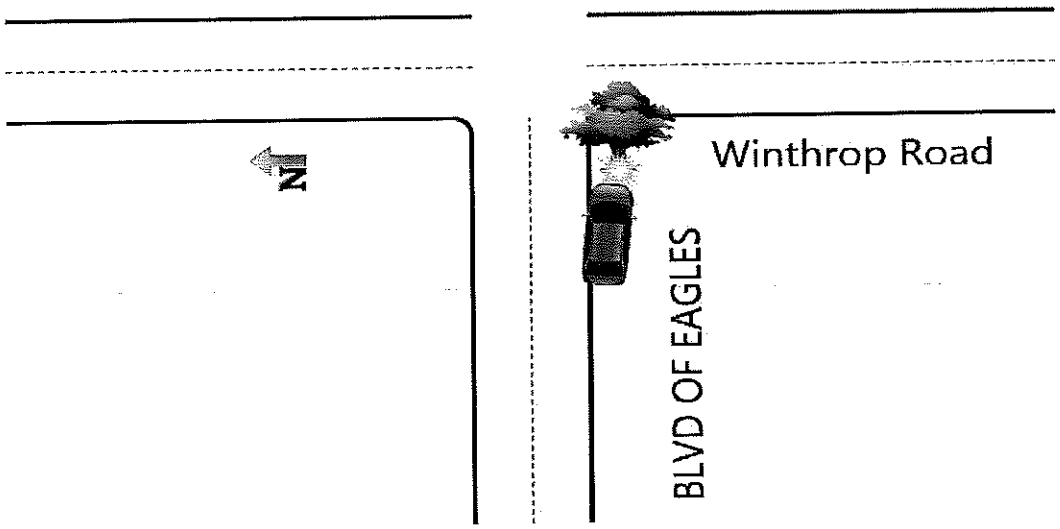
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19000303

(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 that she was traveling East on Blvd of Eagles and attempting to slow down for the stop sign located at the intersection of Winthrop Road. D1 stated that is when she began to slide and went up onto the grass and struck a tree. D1 stated that due to her worn out tires she began to slide.

D1 Insurance Information
NC POLICY # 4480-58-94-82
NC INS CODE # 100

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

New Jersey Police Crash Investigation Report

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

1 Case Number	19000414
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/03/19
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0823
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	KILMER RD (Road Name) E (Dir)
At Intersection With	PLAINFIELD AVE
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	20
15 Miles	☐
16 N ☐ E ☐ S ☒ W	
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.	F10074382-2
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	VAISHNAVI - SHETTY
29 Sex	F
27 Number & Street	1801 GABRIEL LANE
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	S340676100051962
33 DOB (mm dd yyyy)	01/04/1996
34 Expires (mm yy)	01 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SEEMA - SHETTY
36 Number & Street	1801 GABRIEL LANE
37 City / State / Zip	HIGHLAND PARK / NJ / 08904
38 Make	JEEP
39 Model	CHEROKEE
40 Color	GY
41 Year	2019
42 Plate No.	V20KBB
43 State	NJ
44 VIN	1C4PJMLB7KD173140
45 Expires	05 22
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.	925482387
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ELLAHENAH M ONEAL -
59 Sex	F
57 Number & Street	4 MERCURY RD
58 City / State / Zip	EDISON / NJ / 08817
60 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	058942137462901
63 DOB (mm dd yyyy)	12/13/1990
64 Expires (mm yy)	01 22
65 Owner's First Name / Initial / Last Name	☒ Same As Driver ELLAHENAH M ONEAL -
66 Number & Street	4 MERCURY RD
67 City / State / Zip	EDISON / NJ / 08817
68 Make	TOYOTA
69 Model	COROLLA
70 Color	SL
71 Year	2009
72 Plate No.	ZMZ12Y
73 State	NJ
74 VIN	2T1BU40E19C012046
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.
1	NONE	-
-	-	-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	22	F	-	-	-	11	04	-	-	DRIVER 1 -
B	2	01	01	-	28	F	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

96	05
97	01
98	01
99	07
100a	03
100b	04
101	02
102	01
103	05
104	2
105	01
106	-
107	-
108	04
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	06
123	08
124	09
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

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19000414

(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

Based on the statements of the drivers and the location of the damage my investigation revealed the following events: vehicle #2 was stopped on Kilmer Rd waiting to merge onto Plainfield Ave. when it was struck in the rear by vehicle #1. Driver #1 thought that Vehicle #2 had already gone.

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

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

PAGE 1 OF 2 ☐ Fatal

1 Case Number	19000808
2 Police Dept of	EDISON POLICE DEPARTI Code 01
3 Station/Precinct	-
4 Date of Crash mm dd yy	01/05/19
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2345
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	US HIGHWAY 1 (Road Name) N (Dir)
	☒ At Intersection With LEO ST
	☐ Feet ☐ N ☐ E of: ☐ S ☐ W
	- ☐ Miles
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	001.00
14	
15	
16	
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
21 Latitude	-
22 Longitude	-
☐ NB ☐ EB ☐ SB ☐ WB	

Vehicle 1

23 Veh #	1
24 Policy No.	2045496770
25 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DOHNAVYN - HARPER
29 Sex	M
27 Number & Street	22 HIEHVIEW DR
28 City / State / Zip	WOODBRIDGE NJ 07095
30 Eyes	02
DL Class	1
Restrictions	O
Endorsements	O
31 State	NJ
32 Driver's License Number	H06541717605002
33 DOB mm dd yyyy	05/30/2000
34 Expires mm yy	05 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver IAN - NELSON -
36 Number & Street	73 CANAL ST
37 City / State / Zip	ISELIN NJ 08830
38 Make	JEEP
39 Model	PATRIOT
40 Color	RD
41 Year	2016
42 Plate No.	R954591
43 State	NJ
44 VIN	1C4NJPBA1GD811875
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

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	KANITHI - VENKATA -
59 Sex	M
57 Number & Street	522 NORTHUMBERLAND WAY
58 City / State / Zip	MONMOUTH JUNCTION NJ 08852
60 Eyes	02
DL Class	D
Restrictions	1
Endorsements	0
61 State	NJ
62 Driver's License Number	K04337637406811
63 DOB mm dd yyyy	06/01/1981
64 Expires mm yy	05 21
65 Owner's First Name / Initial / Last Name	☒ Same As Driver KANITHI - VENKATA -
66 Number & Street	522 NORTHUMBERLAND WAY
67 City / State / Zip	MONMOUTH JUNCTION NJ 08852
68 Make	HYUNDAI
69 Model	GENESIS
70 Color	BL
71 Year	2009
72 Plate No.	U83KNF
73 State	NJ
74 VIN	KMHGC46E69U042495
75 Expires	09 19
76 Vehicle Removed To	MANDYS
☐ 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	- - -

96	01
97	01
98	05
99	02
100a	03
100b	06
101	02
102	02
103	02
104	2
105	02
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01
118a	25
118b	-
119a	21
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	11
130	12
131	05
132	05
133	03
134	03

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

-

Oper.	Charge	Summons No.
-	-	-
-	-	-
2	39:6B-2	G022644

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

	83	84	85	86	87	88	89	90	91	92	93	94	95
A	1	01	01	-	18	M	-	-	-	11	04	-	-
B	1	02	01	-	37	M	-	-	-	11	04	-	-
C	2	01	01	-	19	M	-	-	-	11	04	-	-
D													

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

D1

-

ROBERT O POWELL

62 GRAND ST ISELIN NJ 08830 -

D2-

-

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19000808

(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 of veh 1 stated he was traveling in the right lane of US1 North when veh 2 swerved into his lane and struck his vehicle.

Driver of veh 2 stated he was traveling in the center lane when a vehicle in the left lane swerved suddenly in his direction. To avoid a collision Driver 2 was forced to turn into the right lane causing him to strike veh 1

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PHILIP SMITH	0349	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

PAGE 1 OF 2 ☐ Fatal

Field	Value
1 Case Number	19000821
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/05/19
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0210
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	125 RARITAN CENTERPARKA
11 Speed Limit	-
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	
21 Latitude	-
22 Longitude	-
23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-
53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
26 Driver's First Name	-
27 Number & Street	-
28 City	-
29 Sex	-
30 Eyes	-
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	-
34 Expires (mm yy)	-
35 Owner's First Name	☐ Same As Driver PATRICIA
Initial	J
Last Name	DEMINICO
36 Number & Street	911 SCHUYLER ST
37 City	ROME
State	NY
Zip	13440
38 Make	LEXUS
39 Model	RX 350
40 Color	GY
41 Year	2013
42 Plate No.	FTJ5743
43 State	NY
44 VIN	2T2BK1BA0DC181400
45 Expires	12 19
46 Vehicle Removed To	-
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	-
56 Driver's First Name	-
57 Number & Street	-
58 City	-
59 Sex	-
60 Eyes	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	-
65 Owner's First Name	☐ Same As Driver -
66 Number & Street	-
67 City	-
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	-
76 Vehicle Removed To	-
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.	-
138 Charge	-
139 Summons. No.	-
140 Charge	-
141 Summons. No.	-
142 Charge	-
143 Summons. No.	-

Field	Value
96	-
97	-
98	06
99	09
100a	99
100b	05
101	02
102	02
103	02
104	1
105	06
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	01
117	00
118a	25
118b	-
119a	00
119b	-
120a	-
120b	-
121a	-
121b	-
122	10
123	-
124	-
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	28
128	28
129	06
130	06
131	-
132	-
133	03
134	-

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

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19000821

(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)

145 Crash Description/Narrative

witness stated that a gray pick up truck backed into above vehicle. P/U then fled down Raritan Center Parkway

146 Officer's Signature: **PHILIP SMITH**

147 Badge #: **0349**

148 Reviewer: **DECHIRICO**

Badge #: **0199**

149 Case Status: ☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number: 19001131
2 Police Dept of: EDISON POLICE DEPART | Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 01/06/19
5 Day Of Week: SUNDAY
6 Time (use 2400 hrs): 1822
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: --
10 Crash Occurred On: WOODBRIDGE AVE (Road Name) W (Dir)
☒ At Intersection With N RIVERVIEW AVE
☐ Feet ☐ N ☐ E ☐ S ☐ W ☐ Miles
11 Speed Limit: 35
12 Route No.: 0514 Suffix: - 13 Milepost: 000.00
14 - 15 - 16
17 Cross Road Name: - ☐ NB ☐ EB ☐ SB ☐ WB
18 Speed Limit: 25
19 Ramp ☐ To ☐ From:
20 Route/Name:
21 Latitude: -
22 Longitude: -

Vehicle 1

23 Veh #: 1
24 Policy No.: 919589807
25 NJ Ins. Code: 134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: MATTHEW Initial: T Last Name: TORRIAN
29 Sex: M
27 Number & Street: 62 GRAND ST
28 City: ISELIN State: NJ Zip: 08830
30 Eyes: 02 DL Class: D Restrictions: - Endorsements: -
31 State: NJ
32 Driver's License Number: T65545298304942
33 DOB (mm dd yyyy): 04/13/1994
34 Expires (mm yy): 09 19
35 Owner's First Name: ☒ Same As Driver MATTHEW Initial: T Last Name: TORRIAN
36 Number & Street: 62 GRAND ST
37 City: ISELIN State: NJ Zip: 08830
38 Make: MITSUBISHI 39 Model: LANCER 40 Color: SL 41 Year: 2010 42 Plate No.: Z16JTZ 43 State: NJ
44 VIN: JA32X8HW2AU005026
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: - State: - Zip: -
City: -

Vehicle 2

53 Veh #: 2
54 Policy No.: 4412501043
55 NJ Ins. Code: 100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: RODER Initial: O Last Name: VLDIVIESO
59 Sex: M
57 Number & Street: 151 MARINA DR APT E
58 City: EDISON State: NJ Zip: 08817
60 Eyes: 02 DL Class: D Restrictions: - Endorsements: -
61 State: NJ
62 Driver's License Number: V02576617610862
63 DOB (mm dd yyyy): 10/19/1986
64 Expires (mm yy): 02 20
65 Owner's First Name: ☒ Same As Driver RODER Initial: O Last Name: VLDIVIESO
66 Number & Street: 151 MARINA DR APT E
67 City: EDISON State: NJ Zip: 08817
68 Make: SUBARU 69 Model: IMPREZA 70 Color: BK 71 Year: 2008 72 Plate No.: G49JNM 73 State: NJ
74 VIN: JF1GE756X8G511486
75 Expires: 12 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: - State: - Zip: -
City: -

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
A	1	01	01	-	24	M	-	-	-	11	04	-	-
B	2	01	01	-	32	M	-	-	-	11	04	-	-
C													
D													

Names & Addresses of Occupants - If Deceased, Date & Time of Death
D1 -
D2 -

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: " Case No: 19001131

(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

D1 changed lanes unaware of D2 in his blind spot. As a result, D1 side swiped D2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROBERT J LEONIY	0448	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19001329
2 Police Dept of	EDISON POLICE DEPART (Code 01)
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/07/19
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1818
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	LINCOLN HWY (Road Name) N (Dir)
At Intersection With	ELIZABETH AVE
☒ Feet ☐ Miles	25 (14 15)
☐ N ☐ E ☒ S ☐ W	of: (16)
11 Speed Limit	35
12 Route No.	0027
Suffix	-
13 Milepost	-
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.	F116715-4
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SUZANNE V HICKEY -
29 Sex	F
27 Number & Street	1472 GREEN GROVE RD
28 City / State / Zip	BRICK NJ 08724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	H41027288552624
33 DOB (mm dd yyyy)	02/12/1962
34 Expires (mm yy)	09 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELEANOR A WILSON -
36 Number & Street	74 NEWMAN ST
37 City / State / Zip	METUCHEN NJ 08840
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYOTA / RAV4 / GN / 201 / C97BSY / NJ
44 VIN	2T3BF4DV1BW162271
45 Expires	12 19
46 Vehicle Removed To	NOLL BROTHERS
☐ 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.	X099976C0230T
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DONNA - WEEKS -
59 Sex	F
57 Number & Street	827 HYSON RD
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / 1 / - / NJ
62 Driver's License Number	W21781740058542
63 DOB (mm dd yyyy)	08/27/1954
64 Expires (mm yy)	09 20
65 Owner's First Name / Initial / Last Name	☒ Same As Driver DONNA - WEEKS -
66 Number & Street	827 HYSON RD
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / ESCAPE / WT / 2015 / Y47HYR / NJ
74 VIN	1FMCU9GXXFUA97603
75 Expires	07 19
76 Vehicle Removed To	NOLL BROTHERS
☐ 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	-	57	F	-	-	-	11	11	01	-	DRIVER 1 -
B	02	01	01	04	65	F	05	05	02	11	04	-	6201	DRVIER 2 -
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19001329

(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

The driver of v2 states her vehicle was stopped in traffic and the driver of v1 crashed into the rear of v2. Both cars were traveling north on Lincoln Hwy.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DARRIN HUTCHINSON	0418	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 02

1 Case Number: 19001550

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

3 Station/Precinct: -

97: 01

98: 06

99: 05

4 Date of Crash (mm dd yy): 01/08/19

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1858

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: WOODBRIDGE AVE (Road Name) W (Dir)

☒ At Intersection With

☐ Feet ☐ N ☐ E of: MILL RD

☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 35

12 Route No.: 0514 Suffix: - 13 Milepost: -

18 Speed Limit: 25

17 Cross Road Name

19 ☐ To Ramp ☐ From:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: -

22 Longitude: -

100a: 01

100b: 04

101: 02

102: 01

103: 01

104: 3

105: 03

106: -

107: -

108: 01

109: -

110: 01

111: -

112: -

113: -

114: -

115: -

116: 04

117: 01

118a: 02

118b: 03

119a: 25

119b: -

120a: 01

120b: -

121a: 01

121b: -

122: 01

123: 04

124: 03

125: 03

126a: 26

126b: 28

126c: -

126d: -

126e: 26

127a: 26

127b: -

127c: -

127d: -

127e: 26

128: 26

129: 12

130: 02

131: 01

132: 01

133: 04

134: 04

Vehicle 1

23 Veh #: 1

24 Policy No.: 4553645526

25 NJ Ins. Code: 100

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

26 Driver's First Name: CLAUDIA | Initial: M | Last Name: LICONA

29 Sex: F

27 Number & Street: 101 ZEBRA WAY APT 1F

28 City: NEW BRUNSWICK | State: NJ | Zip: 08901

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

31 State: NJ

32 Driver's License Number: L41211287453742

33 DOB (mm dd yyyy): 03/30/1974

34 Expires (mm yy): 03 22

35 Owner's First Name: CLAUDIA | Initial: M | Last Name: LICONA

☒ Same As Driver

36 Number & Street: 101 ZEBRA WAY APT 1F

37 City: NEW BRUNSWICK | State: NJ | Zip: 08901

38 Make: HONDA | 39 Model: ACCORD | 40 Color: GY | 41 Year: 2012 | 42 Plate No.: D48KGU | 43 State: NJ

44 VIN: 1HGCM66574A052301

45 Expires: 07 19

46 Vehicle Removed To: MANDYS

☐ 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.: 4306296049

55 NJ Ins. Code: 148

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

56 Driver's First Name: AMOL | Initial: M | Last Name: BARHANDPURE -

59 Sex: M

57 Number & Street: 97 SUNRISE DRIVE

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

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

61 State: NJ

62 Driver's License Number: B05890397404761

63 DOB (mm dd yyyy): 04/03/1976

64 Expires (mm yy): 04 19

65 Owner's First Name: AMOL | Initial: M | Last Name: BARHANDPURE -

☒ Same As Driver

66 Number & Street: 97 SUNRISE DRIVE

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

68 Make: TOYOTA | 69 Model: COROLLA | 70 Color: TN | 71 Year: 2007 | 72 Plate No.: V31DBX | 73 State: NJ

74 VIN: 1NXBR32E07Z846748

75 Expires: 04 19

76 Vehicle Removed To: MANDYS

☐ 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	39:3-97	G019910	-	-	-
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	04	44	F	04	08	02	11	04	-	6204	DRIVER 1 -
B	2	01	01	-	42	M	-	-	-	11	04	-	-	DRIVER 2 -
C	2	03	01	-	1	M	-	-	-	06	06	-	-	AMEY BARHANBURE 97 SUNRISE DR EDISON NJ 08817
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	19001550
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/08/19
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1858
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	WOODBRIDGE AVE (Road Name)
Dir	W
11 Speed Limit	35
12 Route No.	0514
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp	☐ To ☐ From
20 Route/Name	-
21 Latitude	-
22 Longitude	-

☒ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: MILL RD ☐ NB ☐ EB ☐ SB ☐ WB

Vehicle 3

23 Veh #	3
24 Policy No.	SELF-INSURED ID: 19-98
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	EDISON / - / TOWNSHIP OF
☐ Same As Driver	
36 Number & Street	100 MUNICIPAL BLVD
37 City / State / Zip	EDISON / NJ / 08817
38 Make	SPARTAN
39 Model	FIRE TRUCK
40 Color	RD
41 Year	2019
42 Plate No.	30369MG
43 State	NJ
44 VIN	4S9BCEUA4KB419272
45 Expires	01 22
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	TOWNSHIP OF EDISON
Number & Street	100 MUNICIPAL BLVD
City / State / Zip	EDISON / NJ / 08817

Vehicle 53

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

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													
B													
C													
D													

New Jersey Police Crash Investigation Report

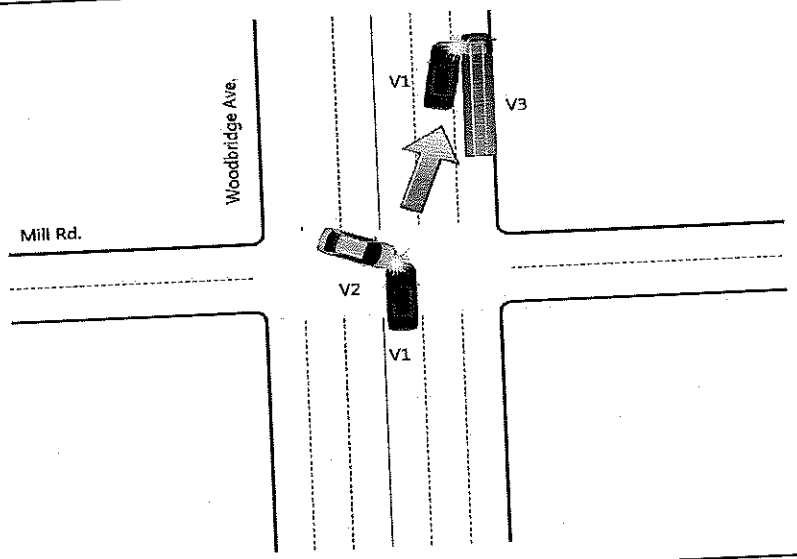
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19001550

(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

Officer's investigation reveals Driver #2 was on Woodbridge Ave. eastbound attempting to make a U-turn onto Woodbridge Ave. westbound, and Driver #1 was traveling westbound on Woodbridge Ave. Witness #1 states that Driver #2 had a left-hand turn signal while attempting to make the U-turn. Witness #1 further stated that Driver #1 was traveling at a high rate of speed and failed to observe a red traffic signal, causing Driver #1 to collide with Driver #2. Driver #1 then veered across the roadway and struck Vehicle #3, which was parked on the shoulder of Woodbridge Ave. Driver #1 complained of neck pain and was transported to St. Peters hospital for further medical attention.

Witness #1: Richard Schreck - Tel #: 732-207-1728

Vehicle #3 Ins. Information:
Central Jersey Joint Insurance Fund
Self-Insured ID: 19-98
Issued by:
PERMA, Inc.
9 Campus Drive, Suite 216
Parsippany, NJ 07064

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

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

PAGE 1 OF 2 ☐ Fatal

1 Case Number	19001581
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	01/08/19
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2248
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	LINCOLN HIGHWAY (Road Name)
Dir	S
11 Speed Limit	45
12 Route No.	0000
Suffix	-
13 Milepost	000.00
18 Speed Limit	15
☒ At Intersection With	PENN AVENUE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W	
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.	924366187
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TIANSHU - GONG
29 Sex	F
27 Number & Street	172B CEDAR LANE
28 City / State / Zip	HIGHLAND PARK / NJ / 08904
30 Eyes	02
DL Class	D
Restrictions	T
Endorsements	-
31 State	NJ
32 Driver's License Number	G64017410059971
33 DOB mm dd yyyy	09/19/1997
34 Expires mm yy	05 / 19
35 Owner's First Name / Initial / Last Name	☒ Same As Driver
36 Number & Street	172B CEDAR LANE
37 City / State / Zip	HIGHLAND PARK / NJ / 08904
38 Make	HONDA
39 Model	CIVIC
40 Color	WT
41 Year	2012
42 Plate No.	P89KLP
43 State	NJ
44 VIN	19XFB2F59CE377926
45 Expires	09 / 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 - ☐ 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.	4483-09-05-38
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JACOB - REINITZ
59 Sex	M
57 Number & Street	7 BROOKFALL
58 City / State / Zip	EDISON / NJ / 08817
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	R22883810001002
63 DOB mm dd yyyy	01/07/2000
64 Expires mm yy	05 / 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ELI A REINITZ
66 Number & Street	7 BROOKFALL
67 City / State / Zip	EDISON / NJ / 08817
68 Make	CHEVROLET
69 Model	TAHOE
70 Color	BK
71 Year	2011
72 Plate No.	ZNY38M
73 State	NJ
74 VIN	1GNSKCE05BR338075
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.	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	1	01	01	-	21	F	-	-	-	11	04	04	-	DRIVER 1 - - - - - - - - - -
B	2	01	01	-	19	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19001581

(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 Police Arrival

145 Crash Description/Narrative

D1 stated that she was traveling West on Penn Avenue and attempted to cross Lincoln Highway when she was struck in the passenger side door by D2. D2 stated that he was traveling South on Lincoln Highway and suddenly observed D1 pull out of Penn Avenue and attempted to stop in time but was unsuccessful and struck D1.

