

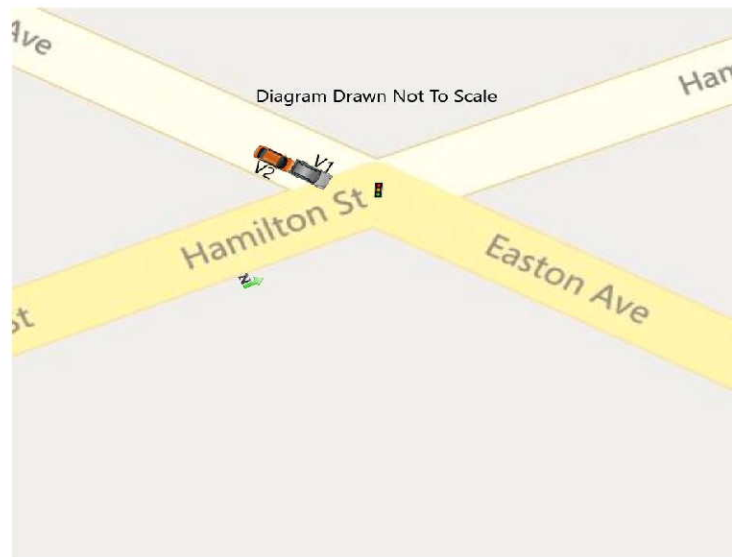
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **NEW BRUNSWICK** Case No: **21NB08660**

(Refer to vehicle by number)

	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On		Cond			Inj	Inj	Med	Avail	Used	Dept	Code	
A L L I N V O L V E D J	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 reports slowing down to let a pedestrian cross at the intersection when she was struck in the rear by Vehicle 2.

Driver of Vehicle 2 reports that she was not able to slow down quickly enough and collided into the rear of Vehicle 1.

No injuries.

146 Officer's Signature
MICHAEL YACUK

147 Badge #
7283

148 Reviewer
LISZCZAK

Badge #
5267

149 Case Status
 Pending Complete

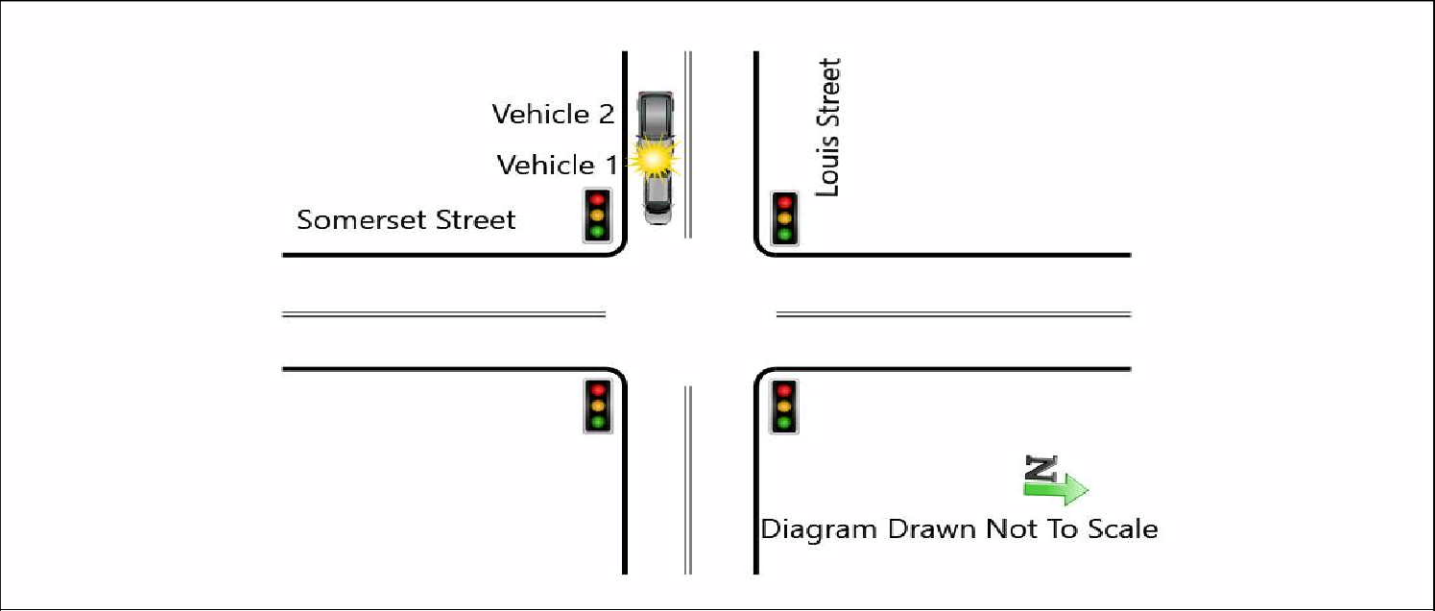
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: - Case No: **21NB08651**

(Refer to vehicle by number)

A L L I N V O L V E E I D J	Veh	Pos	Phys		Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On	Eject	Cond			Inj	Inj	Med	Avail	Used	Dept	Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was on Louis Street stopped at the traffic light to Somerset Street when she was rear ended by vehicle 2.
Driver 2 admitted to striking vehicle 1 when she did not stop in time to avoid hitting vehicle 1. Driver 1 complained of feeling something in her lower back but was not complaining of pain. Driver 1 also did not want medical attention. Driver 2 did not complain of pain and did not sustain any damage to her vehicle. Vehicle 1 sustained 2 license bolt imprints to the rear bumper to her vehicle.
Both parties drove their respective vehicles from the scene. Nothing further to report at this time.

146 Officer's Signature
WILLIAM CONTRERAS

147 Badge #
7255

148 Reviewer
BOBADILLA

Badge #
5229

149 Case Status
 Pending Complete

96	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																																																																																																																															
01	1 Case Number 21NB08679		10 Crash Occurred On: STATE ROUTE 18										11 Speed Limit 45			118a																																																																																																																												
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input checked="" type="checkbox"/> At Intersection With Road Name GEORGE STREET										12 Route No. - 13 Milepost - 18 Speed Limit 25			118b																																																																																																																										
01	3 Station/Precinct NEW BRUNSWICK				<input type="checkbox"/> Feet <input type="checkbox"/> Miles										19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: - 17 Cross Road Name			119a																																																																																																																										
02	4 Date of Crash 12/14/21		5 Day Of Week TUESDAY		6 Time (use 2400 hrs) 1355		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		21 Latitude - 22 Longitude -			119b																																																																																																																												
100a	23 Veh # 1		24 Policy No. 2011132270				25 NJ Ins. Code 22772		53 Veh # 2		54 Policy No. PAC00001021475				55 NJ Ins. Code 10791		120a																																																																																																																											
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																																																																																																																							
02	26 Driver's First Name Initial Last Name JAIRO - CANDELO-VINAZCO - M										29 Sex M		56 Driver's First Name Initial Last Name LESZEK - KROL - M										59 Sex M		121a																																																																																																																			
01	27 Number & Street 4321 SPRING FOAL COURT										57 Number & Street 2411 OLD STONE MILL DRIVE										121b																																																																																																																							
01	28 City UPPER MARLBORO										State Zip MD 20772		58 City CRANBURY										State Zip NJ 08512		01																																																																																																																			
2	30 Eyes 02		DL Class -		Restrictions -		Endorsements -		31 State NJ		60 Eyes 04		DL Class -		Restrictions -		Endorsements -		61 State NJ		122																																																																																																																							
02	32 Driver's License Number C534 362 045 113				33 DOB 02/12/1976		34 Expires 07 22		62 Driver's License Number K7532 46400 07554				63 DOB 07/13/1955		64 Expires 07 23		123																																																																																																																											
02	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver JAIRO - CANDELO-VINAZCC -										65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver AAA LIMOUSINE - SRVC INC -										124																																																																																																																							
-	36 Number & Street 4321 SPRING FOAL COURT										66 Number & Street 2376 ROUTE 130 N										125																																																																																																																							
-	37 City UPPER MARLBORO										State Zip MD 20772		67 City NORTH BRUNSWICK										State Zip NJ 08902		126a																																																																																																																			
05	38 Make RAM		39 Model TRUCK		40 Color RD		41 Year 2013		42 Plate No. UGM5927		43 State VA		68 Make LINCOLN		69 Model MKT		70 Color BK		71 Year 2015		72 Plate No. OL1689K		73 State NJ		126b																																																																																																																			
09	44 VIN 1C6RR7KT XDS698597				45 Expires 01 22		74 VIN 2LMHJ5NKXFL00868				75 Expires 12 22		126c																																																																																																																															
01	46 Vehicle Removed To -										76 Vehicle Removed To AAA TOW SERVICE										126d																																																																																																																							
02	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded										<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded										-																																																																																																																							
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-	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 checked="" type="checkbox"/> Police										127a																																																																																																																							
06	48 Alcohol/Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused				49 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				78 Alcohol/Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused				79 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				127b																																																																																																																											
-	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Hazard Class				Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Hazard Class				-																																																																																																																											
114	Results: 0. - % <input type="checkbox"/> Pending				Placard No.				Results: 0. - % <input type="checkbox"/> Pending				Placard No.				127c																																																																																																																											
-	50 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None				51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs				80 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None				81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs				127d																																																																																																																											
03	<input type="checkbox"/> MC/MX -								<input type="checkbox"/> MC/MX -								127e																																																																																																																											
03	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -										128																																																																																																																							
-	Number & Street -										Number & Street -										129																																																																																																																							
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-	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																				131																																																																																																																							
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03	Oper. 136 Charge -				137 Summons. No. -				Oper. 138 Charge -				139 Summons. No. -				133																																																																																																																											
02	Oper. 140 Charge -				141 Summons. No. -				Oper. 142 Charge -				143 Summons. No. -				134																																																																																																																											
04	83										84										85										86										87										88										89										90										91										92										93										94										95										Names & Addresses of Occupants - If Deceased, Date & Time of Death									
A	1		01		01		-		45		M		-		-		-		11		04		-		-		DRIVER 1																																																																																																																	
B	2		01		01		-		66		M		-		-		-		11		04		-		-		DRIVER 2																																																																																																																	
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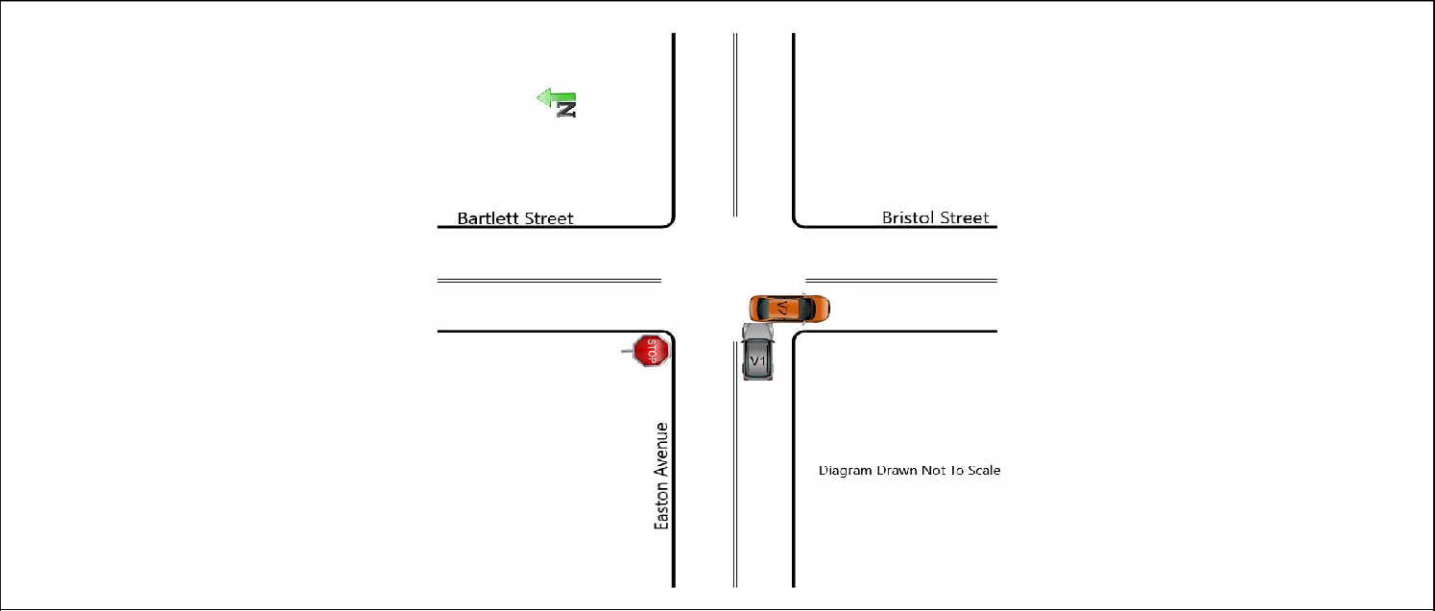
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **21NB08697**

