

1. Case Number 2017-00051231	10. Crash Occurred On: RT. 70	11. Speed Limit 50	12. Route No. 70	13. Milepost	14. Speed Limit 40
2. Police Dept. of BRICK TWP. P.D. Code 101	3. Station/Precinct	4. Date of Crash mm dd yy 07 28 17	5. Day of Week Su M Tu W Th F Sa	6. Time (use 2400 hrs.) 1707	7. Municipality Code 1506
23. Veh. # 01	24. Policy No. 8319670	25. NJ Ins. Code *	53. Veh. # 02	54. Policy No. ADU-238-560647-7063	55. NJ Ins. Code 090
26. Driver's First Name MEAGAN	27. Number & Street 447 4TH AVE.	28. City BRICK	29. Sex F	56. Driver's First Name MARZANNA M. RUSIN	57. Number & Street 29 CUMBERLAND DR.
30. Eyes 04	31. State NJ	60. Eyes 04	61. State NJ	32. Driver's License Number F2615 53773 56964	33. DOB mm dd yy 06 03 96
34. Expires mm yy 07 21	62. Driver's License Number R9442 52874 57794	63. DOB mm dd yy 02 27 79	64. Expires mm yy 07 20	35. Owner's First Name Same as Driver	65. Owner's First Name Same as Driver
36. Number & Street	37. City	66. Number & Street	67. City	38. Make NISSAN	39. Model SENTRA
38. Make	39. Model	40. Color SL	41. Year 2008	42. Plate No. 6-33 HER	43. State NJ
44. VIN 3N1CB51D55L524859	45. Expires 10/17	68. Make HONDA	69. Model PILOT	70. Color G4	71. Year 2011
72. Plate No. R94BLF	73. State NJ	74. VIN 5FN4F4H59BB10692P	75. Expires 09/17	46. Vehicle Removed to:	76. Vehicle Removed to:
47. Authority <input checked="" type="checkbox"/> Driver	48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0 % <input type="checkbox"/> Pending	49. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.	77. Authority <input checked="" type="checkbox"/> Driver	78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0 % <input type="checkbox"/> Pending	79. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.
50. Carrier No. <input checked="" type="checkbox"/> None	51. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	80. Carrier No. <input checked="" type="checkbox"/> None	81. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.	52. Motor Carrier or Government Entity	82. Motor Carrier or Government Entity
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No NONE			136. Charge 39-3-29B		
137. Summons No. E175274			139. Summons No.		
140. Charge 39-3-29C			141. Summons No. E175275		
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	01	01	01	-	21	F	-	-	-	11	04	-	-	OPERATOR OF V. 1
B	02	01	01	-	38	F	-	-	-	11	04	-	-	OPERATOR OF V. 2
C	02	08	01	-	09	F	-	-	-	11	04	-	-	NATALIA RUSIN 29 CUMBERLAND DR BRICK, NJ 08723
D	02	04	01	-	07	F	-	-	-	07	07	-	-	AMILIA RUSIN " "

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

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)

RT. 70 →

V1 V2 →

RT. 88

145. Crash Description/Narrative

VEHICLE 1 WAS TRAVELING WEST ON RT. 70 IN THE RIGHT LANE BEHIND VEHICLE 2. VEHICLE 2 WAS STOPPED IN TRAFFIC IN THE RIGHT LANE THE FRONT BUMPER OF VEHICLE 1 IMPACTED THE REAR BUMPER OF VEHICLE 2.

THE OPERATOR OF VEHICLE 1 STATED AS SHE WAS APPROACHING THE INTERSECTION OF RT. 88, HER BRAKE PEDAL WAS NOT WORKING. THE OPERATOR OF VEHICLE 1 STATED SHE COULD NOT AVOID VEHICLE 2, AND COULD NOT STOP DUE TO DEFECTIVE BRAKES.

NO INJURIES WERE REPORTED AND THE VEHICLES WERE MOVED OFF THE ROADWAY PRIOR TO MY ARRIVAL.

* BOX 118A: VEHICLE 1: OPERATOR STATED SHE LOST CONTROL OF THE VEHICLE DUE TO DEFECTIVE BRAKES.

* BOX 25: OPERATOR COULD NOT PROVIDE AUTO INS. NJ. CODE & COMPANY: "GOOD 260."

THE OPERATOR OF VEHICLE 1 WAS ISSUED FOLLOWING SUMMONSES:

39-3-29b ; E17-5274

39-3-29c ; E17-5275

→ ATTEMPTED TO FOLLOW UP WITH COMPANY, UNABLE TO OBTAIN COMPANY CODE.

146. Officer's Signature

PT. [Signature] #282

147. Badge #

282

148. Reviewer

[Signature]

Badge #

1195

149. Case Status

Pending Complete