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

New Jersey Police Crash Investigation Report

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

1 Case Number	19001723
2 Police Dept of / Code	EDISON POLICE DEPART / 01
3 Station/Precinct	HEADQUARTERS
4 Date of Crash (mm dd yy)	01/09/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1530
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	WOODBRIDGE AVE (Road Name)
At Intersection With	
☒ Feet / ☐ Miles	1000
☐ N ☐ E ☐ S ☒ W of:	I287
11 Speed Limit / Dir	50 / E
12 Route No. / Suffix / 13 Milepost	0514 / - / -
14 / 15 / 16	
17 Cross Road Name	-
18 Speed Limit	65
19 Ramp ☐ To ☐ From	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	903617210
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DANIELLE / R / BOEHLER -
29 Sex	F
27 Number & Street	49 CALLIOPE ROAD
28 City / State / Zip	SAYREVILLE / NJ / 08872
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / 1 / NO / NJ
32 Driver's License Number	B61041537958994
33 DOB (mm dd yyyy)	08/31/1999
34 Expires (mm yy)	08 / 20
☒ Same As Driver	
35 Owner's First Name / Initial / Last Name	DANIELLE / R / BOEHLER -
36 Number & Street	49 CALLIOPE ROAD
37 City / State / Zip	SAYREVILLE / NJ / 08872
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / MUSTANG / WT / 2006 / L4OKNE / NJ
44 VIN / 45 Expires	1ZVHT84N665199661 / 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.	88A5CA000011402
55 NJ Ins. Code	067
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GREGORY / B / BERRIGAN -
59 Sex	M
57 Number & Street	407 WEST 12TH ST
58 City / State / Zip	LINDEN / NJ / 07036
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / NONE / M / NJ
62 Driver's License Number	B27473026204612
63 DOB (mm dd yyyy)	04/04/1961
64 Expires (mm yy)	10 / 20
65 Owner's First Name / Initial / Last Name	☐ Same As Driver; FURINO & - SONS INC -
66 Number & Street	66 COLUMBIA ROAD
67 City / State / Zip	BRANCHBURG / NJ / 08876
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / F250 / WT / 2013 / XBLS30 / NJ
74 VIN / 75 Expires	1FDRF3HT9DEB64163 / 04 / 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	- / - / -

96	01
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	05
104	2
105	01
106	-
107	-
108	01
109	05
110	01
111	02
112	-
113	01
114	-
115	05
116	02
117	02
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	07
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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95
A	1	01	01	-	19	F	-	-	-	11	04	-	-
B	2	01	01	-	57	M	-	-	-	11	04	-	-
C													
D													

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

D1 -

D2 -

New Jersey Police Crash Investigation Report

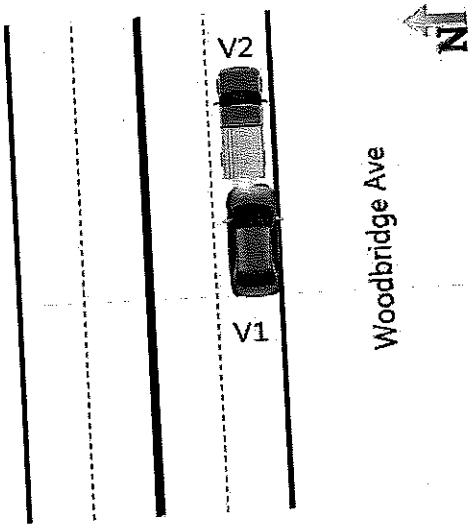
Police Dept: EDISON POLICE DEPAR Code: 01

Station: HEADQUARTERS Case No: 19001723

(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)



145 Crash Description/Narrative

D2 stated in summary that another vehicle was stopped in the right lane with their hazard lights on. D2 began to slow down and stop while the vehicle in front of him started driving. At that point, D1 rear ended him.
D1 stated in summary that she noticed D2 was stopping and could not come to a complete stop in time at the time of impact.
No injuries were reported.
No cell phones were in use.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
STEPHEN NAPPE	0479	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	19001745
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/09/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1651
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	NEW DOVER
Dir	W
11 Speed Limit	40
12 Route No.	0604
Suffix	-
13 Milepost	-
14 / 15	25 ☒ Feet ☐ Miles
At Intersection With	☐
16	☐ N ☒ E ☐ S ☐ W
of: 17 Cross Road Name	MAUREEN CT
18 Speed Limit	15
19 Ramp	☐ To ☐ From:
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Code	Value
96	04
97	01
98	00
99	07
100a	01
100b	06
101	02
102	01
103	01
104	2
105	06
106	-
107	00
108	01
109	00
110	01
111	00
112	-
113	00
114	-
115	00
116	04
117	04
118a	25
118b	25
119a	00
119b	00
120a	-
120b	-
121a	00
121b	00
122	10
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	28
128	26
129	09
130	09
131	00
132	00
133	02
134	00

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	F732735-6
25 NJ Ins. Code	426
Status	☒ 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 HARSHADRA G JARDOSH -
36 Number & Street	27 SURREY LANE
37 City / State / Zip	CLIFTON NJ 07012
38 Make	HONDA
39 Model	ACCORD
40 Color	BL
41 Year	2014
42 Plate No.	V72HPN
43 State	NJ
44 VIN	1HGCR2F70EA065470
45 Expires	02 19
46 Vehicle Removed To	- ☐ Driven ☒ Left At Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & 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.	-
55 NJ Ins. Code	-
Status	☐ 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 ☐ Left At Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & 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.	Charge	Summons No.
-	136 Charge: -	137 Summons. No.: --
-	138 Charge: -	139 Summons. No.: -
-	140 Charge: -	141 Summons. No.: -
-	142 Charge: -	143 Summons. No.: -

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

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01
Station: - Case No: 19001745

(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)

HIT AND RUN

145 Crash Description/Narrative

Reporting person states that he parked his vehicle last night between 2100 to 0800 this morning and when he returned to the vehicle this morning he noticed the driver side mirror appeared to be damaged .

There are no suspects and no surveillance at this time. V2 fled the scene in unknown direction.

Reporting person:
NAME: CHIRAG JARDOSH
PRIMARY CONTACT ADDRESS: 21 E 22ND ST APT 9E; NEW YORK,NY 10010
COUNTY: NEW YORK
LOCATION COUNTY: NEW YORK
DATE OF BIRTH: 1978-05-30
OTHER ID: 950023649

Boxes 126A and 126E use 26.
Boxes 127A and 127E use 28.
Box 105 use 06.
If Chirag Jardosh was sitting in vehicle 1 at the time of contact, note it in the narrative,
If he was not dash out 83 thru 95 in Row A.
In row B 83 V2, 84 01,85 01, leave dashes 86 thru 95.
Traffic Office..

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DARRIN HUTCHINSON	0418	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19001748
2 Police Dept of	EDISON POLICE DEPART (01)
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/09/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1708
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	1083 INMAN AVE (PK LOT) (Road Name) S (Dir)
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	- / - / - / -
At Intersection With / Feet / Miles / N E S W / of:	-
19 Ramp To / From	-
16 / 17 Cross Road Name / NB EB SB WB	-
20 Route/Name	-
21 Latitude / 22 Longitude	- / -

Vehicle 1

23 Veh #	1
24 Policy No.	HPA00002594788
25 NJ Ins. Code	411
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☐ / ☐ / ☐ / ☐ / ☐
26 Driver's First Name / Initial / Last Name	FALGUNI / B / JHAVERI
29 Sex	F
27 Number & Street	22 DAYTON DRIVE APT 134A
28 City / State / Zip	EDISON / NJ / 08820
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	J32612596261832
33 DOB (mm dd yyyy)	11/08/1983
34 Expires (mm yy)	03 / 22
35 Owner's First Name / Initial / Last Name	BHAVESH / H / JHAVERI
Same As Driver	☐
36 Number & Street	22 DAYTON DRIVE APT 134A
37 City / State / Zip	EDISON / NJ / 08820
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	DODGE / GRAND CARA / BK / 2014 / L36KDY / NJ
44 VIN / 45 Expires	2C4RDGCG4ER121107 / 06 / 19
46 Vehicle Removed To	LEFT AT 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.	0280108970
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	HONDA / - / LEASE TRUST
Same As Driver	☐
66 Number & Street	201 LITTLE FALLS DRIVE
67 City / State / Zip	WILMINGTON / DE / 19808
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HONDA / ODYSSEY / RD / 2016 / N98GPT / NJ
74 VIN / 75 Expires	5FNRL5H66GB044178 / 05 / 19
76 Vehicle Removed To	LEFT AT SCENE
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 ☒
	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
														DRIVER #1 -
A	1	01	01	-	35	F	-	-	-	11	04	-	-	BHAVESH H JHAVERI 22 DAYTON DRIVE APT EDISON NJ 08820 05/16/1979
B	1	03	01	-	39	M	-	-	-	11	04	-	-	SUNAINA - WADHAWAN 12 HEATHER DRIVE EDISON NJ 08820 03/31/1974
C	2	01	01	04	44	F	06	08	01	11	04	-	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-

New Jersey Police Crash Investigation Report

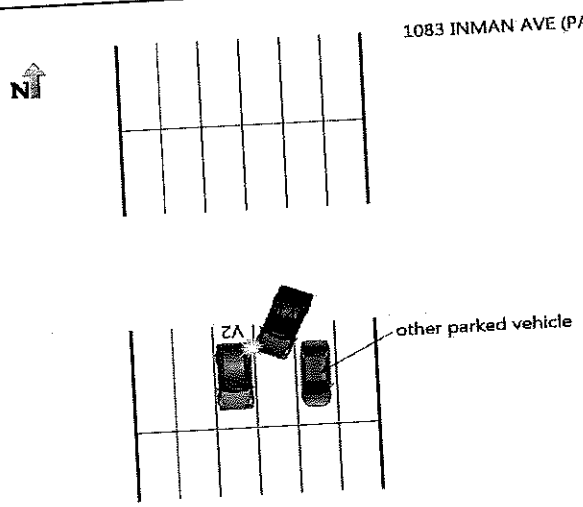
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19001748

(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)



THE CRASH DIAGRAM IS NOT TO SCALE

145 Crash Description/Narrative

Officer's investigation revealed that vehicle #2 was parked in a marked parking space in the parking lot at 1083 Inman Avenue. During that time, driver 1 was attempting to park vehicle #1 in an empty parking space next to vehicle #2. In the process, vehicle #1 struck vehicle #2.

Mrs., Wadhawan, Sunaina was sitting in the driver seat prior to the crash, and was complaining of having a back pain from the impact of the crash. She refused medical attention at the scene.

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

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

PAGE 1 OF 2 ☐ Fatal

1 Case Number	19001751
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/09/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1734
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
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	15
☒ At Intersection With	MENLO PARK DRIVE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
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.	5485739260
25 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JOSHUA
Initial	V
Last Name	SZYMONIAK
29 Sex	M
27 Number & Street	1 STANFORD DR APT 1B
28 City	BRIDGEWATER
State	NJ
Zip	08807
30 Eyes	05
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S97724118511875
33 DOB (mm dd yyyy)	11/10/1987
34 Expires (mm yy)	05 20
35 Owner's First Name	JOSHUA
Initial	V
Last Name	SZYMONIAK
☒ Same As Driver	
36 Number & Street	1 STANFORD DR APT 1B
37 City	BRIDGEWATER
State	NJ
Zip	08807
38 Make	HYUNDAI
39 Model	ELANTRA
40 Color	SL
41 Year	2010
42 Plate No.	J40CKR
43 State	NJ
44 VIN	KMHDU4AD2AU112691
45 Expires	10 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.	35965243
55 NJ Ins. Code	*
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
56 Driver's First Name	IVAN
Initial	R
Last Name	YOROBE
59 Sex	M
57 Number & Street	255 HAWTHORNE RD
58 City	NORTH BRUNSWICK
State	NJ
Zip	08902
60 Eyes	01
DL Class	D
Restrictions	1
Endorsements	-
61 State	NJ
62 Driver's License Number	Y66333777910991
63 DOB (mm dd yyyy)	10/23/1999
64 Expires (mm yy)	06 21
65 Owner's First Name	LEONARDO
Initial	L
Last Name	VILLAROSA
☐ Same As Driver	
66 Number & Street	211DEER CREEK LN
67 City	GREENVILLE
State	NC
Zip	27834
68 Make	MAZDA
69 Model	CX-5
70 Color	SL
71 Year	2007
72 Plate No.	VZR7997
73 State	NC
74 VIN	JM3ER293070126476
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.	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	-	31	M	-	-	-	11	04	-	-	DRIVER 1 -
B	02	01	01	-	19	M	-	-	-	11	04	-	-	DRIVER 2 -
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01
Station: - Case No: 19001751

(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

The driver of v2 states he was stopped and attempting to merge onto US Hwy 1 South when his vehicle was struck in the rear by v1. The driver of v1 states he thought the driver of v2 merged onto US Hwy 1 South and it was clear for him to also merge onto the roadway.

NORTH CAROLINA INS CO: PROGRESSIVE PREMIER INS CO OF ILLI POLICY: 35965243

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DARRIN HUTCHINSON	0418	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

PAGE 1 OF 3 ☐ Fatal ☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	19001960
2 Police Dept of / Code	EDISON POLICE DEPART / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/10/19
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1605
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On	MENLO PARK DRIVE (Road Name) E (Dir)
☒ At Intersection With	LAFAYETTE AVENUE
☐ Feet / ☐ Miles	☐ N ☐ E ☐ S ☐ W
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	0000 - 000.00
14 / 15 / 16	- / -
17 Cross Road Name	-
18 Speed Limit	15
19 ☐ To Ramp ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	4504038094
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SOHAM JAYANT - PANT
29 Sex	M
27 Number & Street	1530 GREENWOOD DRIVE
28 City / State / Zip	PISCATAWAY / NJ / 08854
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / WA
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	PANT SJ026RK / 12/12/1998 / 12 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SHRUTI J PANT
36 Number & Street	1530 GREENWOOD DRIVE
37 City / State / Zip	PISCATAWAY / NJ / 08854
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYOTA / CAMRY / GY / 2008 / N88KCK / NJ
44 VIN / 45 Expires	JTNBB46K583047131 / 06 19
46 Vehicle Removed To	NBT 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 #	2
54 Policy No.	LFB0019491
55 NJ Ins. Code	13056
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LEON B HOMER -
59 Sex	M
57 Number & Street	1325 DENMARK ROAD
58 City / State / Zip	PLAINFIELD / NJ / 07062
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / B / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	H63394596212492 / 12/22/1949 / 07 19
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BARKER BUS CO - INC -
66 Number & Street	81 CHIMNEY ROCK RD BLD
67 City / State / Zip	BRIDGEWATER / NJ / 08807
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEVROLET / COLORADO / YL / 2017 / H895S1 / NJ
74 VIN / 75 Expires	1GB3GSBG1G1157687 / 08 19
76 Vehicle Removed To	NBT 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 - ☐ 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.
1	39;4-97	1205G023331
-	-	-

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	04	21	M	06	08	01	11	04	-	-	DRIVER 1 - - - - - - -
B	2	01	01	-	70	M	-	-	-	11	04	01	-	DRIVER 2 - - - - - - -
C	2	02	01	04	41	F	06	08	02	11	04	-	6201	COLLEEN - GADSON 77 GROVE STREET SOMERVILLE NJ 08876 11/17/1977
D	2	03	01	-	8	F	-	-	-	11	04	-	-	ADRITH - PRADEEP 516 PARSONAGE ROAD EDISON NJ 08817 -

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19001960

(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	04	01	-	5	M	-	-	-	11	04	-	-	ANAY - PATEL 253 PARSONAGE ROAD EDISON NJ 08817 - -
F	2	05	01	-	8	M	-	-	-	11	04	-	-	DANIEL - TORRES 37 JUDSON ST APT 9A EDISON NJ 08817 - -
G	2	06	01	-	6	M	-	-	-	11	04	-	-	DIEGO R KUUIK 161 N. EVERGREEN EDISON NJ 08817 - -
H	2	07	01	-	8	M	-	-	-	11	04	-	-	ERIC - CHIN 37 JUDSON STREET EDISON NJ 08817 - -
I	2	08	01	-	7	F	-	-	-	11	04	-	-	HEMALEKHD - KANNAN 16 KOSTER BLVD #4B EDISON NJ 08817 - -
J														

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

146 Officer's Signature: BRIAN MONICO

147 Badge #: 0452

148 Reviewer: DECHIRICO

Badge #: 0199

149 Case Status: ☐ Pending ☒ Complete

New Jersey Police
Crash Investigation Report

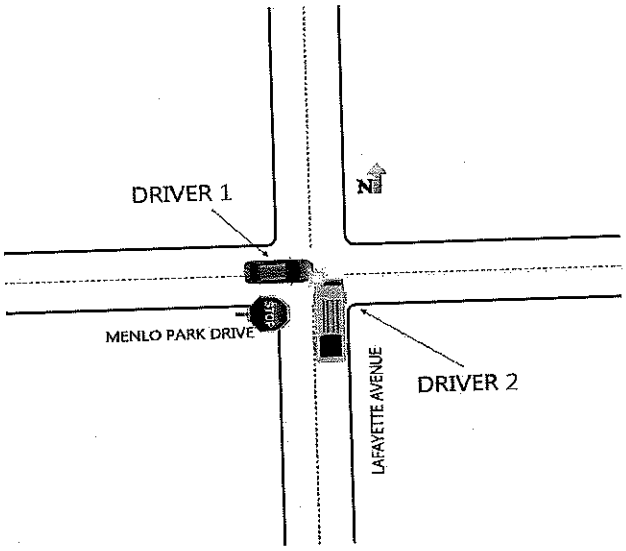
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19001960

(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 that he was traveling East on Menlo Park Drive and stopped at the stop sign located at the intersection of Lafayette Avenue and did not observe anyone coming so he proceeded to continue traveling after stopping. D1 stated that he then observed D2 suddenly traveling North on Lafayette Avenue but was unable to stop in time and struck D2. D2 stated that he was traveling North on Lafayette Avenue when suddenly he was struck by D1.

All the children on board the bus were removed from the scene, prior to my arrival, by the principle and parents.

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

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

PAGE 1 OF 3 ☐ Fatal

1 Case Number	19001987
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	01/10/19
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1907
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	OAK TREE RD (Road Name)
☐ At Intersection With	
☒ Feet ☐ Miles	20
☐ N ☒ E ☐ S ☐ W	of: NEW DOVER RD
Dir	W
11 Speed Limit	40
12 Route No.	0604
Suffix	-
13 Milepost	-
18 Speed Limit	40
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.	NJAP0000038071
25 NJ Ins. Code	810
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KIMBERLY / A / CUEBAS
29 Sex	F
27 Number & Street	884 SUMMIT AVE
28 City / State / Zip	JERSEY CITY / NJ / 07307
30 Eyes	05
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	C91034356159715
33 DOB mm dd yyyy	09/10/1971
34 Expires mm yy	02 / 19
35 Owner's First Name / Initial / Last Name	☒ Same As Driver: KIMBERLY / A / CUEBAS
36 Number & Street	884 SUMMIT AVE
37 City / State / Zip	JERSEY CITY / NJ / 07307
38 Make	HONDA
39 Model	CIVIC
40 Color	SL
41 Year	2015
42 Plate No.	G20FBB
43 State	NJ
44 VIN	19XFB2F53FE217092
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

53 Veh #	2
54 Policy No.	939379026
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JAYESHBHAI / C / PATEL -
59 Sex	M
57 Number & Street	16654 34TH AVE S
58 City / State / Zip	SEATTLE / WA / 98188
60 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
61 State	WA
62 Driver's License Number	PATELJC226OL
63 DOB mm dd yyyy	09/13/1978
64 Expires mm yy	09 / 20
65 Owner's First Name / Initial / Last Name	☐ Same As Driver: TOYOTA LEASE - TRUST -
66 Number & Street	PO BOX 105386
67 City / State / Zip	ATLANTA / GA / 30348
68 Make	TOYOTA
69 Model	COROLLA
70 Color	RD
71 Year	2016
72 Plate No.	G40HBL
73 State	NJ
74 VIN	2T1BURHE0GC726359
75 Expires	09 / 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	-	36	F	-	-	-	11	11	01	-	DRIVER 1 -
B	02	01	01	-	40	M	-	-	-	11	04	-	-	DRIVER 2 -
C	03	01	01	-	45	F	-	-	-	11	04	-	-	DRIVER 3 -
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

PAGE 2 OF 3 ☐ Fatal

1 Case Number	19001987
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/10/19
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1907
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OAK TREE RD (Road Name)
At Intersection With	
☒ Feet ☐ Miles	20
☐ N ☒ E ☐ S ☐ W	of: NEW DOVER RD
11 Speed Limit	40
Dir	W
12 Route No.	0604
Suffix	-
13 Milepost	-
14	
15	
16	
17 Cross Road Name	-
18 Speed Limit	40
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	3
24 Policy No.	191011990
25 NJ Ins. Code	170
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	SUZETTE
Initial	M
Last Name	HALL
29 Sex	F
27 Number & Street	615 E FRONT ST APT 14
28 City	PLAINFIELD
State	NJ
Zip	07060
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	H02887297460732
33 DOB (mm dd yyyy)	10/05/1973
34 Expires (mm yy)	07 21
35 Owner's First Name	☐ Same As Driver THOMAS
Initial	-
Last Name	WILLIAMS
36 Number & Street	191 CARLISLE TERR
37 City	PLAINFIELD
State	NJ
Zip	07062
38 Make	HONDA
39 Model	ODYSSEY
40 Color	BK
41 Year	2014
42 Plate No.	G17EJK
43 State	NJ
44 VIN	5FNRL5H40EB128556
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 - ☒ 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	☐ Same As Driver -
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	-

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														
B														
C														
D														

96	04
97	01
98	07
99	05
100a	01
100b	04
101	02
102	01
103	01
104	3
105	01
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	-
118a	25
118b	25
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	01
123	-
124	03
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	-
128	26
129	06
130	06
131	-
132	-
133	02
134	-

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: -- Case No: 19001987

(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

The driver of v3 states she was stopped at the red light on Oak Tree Rd and was struck from behind by v2. The driver of v2 states he was stopped behind v3 and was struck from the rear by v1, which pushed v2 into v3. The driver of v1 states she was stopped and thought the vehicles in front of her began to move forward due to the light changing from red to green. The driver of v3 also stated she did not move when the light changed to green because an emergency vehicle was approaching with lights and sirens on.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DARRIN HUTCHINSON	0418	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Box	Value
96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	3
105	06
106	-
107	-
108	01
109	05
110	01
111	02
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 19002104

2 Police Dept of: EDISON POLICE DEPARTI Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 01/11/19

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 0940

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: ECHO AVE (Road Name) Dir: N 11 Speed Limit: 25

12 Route No.: - Suffix: - 13 Milepost: - 18 Speed Limit: 25

☐ At Intersection With

14: 25 15: ☐ Feet ☐ Miles 16: ☐ N ☐ E ☒ S ☐ W of: FIRST ST (17 Cross Road Name)

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

21 Latitude: - 22 Longitude: -

Box	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	10
124	-
125	-
126a	28
126b	28
126c	28
126d	28
126e	28
127a	26
127b	26
127c	-
127d	-
127e	26
128	26
129	03
130	03
131	06
132	06
133	03
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: X023964D1930F 25 NJ Ins. Code: 962

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

26 Driver's First Name: BARBARA Initial: J Last Name: DIPIETRO - 29 Sex: F

27 Number & Street: 205 ECHO AVE

28 City: EDISON State: NJ Zip: 08837

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

32 Driver's License Number: D45610737155332

33 DOB (mm dd yyyy): 05/28/1933 34 Expires (mm yy): 04 19

35 Owner's First Name: ☐ Same As Driver HERTZ VEHICLES Initial: - Last Name: - -

36 Number & Street: 1420 DAVERN ST

37 City: SAINT PAUL State: MN Zip: 55116

38 Make: NISSAN 39 Model: SENTRA 40 Color: SL 41 Year: 2018 42 Plate No.: AVZ071 43 State: MN

44 VIN: 3N1AB7AP1JY252398 45 Expires: 12 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.: SELF INSURED 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: ☐ Same As Driver ELIZABETHTOWN Initial: - Last Name: - -