(Refer to vehicle by number)

	Veh	Pos	Phys		Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On	Eject	Cond			Inj	Inj	Med	Avail	Used	Dept	Code	
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On 12/15/2021 at approximately 0924 Hrs. the undersigned responded in unit 910 to the area of Easton Avenue and Bartlett Street for an accident without injuries.
Vehicle #1 was traveling straight eastbound on Easton Avenue. Vehicle #2 was traveling straight on Bartlett Street.

The driver of vehicle #1 stated as he was traveling on Easton Avenue, vehicle #2 entered his lane of travel causing the collision to occur. The driver of vehicle #1 continued to state, vehicle #2 did not stop at the stop sign.
The driver of vehicle #2 stated, he was traveling southbound on Bartlett Street. The driver of vehicle #2 explained, he approached the Easton Avenue intersection. The driver of vehicle #2 stated, he stopped at the stop sign and then proceeded to cross Easton Avenue. The driver of vehicle #2 stated while crossing Easton Avenue, vehicle #1 was traveling at a high rate of speed and hit him.
The occupants of both vehicles stated, no injuries. There were no insurance code listed on vehicle #2. Vehicle #2 insurance information: HiRoad Assurance Co. 888-912-9306, One Cedar Street Suite 301, Providence, RI, 02903.

146 Officer's Signature
DALE GRAY

147 Badge #
7227

148 Reviewer
CICHOWSKI

Badge #
5246

149 Case Status
 Pending Complete

96	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											
04	1 Case Number 21NB08703		10 Crash Occurred On: SICARD ST.										11 Speed Limit 25											
01	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input checked="" type="checkbox"/> At Intersection With Road Name Dir										12 Route No. Suffix 13 Milepost 18 Speed Limit 25									
06	3 Station/Precinct -		-		<input type="checkbox"/> Feet <input type="checkbox"/> Miles										19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: 17 Cross Road Name									
07	4 Date of Crash mm dd yy 12/15/21		5 Day Of Week WEDNESDAY		6 Time (use 2400 hrs) 1651		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		20 Route/Name 21 Latitude 22 Longitude											
100a	23 Veh # 1		24 Policy No. 4415109232				25 NJ Ins. Code 148		53 Veh # 2		54 Policy No. UNK				55 NJ Ins. Code									
101	<input checked="" 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 checked="" type="checkbox"/> Hit & Run											
02	26 Driver's First Name Initial Last Name					29 Sex		56 Driver's First Name Initial Last Name					59 Sex											
01	-					-		00					U 00											
102	27 Number & Street																							
103	-																							
01	28 City State Zip																							
104	-																							
2	30 Eyes DL Class Restrictions Endorsements				31 State		60 Eyes DL Class Restrictions Endorsements				61 State													
105	-				-		-				-													
06	32 Driver's License Number				33 DOB mm dd yyyy		34 Expires mm yy		62 Driver's License Number				63 DOB mm dd yyyy		64 Expires mm yy									
106	-				-		-		-				-		00									
00	35 Owner's First Name Initial Last Name																							
107	<input type="checkbox"/> Same As Driver TARYN L SAMMAK																							
00	<input type="checkbox"/> Same As Driver 00 - 00																							
108	36 Number & Street 44 NEWPORT DR.																							
01	37 City State Zip MANALAPAN NJ 07726																							
109	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	
110	KIA		OPTIMA		WT		2013		M38FZB		NJ		-		-		-		-		-		-	
111	44 VIN 5XXGR4A65DG161057																							
01	45 Expires 10 22																							
112	46 Vehicle Removed To																							
00	-																							
113	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded																							
00	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded																							
114	47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police																							
115	48 Alcohol/Drug Test																							
00	Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused																							
116	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine																							
00	Results: 0. - % <input type="checkbox"/> Pending																							
117	50 Carrier No.				51 GVWR/GCWR				80 Carrier No.				81 GVWR/GCWR											
00	<input type="checkbox"/> USDOT <input type="checkbox"/> None				<input type="checkbox"/> Weight <= 10,000 lbs				<input type="checkbox"/> USDOT <input type="checkbox"/> None				<input type="checkbox"/> Weight <= 10,000 lbs											
118	<input type="checkbox"/> MC/MX				<input type="checkbox"/> Weight 10,001-26,000 lbs				<input type="checkbox"/> MC/MX				<input type="checkbox"/> Weight 10,001-26,000 lbs											
119	<input type="checkbox"/> Weight >= 26,001 lbs				<input type="checkbox"/> Weight >= 26,001 lbs				<input type="checkbox"/> Weight >= 26,001 lbs				<input type="checkbox"/> Weight >= 26,001 lbs											
120	52 Motor Carrier or Government Entity																							
00	-																							
121	Number & Street																							
01	-																							
122	City				State		Zip		City				State		Zip									
00	-				-		-		-				-		-									
123	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																							
00	-																							
124	Oper. 136 Charge				137 Summons. No.				Oper. 138 Charge				139 Summons. No.											
00	-				-				-				-											
125	Oper. 140 Charge				141 Summons. No.				Oper. 142 Charge				143 Summons. No.											
03	-				-				-				-											
126	83 84 85 86 87 88 89 90 91 92 93 94 95																							
00	Names & Addresses of Occupants - If Deceased, Date & Time of Death																							
A	UNKNOWN																							
B	-																							
C	-																							
D	-																							

New Jersey Police
Crash Investigation Report

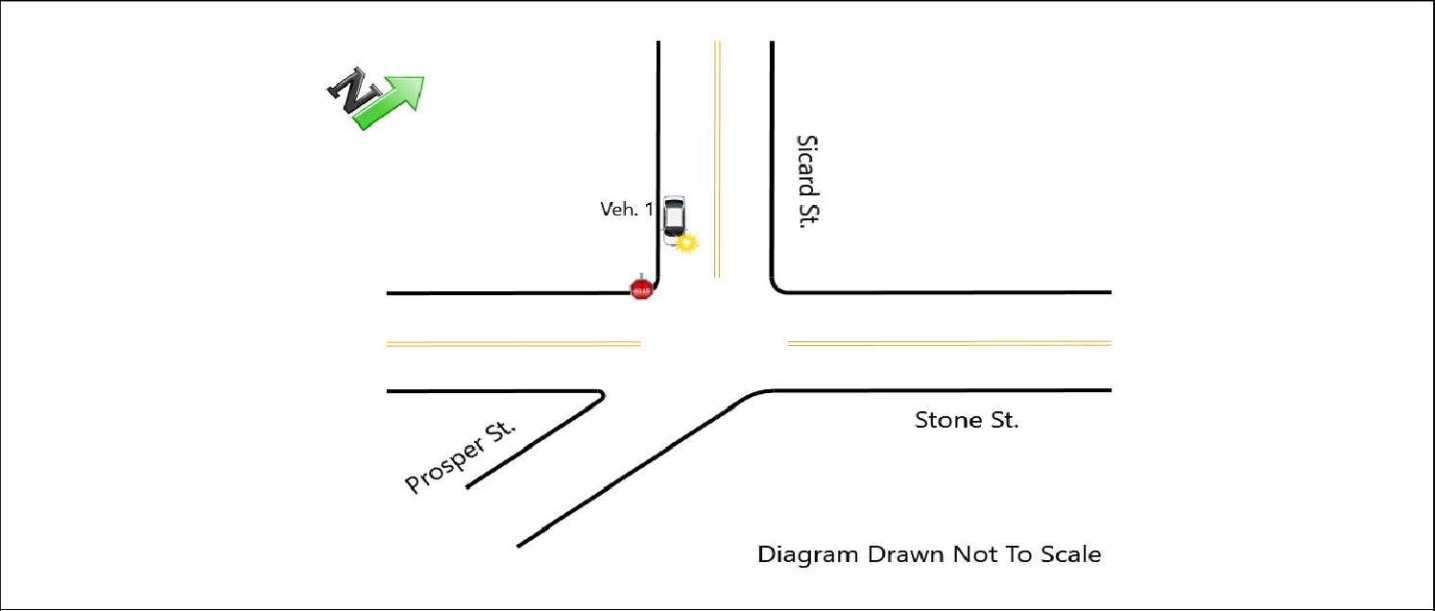
Police Dept: **NEW BRUNSWICK PD** Code: **01**

Station: **-** Case No: **21NB08703**

(Refer to vehicle by number)

	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
	Occ	In/On		Cond			Inj	Inj	Med	Avail	Used	Dept	Code		
A L L I N V O L V E E D J	83	84	85	86	87	88	89	90	91	92	93	94	95		

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Owner of veh. 1 stated that she parked her vehicle on Sicard St. just before the intersection at Stone St. at 8:00 A.M. She returned to her vehicle at 4:35 P.M. to discover it had been struck by an unknown vehicle. There is a surveillance camera at 6 Sicard St., but unable to get into contact with building management at this time. Unknown info on vehicle 2.

