

96 05	Page 1 of 2 <input type="checkbox"/> Fatal		New Jersey Police Crash Investigation Report										<input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report			118a 99									
97 01	1. Case Number 2017-00059238				10. Crash Occurred On: 425 Jack Martin BLVD							11. Speed Limit		12. Route No.		13. Milepost		118b 20							
98 01	2. Police Dept. of Brick Police		Code 01		Road Name Dir										18. Speed Limit		118c 01								
99 09	3. Station/Precinct				<input type="checkbox"/> 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 of:		19. To: 17. Cross Road Name/Route No.		19. From: -		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		20. Route Name/Route No.		22. Longitude		118d ---								
100a 01	4. Date of Crash mm dd yy 08 31 17		5. Day of Week Su M Tu W F Sa Th		6. Time (use 2400 hrs.) 1 3 5 1		7. Municipality Code 1 5 0 6		8. Total Killed		9. Total Injured		21. Latitude		22. Longitude		120a 01								
100b 04	23. Veh. # 01		24. Policy No. 4130-30-88-04			25. NJ Ins. Code 148		53. Veh. #		54. Policy No.		55. NJ Ins. Code		59. Sex		120b ---									
101 01	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run 26. Driver's First Name Initial Last Name Annette Priscilla Bukowski F				<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run 56. Driver's First Name Initial Last Name 				59. Sex						121a ---										
102 01	27. Number & Street 554 Charles DR				57. Number & Street												121b ---								
103 01	28. City Brick				State NJ		Zip 08723		58. City				State		Zip		122 01								
104 01	30. Eyes 0 2		DL Class D		Restrictions B		Endorsements - -		31. State NJ		60. Eyes		DL Class		Restrictions		Endorsements		61. State		122 01				
105 11	32. Driver's License Number B 9 1 9 0 0 5 0 7 7				33. DOB mm dd yy 5 7 4 8 2				34. Expires mm yy 1 0 1 9		62. Driver's License Number				63. DOB mm dd yy		64. Expires mm yy		122 ---						
106 ---	<input checked="" type="checkbox"/> Same as Driver 35. Owner's First Name Initial Last Name Annette Priscilla Bukowski				<input type="checkbox"/> Same as Driver 65. Owner's First Name Initial Last Name 												124 04								
107 01	36. Number & Street SAME				66. Number & Street												124 ---								
108 01	37. City SAME				State		Zip		67. City				State		Zip		124 69								
109 01	38. Make TOYOTA		39. Model Solara		40. Color BL		41. Year 2007		42. Plate No. BH3239		43. State NJ		68. Make		69. Model		70. Color		71. Year		72. Plate No.		73. State		126a ---
110 01	44. VIN 4 T 1 F A 3 8 P 5 7 U 1 1 1 0 4 0				45. Expires 06/18				74. VIN				75. Expires				126b ---								
111 ---	46. Vehicle Removed to: DL Towing				76. Vehicle Removed to:												126c ---								
112 ---	<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded												126d 69								
113 ---	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police				77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												126e ---								
114 ---	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.				78. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0 % <input type="checkbox"/> Pending				79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.								127a ---				
115 03	50. Carrier No. <input type="checkbox"/> USDOT <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 type="checkbox"/> USDOT <input 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.								127b ---				
116 03	52. Motor Carrier or Government Entity -				82. Motor Carrier or Government Entity -												127c ---								
117 03	Number & Street				Number & Street												127d ---								
	City				State		Zip		City				State		Zip		127e ---								
	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																131 ---								
	Oper. 136. Charge				137. Summons No.				Oper. 138. Charge				139. Summons No.				132 ---								
	Oper. 140. Charge				141. Summons No.				Oper. 142. Charge				143. Summons No.				133 ---								

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death	
A	01	01	01	04	69	F	01	08	02	11	11	01	6505	Annette Priscilla Bukowski 554 Charles DR Brick NJ 08723	
B															
C															
D															

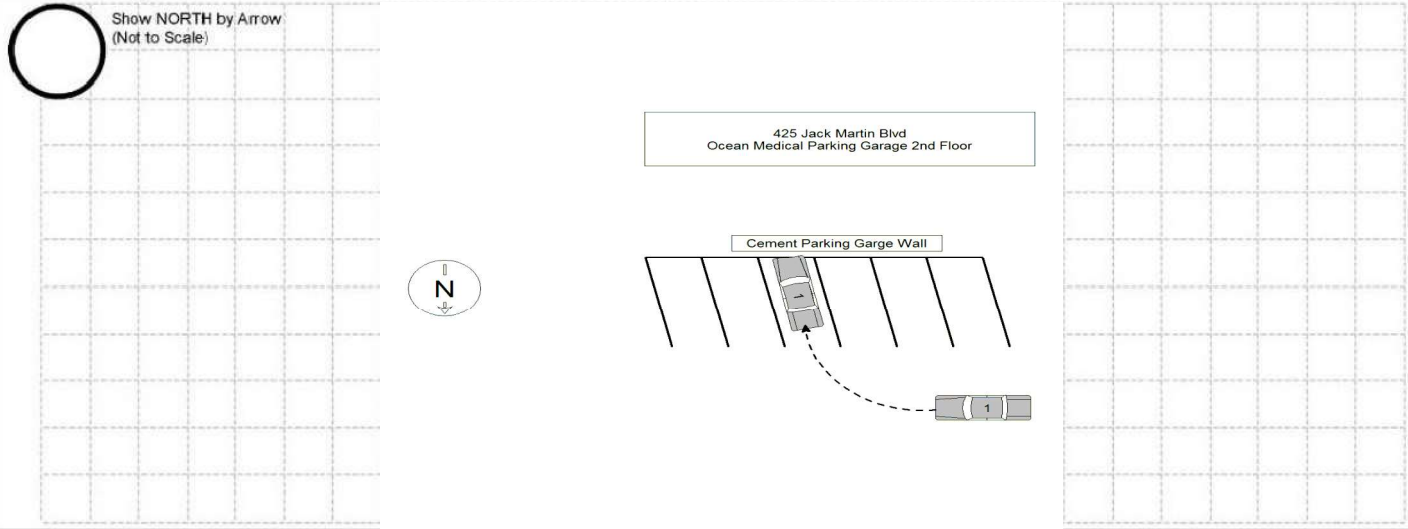
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	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144. Crash Diagram



145. Crash Description/Narrative

Crash occurred on the second floor of the Ocean Medical Parking Garage.

Driver 1 stated, as she attempted to park in a parking space, her flip-flop became entangled with the accelerator pedal. Unable to free her foot, the accelerator remained pressed until she crashed into the parking garage wall.

Upon arrival to the crash scene driver 1 had already been escorted to Ocean Medical Emergency Room by staff. Her statement was taken as she received necessary medical attention.

146. Officer's Signature
Erik V Aksdal

147. Badge #
255

148. Reviewer

Badge #

149. Case Status
 Pending Complete