66 Number & Street: 520 GREEN LN

67 City: UNION State: NJ Zip: 07083

68 Make: CHEVROLET 69 Model: COLORADO 70 Color: WT 71 Year: 2016 72 Plate No.: XDZF66 73 State: NJ

74 VIN: 1GCHTBEA6G1291034 75 Expires: 06 17

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.	Charge	Summons No.
-	136 Charge: -	137 Summons. No.: -
-	138 Charge: -	139 Summons. No.: -
-	140 Charge: -	141 Summons. No.: -
-	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	01	01	01	-	85	F	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	02	01	01	-	55	M	-	-	-	11	04	-	-	NORMAN - MCCLAIN - 812 MONMOUTH AVE LINDEN NJ 07036 - -
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05
97: 01
98: 01
99: 07
100a: 01
100b: 04
101: 02
102: 01
103: 01
104: 3
105: 06
106: -
107: -
108: 01
109: -
110: 01
111: -
112: -
113: -
114: -
115: -
116: 01
117: -

1 Case Number: 19002104
2 Police Dept of: EDISON POLICE DEPART | Code: 01
3 Station/Precinct: -
4 Date of Crash mm dd yy: 01/11/19
5 Day Of Week: FRIDAY
6 Time (use 2400 hrs): 0940
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: ECHO AVE Road Name | Dir: N
☐ At Intersection With
☐ Feet ☐ N ☐ E of: FIRST ST
25 ☐ Miles ☒ S ☐ W
14 15 16
19 ☐ To ☐ From: Ramp
17 Cross Road Name: - ☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name:
21 Latitude: -
22 Longitude: -

11 Speed Limit: 25
12 Route No. - Suffix - 13 Milepost -
18 Speed Limit: 25

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

Vehicle 1

23 Veh #: 3
24 Policy No.: PANJ-005989033
25 NJ Ins. Code: 071
☒ 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: DANNY Initial: A Last Name: FONSECA
☐ Same As Driver
36 Number & Street: 208 ECHO AVE
37 City: EDISON State: NJ Zip: 08837

38 Make: MERCEDES-B | 39 Model: 320 CLK | 40 Color: BL | 41 Year: 2003 | 42 Plate No.: G26KCK | 43 State: NJ
44 VIN: WDBTJ76H53F039411
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 #: -
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 -

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														
B														
C														
D														

New Jersey Police Crash Investigation Report

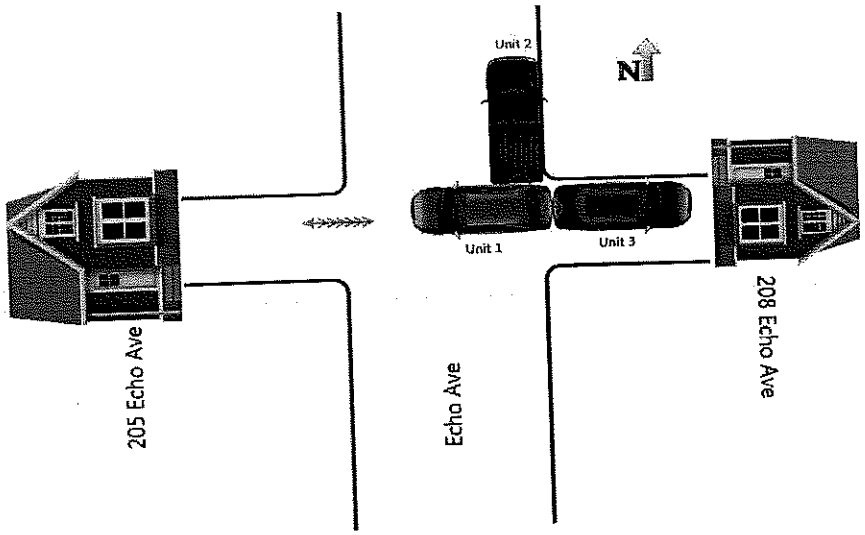
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002104

(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

Upon this Officer's investigation, Veh 1 stated that her foot accidentally came off the brake and she hit the gas pedal causing her to lose control of her vehicle. During this time, Veh 2 had just parked across the street in front of 208 Echo Ave and struck Veh 3, and Veh 1 hit Veh 2 in the rear. Veh 1 after striking Veh 2 then went into the drive way of 208 Echo Ave and struck Veh 3, who was parked in the driveway. Driver from Veh 2 stated that Veh 1 then pulled away from the struck cars and backed up and struck the vehicles a second time. Although Veh 2 was parked, the driver from Veh 2 was sitting in the drivers seat of the vehicle at the time of the accident. Nothing further.

V2 Self Insurance - Elizabethtown Gas Company, Policy #SI-58

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICHAEL WINTERS	0439	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19002198
2 Police Dept of / Code	EDISON POLICE DEPART / 01
3 Station/Precinct	-
4 Date of Crash mm dd yy	01/11/19
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1554
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	SUTTONS LANE
Dir	W
11 Speed Limit	25
12 Route No. / Suffix	- / -
13 Milepost	-
14 / 15 / 16	100 / ☐ Miles / ☐ Feet
At Intersection With	GASKILL AVENUE
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp	☐ To ☐ From
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-238-001120-7088
25 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JEREMY / D / LEBOWITZ
29 Sex	M
27 Number & Street	133 EXETER STREET
28 City / State / Zip	HIGHLAND PARK / NJ / 08904
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	L20853956412704
33 DOB mm dd yyyy	12/14/1970
34 Expires mm yy	01 / 21
35 Owner's First Name / Initial / Last Name	☒ Same As Driver / JEREMY / D / LEBOWITZ
36 Number & Street	133 EXETER STREET
37 City / State / Zip	HIGHLAND PARK / NJ / 08904
38 Make	TOYOTA
39 Model	CAMRY
40 Color	GY
41 Year	14
42 Plate No.	F9714
43 State	NJ
44 VIN	14T4BF1FK0ERR408067
45 Expires	01 / 20
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 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

GUARD RAIL

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	-	48	M	-	-	-	11	04	-	-	DRIVER 1 -
B														
C														
D														

96	05
97	01
98	01
99	07
100a	02
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	-
118a	02
118b	08
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	16
123	-
124	11
125	-
126a	46
126b	-
126c	-
126d	-
126e	46
127a	-
127b	-
127c	-
127d	-
127e	-
128	46
129	02
130	02
131	-
132	-
133	04
134	-

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002198

(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)

145 Crash Description/Narrative

Driver of vehicle 1 stated he was driving on Suttons Lane when he was attempting to negotiate the left turn as part of the roadway. Driver 1 stated while attempting to negotiate the turn, he struck the guard rail for an unknown reason. I again asked Driver 1 what happened that caused him to strike the guard rail, at which time he again stated he was unsure why he hit the guard rail.

End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RICHARD LORFING	0478	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

96	05
97	01
98	01
99	05
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	04
117	04

1 Case Number: 19002208

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

3 Station/Precinct: HEADQUARTERS

4 Date of Crash mm dd yy: 01/11/19

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1645

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: OAK TREE ROAD (Road Name) W (Dir)

☒ At Intersection With: HARDING AVE

☐ Feet ☐ N ☐ E ☒ S ☐ W of: -

☐ Miles

11 Speed Limit: 35

12 Route No.: 0604 Suffix: - 13 Milepost: -

14 - 15 - 16

17 Cross Road Name: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From

20 Route/Name: -

21 Latitude: -

22 Longitude: -

☐ NB ☐ EB ☐ SB ☐ WB

118a	02
118b	-
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	08
124	11
125	11
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	04

Vehicle 1

23 Veh #: 1

24 Policy No.: 4208226482

25 NJ Ins. Code: 148

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

26 Driver's First Name: JOHN Initial: P Last Name: LEO -

29 Sex: M

27 Number & Street: 157 COOPER AVE

28 City: ISELIN State: NJ Zip: 08830

30 Eyes: 05 DL Class: D Restrictions: M Endorsements: NO

31 State: NJ

32 Driver's License Number: L26044077709665

33 DOB mm dd yyyy: 09/10/1966

34 Expires mm yy: 08 21

35 Owner's First Name: ☒ Same As Driver JOHN Initial: P Last Name: LEO -

36 Number & Street: 157 COOPER AVE

37 City: ISELIN State: NJ Zip: 08830

38 Make: CHEVROLET 39 Model: SILVERADO 40 Color: GY 41 Year: 2016 42 Plate No.: P80HEV 43 State: NJ

44 VIN: 1GCUKREC0GF177724

45 Expires: 10 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.: TCA00002002764

55 NJ Ins. Code: 632

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

56 Driver's First Name: ALAMELU Initial: P Last Name: AMARNATH -

59 Sex: F

57 Number & Street: 187-7B EVERGREEN ROAD

58 City: EDISON State: NJ Zip: 08837

60 Eyes: 01 DL Class: D Restrictions: NONE Endorsements: NO

61 State: NJ

62 Driver's License Number: A57130157755631

63 DOB mm dd yyyy: 05/28/1963

64 Expires mm yy: 06 21

65 Owner's First Name: ☒ Same As Driver ALAMELU Initial: P Last Name: AMARNATH -

66 Number & Street: 187-7B EVERGREEN ROAD

67 City: EDISON State: NJ Zip: 08837

68 Make: MITSUBISHI 69 Model: LANCER 70 Color: BK 71 Year: 2009 72 Plate No.: YCM40M 73 State: NJ

74 VIN: JA3AU26U39U015921

75 Expires: 08 19

76 Vehicle Removed To: EXPRESS

☐ 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	022073	-	-	-
-	-	141 Summons. No. -	-	142 Charge -	143 Summons. No. -
-	140 Charge -				

	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	-	52	M	-	-	-	11	04	-	-	DRIVER V1 -
B	2	01	01	04	55	F	06	08	01	11	04	-	-	DRIVER V2 -
C														
D														

New Jersey Police Crash Investigation Report

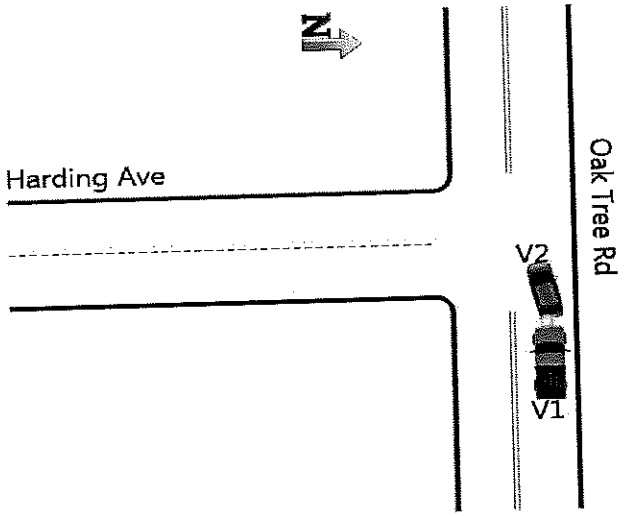
Police Dept: EDISON POLICE DEPAR Code: 01

Station: HEADQUARTERS Case No: 19002208

(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 was traveling westbound on Oak Tree Rd approaching Harding Ave, stopped in traffic to make a left turn onto Harding Ave when it was struck by V1. Driver V2 complained of lower back pain. EMS on scene. No other injuries reported on scene. V2 towed by Express Towing.

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

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

PAGE 1 OF 2 ☐ Fatal

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

1 Case Number: 19002220

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 01/11/19

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1745

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: US HWY NO 1 (Road Name)

☐ At Intersection With

☐ Feet ☒ Miles (14 / 15)

☒ N ☐ E ☐ S ☐ W

of: PARSONAGE RD

16 Ramp: ☐ To ☐ From

17 Cross Road Name: -

19 ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: -

22 Longitude: -

11 Speed Limit: N 50 (Dir)

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

18 Speed Limit: 45

118a	02
118b	25
119a	25
119b	25
120a	01
120b	-
121a	01
121b	-
122	11
123	01
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

Vehicle 1

23 Veh #: 1

24 Policy No.: HPA00001016254

25 NJ Ins. Code: 411

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

26 Driver's First Name: DANIEL Initial: J Last Name: PERNA

29 Sex: M

27 Number & Street: 64 ORLANDO BLVD

28 City: TOMS RIVER State: NJ Zip: 08757

30 Eyes: 04 DL Class: C Restrictions: L/Q Endorsements: P

31 State: NJ

32 Driver's License Number: P2717 15371 08534

33 DOB (mm dd yyyy): 08/27/1953

34 Expires (mm yy): 08 22

35 Owner's First Name: MAUREEN Initial: F Last Name: PERNA

☐ Same As Driver

36 Number & Street: 64 ORLANDO BLVD

37 City: TOMS RIVER State: NJ Zip: 08757

38 Make: VOLVO 39 Model: S60 40 Color: BK 41 Year: 2003 42 Plate No.: ZBT 24X 43 State: NJ

44 VIN: YV1RS61T832281366 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 - ☒ 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.: 4485-36-78-01

55 NJ Ins. Code: 148

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

56 Driver's First Name: MELISSA Initial: M Last Name: ALEMAN -

59 Sex: F

57 Number & Street: 529 BURNHAM RD

58 City: ELIZABETH State: NJ Zip: 07202

60 Eyes: 02 DL Class: D Restrictions: 1 Endorsements: -

61 State: NJ

62 Driver's License Number: A5252 53774 52902

63 DOB (mm dd yyyy): 02/17/1990

64 Expires (mm yy): 09 21

65 Owner's First Name: MELISSA Initial: M Last Name: ALEMAN -

☒ Same As Driver

66 Number & Street: 529 BURNHAM RD

67 City: ELIZABETH State: NJ Zip: 07202

68 Make: FORD 69 Model: MUSTANG 70 Color: BK 71 Year: 2015 72 Plate No.: R53 JGZ 73 State: NJ

74 VIN: 1FA6P8AM6F5403200 75 Expires: 09 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.
-	-	-	-	-	-
-	-	-	-	-	-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	
A	1	01	01	-	65	M	-	-	-	11	04	-	-	DRIVER 1 -
B	2	01	01	-	28	F	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police Crash Investigation Report

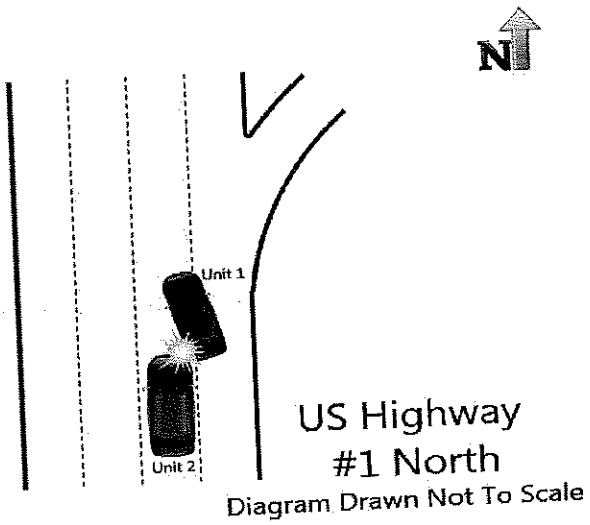
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002220

(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)



145 Crash Description/Narrative

This officer's investigation revealed that on the above date and time, Vehicle 2 (V2) was traveling in the right lane of US Highway #1 Northbound and Vehicle 1 (V1) was traveling in the exit lane from US Highway #1 Northbound to Parsonage Road. V1 then attempted to move from the exit lane and into the right lane of US Highway #1 Northbound. While doing so, V1 struck the front end of V2.

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	19002272
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	LINCOLN HWY (Road Name)
Dir	S
11 Speed Limit	45
12 Route No.	0027
Suffix	-
13 Milepost	000.00
18 Speed Limit	40
☒ At Intersection With	TALMADGE RD
☐ Feet	☐ N ☐ E ☐ S ☐ W
☐ Miles	-
14	15
16	
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	01/11/19
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	2256
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	4281-22-86-11
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DHARSANA P PULIKAL
29 Sex	F
27 Number & Street	3225 CLARK LANE
28 City / State / Zip	SOUTH PLAINFIELD NJ 07080
30 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	P92111677751771
33 DOB mm dd yyyy	01/31/1977
34 Expires mm yy	04 19
35 Owner's First Name / Initial / Last Name	☒ Same As Driver
36 Number & Street	3225 CLARK LANE
37 City / State / Zip	SOUTH PLAINFIELD NJ 07080
38 Make	MAZDA
39 Model	CX-5
40 Color	GY
41 Year	18
42 Plate No.	N76KUV
43 State	NJ
44 VIN	JM3KFBCM2J0466085
45 Expires	11 21
46 Vehicle Removed To	DEFALCOS
☐ 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.	4460-14-53-96
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ALEXANDER - MENES-QUINTERO
59 Sex	M
57 Number & Street	22 LOUIS STREET
58 City / State / Zip	NEW BRUNSWICK NJ 08901
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	M25270190002992
63 DOB mm dd yyyy	02/13/1999
64 Expires mm yy	02 20
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MATILDE - QUINTERO
66 Number & Street	22 LOUIS STREET
67 City / State / Zip	NEW BRUNSWICK NJ 08901
68 Make	CHEVROLET
69 Model	TRAVERSE
70 Color	GY
71 Year	13
72 Plate No.	G94HEH
73 State	NJ
74 VIN	11GNKRGKD8DJ259799
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.	140 Charge	141 Summons. No.
-	-	-

Oper.	138 Charge	139 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	-	41	F	-	-	-	11	04	-	-	DRIVER 1 -
B	02	01	01	-	19	M	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002272

(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 of vehicle 1 stated she was driving N/B on Lincoln Highway (Route 27) when she attempted to make a left turn onto Talmadge Road. Driver 1 stated she believed the oncoming traffic was clear before making the left turn but did not see vehicle 2 which was traveling S/B in the left lane of Route 27, resulting in a collision as she made the turn.

Driver of vehicle 2 stated he was traveling S/B in the left lane of Route 27 when vehicle 1 made a left turn in front of his vehicle resulting in a collision. No injuries were reported at this time.

End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RICHARD LORFING	0478	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

95: 05

1 Case Number: 19002028

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 01/11/19

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 2343

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 1045 US HWY 1 | Road Name | S | Dir

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

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

20 Route/Name | 21 Latitude | 22 Longitude

11 Speed Limit: 15 | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

14 | 15 | 16

118a: 02 | 118b: - | 119a: 25 | 119b: - | 120a: 02 | 120b: - | 121a: 01 | 121b: -

Vehicle 1

23 Veh #: 1

24 Policy No.: F838228-5

25 NJ Ins. Code: 426

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

26 Driver's First Name: SANJAY | Initial: - | Last Name: VERMA | 29 Sex: M

27 Number & Street: 115 COPELEY WAY

28 City: NORTH BRUNSWICK | State: NJ | Zip: 08902

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

32 Driver's License Number: V27126910009751 | 33 DOB (mm dd yyyy): 09/30/1975 | 34 Expires (mm yy): 10 20

35 Owner's First Name: ☒ Same As Driver SANJAY | Initial: - | Last Name: VERMA

36 Number & Street: 115 COPELEY WAY

37 City: NORTH BRUNSWICK | State: NJ | Zip: 08902

38 Make: MITSUBISHI | 39 Model: ECLIPSE | 40 Color: SL | 41 Year: 2008 | 42 Plate No.: NZZ18T | 43 State: NJ

44 VIN: 4A3AK24F68E003019 | 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: 0.18 % | ☐ 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: -

104: 2 | 105: 08 | 106: - | 107: - | 108: 01 | 109: 01 | 110: 01 | 111: 01 | 112: - | 113: - | 114: - | 115: - | 116: 04 | 117: 03

Vehicle 2

53 Veh #: 2

54 Policy No.: F591677-0

55 NJ Ins. Code: 426

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

56 Driver's First Name: ELIZABETH | Initial: M | Last Name: HANSEN | 59 Sex: F

57 Number & Street: 15 PRINCETON DRIVE

58 City: MIDDLESEX | State: NJ | Zip: 08846

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

62 Driver's License Number: H04722127457902 | 63 DOB (mm dd yyyy): 07/17/1990 | 64 Expires (mm yy): 07 19

65 Owner's First Name: ☒ Same As Driver ELIZABETH | Initial: M | Last Name: HANSEN

66 Number & Street: 15 PRINCETON DRIVE

67 City: MIDDLESEX | State: NJ | Zip: 08846

68 Make: JEEP | 69 Model: CHEROKEE | 70 Color: BK | 71 Year: 2016 | 72 Plate No.: F16HGR | 73 State: NJ

74 VIN: 1C4PJMCS7GW335022 | 75 Expires: 11 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: -

122: 13 | 123: 01 | 124: 11 | 125: 11 | 126a: 26 | 126b: - | 126c: - | 126d: - | 126e: 26 | 127a: 26 | 127b: - | 127c: - | 127d: - | 127e: 26 | 128: 26 | 129: 06 | 130: 06 | 131: 02 | 132: 02 | 133: 02 | 134: 02

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

-

Oper.	136 Charge
1	39:4-50
1	39:4-96

137 Summons. No.: G022391

141 Summons. No.: G022994

Oper.	138 Charge
1	39:4-97
-	-

139 Summons. No.: G022392

143 Summons. No.: -

	83	84	85	86	87	88	89	90	91	92	93	94	95
A	1	01	01	-	43	M	-	-	-	11	04	-	-
B	2	01	01	-	28	F	-	-	-	11	04	-	-
C													
D													

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

DRIVER 1 -

DRIVER 2 -

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002028

(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

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

Driver 1 was backing out of a parking spot in the Applebees parking lot as Driver 2 was driving straight in search of a parking spot in the same lot. As Driver 1 was backing out of the space impact occurred with Driver 2.

Driver 1 was subsequently placed under arrest for driving under the influence. For more information see Ptl. Whalen's IR #19002028.