146 Officer's Signature
MIGUEL CHANG

147 Badge #
7244

148 Reviewer
CONWAY

Badge #
5297

149 Case Status
 Pending Complete

96	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																			
05	1 Case Number 21NB08698		10 Crash Occurred On: BAYARD STREET										11 Speed Limit 25																			
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input type="checkbox"/> At Intersection With Road Name Dir <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: CONNECTOR WAY <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W 12 Route No. Suffix 13 Milepost 18 Speed Limit 25										118a	25																
01	3 Station/Precinct -		14 15 16 19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: - 17 Cross Road Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB										118b	-																		
98	4 Date of Crash mm dd yy 12/15/21		5 Day Of Week WEDNESDAY		6 Time (use 2400 hrs) 1023		7 Municipality Code 1214		8 Total Killed --		9 Total Injured 1		20 Route/Name 21 Latitude - 22 Longitude -		119a	12																
01	23 Veh # 1		24 Policy No. NC10199347				25 NJ Ins. Code 946		53 Veh # 2		54 Policy No. UNKNOWN				55 NJ Ins. Code -		119b	00														
100a	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run														120a	01																
04	26 Driver's First Name Initial Last Name LATISHA - ROSA										29 Sex F		56 Driver's First Name Initial Last Name UNKNOWN - -										59 Sex M		121a	00						
01	27 Number & Street 157 WHITEHEAD AVE #1B										57 Number & Street -										121b	00										
102	28 City SOUTH RIVER										State Zip NJ 08882		58 City -										State Zip -		122	01						
02	30 Eyes		DL Class		Restrictions		Endorsements		31 State NJ		60 Eyes		DL Class		Restrictions		Endorsements		61 State -		123	02										
105	32 Driver's License Number R66854430059796				33 DOB mm dd yyyy 09/06/1979		34 Expires mm yy 10 21		62 Driver's License Number -				63 DOB mm dd yyyy -		64 Expires mm yy -		124	04														
04	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver LATISHA - ROSA										65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver EMILY S VALE										125	04										
106	36 Number & Street 157 WHITEHEAD AVE #1B										66 Number & Street 11A MAJESTY WAY										126a	26										
01	37 City SOUTH RIVER										State Zip NJ 08882		67 City MECHANICVILLE										State Zip NY 12118		126b	11						
09	38 Make MAZDA		39 Model UNKNOWN		40 Color BL		41 Year 2010		42 Plate No. X38JFR		43 State NJ		68 Make FORD		69 Model FUSION		70 Color BG		71 Year 2018		72 Plate No. CCZ1321		73 State NY		126c	26						
110	44 VIN JM3ER2WM4A0346952								45 Expires 09 22		74 VIN V014159396432275848								75 Expires 10 22		126d	11										
01	46 Vehicle Removed To -										76 Vehicle Removed To -										126e	26										
111	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input checked="" 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										127a	26										
00	47 Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police										77 Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police										127b	26										
114	48 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										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 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 Hazard Class Placard No.										127c	26
03	50 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None <input type="checkbox"/> MC/MX -				51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs				80 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None <input type="checkbox"/> MC/MX -				81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs				127d	26														
01	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -										127e	26										
117	Number & Street -										Number & Street -										128	11										
113	City -										State		Zip		City -										State		Zip		129	11		
00	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																				130	11										
114	Oper. 136 Charge 2 39:4-129B										137 Summons. No. Q 504198		Oper. 138 Charge 2 39:4-85.1										139 Summons. No. Q 504200		131	00						
01	Oper. 140 Charge 2 39:4-130										141 Summons. No. Q 504199		Oper. 142 Charge -										143 Summons. No. -		132	02						
01											Names & Addresses of Occupants - If Deceased, Date & Time of Death										133	02										
A	83	84	85	86	87	88	89	90	91	92	93	94	95	LATISHA - ROSA 157 WHITEHEAD AVE SOUTH RIVER NJ 08882 - -										134	02							
B	1	01	01	03	42	F	11	08	02	04	04	-	6202	UNKNOWN - - - - -										135	02							
C	2	01	01	-	---	M	-	-	-	00	00	-	-											136								
D																								137								

New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **21NB08698**

(Refer to vehicle by number)

	Veh	Pos	Phys		Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On	Eject	Cond			Inj	Inj	Med	Avail	Used	Dept	Code	
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
L														
L														
F														
I														
N														
V														
O														
L														
V														
E														
I														
D														
J														

144 Crash Diagram (NOT TO SCALE)

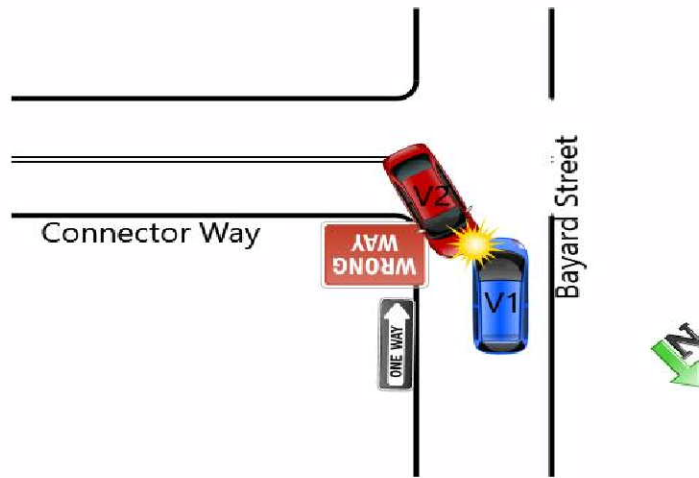


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Vehicle 1 was traveling south on Bayard Street towards Connector Way at the time of the accident. Driver 1 stated that Vehicle 2, who was traveling on Connector Way, executed an illegal right turn onto Bayard Street. It should be noted that Bayard Street is a one way heading towards Connector Way as indicated by signage. At that point, Vehicle 2 struck Vehicle 1 in an head on collision.

Driver 1 reported a complaint of pain to her knees and neck. EMS was summoned to the scene and transported her to Robert Wood Johnson University Hospital. Vehicle 1 sustained damage to its front driver's side panel, including scuff marks and burgundy paint transfer. Driver 1 was unsure exactly where the damage was to Vehicle 2.

Driver 1 stated that Driver 2 then executed a U-Turn and fled towards French Street and made a left towards Townsend Street. Driver 1 describes Driver 2 as the following: young white male with brown hair. Driver 1 was able to take a picture of the Vehicle 2, including the license plate, prior to it fleeing.

An attempt to locate the registered owner by her local police department yielded negative results. Thus, the registered owner was issued the following summonses: Failure to Report an Accident 39:4-130 (Q 504199) / Leaving the scene of an Accident 39:4-129b (Q 504198) / Wrong Way on One Way 39:4-85.1 (Q 504200)

146 Officer's Signature
TAMIKA BALDWIN

147 Badge #
7321

148 Reviewer
CICHOWSKI

Badge #
5246

149 Case Status
 Pending Complete

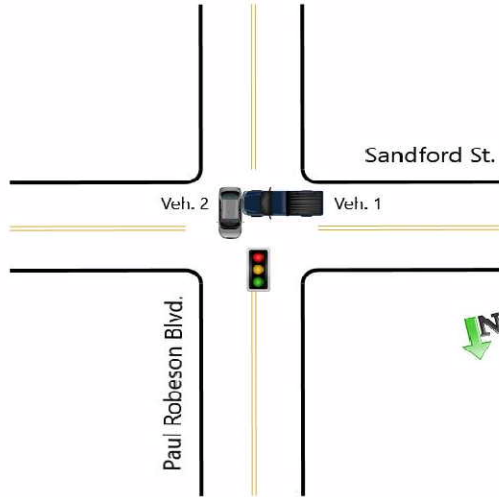
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: - Case No: **21NB08723**

(Refer to vehicle by number)

A L L I N V O L V E I D	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of veh. 1 stated that he was travelling on Sandford St. (East bound) going straight. He stated that he had the green light at the intersection at Paul Robeson Blvd. and proceeded. As he did so, he stated that veh. 2, who was travelling on Paul Robeson Blvd., went through the red light and caused the collision. Driver of veh. 1 was not injured.

Driver of veh. 2 stated that she was travelling on Paul Robeson Blvd. (North bound) going straight. She stated that as she approached the intersection at Sandford St., she thought she had the green light, and proceeded. As she entered the intersection she was struck by veh. 1. Driver of veh. 2 was not injured.

Witness to the accident stated that veh. 1 had the green light and veh. 2 went through the red light causing the accident.

146 Officer's Signature
MIGUEL CHANG

147 Badge #
7244

148 Reviewer
CALOGERO

Badge #
5292

149 Case Status
 Pending Complete

96	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								
04	1 Case Number 21NB08734		10 Crash Occurred On: JOYCE KILMER AVE.										11 Speed Limit 25			118a 25					
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input checked="" type="checkbox"/> At Intersection With Road Name TOWNSEND ST.										12 Route No. Suffix 13 Milepost 25			118b -			
01	3 Station/Precinct -		-		<input type="checkbox"/> Feet <input type="checkbox"/> Miles										14 15 16 1442 1214			119a 04			
07	4 Date of Crash mm dd yy 12/16/21		5 Day Of Week THURSDAY		6 Time (use 2400 hrs) 1442		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		17 Cross Road Name 19 Ramp To From: 20 Route/Name			119b -					
100a	23 Veh # 1		24 Policy No. 932864905				25 NJ Ins. Code 134		53 Veh # 2		54 Policy No. 4621850587				55 NJ Ins. Code 100		120a 01				
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 -
02	26 Driver's First Name Initial Last Name JONATHAN A TORRES				29 Sex M		56 Driver's First Name Initial Last Name ASHANTI F WALKER				59 Sex F		121a 01								
01	27 Number & Street 118B REMSEN AVE.				57 Number & Street 15 DICKINSON LN.				121b -												
01	28 City State Zip NEW BRUNSWICK NJ 08901				58 City State Zip EAST WINDSOR NJ 08520				122 01												
2	30 Eyes DL Class Restrictions Endorsements 06 - - - NJ		31 State NJ		60 Eyes DL Class Restrictions Endorsements 02 - - - NJ		61 State NJ		123 01												
105	32 Driver's License Number T66464096112986		33 DOB mm dd yyyy 12/21/1998		34 Expires mm yy 12 25		62 Driver's License Number W02830636652972		63 DOB mm dd yyyy 02/20/1997		64 Expires mm yy 02 24		124 11								
03	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver JOSE A TORRES-RODRIGU -				65 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver ASHANTI F WALKER -				125 08												
106	36 Number & Street 118B REMSEN AVE.				66 Number & Street 15 DICKINSON LN.				126a 26												
107	37 City State Zip NEW BRUNSWICK NJ 08901				67 City State Zip EAST WINDSOR NJ 08520				126b -												
01	38 Make Model HONDA ACCORD		40 Color GY		41 Year 2009		42 Plate No. L69CEK		43 State NJ		68 Make Model FORD ESCAPE		69 Color WT		70 Year 2010		72 Plate No. D78MLP		73 State NJ		126c -
109	44 VIN 1HGCP26359A024079				45 Expires 10 22		74 VIN 1FMCU9DG5AKA04558				75 Expires 05 22		126d -								
01	46 Vehicle Removed To -				76 Vehicle Removed To PULIOS TOWING				126e -												
111	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded				126f -												
112	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded				126g 26												
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 checked="" type="checkbox"/> Police				127a 26												
114	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		78 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		79 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		127b -												
115	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Hazard Class Placard No.		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Hazard Class Placard No.		127c -												
116	Results: 0. - % <input type="checkbox"/> Pending				Results: 0. - % <input type="checkbox"/> Pending				127d 26												
03	50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None		51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None		81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		127e 26												
02	52 Motor Carrier or Government Entity -				82 Motor Carrier or Government Entity -				128 26												
117	Number & Street -				Number & Street -				129 12												
118	City State Zip - - -				City State Zip - - -				130 12												
119	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No										131 07										
120	Oper. 136 Charge		137 Summons. No.		Oper. 138 Charge		139 Summons. No.		132 07												
121	Oper. 140 Charge		141 Summons. No.		Oper. 142 Charge		143 Summons. No.		133 03												
122	Names & Addresses of Occupants - If Deceased, Date & Time of Death										134 04										
A	01	01	-	-	22	M	-	-	-	04	04	-	-	SAME AS DRIVER OF VEH. 1			-				
B	02	01	-	-	24	F	-	-	-	04	04	-	-	SAME AS DRIVER OF VEH. 2			-				
C	02	03	-	-	54	M	-	-	-	04	04	-	-	JONATHAN HALL 159 MAIN ST. APT. A14 SOUTH BOUND BI NJ 08880			-				
D	02	05	-	-	1	M	-	-	-	06	06	-	-	MESSIAH SMITH 1003 MINDY LN. PISCATAWAY NJ 08854			-				

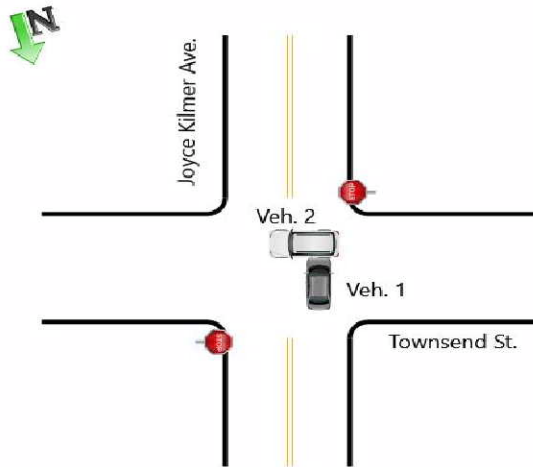
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **21NB08734**

(Refer to vehicle by number)

A L L E F I N V O L V E I D J	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
	02	06	-	-	25	F	-	-	-	04	04	-	-	NADIA 1003 MINDY LN. - HATCHER PISCATAWAY NJ 08854 - -

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of veh. 1 stated that he was travelling on Joyce Kilmer Ave. (South bound) going straight. He stated that as he proceeded through the intersection at Townsend St., veh. 2 travelling on Townsend St., entered the intersection and caused a collision. Driver of veh. 1 was not injured.

