

96	05	1. Case Number 2017-00050949		10. Crash Occurred On: OLDEN STREET		11. Speed Limit 35		12. Route No. ROUTE 88		13. Milepost 40		118a	16
97	01	2. Police Dept. of BRICK Code 01		Road Name ROUTE 88		Dir		18. Speed Limit 40				118b	-
98	01	3. Station/Precinct 100		At Intersection with <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		of: ROUTE 88		19. <input type="checkbox"/> To: 17. Cross Road Name/Route No.		20. Route Name/Route No.		119a	25
99	07	4. Date of Crash 07/27/17		5. Day of Week Th		6. Time (use 2400 hrs.) 1431		7. Municipality Code 1506		8. Total Killed -		119b	-
100a	01	9. Total Injured 01		19. <input type="checkbox"/> Ramp From: 21. Latitude		22. Longitude						120a	01
100b	04	23. Veh. # 01		24. Policy No. 201322832		25. NJ Ins. Code 217		53. Veh. # 02		54. Policy No. 017652775C		55. NJ Ins. Code 823	
101	02	26. Driver's First Name JAMES Initial E Last Name GAVAN		29. Sex M		56. Driver's First Name SARA Initial E Last Name FREER		59. Sex F				121a	01
102	01	27. Number & Street 98 ADAIR DR		28. City BRICK State NJ Zip 08123		57. Number & Street 204 MILL CREEK DR		58. City BAYVILLE State NJ Zip 08721				121b	-
103	05	30. Eyes 05 DL Class -0 Restrictions - Endorsements -		31. State NJ		60. Eyes 02 DL Class -0 Restrictions - Endorsements -		61. State NJ				122	03
104	02	32. Driver's License Number 60905 38365 05455		33. DOB 05/04/45		34. Expires 06/19		62. Driver's License Number F7314 69165 5442		63. DOB 04/22/94		64. Expires 07/20	
105	07	35. Owner's First Name JAMES Initial E Last Name GAVAN		36. Number & Street 98 ADAIR DR		37. City BRICK State NJ Zip 08123		65. Owner's First Name SARA Initial E Last Name FREER		66. Number & Street 204 MILL CREEK DR		67. City BAYVILLE State NJ Zip 08721	
106	-	<input checked="" type="checkbox"/> Same as Driver		38. Make JEE 39. Model LTB 40. Color SL 41. Year 05 42. Plate No. UMH12 43. State NJ		68. Make CHE 69. Model CRU 70. Color GO 71. Year 13 72. Plate No. Q25FTY 73. State NJ						124	08
107	-	<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		44. VIN 1J4GL48KX5W601336 45. Expires 03/18		74. VIN 1G1PAS5A107271464 75. Expires 09/17						125	04
108	04	46. Vehicle Removed to: <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		47. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		76. Vehicle Removed to: <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		77. Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				126a	26
109	01	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 <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill 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 <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.				126b	-
110	01	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		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 <input type="checkbox"/> MC/MX		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.				126c	-
111	01	52. Motor Carrier or Government Entity		82. Motor Carrier or Government Entity								126d	-
112	-	Number & Street		Number & Street								126e	26
113	-	City		City								127a	26
114	-	State Zip		State Zip								127b	-
115	-	135. Damage to Other Property <input type="checkbox"/> Yes (if Yes, describe) <input checked="" type="checkbox"/> No										127c	-
116	03	Oper. 136. Charge		137. Summons No.		Oper. 138. Charge		139. Summons No.				127d	-
117	04	Oper. 140. Charge		141. Summons No.		Oper. 142. Charge		143. Summons No.				127e	26

		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	-	72	M	-	-	-	11	04	-	-	SEE Box # 26, 27, 28	
B	02	01	01	04	23	F	06	08	02	11	04	-	*	SEE Box # 56, 57, 58	
C															
D															