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	19002333
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/12/19
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1000
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	PARK AVE (Road Name) S (Dir)
☒ At Intersection With	☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: -
11 Speed Limit	25
12 Route No.	0531
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	TALMADGE RD
18 Speed Limit	-
19 Ramp ☒ To ☐ From	
20 Route/Name	
21 Latitude	-
22 Longitude	-
☐ NB ☐ EB ☒ SB ☐ WB	

Vehicle 1

23 Veh #	1
24 Policy No.	F10029145-9
25 NJ Ins. Code	888
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MARC
Initial	P
Last Name	LIEBESKIN -
29 Sex	M
27 Number & Street	PO BOX 1463
28 City	HIGHLAND PARK
State	NJ
Zip	08904
30 Eyes	06
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	L4144 51777 03556
33 DOB (mm dd yyyy)	03/09/1955
34 Expires (mm yy)	12 20
35 Owner's First Name	☒ Same As Driver MARC
Initial	P
Last Name	LIEBESKIN -
36 Number & Street	PO BOX 1463
37 City	HIGHLAND PARK
State	NJ
Zip	08904
38 Make	FORD
39 Model	F SERIES
40 Color	BK
41 Year	2002
42 Plate No.	B76JHK
43 State	NJ
44 VIN	1FTRX18W72NA95986
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.	4508-63-81-39
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	JYOTI
Initial	N
Last Name	MEHTA -
59 Sex	F
57 Number & Street	103 WASHINGTON AVE
58 City	ISELIN
State	NJ
Zip	08830
60 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	M2246 42475 60741
63 DOB (mm dd yyyy)	10/23/1974
64 Expires (mm yy)	04 21
65 Owner's First Name	☒ Same As Driver JYOTI
Initial	N
Last Name	MEHTA -
66 Number & Street	103 WASHINGTON AVE
67 City	ISELIN
State	NJ
Zip	08830
68 Make	TOYOTA
69 Model	COROLLA
70 Color	BK
71 Year	2017
72 Plate No.	U83JHZ
73 State	NJ
74 VIN	2T1BURHE1HC963136
75 Expires	09 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.
V1	39:4-97	G020655	-	-	-
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	V1	01	01	-	63	M	-	-	-	04	04	-	-
B	V2	01	01	04	44	F	06	08	01	11	04	-	-
C	V2	03	01	-	42	F	-	-	-	11	04	-	-
D													

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

A	MARC P LIEBESKIN -	PO BOX 1463	HIGHLAND PARK NJ	08904 - -
B	JYOTI - MEHTA -	103 WASHINGTON AVE	ISELIN NJ	08830 - -
C	POONAM - KONTHAM -	253 LAFAYETTE RD	EDISON NJ	08837 - -
D				

New Jersey Police
Crash Investigation Report

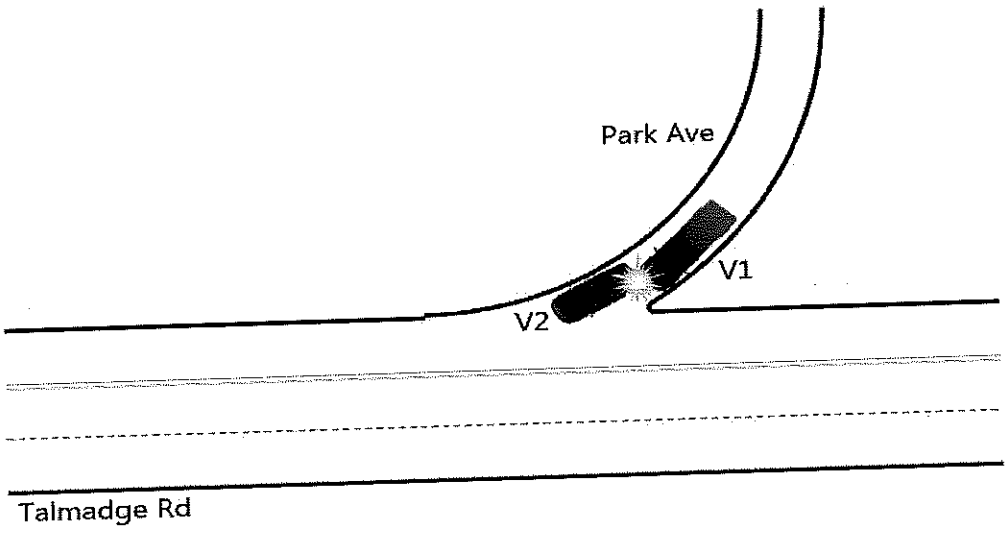
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002333

(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 on the ramp from Park Ave (South) to Talmadge Rd behind V2. Driver 1 stated that he though V2 had already merged onto Talmadge Rd. He was looking back over his left shoulder at traffic, attempted to merge onto Talmadge Rd and rear ended V2. Driver 2 stated she stopped at the end of the ramp to check traffic before merging onto Talmadge Rd when she was rear ended by V1.

Driver 2 complained of back pain. EMS responded to the scene but Driver 2 refused medical attention.

V1 suffered heavy damage to the front passenger side corner and a flat front passenger side tire. V2 suffered heavy damage to the rear driver side corner of the vehicle. Driver 1 was able to change his tire and both vehicles were able to be driven from the scene.

Driver 1 was issued Summons G020655 for 39:4-97.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ERWIN ENRIQUEZ	0399	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

96: 04

1 Case Number: 19002368

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

3 Station/Precinct: -

97: 01

98: 01

99: 05

100a: 01

4 Date of Crash (mm dd yy): 01/12/19

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 1210

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: INMAN AVENUE (Road Name) | Dir: W

☐ At Intersection With

☒ Feet ☐ Miles | 14 | 15

☐ N ☐ E ☐ S ☒ W

of: TINGLEY LANE

11 Speed Limit: 35

12 Route No.: 0602 | Suffix: - | 13 Milepost: -

16 | 19 Ramp ☐ To ☐ From | 17 Cross Road Name: - | ☐ NB ☐ EB ☐ SB ☐ WB | 20 Route/Name

21 Latitude: - | 22 Longitude: -

18 Speed Limit: 25

118a: 08

118b: -

119a: 25

119b: -

120a: 01

120b: -

121a: 01

121b: -

122: 03

123: 01

124: 08

125: 01

126a: 26

126b: -

126c: -

126d: -

126e: 26

127a: 26

127b: -

127c: -

127d: -

127e: 26

128: 26

129: 02

130: 02

131: 09

132: 09

133: 03

134: 03

Vehicle 1

100b: 05

23 Veh #: 1

24 Policy No.: 99122922HQ

25 NJ Ins. Code: 141

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

101: 02

26 Driver's First Name: OLIVIA | Initial: J | Last Name: CORONACION | 29 Sex: F

102: 01

27 Number & Street: 1 OLD HICKORY LANE

103: 01

28 City: EDISON | State: NJ | Zip: 08820

104: 2

30 Eyes | DL Class: D | Restrictions: T | Endorsements: NA | 31 State: NJ

105: 03

32 Driver's License Number: C66376037156012

33 DOB (mm dd yyyy): 06/11/2001

34 Expires (mm yy): 06 22

106: -

35 Owner's First Name: OLIVER | Initial: P | Last Name: CORONACION

☐ Same As Driver

107: -

36 Number & Street: 1 OLD HICKORY LANE

108: 01

37 City: EDISON | State: NJ | Zip: 08820

109: 01

38 Make: HONDA | 39 Model: CIVIC | 40 Color: BK | 41 Year: 18 | 42 Plate No.: Y86KKA | 43 State: NJ

110: 01

44 VIN: 2HGFC2F71JH586952

45 Expires: 08 21

111: 01

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: 04

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

117: 04

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.: 939 123 290

55 NJ Ins. Code: 054

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

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

57 Number & Street: 1133 WOODRUFF AVENUE

58 City: HILLSIDE | State: NJ | Zip: 07205

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

62 Driver's License Number: M04087220053862

63 DOB (mm dd yyyy): 03/12/1986

64 Expires (mm yy): 07 20

65 Owner's First Name: STEPHANIE | Initial: - | Last Name: MANDY

☒ Same As Driver

66 Number & Street: 1133 WOODRUFF AVENUE

67 City: HILLSIDE | State: NJ | Zip: 07205

68 Make: NISSAN | 69 Model: SENTRA | 70 Color: GY | 71 Year: 13 | 72 Plate No.: T10FGJ | 73 State: NJ

74 VIN: 3N1AB7AP4DL671251

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

NONE

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

	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	F	-	-	-	11	04	-	-	DRIVER 1 -
B	2	01	01	-	32	F	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002368

(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

Vehicle 2 was traveling straight on Inman Avenue in the area of Tingley Lane. Vehicle 2 was traveling straight in the lane of travel when it was struck on the driver side of the vehicle by vehicle 1.

Vehicle 1 was stopped at the stop sign on Tingley Lane. Vehicle 1 attempted to make a left turn onto Inman Avenue and struck the driver side of vehicle 2.

No injuries were reported on scene. No cell phones were in use at the time of the MVA. Both vehicle were moved prior to police arrival.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEW HALEY	0463	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

PAGE 1 OF 2 ☐ Fatal

☒ 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	07	01	04	02	01	01	2	01	-	-	01	01	01	01	-	-	-	-	02	02

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	-	01	08	03	03	26	-	-	-	26	26	-	-	-	26	26	12	12	06	06	02	02

1 Case Number: 19002382

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

3 Station/Precinct: -

10 Crash Occurred On: JAMES ST (Road Name) | Dir: E | 11 Speed Limit: 25 | 12 Route No.: - | Suffix: - | 13 Milepost: - | 18 Speed Limit: 35

☐ At Intersection With ☒ Feet ☐ Miles — 150 (14, 15) — ☐ N ☐ E ☐ S ☒ W (16) of: ROUTE 27 (17 Cross Road Name) ☐ NB ☐ EB ☐ SB ☐ WB

19 Ramp ☐ To ☐ From: - (20 Route/Name)

4 Date of Crash (mm dd yy): 01/12/19 | 5 Day Of Week: SATURDAY | 6 Time (use 2400 hrs): 1336 | 7 Municipality Code: 1205 | 8 Total Killed: -- | 9 Total Injured: -- | 21 Latitude: - | 22 Longitude: -

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 925017949 | 25 NJ Ins. Code: 134

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

26 Driver's First Name: MASOOMA | Initial: Z | Last Name: ZAIDI | - | 29 Sex: F

27 Number & Street: 1 MAIDA RD

28 City: EDISON | State: NJ | Zip: 08820

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

32 Driver's License Number: Z01785288953982 | 33 DOB (mm dd yyyy): 03/18/1998 | 34 Expires (mm yy): 03 21

35 Owner's ☐ Same As Driver | First Name: SYED | Initial: H | Last Name: ZAIDI | -

36 Number & Street: 1 MAIDA RD

37 City: EDISON | State: NJ | Zip: 08820

38 Make: NISSAN | 39 Model: SENTRA | 40 Color: WT | 41 Year: 2018 | 42 Plate No.: L99KTT | 43 State: NJ

44 VIN: 3N1AB7AP0JY287045 | 45 Expires: 11 22

46 Vehicle Removed To: -

☐ Driven ☒ Left At Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & 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.: F742254-6 | 55 NJ Ins. Code: 426

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

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

57 Number & Street: 25 HAWTHORN DR

58 City: EDISON | State: NJ | Zip: 08820

60 Eyes: 06 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: S36035810060536 | 63 DOB (mm dd yyyy): 10/02/1953 | 64 Expires (mm yy): 10 22

65 Owner's ☒ Same As Driver | First Name: NARDA | Initial: - | Last Name: SHOMSKY | -

66 Number & Street: 25 HAWTHORN DR

67 City: EDISON | State: NJ | Zip: 08820

68 Make: MERCEDES-B | 69 Model: C-CLASS | 70 Color: BK | 71 Year: 2016 | 72 Plate No.: T82GVL | 73 State: NJ

74 VIN: 55SWF4KB4GU178938 | 75 Expires: 08 19

76 Vehicle Removed To: -

☐ Driven ☒ Left At Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & 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	01	01	01	-	20	F	-	-	-	11	04	-	-	DRIVER 1 -
B	01	02	01	-	22	F	-	-	-	11	04	-	-	HINA - HAIDER, 1 MAIDA RD EDISON NJ 08820 -
C	02	01	01	-	65	F	-	-	-	11	04	-	-	DRIVER 2 -
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

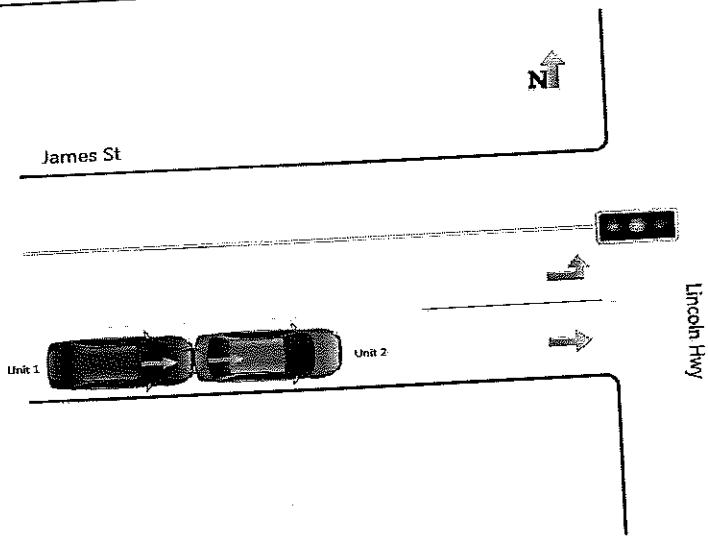
Station: -

Case No: 19002382

(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

Upon this Officer's investigation, Veh 2 was stopped in traffic on James St East when Veh 1 thought Veh 2 started driving and Veh 1 hit Veh 2 in the rear. Driver from Veh 1 stated that she looked away for a second and saw other cars ahead of Veh 2 start to move and thought Veh 2 has began to move and accidentally hit her in the rear. Nothing further.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICHAEL WINTERS	0439	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	19002542
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/13/19
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0950
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	976 INMAN AVE.
Dir	N
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
14 / 15 (☐ At Intersection With ☐ Feet ☐ Miles)	-
16 (☐ N ☐ E ☐ S ☐ W) of:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
19 Ramp ☐ To ☐ From: 20 Route/Name	-
21 Latitude	-
22 Longitude	-

Margin field	Value
96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	02
103	01
104	2
105	06
106	-
107	-
108	01
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01
118a	02
118b	-
119a	13
119b	-
120a	01
120b	-
121a	-
121b	-
122	09
123	10
124	04
125	04
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	01
130	01
131	07
132	07
133	02
134	02

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	0133207370
25 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SREENIVAS R CHENNURU -
29 Sex	M
27 Number & Street	117 WESTGATE DR.
28 City / State / Zip	EDISON NJ 08820
30 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	C33527207904741
33 DOB (mm dd yyyy)	04/05/1971
34 Expires (mm yy)	04 22
35 Owner's First Name / Initial / Last Name (☒ Same As Driver)	SREENIVAS R CHENNURU -
36 Number & Street	117 WESTGATE DR.
37 City / State / Zip	EDISON NJ 08820
38 Make	HONDA
39 Model	ODYSSEY
40 Color	BG
41 Year	2007
42 Plate No.	D39CVE
43 State	NJ
44 VIN	5FNRL38777B114526
45 Expires	01 19
46 Vehicle Removed To	OWNER
	☒ 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.	6018558842061
55 NJ Ins. Code	884
☒ 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)	MEGHNA - KUMAR -
66 Number & Street	2 LAWLOR CT.
67 City / State / Zip	EDISON NJ 08820
68 Make	PORSCHE
69 Model	CAYENNE
70 Color	WT
71 Year	2013
72 Plate No.	Y66CTR
73 State	NJ
74 VIN	WP1AA2A20DLA07627
75 Expires	01 20
76 Vehicle Removed To	DRIVER
	☒ 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.	Charge	Summons. No.
-	136 Charge: -	137 Summons. No.: -
-	138 Charge: -	139 Summons. No.: -
-	140 Charge: -	141 Summons. No.: -
-	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	-	47	M	-	-	-	11	04	-	-	D1 -
B	02	01	01	-	57	M	-	-	-	11	04	-	-	SNAJEEV - KUMAR 2 LAWLOR CT. EDISON NJ 08820 12/01/1961 -
C	02	06	01	-	18	F	-	-	-	11	04	-	-	SIMRAN - KUMAR 2 LAWLOR CT. EDISON NJ 08820 -
D														

New Jersey Police Crash Investigation Report

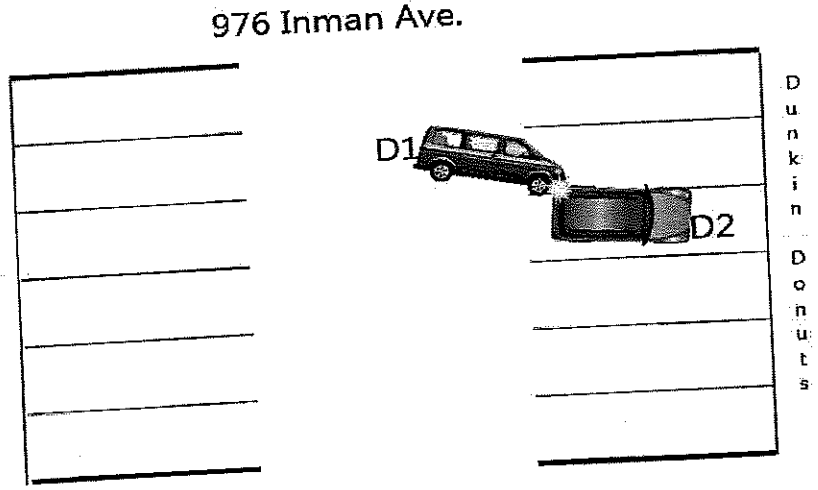
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002542

(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

Veh #2 was parked head on in a parking space in the parking lot of 976 Inman Ave. (Dunkin Donuts). D1 was attempting to park head on in a parking space immediately to the left of Veh #2 in the parking lot of 976 Inman Ave. (Dunkin Donuts). D1 sideswiped the rear drivers side area of Veh #2 with the passenger side front bumper area of D1 causing minor damage to both vehicles. The rear drivers side of Veh #2 was slightly over the left parking line (see diagram).

Veh #2 was parked and occupied by Sanjeev Kumar (12/01/1961- Driver) 2 Lawlor Ct. Edison NJ 08820 and Simran Kumar (18y/o - passenger side rear) 2 Lawlor Ct. Edison NJ 08820

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JONATHAN KOLE	0317	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19002548
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/13/19
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1021
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	561 US HWY 1 (IN LOT)
Road Name	
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W	
of:	-
19 Ramp ☐ To ☐ From	
17 Cross Road Name	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.506505
22 Longitude	-74.396657

Vehicle 1

23 Veh #	1
24 Policy No.	926102517
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MIN
Initial	-
Last Name	ZHANG
29 Sex	F
27 Number & Street	3 WELDON RD
28 City	EDISON
State	NJ
Zip	08817
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	Z3187555005782
33 DOB (mm dd yyyy)	07/08/1982
34 Expires (mm yy)	06 20
35 Owner's First Name	CHAD
Initial	-
Last Name	YUAN
☐ Same As Driver	
36 Number & Street	3 WELDON RD
37 City	EDISON
State	NJ
Zip	08817
38 Make	MERCEDES-B
39 Model	UNKNOWN
40 Color	BK
41 Year	2016
42 Plate No.	V52KUV
43 State	NJ
44 VIN	WDC0G4KB3GF017488
45 Expires	05 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.	6030341772061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	SHENG
Initial	-
Last Name	ZHANG
59 Sex	M
57 Number & Street	235 KENSINGTON DRIVE
58 City	MORGANVILLE
State	NJ
Zip	07751
60 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	Z31877060012761
63 DOB (mm dd yyyy)	12/02/1976
64 Expires (mm yy)	01 20
65 Owner's First Name	TAN
Initial	-
Last Name	FENG
☐ Same As Driver	
66 Number & Street	235 KENSINGTON DRIVE
67 City	MORGANVILLE
State	NJ
Zip	07751
68 Make	LEXUS
69 Model	UNKNOWN
70 Color	SL
71 Year	2017
72 Plate No.	J57JJA
73 State	NJ
74 VIN	JTJBARBZXH2145937
75 Expires	09 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.	1	136 Charge	NONE
137 Summons. No.	-		
Oper.	-	140 Charge	-
141 Summons. No.	-		
Oper.	2	138 Charge	NONE
139 Summons. No.	-		
Oper.	-	142 Charge	-
143 Summons. No.	-		

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	
A	1	01	01	-	36	F	-	-	-	11	04	-	-	DRIVER 1 - KEVIN - XIANG - 09/23/2013
B	1	04	01	-	5	M	-	-	-	05	05	-	-	DRIVER 2 - QIMING - ZHANG - 12/24/1946
C	2	01	01	-	42	M	-	-	-	11	04	-	-	
D	2	03	01	-	72	M	-	-	-	11	04	-	-	

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002548

(Refer to vehicle by number)

ALL INVOLVED

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag 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	
E	2	06	01	-	68	F	-	-	-	04	04	-	-	XIALING - HE - - 06/17/1950 - -
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 my investigation revealed the following events: Both vehicles were backing out of mark parking spaces in Wick Plaza when they crashed into each other.

Driver #2 stated he started to back out out of the parking space when he saw the back up lights of Vehicle #1. He stopped and blew his horn but Vehicle #1 continued and struck his vehicle.

Driver #1 stated that she backed out of the parking space mid-way and was struck by Vehicle #2.

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

New Jersey Police Crash Investigation Report

☐ Fatal ☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	19002567
2 Police Dept of	EDISON POLICE DEPARTI
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/13/19
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1234
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	HOLLY PLACE
Dir	E
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14	35 ☒ Feet ☐ Miles ☐ At Intersection With
16	☐ N ☐ E ☐ S ☒ W of: BROX RD
17 Cross Road Name	BROX RD
18 Speed Limit	-
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Left margin	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	00
111	01
112	-
113	-
114	-
115	-
116	02
117	02

Right margin	Value
118a	02
118b	-
119a	25
119b	-
120a	00
120b	00
121a	-
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	00
130	00
131	11
132	11
133	00
134	02

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-
Status	☐ 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	-
34 Expires	- -
35 Owner's First Name / Initial / Last Name	- - -
Same As Driver	☐
36 Number & Street	-
37 City / State / Zip	- - -
38 Make	HYUNDAI
39 Model	SANTA FE
40 Color	GY
41 Year	-
42 Plate No.	-
43 State	NJ
44 VIN	-
45 Expires	- -
46 Vehicle Removed To	FLED SCENE
	☒ Driven ☐ Left At Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & 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.	F534631-7
55 NJ Ins. Code	426
Status	☒ 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	MARCOS R CASTRO
Same As Driver	☐
66 Number & Street	432 MONTGOMERY ST
67 City / State / Zip	HIGHLAND PARK NJ 08904
68 Make	FORD
69 Model	ESCAPE
70 Color	BL
71 Year	2013
72 Plate No.	D39FLS
73 State	NJ
74 VIN	1FMCU0G96DUC07363
75 Expires	08 19
76 Vehicle Removed To	-
	☒ Driven ☐ Left At Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & 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	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	-	-	U	-	-	-	00	00	-	-	-
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002567

(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

Based on the statement of the owner of Vehicle #2 my investigation revealed the following events: Vehicle #2 was parked on Holly Place when it was struck by a grey Hyundai Santa Fe with a NJ Reg that started with HNJ or HJN. The Vehicle stopped briefly then drove off.

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	19002642
2 Police Dept of / Code	EDISON POLICE DEPART / 01
3 Station/Precinct	EDISON PD
4 Date of Crash (mm dd yy)	01/13/19
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2148
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVENDELL WAY (Road Name) N (Dir)
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
14 / 15 / 16	- / - / -
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp	☐ To ☐ From: -
20 Route/Name	-
21 Latitude	-
22 Longitude	-

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

☐ NB ☐ EB ☐ SB ☐ WB

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	LEXUS
39 Model	UNKNOWN
40 Color	BK
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.	4561-12-44-15
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HIREN / S / KOTHARI -
59 Sex	M
57 Number & Street	35 ELMWOOD TERRACE
58 City / State / Zip	EDISON / NJ / 08817
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	K67643348201462
63 DOB (mm dd yyyy)	01/19/1946
64 Expires (mm yy)	01 / 22
65 Owner's First Name / Initial / Last Name	☒ Same As Driver HIREN / S / KOTHARI -
66 Number & Street	35 ELMWOOD TERRACE
67 City / State / Zip	EDISON / NJ / 08817
68 Make	HONDA
69 Model	CIVIC
70 Color	BL
71 Year	11
72 Plate No.	G61FDJ
73 State	NJ
74 VIN	2HGFA1F5XBH533490
75 Expires	02 / 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.	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	00	00	00	M	00	00	00	00	00	-	-	D1 -
B	2	01	01	-	72	M	-	-	-	11	04	-	-	D2 -
C														
D														

96	05
97	01
98	06
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	04
106	00
107	-
108	00
109	01
110	00
111	01
112	00
113	-
114	-
115	-
116	03
117	01
118a	00
118b	-
119a	25
119b	-
120a	00
120b	-
121a	01
121b	-
122	01
123	-
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	00
131	12
132	12
133	00
134	04

New Jersey Police Crash Investigation Report

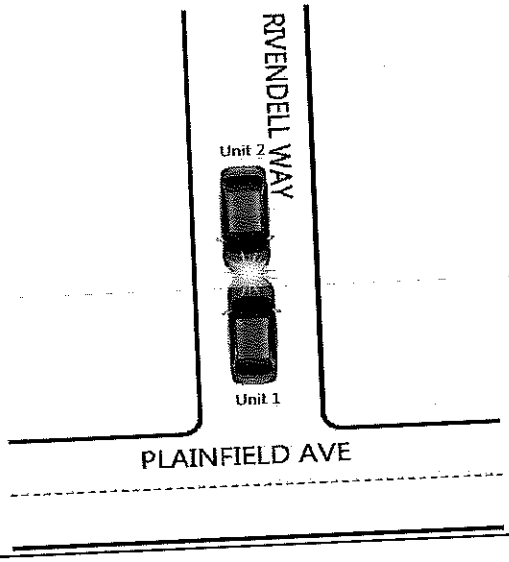
Police Dept: EDISON POLICE DEPAR Code: 01

Station: EDISON PD Case No: 19002642

(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

D2 stated while traveling on Rivendell way, a black Lexus sedan driven by a bald Caucasian male, hit V2 head on. D2 stated V1 was traveling on his side of the roadway when he collided into V2. D2 stated that D1 then fled the scene in an unknown direction.