Driver of veh. 2 stated that she was stopped at the stop sign on Townsend St. (East bound) at the intersection at Joyce Kilmer Ave. Driver stated that Joyce Kilmer Ave. was clear of traffic and she proceeded to go straight through the intersection. As she did so, she was struck by veh. 1, which was travelling on Joyce Kilmer Ave. Occupants of veh. 2 were not injured.

146 Officer's Signature
MIGUEL CHANG

147 Badge #
7244

148 Reviewer
CALOGERO

Badge #
5292

149 Case Status
 Pending Complete

96	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					
04	1 Case Number 21NB08748		10 Crash Occurred On: EASTON AVE.										11 Speed Limit 25			118a		
02	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input checked="" type="checkbox"/> At Intersection With Road Name WALL ST.										12 Route No. - 13 Milepost - 18 Speed Limit 25			118b
01	3 Station/Precinct -		-		<input type="checkbox"/> Feet <input type="checkbox"/> Miles										19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: - 17 Cross Road Name			119a
07	4 Date of Crash mm dd yy 12/17/21		5 Day Of Week FRIDAY		6 Time (use 2400 hrs) 0838		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		20 Route/Name			119b		
01	23 Veh # P		24 Policy No. -		25 NJ Ins. Code -		53 Veh # 2		54 Policy No. 939848141		55 NJ Ins. Code 054		19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: - 21 Latitude - 22 Longitude			120a		
06	<input type="checkbox"/> Parked <input checked="" 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		
02	26 Driver's First Name Initial Last Name KELLY - SELANDER-FISHER				29 Sex F		56 Driver's First Name Initial Last Name TENELLE K MILUN				59 Sex F		-			121a		
01	27 Number & Street 58 SANDHILL RD.				57 Number & Street 16 MEADOW VIEW AVE.				-			-			121b			
01	28 City State Zip KENDALL PARK NJ 08824				58 City State Zip SUCCASUNNA NJ 07876				-			-			122			
1	30 Eyes DL Class Restrictions Endorsements 31 State - - - - -				60 Eyes DL Class Restrictions Endorsements 61 State 04 - - - - NJ				-			-			123			
13	32 Driver's License Number -				33 DOB mm dd yyyy 09/25/1978		34 Expires mm yy -		62 Driver's License Number M44037327253774		63 DOB mm dd yyyy 03/09/1977		64 Expires mm yy 03 25		-			124
06	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver - - -				65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver DARREN - MILUN				-			-			125			
07	36 Number & Street -				66 Number & Street 16 MEADOW VIEW AVE.				-			-			126			
08	37 City State Zip - - -				67 City State Zip SUCCASUNNA NJ 07876				-			-			127			
09	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 NISSAN LEAF RD 2021 A47NYX NJ		-			-			-			128				
110	44 VIN 45 Expires - - - -				74 VIN 75 Expires 1N4BZ1DV2MC556542 07 24				-			-			129			
01	46 Vehicle Removed To -				76 Vehicle Removed To -				-			-			130			
112	<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				<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				-			-			131			
113	47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				-			-			132			
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 Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending				-			-			133			
115	50 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None <input type="checkbox"/> MC/MX -				51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs				-			-			134			
04	52 Motor Carrier or Government Entity -				82 Motor Carrier or Government Entity -				-			-			135			
116	Number & Street -				Number & Street -				-			-			136			
117	City State Zip - - -				City State Zip - - -				-			-			137			
118	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No				-				-			-			138			
03	Oper. 136 Charge		137 Summons. No.		Oper. 138 Charge		139 Summons. No.		-			-			139			
04	Oper. 140 Charge		141 Summons. No.		Oper. 142 Charge		143 Summons. No.		-			-			140			
A	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death			141	
B	02	01	-	-	44	F	-	-	-	04	04	-	-	SAME AS DRIVER OF VEH. 2			142	
C																	143	
D																	144	

New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **21NB08748**

(Refer to vehicle by number)

	Veh	Pos	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death		
	Occ	In/On	Eject	Cond		Inj	Inj	Med	Avail	Used	Dept	Code			
A L L I F I N V O L U N T A R Y	83	84	85	86	87	88	89	90	91	92	93	94	95		

144 Crash Diagram (NOT TO SCALE)

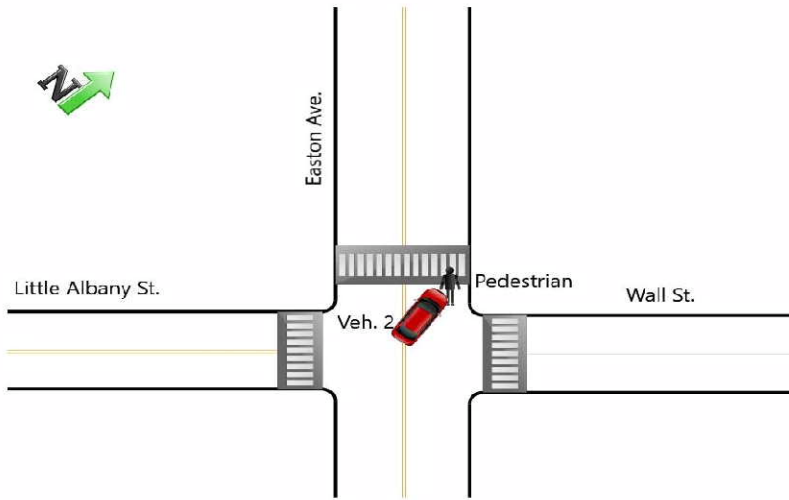


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Pedestrian stated that she was crossing Easton Ave. (South bound) at the crosswalk at the intersection at Wall St. She stated that as she was crossing the street, veh. 2, struck her as it made a left turn onto Easton Ave. from Little Albany St. This collision caused her to go over the hood of the vehicle and fall down injuring her right knee when it struck the pavement. She went to RWJUH for treatment.

Driver of veh. 2 stated that she was stopped at the stop sign at Little Albany St. at the intersection of Easton Ave. She stated that vehicles had stopped and she began to make a left hand turn onto Easton Ave. At a low rate of speed, she proceeded and had stopped to allow other pedestrians to cross. As she stopped, she stated that a pedestrian walked into the passenger side of the front of her vehicle, causing herself to fall onto the hood of the car and then fall to the ground.

Driver stated that there were witnesses to this accident, but they had left prior to police arrival.

146 Officer's Signature
MIGUEL CHANG

147 Badge #
7244

148 Reviewer
CALOGERO

Badge #
5292

149 Case Status
 Pending Complete

96	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												
04	1 Case Number 21NB08799		10 Crash Occurred On: 255 SUYDAM STREET										11 Speed Limit 25			118a									
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input type="checkbox"/> At Intersection With Road Name Dir <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: - <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16										12 Route No. Suffix 13 Milepost 18 Speed Limit			118b							
01	3 Station/Precinct -		17 Cross Road Name										19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: -			20 Route/Name			119a						
98	4 Date of Crash mm dd yy 12/19/21		5 Day Of Week SUNDAY		6 Time (use 2400 hrs) 1134		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		21 Latitude 22 Longitude			119b									
100a	23 Veh # 1		24 Policy No. 6027-68-10-94				25 NJ Ins. Code 100		53 Veh # 2		54 Policy No. 117 6491-C24-30				55 NJ Ins. Code 962		120a								
01	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run										<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run										120b				
02	26 Driver's First Name Initial Last Name CLAUDIA - HERNANDEZLOPEZ -					29 Sex F		56 Driver's First Name Initial Last Name -					59 Sex -		121a										
01	27 Number & Street 258 REDMOND ST APT 1										57 Number & Street -										121b				
102	28 City State Zip NEW BRUNSWICK NJ 08901										58 City State Zip -										122				
04	30 Eyes 02		DL Class D		Restrictions -		Endorsements -		31 State NJ		60 Eyes -		DL Class -		Restrictions -		Endorsements -		61 State -		122				
105	32 Driver's License Number H27181280056842				33 DOB mm dd yyyy 06/04/1984		34 Expires mm yy 06 25		62 Driver's License Number -				63 DOB mm dd yyyy -		64 Expires mm yy -		123								
06	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver MIGUEL A PEREZHERNANDEZ -										65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver MICHAEL J THOMASON -										124				
02	36 Number & Street 258 REDMOND ST										66 Number & Street 119 LIVINGSTON AVE										125				
108	37 City State Zip NEW BRUNSWICK NJ 08901										67 City State Zip APT-4B NEW BRUNSWICK NJ 08901										126a				
09	38 Make HON		39 Model PIL		40 Color BK		41 Year 2007		42 Plate No. J35MLZ		43 State NJ		68 Make ACU		69 Model TL		70 Color BL		71 Year 2003		72 Plate No. P53CEF		73 State NJ		126b
110	44 VIN 5FNYF28597B032454				45 Expires 07 22		74 VIN 19UUA56833A085733				75 Expires 06 22		126c												
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"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded										126e				
-	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded										<input checked="" type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded										126e				
113	47 Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police										77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police										127a				
114	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused				49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				78 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused				79 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				127b								
115	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Hazard Class Placard No.				Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Hazard Class Placard No.				127c								
116	Results: 0. - % <input type="checkbox"/> Pending				Results: 0. - % <input type="checkbox"/> Pending				Results: 0. - % <input type="checkbox"/> Pending				Results: 0. - % <input type="checkbox"/> Pending				127c								
01	50 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None		51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		80 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None		81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		127d																
04	<input type="checkbox"/> MC/MX -		<input type="checkbox"/> MC/MX -		<input type="checkbox"/> MC/MX -		<input type="checkbox"/> MC/MX -		127e																
52	Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -										128				
Number & Street	-										Number & Street -										128				
City	-		State		Zip		-		City		-		State		Zip		-		129						
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				
Oper.	-				-				Oper.				-				-				134				
83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death										134		
A	1	01	-	-	37	F	-	-	-	11	04	-	-	CLAUDIA - HERNANDEZLOPEZ 258 REDMOND ST APT 1 NEW BRUNSWICK NJ 08901 06/04/1984										134	
B	-	-	-	-	-	-	-	-	-	-	-	-	-										134		
C	-	-	-	-	-	-	-	-	-	-	-	-	-										134		
D	-	-	-	-	-	-	-	-	-	-	-	-	-										134		

