

96 05	1. Case Number 2017-00050533		10. Crash Occurred On: Cedar Bridge Ave E		11. Speed Limit 528		12. Route No. Suffix		13. Milepost		118a 25
97 01	2. Police Dept. of Brick Code 01		Road Name Dir		18. Speed Limit 25		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No.		20. Route Name/Route No.		118b -
98 01	3. Station/Precinct		30. <input checked="" type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		of: Jackson Ave		19. <input type="checkbox"/> From:		21. Latitude 22. Longitude		119a 25
99 05	4. Date of Crash 07/25/17		5. Day of Week Su M <input checked="" type="radio"/> Tu W		6. Time (use 2400 hrs.) 1635		7. Municipality Code 1506		8. Total Killed 9. Total Injured 02		119b -
100a 01	23. Veh. # 24. Policy No. 01 939036825		25. NJ Ins. Code 054		53. Veh. # 54. Policy No. 02 939265264		55. NJ Ins. Code 054				120a 01
100b 04	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run								120b -
101 02	26. Driver's First Name Charles W. Morton Jr		29. Sex M		56. Driver's First Name Sean P. Finnegan		59. Sex M				121a 01
102 01	27. Number & Street 257 Leswing Dr				57. Number & Street 1595 Sea Island Dr						121b -
103 01	28. City Brick		State Zip NJ 08723		58. City Toms River		State Zip NJ 08753				
104 04	30. Eyes DL Class Restrictions Endorsements		31. State NJ		60. Eyes DL Class Restrictions Endorsements		61. State NJ				122 08
105 01	32. Driver's License Number M66761208601482		33. DOB 01/03/49		34. Expires 09/19		62. Driver's License Number F45096957702204		63. DOB 02/11/00		123 08
106 -	35. Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same as Driver		65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver Raymond Finnegan								124 04
107 -	36. Number & Street		66. Number & Street 1595 Sea Island Dr								125 04
108 04	37. City		State Zip NJ 08753		67. City Toms River		State Zip NJ 08753				126a 26
109 01	38. Make Cad		39. Model SRX		40. Color SL		41. Year 15		42. Plate No. CI2063		126b -
110 01	44. VIN 3EYFNBE39FS622179		45. Expires 07/18		74. VIN 2HGES166X2H504413		75. Expires 11/17				126c -
111 01	46. Vehicle Removed to:				76. Vehicle Removed to:						126d -
112 -	<input checked="" 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		<input checked="" 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				126e 26
113 -	47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police		79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				127a 26
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: 0.00% <input type="checkbox"/> Pending		49. Hazardous Material Hazard Class Placard No.		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: 0.00% <input type="checkbox"/> Pending		79. Hazardous Material Hazard Class Placard No.				127b 26
115 -	50. Carrier No. <input type="checkbox"/> USDOT <input 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.				127c -
116 02	52. Motor Carrier or Government Entity		82. Motor Carrier or Government Entity								127d -
117 02	Number & Street		Number & Street								127e 26
	City		State Zip		City		State Zip				129 06
	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No										130 06
	Oper. 136. Charge 04 39:4-97		137. Summons No. T-155867		Oper. 138. Charge		139. Summons No.				131 06
	Oper. 140. Charge		141. Summons No.		Oper. 142. Charge		143. Summons No.				132 12

		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	-	69	M	-	-	-	-	-	-	11	04	-	-	Same as boxes 26, 27, 28	
B	01 03 01	-	71	F	-	-	-	-	-	-	11	04	-	-	Marlene Morton 257 Leswing Dr Brick, NJ 08723	
C	02 01 01	-	17	M	-	-	-	-	-	-	11	04	-	-	Same as boxes 56, 57, 58	
D	02 03 01 04	15	M	01	08	01	11	04	-	-	-	-	-	-	Mark C. Finnegan 1595 Sea Island Dr Toms River NJ 08753	