42* D2 stated he observed four characters of the license plate which were JP25.

Patrol checked the area and was unable to locate the vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KEVIN KIRSH	0476	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	19002714
2 Police Dept of	EDISON POLICE DEPARTI
Code	01
3 Station/Precinct	1205
4 Date of Crash (mm dd yy)	01/14/19
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0805
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On (Road Name)	WOODBRIDGE AVENUE
Dir	W
11 Speed Limit	35
12 Route No.	0514
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
14	5
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☐ W
of: 17 Cross Road Name	MANNING STREET
19 Ramp	☐ To ☐ From: -
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

	Vehicle 1	Vehicle 2
23/53 Veh #	1	2
24/54 Policy No.	914443121	4367-32-16-8
25/55 NJ Ins. Code	134	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
26/56 Driver's First Name	MARITA	OKORONKWO
Initial	-	G
Last Name	MANTILLA	IGBOKWE
Suffix	-	-
29/59 Sex	F	M
27/57 Number & Street	550 GREAT BEDS COURT	943 CRANBURY CROSS ROAD FL 2
28/58 City	PERTH AMBOY	NORTH BRUNSWICK
State	NJ	NJ
Zip	08861	08902
30/60 Eyes	02	02
DL Class	D	D
Restrictions	-	-
Endorsements	-	-
31/61 State	NJ	NJ
32/62 Driver's License Number	M04855190053902	I30666026710452
33/63 DOB (mm dd yyyy)	03/10/1990	10/01/1945
34/64 Expires (mm yy)	09 19	10 22
35/65 Owner's	☒ Same As Driver	☒ Same As Driver
First Name	MARITA	OKORONKWO
Initial	-	G
Last Name	MANTILLA	IGBOKWE
Suffix	-	-
36/66 Number & Street	550 GREAT BEDS COURT	943 CRANBURY CROSS ROAD FL 2
37/67 City	PERTH AMBOY	NORTH BRUNSWICK
State	NJ	NJ
Zip	08861	08902
38/68 Make	MITSUBISHI	PONTIAC
39/69 Model	OUTLANDER	GRAND AM
40/70 Color	GY	RD
41/71 Year	2011	2002
42/72 Plate No.	W11EZV	L55ETD
43/73 State	NJ	NJ
45/75 Expires	01 19	09 19
44/74 VIN	JA4AP3AU4BZ017640	1G2NE52F12C196414
46/76 Vehicle Removed To	DEFALCO'S	-
Disposition	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47/77 Authority	☒ Owner ☐ Driver ☐ Police	☒ Owner ☐ Driver ☐ Police
48/78 Alcohol/Drug Test Given	☒ No ☐ Yes ☐ Refused	☒ No ☐ Yes ☐ Refused
Type	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending	0. - % ☐ Pending
49/79 Hazardous Material	☐ None ☐ On Board ☐ Spill	☐ None ☐ On Board ☐ Spill
Hazard Class	-	-
Placard No.	-	-
50/80 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None	☐ USDOT - ☐ MC/MX - ☐ None
51/81 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
52/82 Motor Carrier or Government Entity	-	-
Number & Street	-	-
City	-	-
State	-	-
Zip	-	-

Code	Value	Code	Value
96	05	118a	02
97	01	118b	09
98	01	119a	25
99	05	119b	-
100a	01	120a	01
100b	04	120b	-
101	02	121a	01
102	01	121b	-
103	01	122	01
104	2	123	02
105	01	124	04
106	-	125	04
107	-	126a	26
108	01	126b	-
109	01	126c	-
110	01	126d	-
111	01	126e	26
112	-	127a	26
113	-	127b	-
114	-	127c	-
115	-	127d	-
116	04	127e	26
117	04	128	26
		129	01
		130	01
		131	07
		132	07
		133	04
		134	03

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

-

Oper.	Charge	Summons. No.	Oper.	Charge	Summons. No.
D1	136: 39:4-97	137: 1205-G-023015	-	138: -	139: -
D1	140: 39:3C-10	141: 1205-G-023016	-	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	V1	01	01	04	28	F	08	08	01	11	04	-	-	DRIVER 1 -
B	V1	05	01	04	7	F	12	08	01	05	05	-	-	MIA - IZURIETA 550 GREAT BEDS CT PERTH AMBOY NJ 08861 -
C	V1	01	01	-	74	M	-	-	-	11	04	-	-	DRIVER 2 -
D														

New Jersey Police Crash Investigation Report

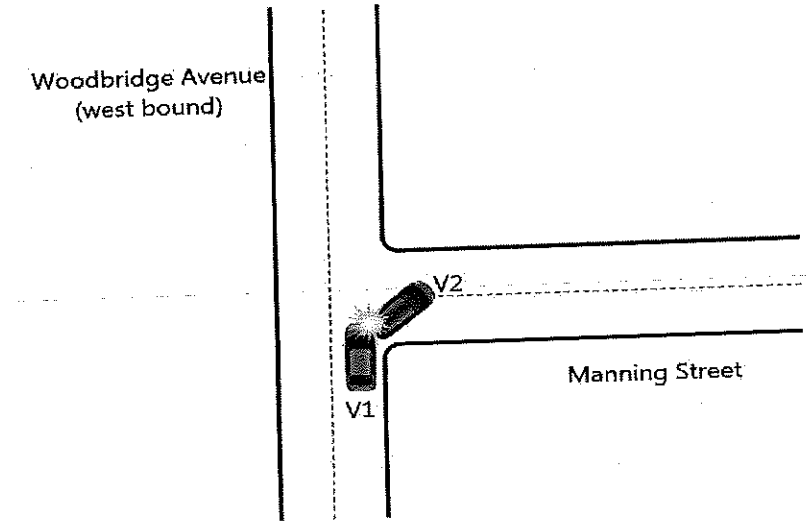
Police Dept: EDISON POLICE DEPAR Code: 01

Station: 1205 Case No: 19002714

(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

The Driver of Vehicle 1 stated she was traveling west bound on Woodbridge Avenue in the area of Manning Street, in the right lane behind Vehicle 2. She stated she observed Vehicle 2 with the turn signal on (to make a right turn) onto Manning Street, but he was making the right turn at a low rate of speed and she was unable to stop her vehicle in time to prevent the collision.

The Driver of Vehicle 2 stated he was traveling west bound on Woodbridge Avenue in the area of Manning street, in the right lane. He utilized his right turn signal to make a right hand turn onto Manning Street. While making the turn, he was struck in the rear by Vehicle 1.

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

New Jersey Police Crash Investigation Report

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

1 Case Number	19002810
2 Police Dept of	EDISON POLICE DEPART (Code 01)
3 Station/Precinct	1205
4 Date of Crash (mm dd yy)	01/14/19
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1634
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	2170 LINCOLN HIGHWAY (Road Name)
At Intersection With	
Feet / Miles	-
N E S W of:	-
11 Speed Limit	5
Dir	N
12 Route No.	0027
Suffix	-
13 Milepost	-
14	
15	
16	
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp To / From	-
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	040653616G71019
25 NJ Ins. Code	200
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NYKII / S / SOUTHERLAND
29 Sex	M
27 Number & Street	1300 MARION AVE
28 City / State / Zip	PLAINFIELD / NJ / 07060
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S68366008202802
33 DOB (mm dd yyyy)	02/23/1980
34 Expires (mm yy)	02 / 22
35 Owner's First Name / Initial / Last Name	WILLIAM / I / SOUTHERLAND
☐ Same As Driver	
36 Number & Street	1300 MARION AVE
37 City / State / Zip	PLAINFIELD / NJ / 07060
38 Make	TOYOTA
39 Model	CAMRY
40 Color	SL
41 Year	2003
42 Plate No.	NWZ67T
43 State	NJ
44 VIN	JTDBE32K130153579
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.	F081775-9
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DONALD / V / BRUCCOLERI
59 Sex	M
57 Number & Street	14 MOUNT VERNON SQUARE
58 City / State / Zip	VERONA / NJ / 07044
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	M
61 State	NJ
62 Driver's License Number	B76401738508632
63 DOB (mm dd yyyy)	08/08/1963
64 Expires (mm yy)	08 / 22
65 Owner's First Name / Initial / Last Name	DONALD / V / BRUCCOLERI
☒ Same As Driver	
66 Number & Street	14 MOUNT VERNON SQUARE
67 City / State / Zip	VERONA / NJ / 07044
68 Make	GMC
69 Model	SIERRA C150
70 Color	SL
71 Year	2018
72 Plate No.	SU38OL
73 State	NJ
74 VIN	3GTU2PEJ6JG324668
75 Expires	05 / 22
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	- / - / -

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	01
109	05
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03
118a	25
118b	-
119a	10
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
123	13
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	07
132	07
133	02
134	01

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	1	01	01	-	38	M	-	-	-	11	04	-	-
B	2	01	01	-	55	M	-	-	-	11	04	-	-
C													
D													

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

DRIVER #1 -

DRIVER #2 -

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: 1205 Case No: 19002810

(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 #1 was driving behind vehicle #2 in the parking lot of Amazon when vehicle #2 stopped. As a result of vehicle #2 stopping vehicle #1 stopped. Vehicle #2 began to back up and struck vehicle #1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICHAEL PEER	0280	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19002728
2 Police Dept of	EDISON POLICE DEPART (Code 01)
3 Station/Precinct	-
10 Crash Occurred On:	2090 OAKTREE RD. (Road Name) S (Dir)
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	-
At Intersection With / Feet / Miles / N E S W / of:	-
19 Ramp To / From	-
17 Cross Road Name / 20 Route/Name	-
NB EB SB WB	
14 / 15 / 16	-
4 Date of Crash mm dd yy	01/14/19
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0910
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
21 Latitude / 22 Longitude	- / -

Vehicle 1

23 Veh #	1
24 Policy No.	OUT OF STATE
25 NJ Ins. Code	--------
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	THOMAS R REESE -
29 Sex	M
27 Number & Street	812 MIDDLETON
28 City / State / Zip	IUKA IL 62849
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / B / - / IL
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	R20083659153 / 05/29/1959 / 05 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver EAN HOLDINGS - - -
36 Number & Street	14002 E 21ST ST. STE 1500
37 City / State / Zip	TULSA OK 74134
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEVROLET / COLORADO / RD / 2019 / UWD9238 / VA
44 VIN / 45 Expires	1GCGTCEN5K1115265 / 08 19
46 Vehicle Removed To	DRIVER
☒ 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.	939060986
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PRANATHI K KOLAGANTI -
59 Sex	F
57 Number & Street	6 TEABERRY DR.
58 City / State / Zip	EDISON NJ 08820
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / 01 / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	K62126337261952 / 11/30/1995 / 12 20
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SRINIVAS K KOLAGANTI -
66 Number & Street	6 TEABERRY DR.
67 City / State / Zip	EDISON NJ 08820
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	AUDI / A4 / WT / 2013 / S90KEE / NJ
74 VIN / 75 Expires	WAUKFAFLXDA157823 / 06 19
76 Vehicle Removed To	DRIVER
☒ 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	-	59	M	-	-	-	11	04	-	-	D1 -
B	02	01	01	-	23	F	-	-	-	11	04	-	-	D2 -
C														
D														

New Jersey Police Crash Investigation Report

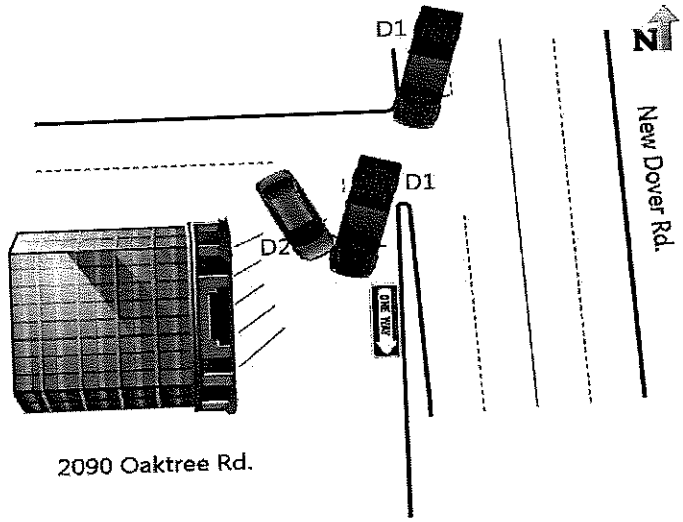
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002728

(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

D2 was driving South through the parking lot of 2090 Oaktree Rd.. D1 was entering the parking lot of 2090 Oaktree Rd. from New Dover Rd. S.. D1 stated that he did not see D2 and drove across D2 front drivers side bumper/fender area with D1 passenger side causing damage to both vehicles.

D1 Insurance Information: Travelers Indemnity Policy# Y810750K8839TIL18 Company Insured: Engineered Fluid Inc. PO Box 723 Centralia IL 62801

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JONATHAN KOLE	0317	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	19002772
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/14/19
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1252
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	401 CLEARVIEW RD
Dir	N
11 Speed Limit	15
12 Route No.	-
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	-
22 Longitude	-

Code	Value
96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	1
105	11
106	-
107	-
108	23
109	-
110	02
111	-
112	-
113	-
114	03
115	-
116	01
117	-
118a	02
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	04
123	-
124	-
125	-
126a	59
126b	-
126c	-
126d	-
126e	59
127a	-
127b	-
127c	-
127d	-
127e	-
128	59
129	06
130	06
131	-
132	-
133	01
134	-

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	BA0716681
25 NJ Ins. Code	23248
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	RAJINDER
Initial	S
Last Name	GILL -
29 Sex	M
27 Number & Street	45 MCKINLEY AVE
28 City	CARTERET
State	NJ
Zip	07008
30 Eyes	01
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G43506388205721
33 DOB (mm dd yyyy)	05/20/1972
34 Expires (mm yy)	05 23
35 Owner's First Name ☐ Same As Driver	VIR TRUCKING LL
Initial	-
Last Name	- -
36 Number & Street	45 MCKINLEY AVE
37 City	CARTERET
State	NJ
Zip	07008
38 Make	VOLVO
39 Model	UNKNOWN
40 Color	WT
41 Year	2012
42 Plate No.	AU714F
43 State	NJ
44 VIN	4V4NC9EH1CN560153
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 1261500 ☐ 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	ALLIANCE MOTOR CARRIERS INC
Number & Street	94 WALDOBORO RD
City	JEFFERSON
State	ME
Zip	04348

Vehicle 2

Field	Value
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	-
64 Expires	- -
65 Owner's First Name ☐ Same As Driver	-
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	-

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

250 FT OF CHAINLINK FENCE AT 401 CLEARVIEW RD ENTRANCE.

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	-	46	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002772

(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)

145 Crash Description/Narrative

Upon this Officer's investigation, Veh 1 pulled down the street of 401 Clearview Rd and attempted to make a U-turn. during the U-turn process they backed their truck up and struck the fence. Veh 1 then proceeded to leave the scene of the accident. Approx. 250 Ft of chain link fence was damaged. Macy's Logistic Manager Andrew Higgins (7326613065) was advised on report procedures. Macys has video footage of the accident.

Trailer insurance information - (135) Progressive Insurance Policy #06561123-0

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICHAEL WINTERS	0439	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

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: 04 | 109: 01 | 110: 01 | 111: 01 | 112: - | 113: - | 114: - | 115: - | 116: 01 | 117: 03

1 Case Number: 19002785

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

3 Station/Precinct: -

10 Crash Occurred On: PROSPECT AVE | Road Name | Dir: S | 11 Speed Limit: 25 | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit: 25

☒ At Intersection With | ☐ Feet ☐ Miles | ☐ N ☐ E ☐ S ☐ W | of: DEY PLACE

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

20 Route/Name | 21 Latitude | 22 Longitude

14 | 15 | 16

4 Date of Crash mm dd yy: 01/14/19 | 5 Day Of Week: MONDAY | 6 Time (use 2400 hrs): 1433 | 7 Municipality Code: 1205 | 8 Total Killed: -- | 9 Total Injured: 1

118a: 02 | 118b: - | 119a: 25 | 119b: - | 120a: 01 | 120b: - | 121a: 01 | 121b: - | 122: 01 | 123: 16 | 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: 12 | 132: 12 | 133: 04 | 134: 04

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 67024912 | 25 NJ Ins. Code: 135

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

26 Driver's First Name: MICHAEL | Initial: C | Last Name: KLEINSCHMIDT | 29 Sex: M

27 Number & Street: 40 LLOYD STREET

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

30 Eyes: 04 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: K52415446301934 | 33 DOB mm dd yyyy: 01/06/1993 | 34 Expires mm yy: 05 19

35 Owner's First Name: KAREN | Initial: A | Last Name: KLEINSCHMIDT

☐ Same As Driver

36 Number & Street: 40 LLOYD STREET

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

38 Make: JEEP | 39 Model: GRAND CHER | 40 Color: GY | 41 Year: 2004 | 42 Plate No.: S82HJK | 43 State: NJ

44 VIN: 1J4GW48S24C436860 | 45 Expires: 01 20

46 Vehicle Removed To: MANDY'S

☐ 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.: 4262149216 | 55 NJ Ins. Code: 100

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

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

57 Number & Street: 20 BRADLEY DR

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

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

62 Driver's License Number: ED201833200000293 | 63 DOB mm dd yyyy: 11/16/2002 | 64 Expires mm yy: 11 20

65 Owner's First Name: AHMAD | Initial: Z | Last Name: NAZARI

☐ Same As Driver

66 Number & Street: 20 BRADLEY DR

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

68 Make: VOLKSWAGEN | 69 Model: BEETLE | 70 Color: RD | 71 Year: 2001 | 72 Plate No.: A56FFD | 73 State: NJ

74 VIN: 3VWCK21C41M475464 | 75 Expires: 04 19

76 Vehicle Removed To: MANDY'S

☐ 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	G-022516	-	-	-
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	V1	01	01	04	26	M	01	08	02	11	04	-	6202
B	V2	01	01	-	16	F	-	-	-	11	11	01	-
C	V2	02	01	-	47	F	-	-	-	11	11	-	-
D													

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

D1: -

D2: -

HASINA - NAZARI

20 BRADLEY DR EDISON NJ 08817 -

New Jersey Police Crash Investigation Report

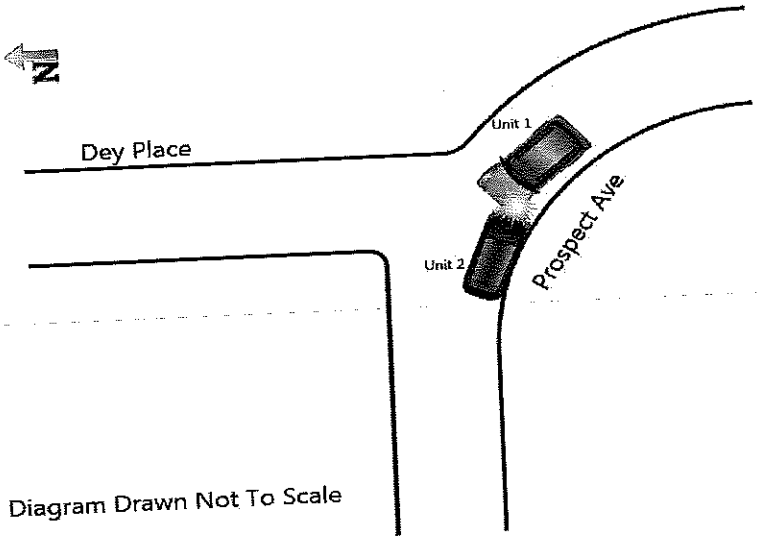
Police Dept: EDISON POLICE DEPAR Code: 01

Station: " Case No: 19002785

(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 they were negotiating the curve of Prospect Avenue where it intersects with Dey Place and she was unable to avoid Vehicle 1 which was in her lane of traffic traveling the opposite direction.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JOVANNI INNOCENT	0475	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

95: 05

1 Case Number: 19002933

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): 01/15/19

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 0908

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: TALMADGE RD | Road Name | E | Dir

☒ At Intersection With NEWBURGH DR

☐ Feet ☐ N ☐ E of: ☐ S ☐ W ☐ Miles

14 15 16

11 Speed Limit: 35

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

18 Speed Limit: 25

17 Cross Road Name -

19 Ramp ☐ To ☐ From

20 Route/Name -

21 Latitude -

22 Longitude -

118a: 02

118b: 02

119a: 25

119b: 25

120a: 01

120b: 01

121a: 01

121b: 01

122: 02

123: 01

124: 08

125: 11

126a: 26

126b: -

126c: -

126d: -

126e: 26

127a: 26

127b: -

127c: -

127d: -

127e: 26

128: 26

129: 12

130: 11

131: 05

132: 05

133: 03

134: 03

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: 02

Vehicle 1

23 Veh #: 1

24 Policy No.: 603929872061

25 NJ Ins. Code: 884

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

26 Driver's First Name: JYOTSNA | Initial: - | Last Name: KANDADI | 29 Sex: F

27 Number & Street: 161 PREWTWICK WAY

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

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

01

32 Driver's License Number: K03934240052802

33 DOB (mm dd yyyy): 02/19/1980

34 Expires (mm yy): 03 20

35 Owner's: ☐ Same As Driver | First Name: SATISH | Initial: - | Last Name: KANDADI

36 Number & Street: 161 PREWTWICK WAY

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

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
HONDA	ACCORD	GY	14	U12KUU	NJ

44 VIN: 1HGCR2F80EA01544

45 Expires: 12 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.: 44827016030

55 NJ Ins. Code: 100

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

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

57 Number & Street: 350B CARLTON AVE

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

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

02

62 Driver's License Number: D23667427906932

63 DOB (mm dd yyyy): 06/28/1993

64 Expires (mm yy): 06 22

65 Owner's: ☒ Same As Driver | First Name: TIMOTHY | Initial: - | Last Name: DELEA

66 Number & Street: 350B CARLTON AVE

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

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
JEEP	WRANGLER	BK	17	Y46HRY	NJ

74 VIN: 1C4HJWDG5HL568264

75 Expires: 03 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	V1	01	01	-	33	F	-	-	-	11	04	-	-	DR1 -
B	V2	01	01	-	24	M	-	-	-	11	04	-	-	DR2 -
C														
D														

New Jersey Police Crash Investigation Report

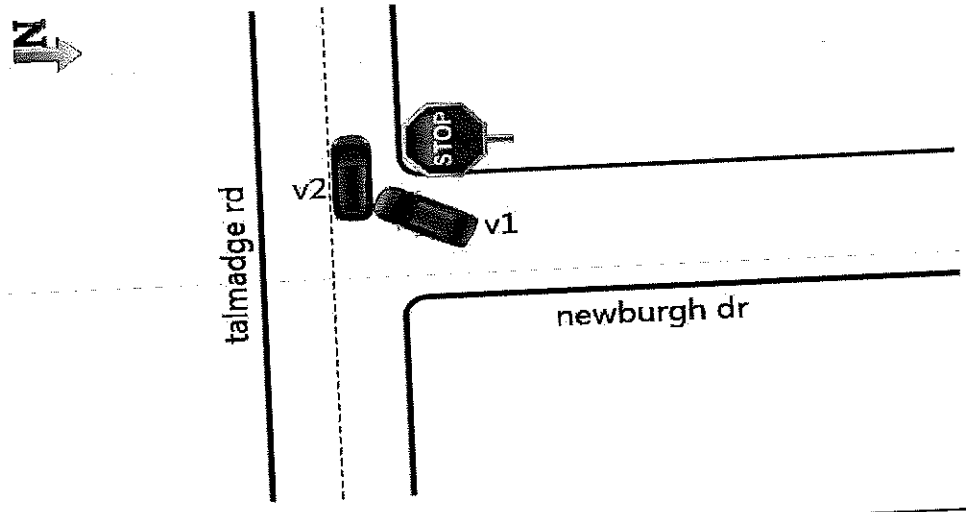
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002933