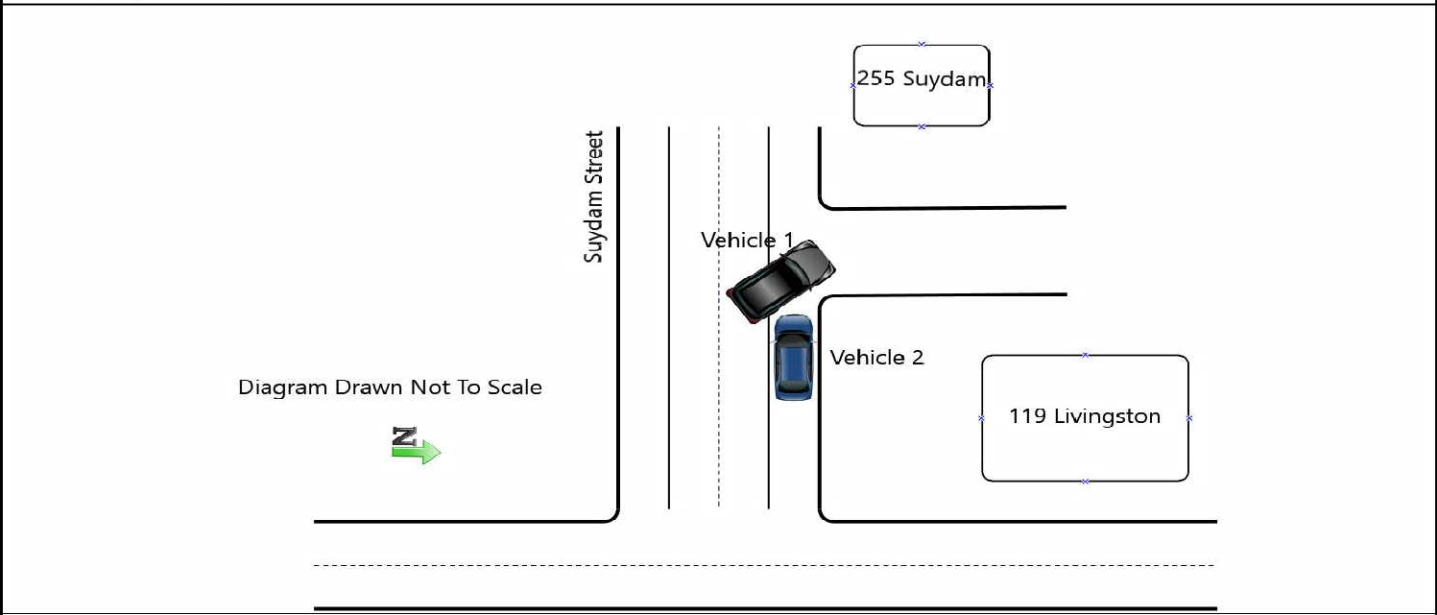
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: - Case No: **21NB08799**

(Refer to vehicle by number)

A L L I N V O L V E I D J	Veh	Pos	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
	Occ	In/On	Eject	Cond		Inj	Inj	Med	Avail	Used	Dept	Code		
	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On the noted date and time, the undersigned officer in marked Unit 911 was dispatched to 255 Suydam Street for an accident report to a parked vehicle. Driver 1 stated she was trying to pull into the driveway next to this residence when she struck a parked vehicle that was by the driveway. Driver 1 stated she did not judge the turn correctly which caused her to hit the driver's side front bumper causing it to come completely off. It should be noted the parked vehicle had existing damage and the front bumper was held on by a few zip ties throughout the bumper to the vehicle. Vehicle 1 sustained minor damage to the passenger side rear quarter panel. Nothing further to report at this time.

146 Officer's Signature
WILLIAM CONTRERAS

147 Badge #
7255

148 Reviewer
MARTINEZ

Badge #
5250

149 Case Status
 Pending Complete

New Jersey Police
Crash Investigation Report

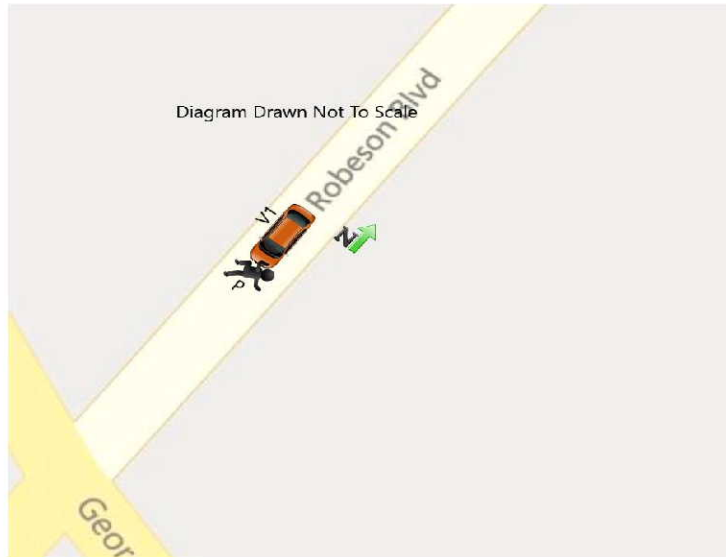
Police Dept: **NEW BRUNSWICK PD** Code: **01**

Station: **NEW BRUNSWICK** Case No: **21NB08805**

(Refer to vehicle by number)

	Veh	Pos	Phys		Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On	Eject	Cond			Inj	Inj	Med	Avail	Used	Dept	Code	
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 reports driving on Paul Robeson Boulevard when a pedestrian ran into the street trying to cross the road. As the pedestrian was not crossing at a marked crosswalk and due to the low light condition, Vehicle 1 was unable to stop in time and struck the pedestrian.

Pedestrian reports trying to cross the road at an area that was not marked with a crosswalk. Pedestrian was struck by Vehicle 1 and knocked onto the ground. She complained of left leg pain and had an abrasion on her forehead. She was transported to RWJUH after her grandmother (Angelina Maysonet, 8A Neilson Street) was notified.

146 Officer's Signature
MICHAEL YACUK

147 Badge #
7283

148 Reviewer
LISZCZAK

Badge #
5267

149 Case Status
 Pending Complete

96	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											
04	1 Case Number 21NB08683		10 Crash Occurred On: EASTON AVENUE										11 Speed Limit 25											
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input checked="" type="checkbox"/> At Intersection With Road Name BRISTOL STREET										18 Speed Limit 25									
01	3 Station/Precinct NEW BRUNSWICK				<input type="checkbox"/> Feet <input type="checkbox"/> Miles										19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB									
98	4 Date of Crash 12/14/21		5 Day Of Week TUESDAY		6 Time (use 2400 hrs) 1551		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		21 Latitude - 22 Longitude -											
99	23 Veh # 1		24 Policy No. 03322 37 43G 7103 7				25 NJ Ins. Code 200		53 Veh # 2		54 Policy No. 998 585 903				55 NJ Ins. Code -									
100a	<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															
100b	26 Driver's First Name KIRA		Initial D		Last Name HARRIS		29 Sex F		56 Driver's First Name CARMEN		Initial -		Last Name RAMIREZ-ESPANA		59 Sex F									
04	27 Number & Street 809 ELLIS PARKWAY		State NJ		Zip 08854		57 Number & Street 11 WOODBRIDGE STREET		State NJ		Zip 08901													
01	28 City PISCATAWAY						58 City NEW BRUNSWICK																	
02	30 Eyes 02		DL Class -		Restrictions -		Endorsements -		31 State NJ		60 Eyes 02		DL Class -		Restrictions -		Endorsements -		61 State NJ					
03	32 Driver's License Number H0670 43564 55002		33 DOB 05/01/2000		34 Expires 05 25		62 Driver's License Number R0355 11182 57832		63 DOB 07/16/1983		64 Expires 07 25													
105	35 Owner's First Name <input checked="" type="checkbox"/> Same As Driver KIRA		Initial D		Last Name HARRIS		65 Owner's First Name <input type="checkbox"/> Same As Driver URIEL		Initial -		Last Name HERNANDEZ													
106	36 Number & Street 809 ELLIS PARKWAY		State NJ		Zip 08854		66 Number & Street 8650 PINEY BRANCH ROAD APT 303		State MD		Zip 20901													
107	37 City PISCATAWAY						67 City SILVER SPRING																	
04	38 Make HONDA		39 Model CR-V		40 Color BL		41 Year 2009		42 Plate No. S70NUH		43 State NJ		68 Make TOYOTA		69 Model RAV4		70 Color GY		71 Year 2011		72 Plate No. 8C54086		73 State MD	
109	44 VIN 5J6RE48569L014636		45 Expires 06 22		74 VIN 5TDBK3EHXBS074402		75 Expires 05 22																	
110	46 Vehicle Removed To -		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		76 Vehicle Removed To -		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded																	
01	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded																			
111	47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		48 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		49 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class - Placard No. -		77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		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. -													
112	50 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None <input type="checkbox"/> MC/MX -		51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		80 Carrier No. <input type="checkbox"/> USDOT -- <input type="checkbox"/> None <input type="checkbox"/> MC/MX -		81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs																	
02	52 Motor Carrier or Government Entity -		53 Motor Carrier or Government Entity -																					
01	Number & Street -		Number & Street -																					
113	City -		State -		Zip -		City -		State -		Zip -													
114	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																							
115	Oper. 136 Charge -		137 Summons. No. -		Oper. 138 Charge -		139 Summons. No. -		Oper. 140 Charge -		141 Summons. No. -		Oper. 142 Charge -		143 Summons. No. -									
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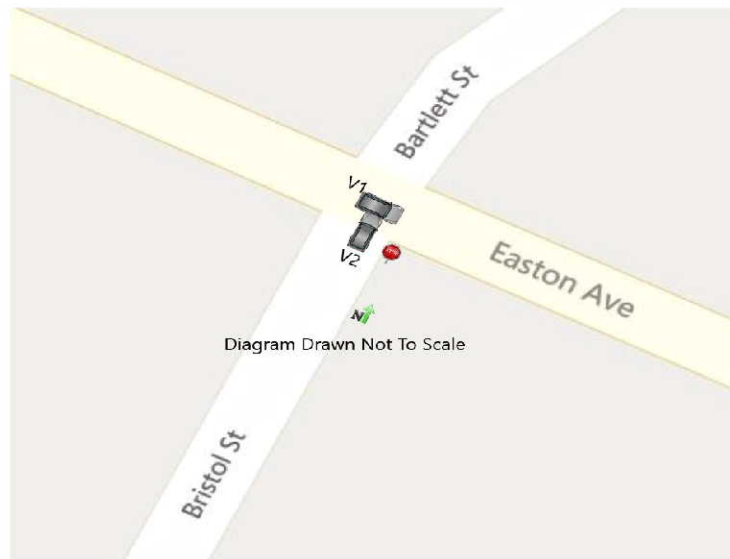
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **NEW BRUNSWICK** Case No: **21NB08683**

(Refer to vehicle by number)

	Veh	Pos	Phys		Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On	Eject	Cond										
A L L I F I N V O L V E I D J	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 reports driving straight on Easton Avenue when she was struck by Vehicle 2.
Driver of Vehicle 2 reports entering the intersection from Bristol Street and colliding into Vehicle 1.
No injuries.
The insurance for Vehicle 2 is All State for the state of Maryland.

