

| | | | | | | | | | | | | | | | | | | |
|--|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|----|
| 96 | 05 | 1. Case Number 2017-00054618 | | | | | | | | | | | | | | | 118a | 10 |
| 97 | 01 | 2. Police Dept. of BRICK Code 01 | | | | | | | | | | | | | | | 118b | 02 |
| 98 | 01 | 3. Station/Precinct | | | | | | | | | | | | | | | 119a | - |
| 99 | 09 | 10. Crash Occurred On: 435 JACK MARTIN BLV | | | | | | | | | | | | | | | 119b | - |
| 100a | 01 | 11. Speed Limit | | | | | | | | | | | | | | | 120a | 01 |
| 100b | 05 | 12. Route No. Suffix 13. Milepost 18. Speed Limit | | | | | | | | | | | | | | | 120b | - |
| 101 | 01 | 14. At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W | | | | | | | | | | | | | | | 121a | - |
| 102 | 01 | 15. 16. 17. Cross Road Name/Route No. 19. Ramp 20. Route Name/Route No. 21. Latitude 22. Longitude | | | | | | | | | | | | | | | 121b | - |
| 103 | 01 | 4. Date of Crash mm dd yy 5. Day of Week Su M Tu W Th F Sa 6. Time (use 2400 hrs.) 7. Municipality Code 8. Total Killed 9. Total Injured | | | | | | | | | | | | | | | 122 | 13 |
| 104 | 02 | 23. Veh. # 24. Policy No. 25. NJ Ins. Code 53. Veh. # 54. Policy No. 55. NJ Ins. Code | | | | | | | | | | | | | | | 123 | 10 |
| 105 | 06 | 26. Driver's First Name Initial Last Name 29. Sex 56. Driver's First Name Initial Last Name 59. Sex | | | | | | | | | | | | | | | 124 | 11 |
| 106 | - | 27. Number & Street 57. Number & Street | | | | | | | | | | | | | | | 125 | 11 |
| 107 | - | 28. City 58. City | | | | | | | | | | | | | | | 126a | 28 |
| 108 | 05 | 29. State 30. Eyes DL Class Restrictions Endorsements 31. State 60. Eyes DL Class Restrictions Endorsements 61. State | | | | | | | | | | | | | | | 126b | - |
| 109 | 01 | 32. Driver's License Number 33. DOB mm dd yy 34. Expires mm yy 62. Driver's License Number 63. DOB mm dd yy 64. Expires mm yy | | | | | | | | | | | | | | | 126c | - |
| 110 | 02 | 35. Owner's First Name Initial Last Name 65. Owner's First Name Initial Last Name | | | | | | | | | | | | | | | 126d | - |
| 111 | 02 | 36. Number & Street 66. Number & Street | | | | | | | | | | | | | | | 126e | 28 |
| 112 | - | 37. City 67. City | | | | | | | | | | | | | | | 127a | 26 |
| 113 | - | 38. Make 39. Model 40. Color 41. Year 42. Plate No. 43. State 68. Make 69. Model 70. Color 71. Year 72. Plate No. 73. State | | | | | | | | | | | | | | | 127b | - |
| 114 | - | 44. VIN 45. Expires 74. VIN 75. Expires | | | | | | | | | | | | | | | 127c | - |
| 115 | - | 46. Vehicle Removed to: 76. Vehicle Removed to: | | | | | | | | | | | | | | | 127d | - |
| 116 | 01 | 47. Authority 77. Authority | | | | | | | | | | | | | | | 127e | 28 |
| 117 | - | 48. Alcohol Drug Test 49. Hazardous Material 78. Alcohol Drug Test 79. Hazardous Material | | | | | | | | | | | | | | | 128 | 28 |
| 50. Carrier No. 51. GVWR / GCWR (trucks & buses only) 80. Carrier No. 81. GVWR / GCWR (trucks & buses only) | | | | | | | | | | | | | | | | | 129 | 05 |
| 52. Motor Carrier or Government Entity 82. Motor Carrier or Government Entity | | | | | | | | | | | | | | | | | 130 | - |
| Number & Street | | | | | | | | | | | | | | | | | 131 | 08 |
| City State Zip | | | | | | | | | | | | | | | | | 132 | - |
| 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No NONE | | | | | | | | | | | | | | | | | 133 | 01 |
| Oper. 136. Charge 137. Summons No. Oper. 138. Charge 139. Summons No. | | | | | | | | | | | | | | | | | 134 | 02 |
| Oper. 140. Charge 141. Summons No. Oper. 142. Charge 143. Summons No. | | | | | | | | | | | | | | | | | | |

| | | Names & Addresses of Occupants If Deceased, Date & Time of Death | | | | | | | | | | | | | | |
|---|--|---|----|----|----|----|----|----|----|----|----|----|----|----|-----------|--|
| | | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | | |
| A | | 01 | 01 | 01 | - | 51 | M | - | - | - | 11 | 04 | - | - | DRIVER #1 | |
| B | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | |

New Jersey Police
Crash Investigation Report

Case Number

2017-00054612

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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

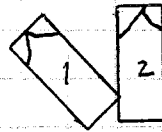


Show NORTH by Arrow
(Not to Scale)

LOADING Dock

425 JACK MARTIN
BLVD

HACKENSACK
HOSPITAL



145. Crash Description/Narrative

VEHICLE #2 WAS PARKED FACING SOUTH IN THE LOADING DOCK AREA.
VEHICLE #1 WAS BACKING UP NORTH IN THE LOADING DOCK AND STRUCK
VEHICLE #2

DRIVER #1 STATED HE DID NOT SEE VEHICLE #2 WHEN
HE WAS BACKING UP.

* VEHICLE #2 INSURANCE INFORMATION IS ZURICH AMERICAN
INSURANCE COMPANY - POLICY # BAP294415119

146. Officer's Signature

[Handwritten Signature]

147. Badge #

130

148. Reviewer

[Handwritten Signature]

Badge #

100

149. Case Status

Pending Complete