(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

Officer's investigation revealed Vehicle# 2 was traveling east on Talmadge Rd. When Vehicle# 1 did not stop at the stop sign on Newburgh Dr. As Driver #1 made the right turn onto Talmadge Rd, striking Vehicle# 2 in the rear passenger side.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CHRISTOPHER FELCETTO	0352	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 01

1 Case Number: 19002989

97: 01

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

98: 01

3 Station/Precinct: -

99: 02

4 Date of Crash (mm dd yy): 01/15/19

5 Day Of Week: TUESDAY

100a: 01

6 Time (use 2400 hrs): 1317

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: US HIGHWAY #01 | Road Name | S | Dir

☐ At Intersection With

☒ Feet ☐ Miles | 150 | 14 15

☐ N ☐ E ☒ S ☐ W of: PARSONAGE ROAD | 16

11 Speed Limit: 50

12 Route No.: 0001 | Suffix: B | 13 Milepost: -

18 Speed Limit: 35

17 Cross Road Name

19 ☐ To Ramp ☐ From: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: -

22 Longitude: -

118a: 02
118b: 09
119a: 25
119b: 25
120a: 01
120b: 01
121a: 01
121b: 01

Vehicle 1

100b: 04

23 Veh #: 1

24 Policy No.: 4441820273

25 NJ Ins. Code: 148

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

101: 02

26 Driver's First Name: VICTORIA | Initial: L | Last Name: BOND

29 Sex: F

102: 01

27 Number & Street: 914 JAMESTOWN ROAD

103: 01

28 City: EAST WINDSOR | State: NJ | Zip: 08520

104: 2

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

31 State: NJ

105: 01

32 Driver's License Number: B63847677356882

33 DOB (mm dd yyyy): 06/17/1988

34 Expires (mm yy): 03 22

106: -

35 Owner's First Name: ☐ Same As Driver VICTORIA | Initial: L | Last Name: BOND

107: -

36 Number & Street: 914 JAMESTOWN ROAD

108: 01

37 City: EAST WINDSOR | State: NJ | Zip: 08520

109: 04

38 Make: VOLKSWAGEN | 39 Model: JETTA | 40 Color: WT | 41 Year: 2015 | 42 Plate No.: P32GRW | 43 State: NJ

110: 01

44 VIN: 3VWD17AJ1FM330490

45 Expires: 05 19

111: 01

46 Vehicle Removed To: -

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

112: -

47 Authority: ☐ Owner ☐ Driver ☐ Police

113: -

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

114: -

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

115: -

116: 03

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.: 2764307450

55 NJ Ins. Code: 945

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

56 Driver's First Name: CHRISTA | Initial: - | Last Name: ROMANO

59 Sex: F

57 Number & Street: 20 STOCKTON STREET

58 City: METUCHEN | State: NJ | Zip: 08840

60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: -

61 State: NJ

62 Driver's License Number: R63271240062752

63 DOB (mm dd yyyy): 12/18/1975

64 Expires (mm yy): 12 20

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

66 Number & Street: P.O. BOX 254648

67 City: SACRAMENTO | State: NJ | Zip: 95865

68 Make: INFINITI | 69 Model: Q60 | 70 Color: WT | 71 Year: 2017 | 72 Plate No.: B86HLN | 73 State: NJ

74 VIN: 5N1DL0MM2HC513813

75 Expires: 02 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: -

122: 01
123: 06
124: 11
125: 03
126a: 26
126b: -
126c: -
126d: -
126e: 26
127a: 26
127b: -
127c: -
127d: -
127e: 26
128: 26
129: 12
130: 12
131: 07
132: 06
133: 02
134: 02

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	01	01	01	-	30	F	-	-	-	11	04	-	-	DRIVER - - - - - - -
B	02	01	01	-	43	F	-	-	-	11	04	-	-	DRIVER - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19002989

(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

Investigation revealed vehicle 01 rear ended vehicle 02 as they merged onto US Highway # 01 Southbound.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DONALD SHIP	0413	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: 03 | 99: 07 | 100a: 01 | 100b: 06 | 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: 02

1 Case Number: 19003026

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

3 Station/Precinct: -

4 Date of Crash mm dd yy: 01/15/19

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1648

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CHRISTIE ST (Road Name) E (Dir) | 11 Speed Limit: 35 | 12 Route No. - | Suffix - | 13 Milepost -

☒ At Intersection With | of: UNION AVE | 18 Speed Limit: 25

☐ Feet ☐ N ☐ E ☐ S ☐ W | 14 - | 15 - | 16 -

☐ Miles | 19 Ramp ☐ To ☐ From: - | 17 Cross Road Name - | ☐ NB ☐ EB ☐ SB ☐ WB | 20 Route/Name -

21 Latitude - | 22 Longitude -

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

Vehicle 1

23 Veh #: 1

24 Policy No.: 909684638

25 NJ Ins. Code: 054

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

26 Driver's First Name: WEIFENG | Initial: - | Last Name: MU | 29 Sex: M

27 Number & Street: 35 EMPRESS CT

28 City: FREEHOLD | State: NJ | Zip: 07728

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

32 Driver's License Number: M90017800003701 | 33 DOB mm dd yyyy: 03/07/1970 | 34 Expires mm yy: 06 21

35 Owner's First Name: ☒ Same As Driver WEIFENG | Initial: - | Last Name: MU

36 Number & Street: 35 EMPRESS CT

37 City: FREEHOLD | State: NJ | Zip: 07728

38 Make: NISSAN | 39 Model: MURANO | 40 Color: WT | 41 Year: 2004 | 42 Plate No.: RLP17J | 43 State: NJ

44 VIN: JN8AZ08W14W309275 | 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.: F8001448

55 NJ Ins. Code: 426

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

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

57 Number & Street: 94 CHRISTIE ST

58 City: EDISON | State: NJ | Zip: 08820

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

62 Driver's License Number: P07951717401722 | 63 DOB mm dd yyyy: 01/22/1972 | 64 Expires mm yy: 05 21

65 Owner's First Name: ☐ Same As Driver NILESHABE | Initial: D | Last Name: PATEL

66 Number & Street: 94 CHRISTIE ST

67 City: EDISON | State: NJ | Zip: 08820

68 Make: HONDA | 69 Model: CR-V | 70 Color: GY | 71 Year: 2013 | 72 Plate No.: ZGH56H | 73 State: NJ

74 VIN: 2HKRM4H59DH669539 | 75 Expires: 09 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	-	48	M	-	-	-	11	04	-	-	DRIVER 1 -
B	2	01	01	-	46	M	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police Crash Investigation Report

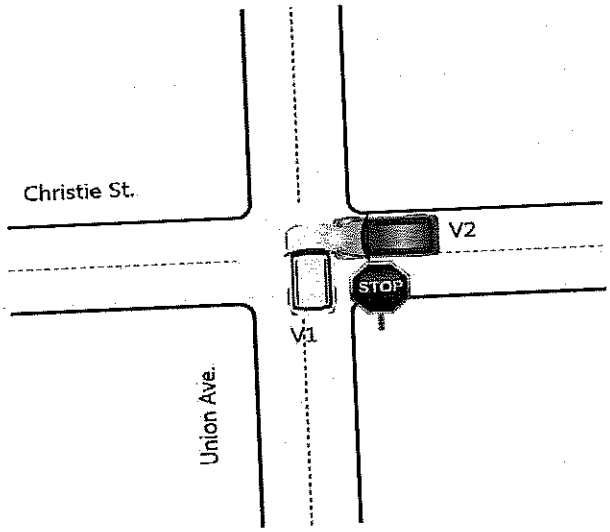
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003026

(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)



145 Crash Description/Narrative

Officer's investigation reveals Driver #2 was traveling eastbound on Christie St. and Driver #1 was traveling southbound on Union Ave. Driver #2 stated that as he was crossing the intersection, Driver #1 failed to yield and came into his path of travel, causing the vehicles to collide. Stop sign is located on Union Ave. No injuries observed and no medical attention requested on scene.

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

96: 04

1 Case Number: 19003028

97: 01

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

98: 06

3 Station/Precinct: -

99: 05

4 Date of Crash mm dd yy: 01/15/19

100a: 01

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1658

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: OAK TREE ROAD | Road Name | E | Dir

☒ At Intersection With: PLAINFIELD ROAD

☐ Feet ☐ N ☐ E ☐ S ☐ W of: - ☐ Miles

11 Speed Limit: 35

12 Route No.: 0604 | Suffix: - | 13 Milepost: -

14 | 15 | 16

17 Cross Road Name: -

19 Ramp ☐ To ☐ From

☐ NB ☐ EB ☐ SB ☐ WB

18 Speed Limit: 35

20 Route/Name: -

21 Latitude: -

22 Longitude: -

118a: 02 | 118b: - | 119a: 25 | 119b: - | 120a: 01 | 120b: - | 121a: 01 | 121b: -

100b: 04

23 Veh #: 1

24 Policy No.: F176589-0

25 NJ Ins. Code: 426

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

101: 02

26 Driver's First Name: MERVYN | Initial: C | Last Name: DSOUZA | -

29 Sex: M

102: 01

27 Number & Street: 33 LUCILLE COURT

103: 01

28 City: EDISON | State: NJ | Zip: 08820

104: 2

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

105: 07

32 Driver's License Number: D80525426308392

33 DOB mm dd yyyy: 08/07/1939

34 Expires mm yy: 08 22

106: -

35 Owner's First Name: ☒ Same As Driver MERVYN | Initial: C | Last Name: DSOUZA | -

107: -

36 Number & Street: 33 LUCILLE COURT

108: 01

37 City: EDISON | State: NJ | Zip: 08820

109: 01

38 Make: SUBARU | 39 Model: FORESTER | 40 Color: SL | 41 Year: 2003 | 42 Plate No.: NZU63G | 43 State: NJ

110: 01

44 VIN: JF1SG63693H756719

45 Expires: 05 19

111: 01

46 Vehicle Removed To: EXPRESS TOWING

☐ 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: 04

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: -

---

53 Veh #: 2

54 Policy No.: 920493472

55 NJ Ins. Code: 134

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

56 Driver's First Name: DANIEL | Initial: J | Last Name: TRIMBOLI | -

59 Sex: M

57 Number & Street: 9 PERU STREET

58 City: EDISON | State: NJ | Zip: 08820

60 Eyes: 04 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: T74221537102984

63 DOB mm dd yyyy: 02/20/1998

64 Expires mm yy: 03 19

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

66 Number & Street: 9 PERU STREET

67 City: EDISON | State: NJ | Zip: 08820

68 Make: SUBARU | 69 Model: LEGACY | 70 Color: WT | 71 Year: 1999 | 72 Plate No.: W88HLP | 73 State: NJ

74 VIN: 4S3BG6859X7615512

75 Expires: 03 19

76 Vehicle Removed To: DRIVEN AWAY

☒ 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: -

118a: 02 | 118b: - | 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: 01 | 130: 02 | 131: 12 | 132: 12 | 133: 04 | 134: 03

---

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
A	1	01	01	-	79	M	-	-	-	11	04	-	-
B	1	06	01	-	14	M	-	-	-	11	04	-	-
C	2	01	01	04	20	M	11	08	01	11	04	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-

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

DRIVER #1 -

ADAM - DSOUZA

33 LUCILLE COURT EDISON NJ 08820 05/04/2004

DRIVER #2 -

New Jersey Police
Crash Investigation Report

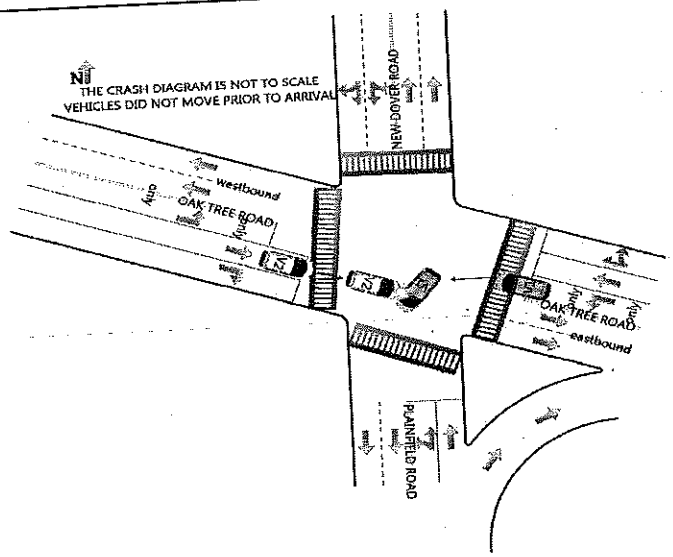
Police Dept: EDISON POLICE DEPAR Code: 01

Station: -- Case No: 19003028

(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

Officer's investigation along with drivers #1 and #2 statements revealed that:

Vehicle #2 was traveling straight ahead eastbound on Middlesex County Route 604/Oak Tree Road in the center lane. Just as vehicle #2 entered the intersection of Oak Tree Road and Plainfield Road, vehicle #1 made a left turn from westbound Oak Tree Road in front of vehicle #2's path of travel. As a result of the sudden/unexpected left turn, driver #2 could not stop immediately, and both vehicles #1 and #2 crashed at the intersection.

John F. Kennedy Hospital EMS was on scene to evaluate Driver #2. Driver #2 was complaining of having a knee pain from the impact of the crash, and refused medical attention at the scene.

Vehicle #1 was traveling westbound on Middlesex County Route 604/Oak Tree Road in the designated left turn lane. During that time, driver #1 was making a left turn from Oak Tree Road onto Plainfield Road when vehicle #2 struck vehicle #1.

Vehicle #2 had the right of way prior to the crash, and was not at fault in this incident.

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

New Jersey Police Crash Investigation Report

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

1 Case Number	19003045
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/15/19
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1733
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	OVINGTON AVE (Road Name) E (Dir)
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
☐ At Intersection With	of: PLAINFIELD AVE
☒ Feet ☐ Miles	10
☐ N ☐ E ☐ S ☒ W	
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.	02046 82 51G 7106 2
25 NJ Ins. Code	200
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NICOLE / L / JOHNSON -
29 Sex	F
27 Number & Street	4519 WENTWORTH AVE
28 City / State / Zip	MINNEAPOLIS / MN / 55419
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / 1 / - / MN
32 Driver's License Number	C063047014509
33 DOB (mm dd yyyy)	10/01/1985
34 Expires (mm yy)	10 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / CLIFFORD / E / WATKINS -
36 Number & Street	123 S ADELAIDE AVE
37 City / State / Zip	HIGHLAND PARK / NJ / 08904
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MAZDA / MAZDA3 / BL / 2012 / E21 GYT / NJ
44 VIN	JM1BL1M69C1506509
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 / State / Zip	- / - / -
City	-

Vehicle 2

53 Veh #	2
54 Policy No.	939 506 552
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARC / B / KATRONETSKY -
59 Sex	M
57 Number & Street	5062 BEECH CT
58 City / State / Zip	MONMOUTH JCT / NJ / 08852
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	K0830 51762 11924
63 DOB (mm dd yyyy)	11/05/1992
64 Expires (mm yy)	11 21
65 Owner's First Name / Initial / Last Name	☒ Same As Driver / MARC / B / KATRONETSKY -
66 Number & Street	5062 BEECH CT
67 City / State / Zip	MONMOUTH JCT / NJ / 08852
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUNDAI / ELANTRA / BK / 2017 / B62 JLX / NJ
74 VIN	5NPD84LF8HH129054
75 Expires	11 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 / State / Zip	- / - / -
City	-

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	-	33	F	-	-	-	11	04	-	-	DRIVER 1 -
B	2	01	01	-	26	M	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police Crash Investigation Report

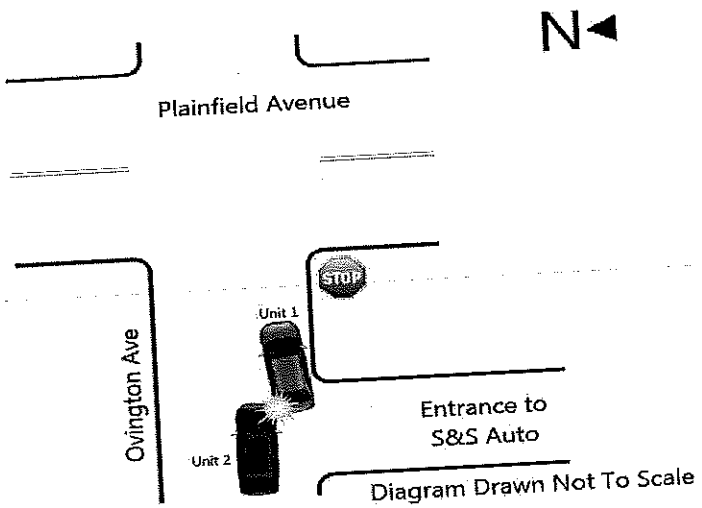
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003045

(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)



145 Crash Description/Narrative

This officer's investigation revealed that on the above date and time, Vehicle 1 (V1) was traveling eastbound on Ovington Avenue. Driver of V1 attempted to make a U-Turn by first backing westbound on Ovington Avenue. While in the performance of said action, V1 struck Vehicle 2 (V2) which was stopped behind V1.

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

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	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	04
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	09
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	07
131	03
132	03
133	02
134	02

1 Case Number: 19003051

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 01/15/19

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1756

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 1775 OAK TREE RD (LOT) (Road Name) | Dir: N

11 Speed Limit: 15

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

☐ At Intersection With

☐ Feet ☐ Miles - (14) (15) ☐ N ☐ E ☐ S ☐ W (16) of: -

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.: 909985124 | 25 NJ Ins. Code: 054

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

26 Driver's First Name: HENRY | Initial: X | Last Name: HUANG | - | 29 Sex: M

27 Number & Street: 104 MT PLEASANT AVE

28 City: EDISON | State: NJ | Zip: 08820

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

32 Driver's License Number: H90063248703542 | 33 DOB (mm dd yyyy): 03/24/1954 | 34 Expires (mm yy): 05 20

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

36 Number & Street: 104 MT PLEASANT AVE

37 City: EDISON | State: NJ | Zip: 08820

38 Make: TOYOTA | 39 Model: SIENNA | 40 Color: BG | 41 Year: 2001 | 42 Plate No.: KYX66Y | 43 State: NJ

44 VIN: 4T3ZF13CX1U355028 | 45 Expires: 12 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.: 908916492 | 55 NJ Ins. Code: 134

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

56 Driver's First Name: MARIA | Initial: M | Last Name: ARROYO | - | 59 Sex: F

57 Number & Street: 17 CARRIAGE PL

58 City: EDISON | State: NJ | Zip: 08820

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

62 Driver's License Number: A76285197458662 | 63 DOB (mm dd yyyy): 08/04/1966 | 64 Expires (mm yy): 07 20

65 Owner's ☒ Same As Driver | First Name: MARIA | Initial: M | Last Name: ARROYO | -

66 Number & Street: 17 CARRIAGE PL

67 City: EDISON | State: NJ | Zip: 08820

68 Make: TOYOTA | 69 Model: CAMRY | 70 Color: GY | 71 Year: 2015 | 72 Plate No.: S97HEG | 73 State: NJ

74 VIN: 4T1BF1FK8FU104187 | 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 - ☐ 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	-	64	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	2	01	01	-	52	F	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

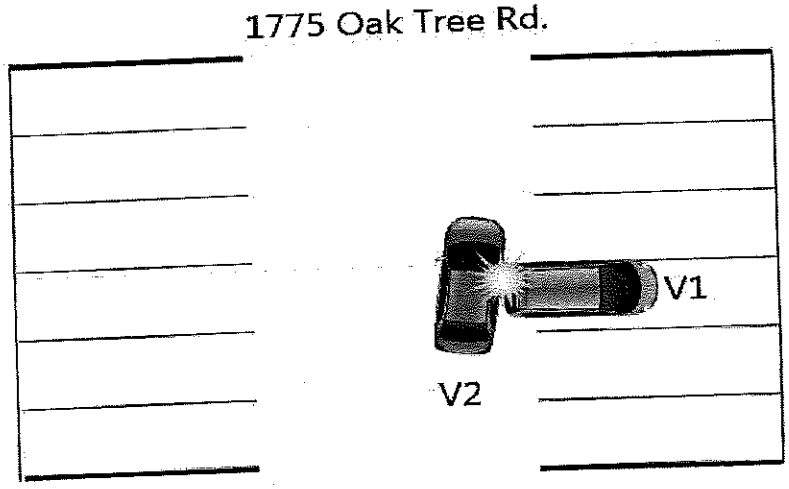
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003051

(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

Officer's investigation reveals Driver #1 was backing out of a parking space (1775 Oak Tree Rd.), while Driver #2 was attempting to park in a parking space directly adjacent to Driver #1. Driver #1 then struck Driver #2. No injuries observed and no medical attention requested on scene.