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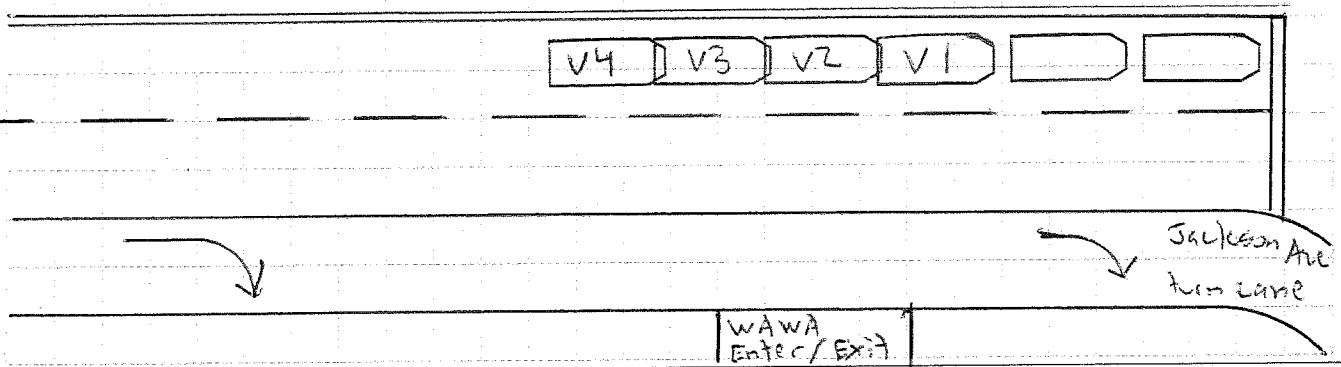
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
E	03	01	01	-	19	M	-	-	-	11	04	-	-	Same as page 3 boxes 26, 27, 28
F	04	01	01	04	20	M	-	-	-	11	11	01	-	Same as page 3 boxes 56, 57, 58
G														
H														
I														
J														

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

Cedar Bridge Ave



145. Crash Description/Narrative

Investigation at the scene revealed: vehicle 1 was traveling east on Cedar Bridge Ave in the left lane and was stopped in traffic approximately thirty feet west of Jackson Ave. vehicles 2 and 3 were also traveling east on Cedar Bridge Ave in the left lane and approached vehicle 1 from the rear. vehicle 2 slowed and stopped, as did vehicle 3. vehicle 4 was traveling east on Cedar Bridge Ave in the left lane and was approaching vehicle 3 from the rear. The driver of vehicle 4 stated he briefly glanced in his rear view mirror, and when he looked forward again, he observed vehicle 3 stopped. The driver of vehicle 4 stated the incident happened quickly and he was unable to stop. The front of vehicle 4 collided with the rear of vehicle 3. The force of the impact caused the front of vehicle 3 to collide with the rear of vehicle 2, which caused the front of vehicle 2 to collide with the rear of vehicle 1. None of the vehicles were moved prior to my arrival. The driver of vehicle 4 complained of left arm pain but