146 Officer's Signature
MICHAEL YACUK

147 Badge #
7283

148 Reviewer
LISZCZAK

Badge #
5267

149 Case Status
 Pending Complete

96	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							
01	1 Case Number 21NB08803		10 Crash Occurred On: STATE ROUTE 18										11 Speed Limit 45							
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input type="checkbox"/> At Intersection With Road Name Dir <input checked="" type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: US HIGHWAY 1 <input type="checkbox"/> Miles <input checked="" type="checkbox"/> S <input type="checkbox"/> W 12 Route No. Suffix 13 Milepost 18 Speed Limit 45															
98	3 Station/Precinct NEW BRUNSWICK		14		15		16		17 Cross Road Name		19 Ramp		20 Route/Name		21 Latitude		22 Longitude			
01	4 Date of Crash mm dd yy 12/19/21		5 Day Of Week SUNDAY		6 Time (use 2400 hrs) 1523		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		10		11		12			
100a	23 Veh # 1		24 Policy No. A0S-228-365293-40 1					25 NJ Ins. Code 618		53 Veh # 2		54 Policy No. 4195 48 72 21					55 NJ Ins. Code 148			
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		26 Driver's First Name Initial Last Name MICHAEL F DAVIE		29 Sex M		56 Driver's First Name Initial Last Name CHINMOY - GOSWAMI					59 Sex M						
01	27 Number & Street 245 E 55TH STREET APT 1A		28 City NEW YORK		State Zip NY 10022		57 Number & Street 131 RUES LANE					58 City EAST BRUNSWICK		State Zip NJ 08816						
01	30 Eyes 02		DL Class		Restrictions		Endorsements		31 State NY		60 Eyes 02		DL Class		Restrictions		Endorsements		61 State NJ	
105	32 Driver's License Number 879 762 336		33 DOB mm dd yyyy 06/17/1944		34 Expires mm yy 06 25		62 Driver's License Number G6754 12300 04992					63 DOB mm dd yyyy 04/12/1999		64 Expires mm yy 04 23						
01	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver MICHAEL F DAVIE		36 Number & Street 245 E 55TH STREET APT 1A		37 City NEW YORK		38 Make FORD		39 Model TAURUS		40 Color BK		41 Year 2018		42 Plate No. Z981DJ		43 State NJ		65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver SUDHIR - GOSWAMI	
106	66 Number & Street 131 RUES LANE		67 City EAST BRUNSWICK		68 Make NISSAN		69 Model ALTIMA		70 Color WT		71 Year 2016		72 Plate No. P76JLF		73 State NJ					
107	44 VIN 1FAHP2J8SJG127520		45 Expires 04 23		74 VIN 1N4AL3AP8GC213687					75 Expires 11 22										
110	46 Vehicle Removed To DEPENDABLE		47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police		76 Vehicle Removed To PULEIO'S					77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police										
111	48 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		49 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending		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 Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending										
114	50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX		51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX					81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs										
03	52 Motor Carrier or Government Entity --		53 Motor Carrier or Government Entity --		135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No															
117	Oper. 136 Charge		137 Summons. No.		Oper. 138 Charge					139 Summons. No.										
03	Oper. 140 Charge		141 Summons. No.		Oper. 142 Charge					143 Summons. No.										
03	Oper. 144 Charge		145 Summons. No.		Oper. 146 Charge					147 Summons. No.										
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03	Oper. 460 Charge		461 Summons. No.		Oper. 462 Charge					463 Summons. No.										
03	Oper. 464 Charge		465 Summons. No.		Oper. 466 Charge					467 Summons. No.										
03	Oper. 468 Charge		469 Summons. No.		Oper. 470 Charge					471 Summons. No.										
03	Oper. 472 Charge		473 Summons. No.		Oper. 474 Charge					475 Summons. No.										
03	Oper. 476 Charge		477 Summons. No.		Oper. 478 Charge					479 Summons. No.										
03	Oper. 480 Charge		481 Summons. No.		Oper. 482 Charge					483 Summons. No.										
03	Oper. 484 Charge		485 Summons. No.		Oper. 486 Charge					487 Summons. No.										
03	Oper. 488 Charge		489 Summons. No.		Oper. 490 Charge					491 Summons. No.										
03	Oper. 492 Charge		493 Summons. No.		Oper. 494 Charge					495 Summons. No.										
03	Oper. 496 Charge		497 Summons. No.		Oper. 498 Charge					499 Summons. No.										
03	Oper. 500 Charge		501 Summons. No.		Oper. 502 Charge					503 Summons. No.										
03	Oper. 504 Charge		505 Summons. No.		Oper. 506 Charge					507 Summons. No.										
03	Oper. 508 Charge		509 Summons. No.		Oper. 510 Charge					511 Summons. No.										
03	Oper. 512 Charge		513 Summons. No.		Oper. 514 Charge					515 Summons. No.										
03	Oper. 516 Charge		517 Summons. No.		Oper. 518 Charge					519 Summons. No.										
03	Oper. 520 Charge		521 Summons. No.		Oper. 522 Charge					523 Summons. No.										
03	Oper. 524 Charge		525 Summons. No.		Oper. 526 Charge					527 Summons. No.										
03	Oper. 528 Charge		529 Summons. No.		Oper. 530 Charge					531 Summons. No.										
03	Oper. 532 Charge		533 Summons. No.		Oper. 534 Charge					535 Summons. No.										
03	Oper. 536 Charge		537 Summons. No.		Oper. 538 Charge					539 Summons. No.										
03	Oper. 540 Charge		541 Summons. No.		Oper. 542 Charge					543 Summons. No.										
03	Oper. 544 Charge		545 Summons. No.		Oper. 546 Charge					547 Summons. No.										
03	Oper. 548 Charge		549 Summons. No.		Oper. 550 Charge					551 Summons. No.										
03	Oper. 552 Charge		553 Summons. No.		Oper. 554 Charge					555 Summons. No.										
03	Oper. 556 Charge		557 Summons. No.		Oper. 558 Charge					559 Summons. No.										
03	Oper. 560 Charge		561 Summons. No.		Oper. 562 Charge					563 Summons. No.										
03	Oper. 564 Charge		565 Summons. No.		Oper. 566 Charge					567 Summons. No.										
03	Oper. 568 Charge		569 Summons. No.		Oper. 570 Charge					571 Summons. No.										
03	Oper. 572 Charge		573 Summons. No.		Oper. 574 Charge					575 Summons. No.										
03	Oper. 576 Charge		577 Summons. No.		Oper. 578 Charge					579 Summons. No.										
03	Oper. 580 Charge		581 Summons. No.		Oper. 582 Charge					583 Summons. No.										
03	Oper. 584 Charge		585 Summons. No.		Oper. 586 Charge					587 Summons. No.										
03	Oper. 588 Charge		589 Summons. No.		Oper. 590 Charge					591 Summons. No.										
03	Oper. 592 Charge		593 Summons. No.		Oper. 594 Charge					595 Summons. No.										
03	Oper. 596 Charge		597 Summons. No.		Oper. 598 Charge					599 Summons. No.										
03	Oper. 600 Charge		601 Summons. No.		Oper. 602 Charge					603 Summons. No.										
03	Oper. 604 Charge		605 Summons. No.		Oper. 606 Charge					607 Summons										

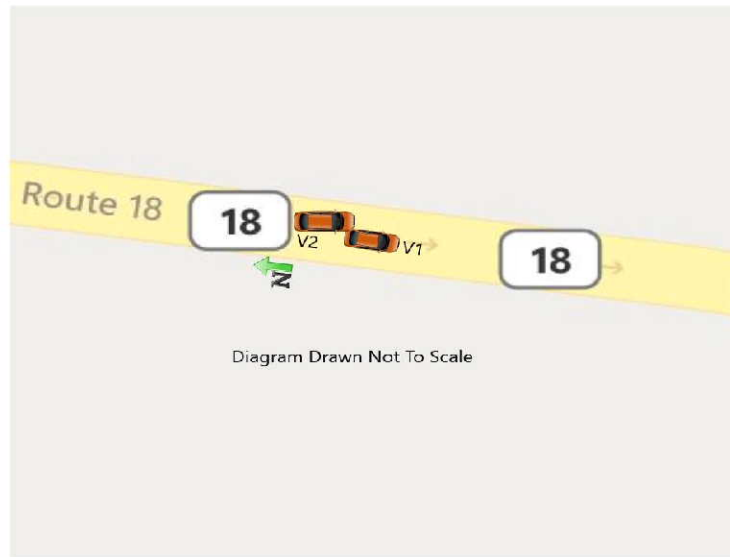
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **NEW BRUNSWICK** Case No: **21NB08803**

(Refer to vehicle by number)

A L L I N V O L V E D J	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On		Cond			Inj	Inj	Med	Avail	Used	Dept	Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 reports driving in the center lane when he was struck in the rear by Vehicle 2.
Driver of Vehicle 2 reports changing from the center to the left lane and striking Vehicle 1 in its' rear bumper.
No injuries.

146 Officer's Signature
MICHAEL YACUK

147 Badge #
7283

148 Reviewer
YURKOVIC

Badge #
5252

149 Case Status
 Pending Complete

05	1 Case Number 21NB08818		10 Crash Occurred On: BRIDGE ST				11 Speed Limit 15		118a	
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input checked="" type="checkbox"/> At Intersection With Road Name <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Dir S 12 Route No. 15 Suffix - 13 Milepost - 18 Speed Limit 25		118b	
98	3 Station/Precinct NEW BRUNSWICK PD		4 Date of Crash mm dd yy 12/19/21		5 Day Of Week SUNDAY		6 Time (use 2400 hrs) 2112		7 Municipality Code 1214	
99	8 Total Killed --		9 Total Injured --		14 <input type="checkbox"/> N <input type="checkbox"/> E of: HAMILTON ST		15 <input type="checkbox"/> S <input type="checkbox"/> W		16 <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB	
100a	19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: -		17 Cross Road Name		21 Latitude		22 Longitude		119a	
100b	23 Veh # 1		24 Policy No. HPA00002662425		25 NJ Ins. Code 017		53 Veh # 2		54 Policy No.	
101	<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run		55 NJ Ins. Code		<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input checked="" type="checkbox"/> Hit & Run				119b	
102	26 Driver's First Name Initial Last Name		29 Sex		56 Driver's First Name Initial Last Name		59 Sex		121a	
103	27 Number & Street		57 Number & Street		28 City State Zip		58 City State Zip		121b	
104	30 Eyes DL Class Restrictions Endorsements 31 State		60 Eyes DL Class Restrictions Endorsements 61 State		32 Driver's License Number 33 DOB mm dd yyyy 34 Expires mm yy		62 Driver's License Number 63 DOB mm dd yyyy 64 Expires mm yy		122	
105	35 Owner's First Name Initial Last Name		65 Owner's First Name Initial Last Name		36 Number & Street		66 Number & Street		123	
106	<input type="checkbox"/> Same As Driver ALEXANDER - SALVADOR-NICOL		<input type="checkbox"/> Same As Driver - -		37 City State Zip		67 City State Zip		124	
107	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		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		125	
108	01 VOLKSWAGEN JETTA RD 2018 V83PCD NJ		00 UNKNOWN UNKNOWN - - - -		01 NEW BRUNSWICK NJ 08901		04		126a	
109	44 VIN		45 Expires		74 VIN		75 Expires		126b	
110	01 3VWDB7AJXJM216395		10 22		00		00		126c	
111	46 Vehicle Removed To		76 Vehicle Removed To		<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		126d	
112	<input checked="" type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded		47 Authority		77 Authority		126e	
113	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police		48 Alcohol/Drug Test		78 Alcohol/Drug Test		126f	
114	Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		49 Hazardous Material		79 Hazardous Material		127a	
115	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		<input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		127b	
116	Results: 0 - % <input type="checkbox"/> Pending		Results: 0 - % <input type="checkbox"/> Pending		Hazard Class Placard No.		Hazard Class Placard No.		127c	
117	50 Carrier No.		51 GVWR/GCWR		80 Carrier No.		81 GVWR/GCWR		127d	
118	<input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Weight <= 10,000 lbs		<input type="checkbox"/> USDOT <input type="checkbox"/> None		<input type="checkbox"/> Weight <= 10,000 lbs		127e	
119	<input type="checkbox"/> MC/MX		<input type="checkbox"/> Weight 10,001-26,000 lbs		<input type="checkbox"/> MC/MX		<input type="checkbox"/> Weight 10,001-26,000 lbs		127f	
120	<input type="checkbox"/> Weight >= 26,001 lbs		<input type="checkbox"/> Weight >= 26,001 lbs		<input type="checkbox"/> Motor Carrier or Government Entity		<input type="checkbox"/> Motor Carrier or Government Entity		127g	
121	52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity		Number & Street		Number & Street		128	
122	Number & Street		Number & Street		City State Zip		City State Zip		129	
123	City State Zip		City State Zip		135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No				130	
124	136 Charge		137 Summons. No.		138 Charge		139 Summons. No.		131	
125	-		-		-		-		132	
126	140 Charge		141 Summons. No.		142 Charge		143 Summons. No.		133	
127	-		-		-		-		134	
128	-		-		-		-		135	