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: 19003061
2 Police Dept of: EDISON POLICE DEPART | Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 01/15/19
5 Day Of Week: TUESDAY
6 Time (use 2400 hrs): 1827
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: US HWY 1 (Road Name) | Dir: N | 11 Speed Limit: 50 | 12 Route No.: 0001 | Suffix: - | 13 Milepost: -
☐ At Intersection With
14: 150 | 15: ☒ Feet ☐ Miles | 16: ☐ 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.: 4302888351 | 25 NJ Ins. Code: 100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: TYQUAN | Initial: S | Last Name: WHITTED | - | 29 Sex: M
27 Number & Street: 6 FERN ST
28 City: ROSELLE | State: NJ | Zip: 07203
30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ
32 Driver's License Number: W35317528210802 | 33 DOB (mm dd yyyy): 10/08/1980 | 34 Expires (mm yy): 01 19
35 Owner's: ☒ Same As Driver | First Name: TYQUAN | Initial: S | Last Name: WHITTED | -
36 Number & Street: 6 FERN ST
37 City: ROSELLE | State: NJ | Zip: 07203
38 Make: HONDA | 39 Model: ACCORD | 40 Color: BK | 41 Year: 2004 | 42 Plate No.: P35DGN | 43 State: NJ
44 VIN: 1HGCM816X4A011690 | 45 Expires: 07 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.: 3802940940 | 55 NJ Ins. Code: 993
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: DAVID | Initial: B | Last Name: HANDZO | - | 59 Sex: M
57 Number & Street: 362 RIVER DR
58 City: GARFIELD | State: NJ | Zip: 07026
60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ
62 Driver's License Number: H04091566208662 | 63 DOB (mm dd yyyy): 08/10/1966 | 64 Expires (mm yy): 08 22
65 Owner's: ☒ Same As Driver | First Name: DAVID | Initial: B | Last Name: HANDZO | -
66 Number & Street: 362 RIVER DR
67 City: GARFIELD | State: NJ | Zip: 07026
68 Make: FORD | 69 Model: FOCUS | 70 Color: SL | 71 Year: 2014 | 72 Plate No.: T81GZF | 73 State: NJ
74 VIN: 1FADP3F2XEL446157 | 75 Expires: 09 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	01	01	01	-	38	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - -
B	02	01	01	-	52	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - -
C	-	-	-	-	--	-	-	-	-	-	-	-	-	- - - - - - - - -
D														

Box	Value
96	01
97	01
98	07
99	02
100a	02
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
118a	02
118b	02
119a	25
119b	25
120a	01
120b	01
121a	01
121b	01
122	01
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	07
132	08
133	02
134	02

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003061

(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

The drive of v1 states he was attempted to switch lanes and struck the rear of v2. The driver of v2 states he was traveling north and was struck from the rear by v1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DARRIN HUTCHINSON	0418	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	19003163
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/16/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0659
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	US HWY 1 (Road Name)
At Intersection With	☐
☒ Feet ☐ Miles	2000
☐N ☐E ☒S ☐W of:	AMBOY AVE
11 Speed Limit	50
Dir	S
12 Route No.	0001
Suffix	-
13 Milepost	-
14	15
16	
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.	F9295106
25 NJ Ins. Code	426
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	ADRIAN - FELIX -
29 Sex	M
27 Number & Street	69 DEMOREST AVE
28 City / State / Zip	AVENEL NJ 07001
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	A18662596401772
33 DOB (mm dd yyyy)	01/17/1977
34 Expires (mm yy)	01 22
35 Owner's First Name / Initial / Last Name	☒ Same As Driver
36 Number & Street	69 DEMOREST AVE
37 City / State / Zip	AVENEL NJ 07001
38 Make	TOYOTA
39 Model	4 RUNNER
40 Color	WT
41 Year	97
42 Plate No.	M76KPV
43 State	NJ
44 VIN	JT3HN87R2V9005375
45 Expires	11 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.	X341614C1830G
55 NJ Ins. Code	962
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	RICHARD - SCHNEPF -
59 Sex	M
57 Number & Street	1087 RAHWAY AVE APT5
58 City / State / Zip	AVENEL NJ 07001
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S14666550009564
63 DOB (mm dd yyyy)	09/20/1956
64 Expires (mm yy)	10 19
65 Owner's First Name / Initial / Last Name	☒ Same As Driver RICHARD - SCHNEPF -
66 Number & Street	1087 RAHWAY AVE APT5
67 City / State / Zip	AVENEL NJ 07001
68 Make	JEEP
69 Model	CHEROKEE
70 Color	BK
71 Year	16
72 Plate No.	R58GVT
73 State	NJ
74 VIN	1C4NJDBB4GD510007
75 Expires	09 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	-	42	M	-	-	-	11	04	-	-	DR1 -
B	V2	01	01	-	55	M	-	-	-	11	04	-	-	DR2 -
C														
D														

New Jersey Police Crash Investigation Report

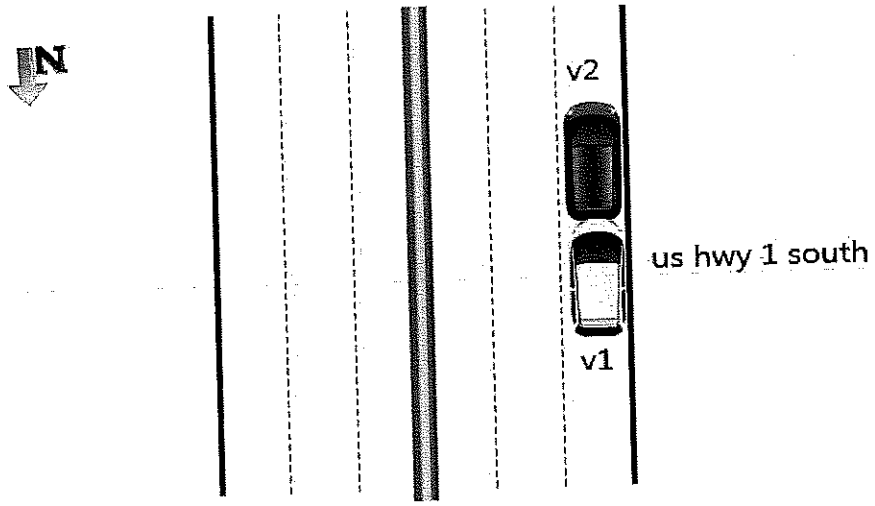
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003163

(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

Office's investigation revealed Vehicle #2 was stopped in traffic on Us hwy 1 south in the right lane. When Vehicle# 1 did not stop or slow down, striking the rear end of Vehicle# 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CHRISTOPHER FELCETTO	0352	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19003167
2 Police Dept of	EDISON POLICE DEPART (Code 01)
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/16/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0712
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	PLAINFIELD AVE (Road Name) N (Dir)
☒ At Intersection With	KILMER RD
☐ Feet - ☐ Miles (14 15)	☐ N ☐ E ☐ S ☐ W of: (16)
11 Speed Limit	35
12 Route No.	0529
Suffix	-
13 Milepost	-
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.	939 165 220
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	PURNIMABE / M / PATEL -
29 Sex	F
27 Number & Street	20 ST PETER DR
28 City / State / Zip	SOUTH AMBOY / NJ / 08879
30 Eyes / DL Class / Restrictions / Endorsements	01 / D / - / -
31 State	NJ
32 Driver's License Number	P07956357456631
33 DOB (mm dd yyyy)	06/29/1963
34 Expires (mm yy)	08 / 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MUKUND / M / PATEL -
36 Number & Street	20 ST PETER DR
37 City / State / Zip	SOUTH AMBOY / NJ / 08879
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISSAN / ALTIMA / GY / 2010 / N44AHE / NJ
44 VIN	1N4AL2AP1AN549896
45 Expires	11 / 19
46 Vehicle Removed To	MAJESTIC 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 #	2
54 Policy No.	4458806215
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PREM - / BRAHMANDAM -
59 Sex	M
57 Number & Street	105 ORION RD
58 City / State / Zip	PISCATAWAY / NJ / 08854
60 Eyes / DL Class / Restrictions / Endorsements	01 / D / - / -
61 State	NJ
62 Driver's License Number	B71556336308761
63 DOB (mm dd yyyy)	08/09/1976
64 Expires (mm yy)	08 / 19
65 Owner's First Name / Initial / Last Name	☒ Same As Driver PREM - / BRAHMANDAM -
66 Number & Street	105 ORION RD
67 City / State / Zip	PISCATAWAY / NJ / 08854
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	LEXUS / RX 350 / BK / 2012 / U29JXY / NJ
74 VIN	2T2BK1BA5CC148407
75 Expires	04 / 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	-	56	F	-	-	-	11	04	-	-	DRIVER 1 -
B	V2	01	01	-	42	M	-	-	-	11	04	-	-	DRIVER 2 -
C														
D														

New Jersey Police Crash Investigation Report

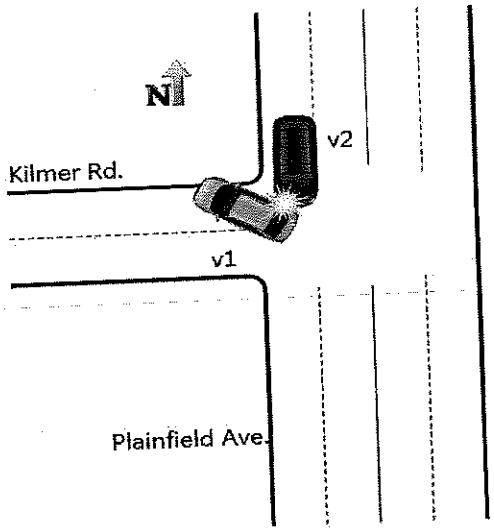
Police Dept: EDISON POLICE DEPAR Code: 01

Station: " Case No: 19003167

(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

Based on Officer's investigation vehicle 1 was making a left turn from Plainfield Ave onto Kilmer Rd. Vehicle 2 was traveling south on Plainfield Rd in the right lane. As vehicle 1 was making the left turn vehicle 1 struck vehicle 2.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 01

1 Case Number: 19003173

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

3 Station/Precinct: -

97: 01

98: 01

99: 02

100a: 01

4 Date of Crash (mm dd yy): 01/16/19

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 0812

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: US HIGHWAY 1 | Road Name | S | Dir

☐ At Intersection With

☒ Feet ☐ Miles | 14 | 15

☐ N ☐ E ☒ S ☐ W of: REDWOOD AVE

16

11 Speed Limit: 50

12 Route No.: 0001 | 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: 02

118b: 16

119a: 25

119b: -

120a: 01

120b: 01

121a: 01

121b: 01

122: 02

123: 11

124: 08

125: 04

126a: 26

126b: -

126c: -

126d: -

126e: 26

127a: 26

127b: -

127c: -

127d: -

127e: 26

128: 26

129: 10

130: 10

131: 01

132: 01

133: 04

134: 03

100b: 04

101: 02

102: 01

103: 01

104: 2

105: 02

106: -

107: -

108: 04

109: 25

110: 01

111: 02

112: -

113: -

114: -

115: 03

116: 03

117: 03

Vehicle 1

23 Veh #: 1

24 Policy No.: 00164 94 03U 7101 1

25 NJ Ins. Code: 355

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

26 Driver's First Name: JAMELL | Initial: A | Last Name: JONES | 29 Sex: M

27 Number & Street: 67 LORING AVE

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

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

32 Driver's License Number: J63943836106912

33 DOB (mm dd yyyy): 06/15/1991

34 Expires (mm yy): 12 19

35 Owner's First Name: TAMMARA | Initial: M | Last Name: RANSOM-JONES

☐ Same As Driver

36 Number & Street: 67 LORING AVE

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

38 Make: NISSAN | 39 Model: ROGUE | 40 Color: WT | 41 Year: 2012 | 42 Plate No.: W98BVW | 43 State: NJ

44 VIN: JN8AS5MV9CW383573

45 Expires: 03 18

46 Vehicle Removed To: MANDY'S 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 #: 2

54 Policy No.: 6524239

55 NJ Ins. Code: -

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

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

57 Number & Street: 732 ELM ST APT 103

58 City: KEARNY | State: NJ | Zip: 07032

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

62 Driver's License Number: S41920437305612

63 DOB (mm dd yyyy): 05/11/1961

64 Expires (mm yy): 03 21

65 Owner's First Name: ANGEL | Initial: - | Last Name: SIERRA

☒ Same As Driver

66 Number & Street: 732 ELM ST APT 103

67 City: KEARNY | State: NJ | Zip: 07032

68 Make: FREIGHTLINE | 69 Model: TR | 70 Color: BL | 71 Year: 1997 | 72 Plate No.: AN512W | 73 State: NJ

74 VIN: 1FUYDZYB4VL757936

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 0688143 ☐ 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: XPO LOGISTICS DRAYAGE LLC

Number & Street: 13777 BALLANTYNE CORPORATE PLACE

City: CHARLOTTE | State: NC | Zip: 28277

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:3-4	G021754	-	-	-
-	-	-	-	-	-

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	V1	01	01	-	27	M	-	-	-	11	04	-	-
B	V2	01	01	-	57	M	-	-	-	11	04	-	-
C													
D													

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

DRIVER 1 -

DRIVER 2 -

New Jersey Police Crash Investigation Report

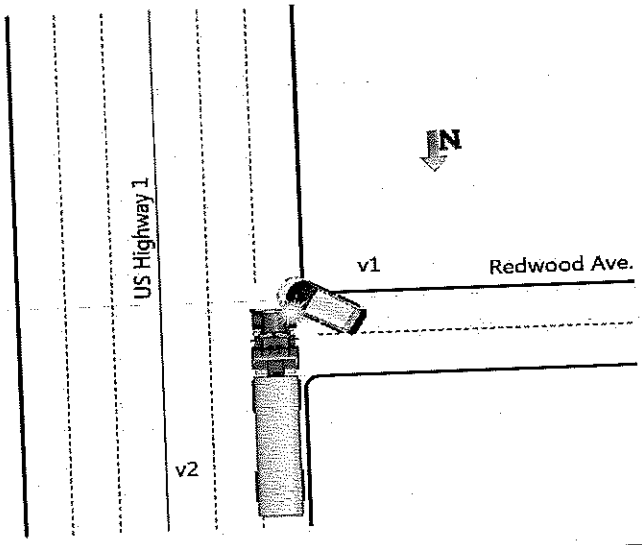
Police Dept: EDISON POLICE DEPAR Code: 01

Station: " Case No: 19003173

(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

Box 54, 55
Safeco Insurance Company of America
NAIC# 24740
Policy #6524239

Trailer Info:
Indiana Reg P415733
VIN# 1GRAA0621FT601117
Make Great Dane
Model Trailer
Year 2014

Based on Officer's investigation vehicle 2 was traveling South on US Highway 1, while traveling vehicle 2 was changing lanes from the center lane to the right lane. Vehicle 1 was on Redwood Ave. entering onto US Highway 1. Driver 1 stated he did not observe vehicle 2 utilize a turn signal or realize he was changing lanes. Vehicle 1 entered onto US highway 1 colliding with vehicle 2.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	19003174
2 Police Dept of / Code	EDISON POLICE DEPART / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/16/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0814
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	VINEYARD RD
☒ At Intersection With	WHITMAN AVE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of	
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
14 / 15 / 16	
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

23 Veh #	1
24 Policy No.	F9138066
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GABY - TERRACINA
29 Sex	F
27 Number & Street	13 WILLOW RD
28 City / State / Zip	METUCHEN / NJ / 08840
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	T27372716153702
33 DOB (mm dd yyyy)	06/24/1970
34 Expires (mm yy)	06 / 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GIUSSEPPE - TERRACINA
36 Number & Street	13 WILLOW RD
37 City / State / Zip	METUCHEN / NJ / 08840
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HONDA / CIVIC / BL / 14 / VYJ86E / NJ
44 VIN / 45 Expires	2HGFB2F540477 / 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.	4543593232
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANTONIA - MOLINARO
59 Sex	F
57 Number & Street	255 ROSE ST
58 City / State / Zip	METUCHEN / NJ / 08840
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	M62580540051552
63 DOB (mm dd yyyy)	01/14/1955
64 Expires (mm yy)	01 / 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSEPH - MOLINARO
66 Number & Street	255 ROSE ST
67 City / State / Zip	METUCHEN / NJ / 08840
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GMC / ACADIA / SL / 15 / SR759Y / NJ
74 VIN / 75 Expires	2GKALREKOF6152150 / 04 / 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	-	48	F	-	-	-	11	04	-	-	DR1 - - - - - - - - - -
B	V2	01	01	-	64	F	-	-	-	11	04	-	-	DR2 - - - - - - - - - -
C	V2	04	01	-	4	M	-	-	-	05	05	-	-	JAMESON - RAJNER - 255 ROSE ST METUCHEN NJ 08840 - -
D	V2	03	01	-	2	F	-	-	-	05	05	-	-	DYLAN - RAJNER - 255 ROSE ST METUCHEN NJ 08840 - -

New Jersey Police Crash Investigation Report

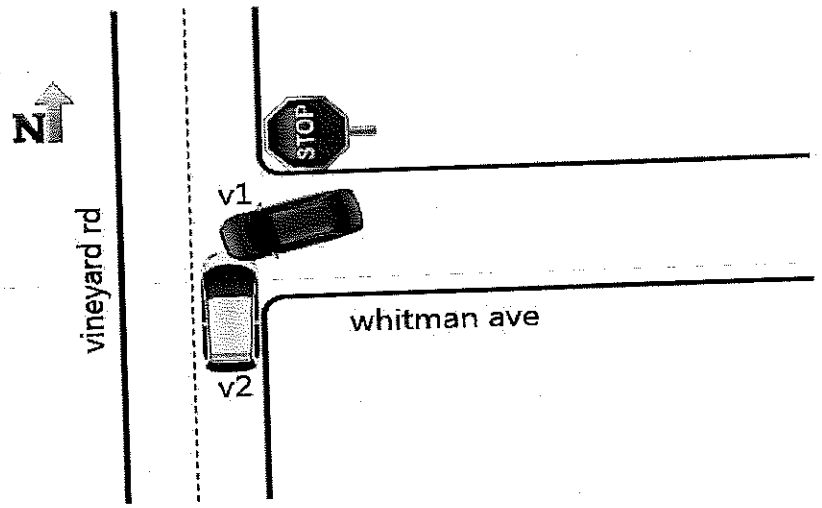
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003174

(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

Office's investigation revealed Vehicle #2 was traveling north on Vineyard Rd. When Vehicle #1 made a left turn out of Whitman Ave , striking the front end of Vehicle# 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CHRISTOPHER FELCETTO	0352	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19003187
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/16/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0848
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	TINGLEY LANE (Road Name) S (Dir)
At Intersection With	
☒ Feet 150 ☐ Miles	☐ N ☐ E ☒ S ☐ W of: INMAN AVE
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
14 / 15 / 16	
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
21 Latitude	-
22 Longitude	-
☐ NB ☐ EB ☐ SB ☐ WB	

Vehicle 1

23 Veh #	1
24 Policy No.	4065 25 09 97
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TANNITA - MALLIK
29 Sex	F
27 Number & Street	5 RORY CT
28 City / State / Zip	EDISON NJ 08820
30 Eyes / DL Class / Restrictions / Endorsements	01 D - -
31 State	NJ
32 Driver's License Number	M0300 73200 58791
33 DOB (mm dd yyyy)	08/10/1979
34 Expires (mm yy)	08 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAIMLER TRUST - -
36 Number & Street	13650 HERITAGE PARKWAY 1ST FLOOR
37 City / State / Zip	FORT WORTH TX 76177
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MERCEDES-B / E300D / GY / 2017 / L30HBD / NJ
44 VIN / 45 Expires	WDDZF4KB2HA065665 / 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 - ☐ 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.	4560 36 48 48
55 NJ Ins. Code	148
☒ 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 KARAN - SEHGAL
66 Number & Street	422 WESTGATE DRIVE
67 City / State / Zip	EDISON NJ 08820
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HONDA / CIVIC / GY / 2013 / N49GNA / NJ
74 VIN / 75 Expires	19XFB2F5XDE203283 / 04 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	1	01	01	-	39	F	-	-	-	11	04	-	-
B	1	04	01	-	7	M	-	-	-	07	07	-	-
C	2	01	01	-	40	F	-	-	-	11	04	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-

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

DRIVER VEHICLE #1 - -

SHLOK - MALLIK

5 RORY CT EDISON NJ 08820

DRIVER VEHICLE #2 - -

-

-

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003187

(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

Vehicles moved prior to my arrival. No injuries.

Driver Vehicle #1 stated she attempted to park in front of vehicle #2 and struck Vehicle #2 which was parked. No injuries.

Driver Vehicle #2 stated she was parked when Vehicle #1 attempted to park in front of her vehicle striking the left front bumper to her her Honda. No injuries

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICHAEL LAPLAGA	0305	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

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

1 Case Number	19003203
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	01/16/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1016
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	U S HWY NO 1
At Intersection With / Road Name	
Feet / Miles	-
N E S W of:	PARSONAGE RD
11 Speed Limit	50
Dir	N
12 Route No.	0001
Suffix	-
13 Milepost	-
16 Speed Limit	25
17 Cross Road Name	-
19 Ramp To / From	-
NB EB SB WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	057533632
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHRISTIAN - RODRIGUEZ -
29 Sex	M
27 Number & Street	115 WESTERVELT AVE
28 City / State / Zip	N PLAINFIELD NJ 07060
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / A / - / - / NJ
32 Driver's License Number	R60941247901836
33 DOB mm dd yyyy	01/06/1983
34 Expires mm yy	12 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SAN LUIS - TRANSPORT LLC -
36 Number & Street	150 MANNING AVE
37 City / State / Zip	N PLAINFIELD NJ 07060
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	PETERBILT / UNKNOWN / WT / 03 / AT280V / NJ
44 VIN	1XP7DBX23D599011
45 Expires	05 19
46 Vehicle Removed To	MANDYS
☐ 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 1312297 ☐ 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	SAN LUIS TRANSPORT LLC
Number & Street	150 MANNING AVE
City / State / Zip	N PLAINFIELD NJ 07060

Vehicle 2

53 Veh #	2
54 Policy No.	F101176188
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MEGHANE - JACOBI -
59 Sex	F
57 Number & Street	60 KATHRYN ST
58 City / State / Zip	CLARK NJ 07066
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	J00745376553902
63 DOB mm dd yyyy	03/27/1990
64 Expires mm yy	03 19
65 Owner's First Name / Initial / Last Name	☒ Same As Driver MEGHANE - JACOBI -
66 Number & Street	60 KATHRYN ST
67 City / State / Zip	CLARK NJ 07066
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	JEEP / GRAND CHER / BK / 18 / R52KKL / NJ
74 VIN	1C4RJFAG3JC468680
75 Expires	09 20
76 Vehicle Removed To	NOLL BROTHERS
☐ 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.
V1	39:3-44	023571	-	-	-
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	V1	01	01	-	35	M	-	-	-	11	04	-	-
B	V1	02	01	-	34	M	-	-	-	11	04	-	-
C	V2	01	01	-	28	F	-	-	-	11	04	-	-
D													

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

DR1 -

JAMIE ALTAMIRANO

115 WESTERVELT AVE N PLAINFIELD NJ 07060 -

DR2 -

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

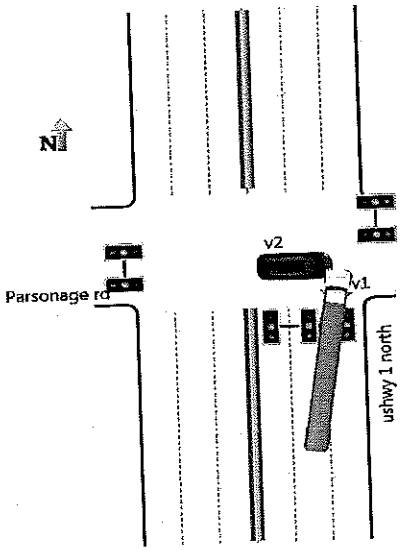
Station: - Case No: 19003203

(Refer to vehicle by number)

ALL INVOLVED

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag 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	
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Officer's investigation revealed Vehicle# 2 was crossing over Us hwy 1, from Parsonage Rd on green traffic light. When Vehicle# 1 did not stop or slow down for the red traffic light on Us hwy 1 north , striking the front passenger side corner of Vehicle# 1 did not stop or slow down for the red traffic light on Us hwy 1 north. When the traffic light turn red, he was unable to Vehicle# 2. Driver #1 stated he was in the center lane on Us hwy 1 north. When the traffic light turn red, he was unable to stop due to the fact he had no brakes on his truck. Driver #1 stated he swerved to the right avoid Vehicle# 2, but struck it any way.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CHRISTOPHER FELCETTO	0352	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	19003273
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	1205
4 Date of Crash (mm dd yy)	01/16/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1644
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	DUCLOS LANE (Road Name)
At Intersection With	
☒ Feet ☐ Miles	2 (14 15)
☐ N ☒ E ☐ S ☐ W of:	LINCOLN HIGHWAY
11 Speed Limit	25
Dir	N
12 Route No.	0676
Suffix	-
13 Milepost	-
16 Speed Limit	40
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.	925486940
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TIFFANY / A / PARRIS
29 Sex	F
27 Number & Street	189 NORTH 7TH STREET
28 City / State / Zip	NEWARK / NJ / 07107
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / NONE / NO
31 State	NJ
32 Driver's License Number	P06707416161912
33 DOB (mm dd yyyy)	11/17/1991
34 Expires (mm yy)	02 / 19
35 Owner's First Name / Initial / Last Name	☒ Same As Driver: TIFFANY / A / PARRIS
36 Number & Street	189 NORTH 7TH STREET
37 City / State / Zip	NEWARK / NJ / 07107
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUNDAI / ELANTRA / BL / 2011 / Z32KSS / NJ
44 VIN	KMHDH4AE5BU149801
45 Expires	11 / 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 #	2
54 Policy No.	4442388940
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SANDRA / - / GUZMAN
59 Sex	F
57 Number & Street	15 DALTON PLACE
58 City / State / Zip	EDISON / NJ / 08817
60 Eyes / DL Class / Restrictions / Endorsements	05 / D / 1 / NO
61 State	NJ
62 Driver's License Number	G95216890055725
63 DOB (mm dd yyyy)	05/08/1972
64 Expires (mm yy)	06 / 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver: JP MORGAN CHAS - -
66 Number & Street	PO BOX 901098
67 City / State / Zip	FT WORTH / TX / 76101
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MAZDA / CX-5 / BN / 2016 / K41HNT / NJ
74 VIN	JM3KE4CY9G0861147
75 Expires	02 / 20
76 Vehicle Removed To	DRIVEN AWAY
☒ 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	-	27	F	-	-	-	11	04	-	-	DRIVER 1 - - - - - - -
B	2	01	01	-	46	F	-	-	-	11	04	-	-	DRIVER 2 - - - - - - -
C	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - -
D	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - -

96	04
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	04
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
123	07
124	-
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	17
131	06
132	06
133	01
134	03

New Jersey Police Crash Investigation Report

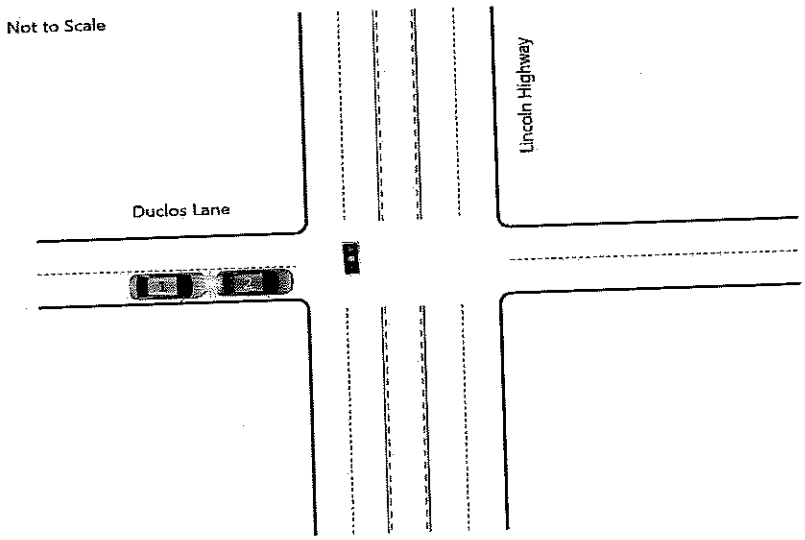
Police Dept: EDISON POLICE DEPAR Code: 01

Station: 1205 Case No: 19003273

(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 1 and Vehicle 2 were involved in a collision. Vehicle 1 rear-ended Vehicle 2, while Vehicle 2 was stopped at the red light. There was no visible damage on Vehicle 1. There was a dent on the rear bumper of Vehicle 2 as a result of the accident.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NICOLE FIELDS	0403	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	19003277
2 Police Dept of	EDISON POLICE DEPART (Code 01)
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/16/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1722
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	GROVE AVE (Road Name) S (Dir)
☒ At Intersection With	CALVERT AVE W
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	- / - / -
14 / 15 / 16	- / - / -
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	032894332G71019
25 NJ Ins. Code	200
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MCKINZIE - BRADFORD -
29 Sex	M
27 Number & Street	61 TRIANGLE LANE
28 City / State / Zip	WILLINGBORO / NJ / 08046
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	07 / D / 1 / - / NJ
32 Driver's License Number	B71375360011447
33 DOB (mm dd yyyy)	11/20/1944
34 Expires (mm yy)	05 / 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ANNIE - BRADFORD -
36 Number & Street	46 EXTON LANE
37 City / State / Zip	WILLINGBORO / NJ / 08046
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MERCEDES-B / S-CLASS / WT / 2009 / T49GBT / NJ
44 VIN	WDDNG86X29A259266
45 Expires	11 / 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.	F86054-9
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHARULATA - PATEL -
59 Sex	F
57 Number & Street	885 ELLIS PKWY
58 City / State / Zip	EDISON / NJ / 08820
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	01 / D / - / - / NJ
62 Driver's License Number	P07951200057741
63 DOB (mm dd yyyy)	07/12/1974
64 Expires (mm yy)	02 / 20
65 Owner's First Name / Initial / Last Name	☐ Same As Driver KALPESH - PATEL -
66 Number & Street	885 ELLIS PKWY
67 City / State / Zip	EDISON / NJ / 08820
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	ACURA / MDX / GY / 2011 / SKS26V / NJ
74 VIN	2HNYD2H26BH512637
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 - ☒ 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	-	74	M	-	-	-	11	04	-	-	DRIVER 1 -
B	02	01	01	-	44	F	-	-	-	11	04	-	-	DRIVER 2 -
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D														

New Jersey Police
Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003277

(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

The driver of v1 states he attempted to pass v2 on the passenger side, but the driver of v2 swerved right and struck his vehicle. The driver of v2 states she was stopped in the intersection attempting to make a left turn when the driver of v1 attempted to pass her on the passenger side and struck her vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DARRIN HUTCHINSON	0418	DECHIRICO	0199	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

PAGE 1 OF 2 ☐ Fatal

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

1 Case Number: 19003282
2 Police Dept of: EDISON POLICE DEPART Code: 01
3 Station/Precinct: -
4 Date of Crash (mm dd yy): 01/16/19
5 Day Of Week: WEDNESDAY
6 Time (use 2400 hrs): 1729
7 Municipality Code: 1205
8 Total Killed: --
9 Total Injured: --

10 Crash Occurred On: WOODBRIDGE AVE (Road Name) E (Dir)
11 Speed Limit: 40
12 Route No.: 0514 Suffix: - 13 Milepost: -
☒ At Intersection With
14: - ☐ Feet ☐ Miles 15
16: ☐ N ☐ E ☐ S ☐ W
of: STANLEY SWIDERSKI 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	Value
118a	02
118b	09
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	08
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	02
134	02

Vehicle 1

23 Veh #: 1
24 Policy No.: CA46832P2018
25 NJ Ins. Code: 186
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: QUATAY Initial: C Last Name: NESMITH -
29 Sex: M
27 Number & Street: 223 SOUTH NINTH AVE
28 City: HIGHLAND PARK State: NJ Zip: 08904
30 Eyes: 02 DL Class: D Restrictions: 0 Endorsements: 0
31 State: NJ
32 Driver's License Number: N28106356312932
33 DOB (mm dd yyyy): 12/19/1993
34 Expires (mm yy): 05 20
35 Owner's ☐ Same As Driver First Name: TAXI AND Initial: - Last Name: LIMOUSINE ONE -
36 Number & Street: 5 PENNSYLVANIA AVE
37 City: METUCHEN State: NJ Zip: 08840
38 Make: DODGE 39 Model: CARAVAN 40 Color: BK 41 Year: 2010 42 Plate No.: OL2882K 43 State: NJ
44 VIN: 2D4RN5D19AR417460
45 Expires: 10 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.: 904523331
55 NJ Ins. Code: 135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: JUAN Initial: B Last Name: BATISTA -
59 Sex: M
57 Number & Street: 262 WASHINGTON ST
58 City: PERTH AMBOY State: NJ Zip: 08861
60 Eyes: 02 DL Class: D Restrictions: 0 Endorsements: 0
61 State: NJ
62 Driver's License Number: B08194156208692
63 DOB (mm dd yyyy): 08/05/1969
64 Expires (mm yy): 06 19
65 Owner's ☒ Same As Driver First Name: JUAN Initial: B Last Name: BATISTA -
66 Number & Street: 262 WASHINGTON ST
67 City: PERTH AMBOY State: NJ Zip: 08861
68 Make: MAZDA 69 Model: CX-9 70 Color: RD 71 Year: 2013 72 Plate No.: A32JRR 73 State: NJ
74 VIN: JM3TB3DVXD0419078
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 - ☐ 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	01	01	01	-	25	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - - - -
B	02	01	01	-	49	M	-	-	-	11	04	-	-	DRIVER 2 - - - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003282

(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

Veh 1 struck the rear bumper of Veh 2 in the left lane of Woodbridge Ave eastbound at the Stanley Swiderski Ave traffic light.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICHAEL GOLDFARB	0437	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: 06 | 99: 07

1 Case Number: 19003289

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

3 Station/Precinct: 1205

4 Date of Crash (mm dd yy): 01/16/19 | 5 Day Of Week: WEDNESDAY

10 Crash Occurred On: VINEYARD ROAD | Road Name | Dir: E | 11 Speed Limit: 25

☐ At Intersection With | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit: 40

☒ Feet ☐ Miles | 14 | 15 | ☐ N ☐ E ☐ S ☒ W | 16 | of: LINCOLN HIGHWAY

19 Ramp ☐ To ☐ From | 17 Cross Road Name | 20 Route/Name | ☐ NB ☐ EB ☐ SB ☐ WB

6 Time (use 2400 hrs): 1815 | 7 Municipality Code: 1205 | 8 Total Killed: -- | 9 Total Injured: --

21 Latitude | 22 Longitude

118a: 02 | 118b: - | 119a: 25 | 119b: - | 120a: 01 | 120b: - | 121a: 01 | 121b: -

Vehicle 1 / Driver 1

100a: 02 | 100b: 04 | 101: 02 | 102: 01 | 103: 01 | 104: 2

23 Veh #: 1 | 24 Policy No.: F5295646 | 25 NJ Ins. Code: 008

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

26 Driver's First Name: ROSE | Initial: - | Last Name: WOEHR | 29 Sex: F

27 Number & Street: 230 VIRGINIA ST.

28 City: WESTFIELD | State: NJ | Zip: 07090

30 Eyes: 05 | DL Class: D | Restrictions: 1 | Endorsements: NO | 31 State: NJ

32 Driver's License Number: W61076710061555 | 33 DOB (mm dd yyyy): 11/24/1955 | 34 Expires (mm yy): 09 20

105: 01

35 Owner's First Name: ROSE | Initial: - | Last Name: WOEHR

106: - ☒ Same As Driver

107: - | 36 Number & Street: 230 VIRGINIA ST.

108: 04 | 37 City: WESTFIELD | State: NJ | Zip: 07090

109: 01 | 38 Make: KIA | 39 Model: SOUL | 40 Color: RD | 41 Year: 2017 | 42 Plate No.: H30JAS | 43 State: NJ

110: 01 | 44 VIN: KNDJP3A57H7503202 | 45 Expires: 07 21

111: 01 | 46 Vehicle Removed To: DRIVEN AWAY

☒ 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 - ☒ 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 / Driver 2

53 Veh #: 2 | 54 Policy No.: 4059888547 | 55 NJ Ins. Code: 148

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

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

57 Number & Street: 261 FLETCHER ST.

58 City: EDISON | State: NJ | Zip: 08820

60 Eyes: 01 | DL Class: D | Restrictions: NONE | Endorsements: NO | 61 State: NJ

62 Driver's License Number: N01044370055791 | 63 DOB (mm dd yyyy): 05/02/1979 | 64 Expires (mm yy): 03 21

122: 16 | 123: 16

65 Owner's First Name: NITIN | Initial: D | Last Name: NADKARNI

☐ Same As Driver

124: 04 | 125: 04 | 66 Number & Street: 261 FLETCHER ST.

126a: 26 | 67 City: EDISON | State: NJ | Zip: 08820

126b: - | 68 Make: HONDA | 69 Model: CIVIC | 70 Color: SL | 71 Year: 2016 | 72 Plate No.: L77GDF | 73 State: NJ

126c: - | 74 VIN: 19XFC1F75GE205696 | 75 Expires: 02 20

126d: - | 76 Vehicle Removed To: DRIVEN AWAY

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

126e: 26 ☐ 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: 01 | Number & Street: -

130: 01 | City: - | State: - | Zip: -

131: 07

132: 07 | 135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

133: 03 | -

134: 03

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
A	1	01	01	-	63	F	-	-	-	11	04	-	-
B	1	02	01	-	64	M	-	-	-	11	04	-	-
C	2	01	01	-	39	F	-	-	-	11	04	-	-
D	2	02	01	-	34	F	-	-	-	11	04	-	-

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

DRIVER 1

CRAIG - WOEHR

230 VIRGINIA ST. WESTFIELD NJ 07090

DRIVER 2

JANHAVI - ARAS

979 PINTO PALM TER. SUNNYVALE CA 94087

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

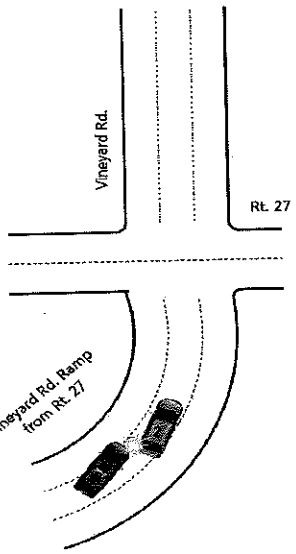
Station: 1205 Case No: 19003289

(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	03	01	-	37	M	-	-	-	11	04	-	-	SHIVANKUSH - ARAS - 979 PINTO PALM TER. SUNNYVALE CA 94087 - -
F	2	04	01	-	44	M	-	-	-	11	04	-	-	NITIN - NADKARNI - 261 FLETCHER ST. EDISON NJ 08820 - -
G	2	05	01	-	14	F	-	-	-	11	04	-	-	ISHA - NADKARNI - 261 FLETCHER ST. EDISON NJ 08820 - -
H	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - - - -
I	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - - - -
J	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - - - -

144 Crash Diagram (NOT TO SCALE)

Not to Scale



145 Crash Description/Narrative

Vehicle 1 and Vehicle 2 were involved in an accident. The driver of Vehicle 1 stated that Vehicle 2 passed her on the right in order to get into the middle lane from the far right lane. The driver of Vehicle 2 stated that she was already driving in the middle lane when Vehicle 1 hit her vehicle from the rear.

I, Officer Fields, determined that Vehicle 1 is at fault because the position of the vehicles and the damage on both vehicles is consistent with a rear-end collision and not a side swipe. In addition, the position of the vehicles indicates that Vehicle 2 was already in front of Vehicle 1 at the time of the collision.

There were dents and scrapes on the front right corner of Vehicle 1, and there was heavy rear end damage on Vehicle 2. No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NICOLE FIELDS	0403	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	19003309
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	US HIGHWAY 1 (Road Name)
N (Dir)	
11 Speed Limit	50
12 Route No.	0001
Suffix	-
13 Milepost	-
18 Speed Limit	25
At Intersection With	☐
Feet	☒ 500
Miles	☐
N ☒ E of:	FORREST HEAVEN BLVD
S ☐ W	
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	01/16/19
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2040
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	1
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	F010237-6
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name /	ADALBERTO - RODRIGUEZ JR
29 Sex	M
27 Number & Street	20 ROSE AVE
28 City / State / Zip	JERSEY CITY / NJ / 07305
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / 1 / - / NJ
32 Driver's License Number	R60940070011952
33 DOB (mm dd yyyy)	11/20/1995
34 Expires (mm yy)	12 / 21
35 Owner's First Name / Initial / Last Name	☒ Same As Driver
36 Number & Street	20 ROSE AVE
37 City / State / Zip	JERSEY CITY / NJ / 07305
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	VOLKSWAGEN / JETTA / SL / 2014 / Y27HTP / NJ
44 VIN / 45 Expires	3VWD17AJ5EM309642 / 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.	OUT OF STATE
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name /	BARBARA - HARRIS -
59 Sex	F
57 Number & Street	5066 VALLEY VIEW ROAD
58 City / State / Zip	MOHNTON / PA / 19540
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / C / 1 / - / PA
62 Driver's License Number	28205612
63 DOB (mm dd yyyy)	01/03/1945
64 Expires (mm yy)	01 / 20
65 Owner's First Name / Initial / Last Name	☒ Same As Driver BARBARA - HARRIS -
66 Number & Street	5066 VALLEY VIEW ROAD
67 City / State / Zip	MOHNTON / PA / 19540
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUNDAI / ACCENT / SL / 2018 / KRS4650 / PA
74 VIN / 75 Expires	3KPC24A31JE016949 / 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	-	24	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - - -
B	02	01	01	04	74	F	01	08	01	11	04	01	-	DRIVER 2 - - - - - - - -
C														
D														

New Jersey Police Crash Investigation Report

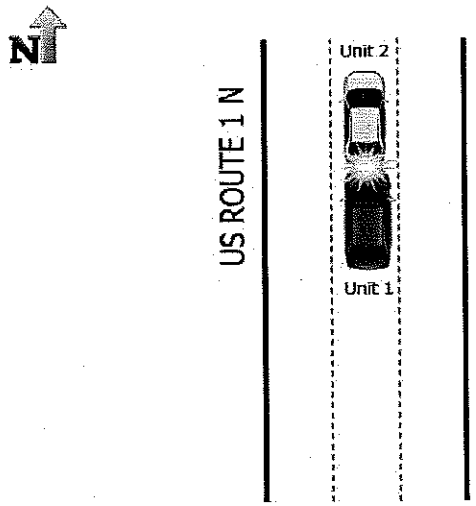
Police Dept: EDISON POLICE DEPAR Code: 01

Station: - Case No: 19003309

(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

Both vehicles were traveling North in the middle lane on US Route 1. D1 stated that he glanced down to check for his wallet when he struck V2 from behind. D2 signed RMA via JFK EMS.

V2 OUT OF STATE INSURANCE PA: 278-5426-A25-38A
STATE FARM.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DANIEL BRADLEY	0414	DECHIRICO	0199	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	19003374
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	01/17/19
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0659
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	WOODBRIDGE AVE (Road Name) W (Dir)
At Intersection With	☐
☒ Feet ☐ Miles	150 (14) (15)
☐ N ☐ E ☐ S ☒ W of:	SIN RD (16)
11 Speed Limit	40
12 Route No.	0514
Suffix	-
13 Milepost	-
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

23 Veh #	1
24 Policy No.	S2311381
25 NJ Ins. Code	206
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GARY - PEARSON
29 Sex	M
27 Number & Street	8 WILLOWTREE CT
28 City / State / Zip	BARNEGAT / NJ / 08005
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	P20452748204634
33 DOB (mm dd yyyy)	04/16/1963
34 Expires (mm yy)	06 / 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AS BARLIN - ASSOCIATES
36 Number & Street	163 BEAVER BROOK RD
37 City / State / Zip	LINCOLN PARK / NJ / 07035
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEVROLET / C SERIES TRU / BL / 18 / XERY21 / NJ
44 VIN	1GCZGGFG1J1160545
45 Expires	12 / 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.	F5497342
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JUAN - HERNANDEZ JR
59 Sex	M
57 Number & Street	637 BRACE AVENUE
58 City / State / Zip	PERTH AMBOY / NJ / 08861
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / NJ
61 State	NJ
62 Driver's License Number	H27184157112792
63 DOB (mm dd yyyy)	12/04/1979
64 Expires (mm yy)	12 / 20
65 Owner's First Name / Initial / Last Name	☐ Same As Driver IVONNE - HERNANDEZ JR
66 Number & Street	637 BRACE AVENUE
67 City / State / Zip	PERTH AMBOY / NJ / 08861
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / EXPLORER / SL / 03 / K89JBM / NJ
74 VIN	1FMYU93173KC99085
75 Expires	09 / 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	-	55	M	-	-	-	11	04	-	-	DR1 -
B	V2	01	01	-	39	M	-	-	-	11	04	-	-	DR2 -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

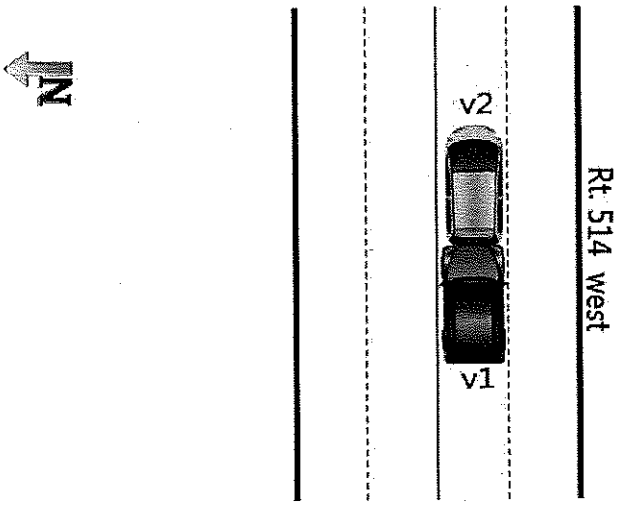
Station: - Case No: 19003374

(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 revealed Vehicle# 2 was stopped in traffic on Rt. 514 west in the left lane. When Vehicle# 1 did not stop or slow down , striking Vehicle# 2 in the rear end.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CHRISTOPHER FELCETTO	0352	DECHIRICO	0199	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 19003473

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 01/17/19

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1615

7 Municipality Code: 1205

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: KILMER RD (Road Name) | Dir: S | 11 Speed Limit: 35 | 12 Route No.: - | Suffix: - | 13 Milepost: -

☐ At Intersection With

50 (14) ☒ Feet ☐ Miles (15) ☐ N ☐ E ☒ S ☐ W (16) of: PLAINFIELD AVE (17 Cross Road Name) | 18 Speed Limit: 35

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

21 Latitude: - 22 Longitude: -

Code	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	04
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	02
132	02
133	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 4538169808 | 25 NJ Ins. Code: 148

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

26 Driver's First Name: FAWZIA | Initial: B | Last Name: RIZVI | - | 29 Sex: F

27 Number & Street: 4 VANDERWATER CT

28 City: EAST BRUNSWICK | State: NJ | Zip: 08816

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

32 Driver's License Number: R47742596259591 | 33 DOB (mm dd yyyy): 09/05/1959 | 34 Expires (mm yy): 06 19

35 Owner's ☐ Same As Driver | First Name: ARSHAD | Initial: R | Last Name: RIZVI | -

36 Number & Street: 4 VANDERWATER CT

37 City: EAST BRUNSWICK | State: NJ | Zip: 08816

38 Make: MAZDA | 39 Model: MPV | 40 Color: SL | 41 Year: 2005 | 42 Plate No.: SXG49D | 43 State: NJ

44 VIN: JM3LW28A850553885 | 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 - ☐ 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.: 4255117477 | 55 NJ Ins. Code: 148

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

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

57 Number & Street: 6 CLEREMONT AVE

58 City: N BRUNSWICK | State: NJ | Zip: 08902

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

62 Driver's License Number: B76733780053782 | 63 DOB (mm dd yyyy): 03/22/1978 | 64 Expires (mm yy): 03 22

65 Owner's ☒ Same As Driver | First Name: IVELYS | Initial: - | Last Name: BRUNO | -

66 Number & Street: 6 CLEREMONT AVE

67 City: N BRUNSWICK | State: NJ | Zip: 08902

68 Make: VOLKSWAGEN | 69 Model: JETTA | 70 Color: BL | 71 Year: 2003 | 72 Plate No.: W29JDE | 73 State: NJ

74 VIN: 3VWSK69M83M083610 | 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 - ☐ 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	39:4-97	G023332	-	-	-
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	-	59	F	-	-	-	11	04	-	-	DRIVER 1 - - - / - - - - - -
B	1	02	01	-	24	F	-	-	-	11	04	-	-	AFREEN - RIZVI - / 4 VANDERWATER CT EAST BRUNSWIC NJ 08816 - -
C	2	01	01	-	40	F	-	-	-	11	04	-	-	DRIVER 2 - - - / - - - - - -
D														

New Jersey Police Crash Investigation Report	Police Dept: EDISON POLICE DEPAR Code: 01
	Station: " Case No: 19003473

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag 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	
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

Vehicles moved prior to police arrival

145 Crash Description/Narrative

Officer's investigation reveals Driver #2 and Driver #1 were traveling southbound on Kilmer Rd, with Driver #2 behind Driver #1. Driver #2 states that Driver #1 moved to the right side of the roadway, and then shortly after turned in front of her in an attempt to make a U-turn. Driver #2 states she attempted to avoid Driver #1 but was unable to and vehicles collided. Driver #1 stated that she was unfamiliar with the area and was looking to make a turn, but did not attempt to make a U-turn. Driver #1 further states that she was off to the side of the roadway and was struck by Driver #2 when she was attempting to continue traveling on Kilmer Rd. No injuries observed and no medical attention requested on scene.

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