New Jersey Police
Crash Investigation Report

Case Number

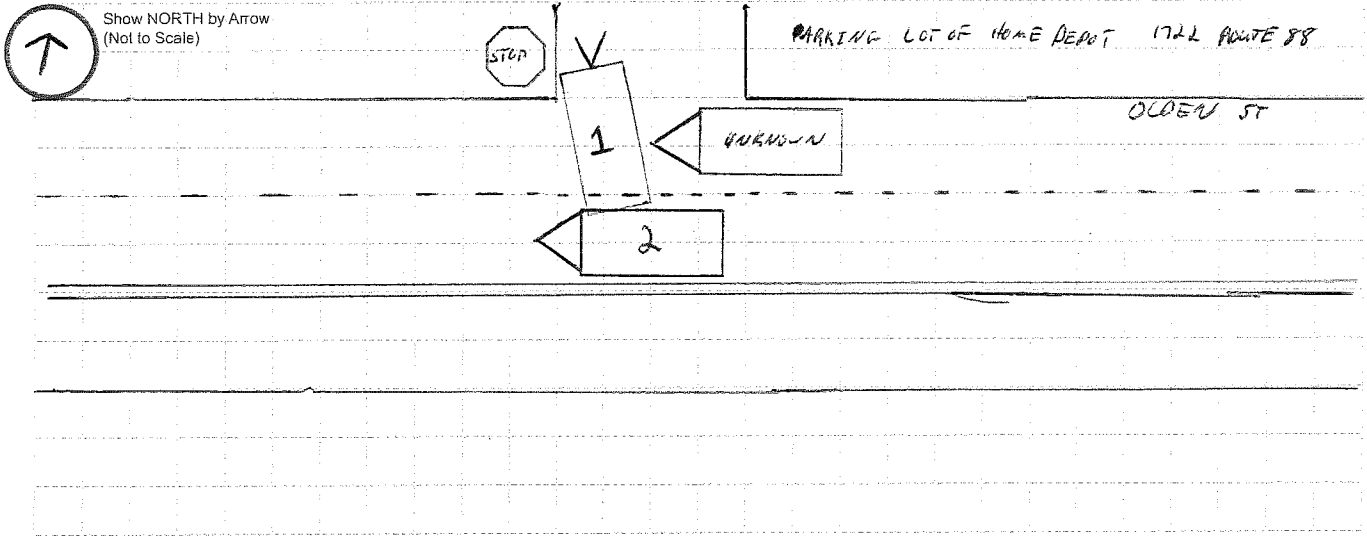
2017-00050944

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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



145. Crash Description/Narrative

THE RESULTS OF MY INVESTIGATION ARE AS FOLLOWS:

VEHICLE #1 WAS STOPPED AT A STOP SIGN FACING SOUTH WAITING TO TURN LEFT ON TO OLDEN STREET FROM THE HOME DEPOT PARKING LOT. VEHICLE #2 WAS TRAVELING WEST ALONG OLDEN STREET IN THE LEFT LANE APPROACHING ROUTE 88. AN UNKNOWN VEHICLE STOPPED IN THE RIGHT LANE TO ALLOW VEHICLE #1 TO MAKE THE LEFT. VEHICLE #1 ATTEMPTED TO MAKE THE LEFT TURN AND DID NOT SEE VEHICLE #2 TRAVELING IN THE LEFT LANE SUBSEQUENTLY CAUSING THE CRASH.

THE UNKNOWN VEHICLE LEFT THE SCENE PRIOR TO MY ARRIVAL. THE DRIVER OF VEHICLE #2 COMPLAINED OF BACK PAIN AND WAS TRANSPORTED TO OCEAN CARE CENTER (1517 RICHMOND AVE, POINT PLEASANT NJ 08742) BY BRICK TOWNSHIP POLICE EMS.

146. Officer's Signature

PTC [Signature]

147. Badge #

284

148. Reviewer

[Signature]

Badge #

1238

149. Case Status

Pending Complete