00	136 Charge		137 Summons. No.		138 Charge		139 Summons. No.		118a	
01	-		-		-		-		118b	
02	140 Charge		141 Summons. No.		142 Charge		143 Summons. No.		119a	
03	-		-		-		-		119b	
04	-		-		-		-		120a	
05	-		-		-		-		120b	

06	136 Charge		137 Summons. No.		138 Charge		139 Summons. No.		121a	
07	-		-		-		-		121b	
08	140 Charge		141 Summons. No.		142 Charge		143 Summons. No.		122	
09	-		-		-		-		123	
10	-		-		-		-		124	
11	-		-		-		-		125	
12	-		-		-		-		126a	
13	-		-		-		-		126b	
14	-		-		-		-		126c	
15	-		-		-		-		126d	
16	-		-		-		-		126e	
17	-		-		-		-		126f	
18	-		-		-		-		126g	
19	-		-		-		-		126h	
20	-		-		-		-		126i	
21	-		-		-		-		126j	
22	-		-		-		-		126k	
23	-		-		-		-		126l	
24	-		-		-		-		126m	
25	-		-		-		-		126n	
26	-		-		-		-		126o	
27	-		-		-		-		126p	
28	-		-		-		-		126q	
29	-		-		-		-		126r	
30	-		-		-		-		126s	
31	-		-		-		-		126t	
32	-		-		-		-		126u	
33	-		-		-		-		126v	
34	-		-		-		-		126w	
35	-		-		-		-		126x	
36	-		-		-		-		126y	
37	-		-		-		-		126z	
38	-		-		-		-		127a	
39	-		-		-		-		127b	
40	-		-		-		-		127c	
41	-		-		-		-		127d	
42	-		-		-		-		127e	
43	-		-		-		-		127f	
44	-		-		-		-		127g	
45	-		-		-		-		127h	
46	-		-		-		-		127i	
47	-		-		-		-		127j	
48	-		-		-		-		127k	
49	-		-		-		-		127l	
50	-		-		-		-		127m	
51	-		-		-		-		127n	
52	-		-		-		-		127o	
53	-		-		-		-		127p	
54	-		-		-		-		127q	
55	-		-		-		-		127r	
56	-		-		-		-		127s	
57	-		-		-		-		127t	
58	-		-		-		-		127u	
59	-		-		-		-		127v	
60	-		-		-		-		127w	
61	-		-		-		-		127x	
62	-		-		-		-		127y	
63	-		-		-		-		127z	
64	-		-		-		-		128a	
65	-		-		-		-		128b	
66	-		-		-		-		128c	
67	-		-		-		-		128d	
68	-		-		-		-		128e	
69	-		-		-		-		128f	
70	-		-		-		-		128g	
71	-		-		-		-		128h	
72	-		-		-		-		128i	
73	-		-		-		-		128j	
74	-		-		-		-		128k	
75	-		-		-		-		128l	
76	-		-		-		-		128m	
77	-		-		-		-		128n	
78	-		-		-		-		128o	
79	-		-		-		-		128p	
80	-		-		-		-		128q	
81	-		-		-		-		128r	
82	-		-		-		-		128s	
83	-		-		-		-		128t	
84	-		-		-		-		128u	
85	-		-		-		-		128v	
86	-		-		-		-		128w	
87	-		-		-		-		128x	
88	-		-		-		-		128y	
89	-		-		-		-		128z	
90	-		-		-		-		129a	
91	-		-		-		-		129b	
92	-		-		-		-		129c	
93	-		-		-		-		129d	
94	-		-		-		-		129e	
95	-		-		-		-		129f	
96	-		-		-		-		129g	
97	-		-		-		-		129h	
98	-		-		-		-		129i	
99	-		-		-		-		129j	
100	-		-		-		-		129k	
101	-		-		-		-		129l	
102	-		-		-		-		129m	
103	-		-		-		-		129n	
104	-		-		-		-		129o	
105	-		-		-		-		129p	
106	-		-		-		-		129q	
107	-		-		-		-		129r	
108	-		-		-		-		129s	
109	-		-		-		-		129t	
110	-		-		-		-		129u	
111	-		-		-		-		129v	
112	-		-		-		-		129w	
113	-		-		-		-		129x	
114										

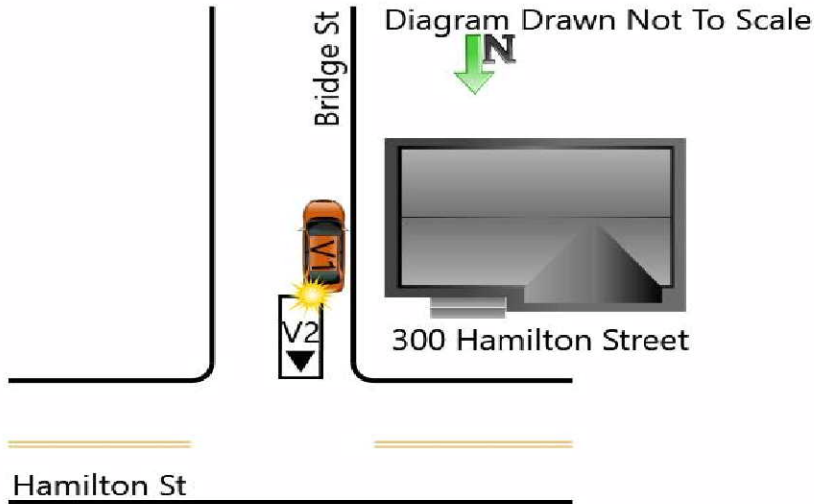
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **21NB08818**

(Refer to vehicle by number)

	Veh	Pos	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death		
	Occ	In/On	Eject	Cond		Inj	Inj	Med	Avail	Used	Dept	Code			
A L L I N V O L V E E D J	83	84	85	86	87	88	89	90	91	92	93	94	95		

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Z1 STATED HE HAD PARKED V1 ON BRIDGE ST (ENTRANCE TO 300 HAMILTON APARTMENTS) LEGALLY AND WENT INSIDE HIS APARTMENT. WHEN HE RETURNED TO V1 HE OBSERVED DAMAGE TO THE REAR DRIVER SIDE PORTION OF THE VEHICLE CONSISTANT WITH A MOTOR VEHICLE ACCIDENT, HOWEVER Z1 STATED HE DID NOT OBSERVE HIS VEHICLE BEING STRUCK BY ANOTHER VEHICLE AT ANY TIME.

MINOR DAMAGE WAS LOCATED ON THE REAR DRIVER SIDE PORTION OF V1.

Z1 STATED HE HAD FOUND A LICENSE PLATE AND HOLDER ADJACENT TO V1 AND BELIEVED THAT VEHICLE MAY HAVE CAUSED THE ACCIDENT. IT SHOULD BE NOTED THE VEHICLE IN QUESTION WAS LOCATED AND NO DAMAGE WAS OBSERVED ON THE VEHICLE NEAR WHERE THE FRONT LICENSE PLATE WAS LOCATED. THE REGISTERED OWNER OF THE VEHICLE FURTHER STATED THEY WERE NOT INVOLVED IN ANY ACCIDENT THIS EVENING.

146 Officer's Signature
GUISEPPI FATULA

147 Badge #
7357

148 Reviewer
LISZCZAK

Badge #
5267

149 Case Status
 Pending Complete

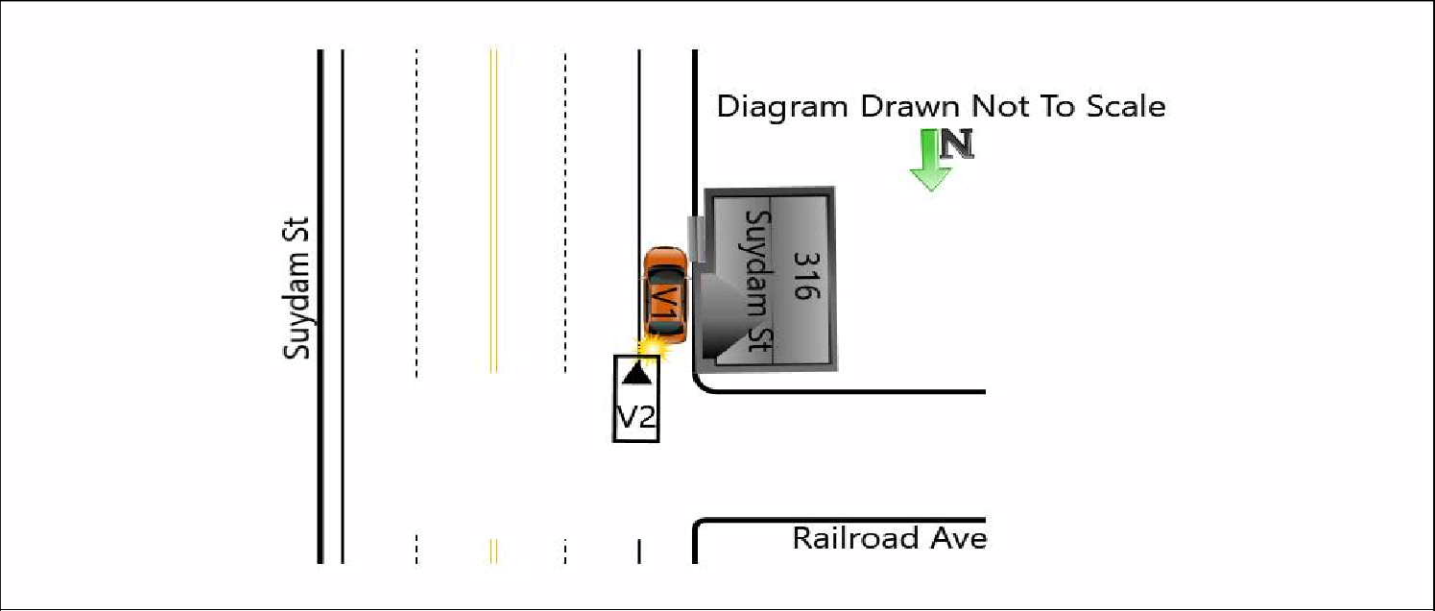
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **21NB08814**

(Refer to vehicle by number)

A L L I N V O L V E D J	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Z1 STATED SHE HAD PARKED V1 IN FRONT OF 316 SUYDAM ST. AND WENT INSIDE THE ADDRESS. SHORTLY AFTER A FRIEND CONTACTED HER AND ADVISED THAT V1 WAS STRUCK BY AN UNKNOWN PICKUP TRUCK WHICH THEN FLED THE AREA.