146. Officer's Signature

*ALAZIS*

147. Badge #

218

148. Reviewer

*Det. Nardul*

Badge #

1195

149. Case Status

Pending  Complete

<p>05 01 01 05 01 04 02 01 01 04</p> <p>1. Case Number 2017-00050533</p> <p>2. Police Dept. of <u>Brick</u> Code <u>01</u></p> <p>3. Station/Precinct</p> <p>4. Date of Crash mm dd yy <u>07 12 17</u></p> <p>5. Day of Week Su M <u>T</u> W Th F Sa</p> <p>6. Time (use 2400 hrs.) <u>1635</u></p> <p>7. Municipality Code <u>1506</u></p> <p>8. Total Killed</p> <p>9. Total Injured</p>	<p>10. Crash Occurred On: <u>Cedar Bridge Ave</u> Dir <u>E</u></p> <p>11. Speed Limit <u>528</u></p> <p>12. Route No. Suffix 13. Milepost</p> <p>14. <input type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W</p> <p>15. of: <u>Jackson Ave</u></p> <p>16. 19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB</p> <p>20. Route Name/Route No. 21. Latitude 22. Longitude</p>	<p>118b 25 118b</p> <p>119a 02</p> <p>119b 09</p> <p>120a 01</p> <p>120b -</p> <p>121a 01</p> <p>121b -</p> <p>122 08</p> <p>123 01</p> <p>124 04</p> <p>125 01</p> <p>126a 26</p> <p>126b 26</p> <p>126c -</p> <p>126d -</p> <p>126e 26</p> <p>127a 26</p> <p>127b -</p> <p>127c -</p> <p>127d -</p> <p>127e 26</p> <p>128 26</p> <p>129 06</p> <p>130 06</p> <p>131 12</p> <p>132 12</p> <p>133 03</p> <p>134 04</p>	
<p>100b 04</p> <p>23. Veh. # <u>03</u> 24. Policy No. <u>4048188157</u> 25. NJ Ins. Code <u>148</u></p> <p><input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit &amp; Run</p> <p>26. Driver's First Name Initial Last Name <u>Connor J. Kiley</u> 29. Sex <u>M</u></p> <p>27. Number &amp; Street <u>1420 Monaca Rd</u></p> <p>28. City <u>Delhi</u> State <u>NY</u> Zip <u>13753</u></p> <p>30. Eyes <u>04</u> DL Class <u>D</u> Restrictions <u>1</u> Endorsements <u>-</u> 31. State <u>NY</u></p> <p>32. Driver's License Number <u>124 1313 780</u> 33. DOB <u>07 07 96</u> 34. Expires <u>07 19</u></p> <p>35. Owner's First Name Initial Last Name <u>Terry R. Kiley</u> <input type="checkbox"/> Same as Driver</p> <p>36. Number &amp; Street <u>22 Third St</u></p> <p>37. City <u>Park Ridge</u> State <u>NJ</u> Zip <u>07656</u></p> <p>38. Make <u>Nis</u> 39. Model <u>ALT</u> 40. Color <u>Blu</u> 41. Year <u>10</u> 42. Plate No. <u>H99FRS</u> 43. State <u>NJ</u></p> <p>44. VIN <u>1N4AL2AP3AN424446</u> 45. Expires <u>08/17</u></p> <p>46. Vehicle Removed to:</p> <p><input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled &amp; Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded</p> <p>47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police</p> <p>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: <u>0</u> % <input type="checkbox"/> Pending</p> <p>49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.</p> <p>50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MCMX</p> <p>51. GVWR / GCWR (trucks &amp; buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.</p>	<p>53. Veh. # <u>04</u> 54. Policy No. <u>32766200</u> 55. NJ Ins. Code <u>135</u></p> <p><input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit &amp; Run</p> <p>56. Driver's First Name Initial Last Name <u>Justin J. Maccero</u> 59. Sex <u>M</u></p> <p>57. Number &amp; Street <u>2775 Hooper Ave. Apt 105</u></p> <p>58. City <u>Brick</u> State <u>NJ</u> Zip <u>08723</u></p> <p>60. Eyes <u>04</u> DL Class <u>D</u> Restrictions <u>1</u> Endorsements <u>-</u> 61. State <u>NJ</u></p> <p>62. Driver's License Number <u>M0664 42371 12962</u> 63. DOB <u>12 08 96</u> 64. Expires <u>07 18</u></p> <p>65. Owner's First Name Initial Last Name <u>Pierce A. Maccero</u> <input type="checkbox"/> Same as Driver</p> <p>66. Number &amp; Street <u>2775 Hooper Ave Apt. 105</u></p> <p>67. City <u>Brick</u> State <u>NJ</u> Zip <u>08723</u></p> <p>68. Make <u>Ford</u> 69. Model <u>Mus</u> 70. Color <u>YL</u> 71. Year <u>06</u> 72. Plate No. <u>F84CKY</u> 73. State <u>NJ</u></p> <p>74. VIN <u>1ZVFT80N265155346</u> 75. Expires <u>08/17</u></p> <p>76. Vehicle Removed to: <u>PPTD</u></p> <p><input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled &amp; Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded</p> <p>77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police</p> <p>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: <u>0</u> % <input type="checkbox"/> Pending</p> <p>79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.</p> <p>80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MCMX</p> <p>81. GVWR / GCWR (trucks &amp; buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.</p>	<p>126c -</p> <p>126d -</p> <p>126e 26</p> <p>127a 26</p> <p>127b -</p> <p>127c -</p> <p>127d -</p> <p>127e 26</p> <p>128 26</p> <p>129 06</p> <p>130 06</p> <p>131 12</p> <p>132 12</p> <p>133 03</p> <p>134 04</p>	
<p>52. Motor Carrier or Government Entity</p> <p>Number &amp; Street</p> <p>City State Zip</p>		<p>82. Motor Carrier or Government Entity</p> <p>Number &amp; Street</p> <p>City State Zip</p>	
<p>135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No</p>		<p>136. Charge</p> <p>137. Summons No.</p>	
<p>140. Charge</p> <p>141. Summons No.</p>		<p>142. Charge</p> <p>143. Summons No.</p>	

	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														

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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)

145. Crash Description/Narrative

declined medical attention - The passenger of vehicle Z complained of head pain. His guardian declined medical attention -

146. Officer's Signature

*PALE* #218

147. Badge #

218

148. Reviewer

*Det Nadik*

Badge #

1195

149. Case Status

Pending  Complete