V1 SUSTAINED MODERATE DAMAGE TO THE REAR DRIVER SIDE PORTION OF THE VEHICLE.

146 Officer's Signature
GUISEPPI FATULA

147 Badge #
7357

148 Reviewer
LISZCZAK

Badge #
5267

149 Case Status
 Pending Complete

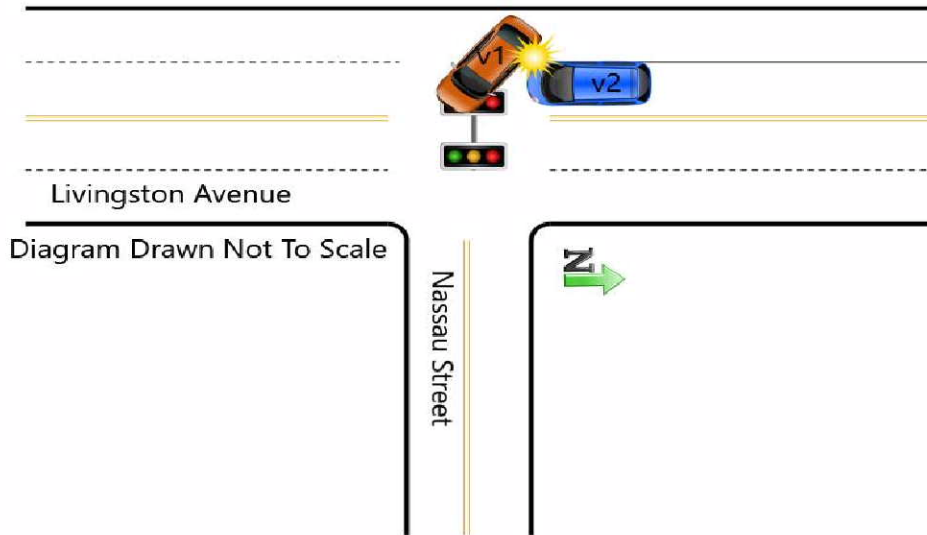
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: - Case No: **21NB08808**

(Refer to vehicle by number)

A L L E F I N V O L V E E I D	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
	2	06	-	-	12	M	-	-	-	11	04	-	-	LUIS - LEBRON 3107 BIRCHWOOD CT NORTH BRUNSW NJ 08902 - -

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of v1 (NJ Reg: E80FBV) stated that he was traveling southbound on Livingston Avenue in the right most lane approaching the intersection of Nassau Street. He stated that while he was approaching the intersection he attempted to make a left turn across the left most southbound lane of Livingston Ave. This action resulted in the front passenger side of v2 colliding with the rear driver side of v1. This collision caused damage to the rear wheel area of v1.

Driver of v2 (NJ Reg: A99PLE) stated that she was traveling southbound on Livingston Avenue in the left most southbound lane approaching the intersection of Nassau Street. She stated that while she was approaching the intersection she noticed that v1 was attempting, what appeared to her, a u-turn from the right most lane. She stated that he cut out in front of her and she did not have time to stop. This action resulted in the front passenger side of v2 to collide with the rear driver side of v1. This collision caused damage to the front passenger side area of v2.

No injuries were reported on scene.

P.O Drozd #7347

146 Officer's Signature
JEFFREY DROZD

147 Badge #
7347

148 Reviewer
YURKOVIC

Badge #
5252

149 Case Status
 Pending Complete

96	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					
04	1 Case Number 21NB08700		10 Crash Occurred On: GULDEN STREET										11 Speed Limit 25					
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input type="checkbox"/> At Intersection With Road Name Dir <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: PROSPER STREET <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W 12 Route No. Suffix 13 Milepost 18 Speed Limit 25										118a	25		
01	3 Station/Precinct -		14 15 16 6 Time (use 2400 hrs) 1221 7 Municipality Code 1214 8 Total Killed -- 9 Total Injured --										118b	-				
98	4 Date of Crash mm dd yy 12/15/21		5 Day Of Week WEDNESDAY		19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: - 17 Cross Road Name 20 Route/Name 21 Latitude 22 Longitude - - - - -										119a	56		
07	23 Veh # 1		24 Policy No. NC10242928				25 NJ Ins. Code 946		53 Veh # 2		54 Policy No. 4523-72-49-06				55 NJ Ins. Code 148		119b	02
100a	<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										120a	01				
01	26 Driver's First Name Initial Last Name MARCUS L GREEN				29 Sex M		56 Driver's First Name Initial Last Name ANDRE - HUANG				59 Sex M		121a	01				
102	27 Number & Street 149 WRIGHT PLACE				57 Number & Street 7A 4TH AVE				58 City State Zip SOUTH HACKENSACK NJ 07606				121b	-				
01	28 City State Zip NEW BRUNSWICK NJ 08901				58 City State Zip SOUTH HACKENSACK NJ 07606				60 Eyes DL Class Restrictions Endorsements 61 State NJ				122	02				
104	30 Eyes DL Class Restrictions Endorsements 31 State NJ		60 Eyes DL Class Restrictions Endorsements 61 State NJ		32 Driver's License Number G73055177302852		33 DOB mm dd yyyy 02/06/1985		34 Expires mm yy 02 24		62 Driver's License Number H90060420007997		63 DOB mm dd yyyy 07/20/1999		64 Expires mm yy 09 21		123	01
03	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver MARCUS L GREEN				65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver YUN B HUANG				36 Number & Street 149 WRIGHT PLACE				66 Number & Street 7A 4TH AVE				124	04
106	37 City State Zip NEW BRUNSWICK NJ 08901				67 City State Zip SOUTH HACKENSACK NJ 07606				38 Make 39 Model 40 Color 41 Year 42 Plate No. 43 State KIA SPORTAGE BK 2012 G29DZD NJ				68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State LEXUS RX WT 2015 L66HSZ NJ				125	08
01	44 VIN KNDPC3A22C7174218				45 Expires 02 22		74 VIN 2T2BK1BA0FC277336				75 Expires 04 22		46 Vehicle Removed To -				126a	26
110	47 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				77 Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police				48 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 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				126b	01
01	49 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				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				50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				126c	01
111	51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs				80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX				81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs				52 Motor Carrier or Government Entity -				126d	01
112	52 Motor Carrier or Government Entity -				81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs				53 Motor Carrier or Government Entity -				Number & Street -				126e	26
113	53 Motor Carrier or Government Entity -				82 Motor Carrier or Government Entity -				54 Number & Street -				City State Zip -- -- --				127a	26
114	54 Number & Street -				82 Motor Carrier or Government Entity -				55 City State Zip -- -- --				135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No				127b	11
115	55 City State Zip -- -- --				135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No				Oper. 136 Charge - -				137 Summons. No. -				127c	11
116	Oper. 136 Charge - -				137 Summons. No. -				Oper. 138 Charge - -				139 Summons. No. -				127d	01
04	Oper. 140 Charge - -				141 Summons. No. -				Oper. 142 Charge - -				143 Summons. No. -				127e	03
117	Oper. 140 Charge - -				141 Summons. No. -				Oper. 142 Charge - -				143 Summons. No. -				128	03
118	Oper. 140 Charge - -				141 Summons. No. -				Oper. 142 Charge - -				143 Summons. No. -				129	03
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181	Oper. 140 Charge - -				141 Summons. No. -				Oper. 142 Charge - -				143 Summons. No. -				192	03
182	Oper. 140 Charge - -				141 Summons. No. -				Oper. 142 Charge - -				143 Summons. No. -				193	03

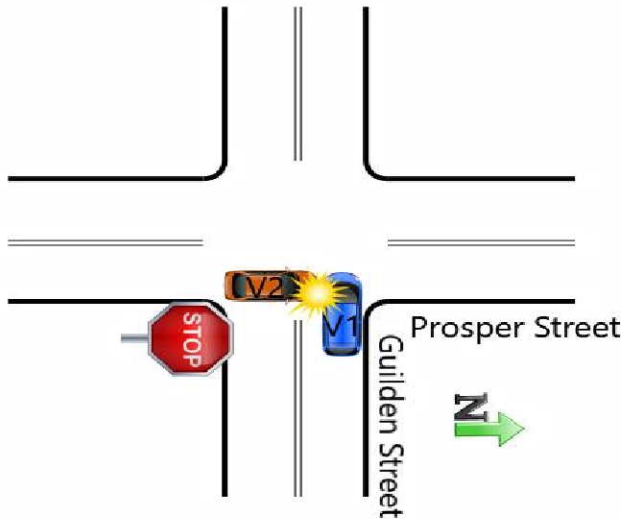
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **21NB08700**

(Refer to vehicle by number)

A L L I N V O L V E D J	Veh	Pos	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
	Occ	In/On	Eject	Cond		Inj	Inj	Med	Avall	Used	Dept	Code		
	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling west on Guilden Street towards Prosper Street at the time of the accident. Vehicle 2 was traveling north on Prosper Street towards Guilden Street at that time of the accident. As Vehicle 1 had the right of way, Vehicle 2 struck Vehicle 1 in a right angle collision. Driver 1 stated that it appeared that Vehicle 2 ran the stop sign. Driver 2 denied running the stop sign. Driver 2 stated that after he stopped for the stop sign, he should have slowly entered the intersection as there was a vehicle to his right that was illegally parked and physically obstructed his view. It should be noted that I did observe said vehicle and it was issued a summons for being parked within 25 feet of the crosswalk.

Neither Driver 1 or Driver 2 reported any injuries or have a complaint of pain. They declined medical attention.

Vehicle 1 sustained damage to its front driver's side bumper, panel and fender. Vehicle 2 sustained damaged to its front passenger's side bumper, panel, fender and door.

146 Officer's Signature
TAMIKA BALDWIN

147 Badge #
7321

148 Reviewer
CICHOWSKI

Badge #
5246

149 Case Status
 Pending Complete

96	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												
05	1 Case Number 21NB08763		10 Crash Occurred On: 191 HANDY STREET										11 Speed Limit 25			118a									
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input type="checkbox"/> At Intersection With Road Name Dir N 12 Route No. - Suffix - 13 Milepost - 18 Speed Limit - <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: - <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W 17 Cross Road Name - <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> 14 15 16 19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: - 20 Route/Name <input type="checkbox"/> SB <input type="checkbox"/> WB													118b							
06	3 Station/Precinct NEW BRUNSWICK		4 Date of Crash mm dd yy 12/17/21										5 Day Of Week FRIDAY			119a									
07	6 Time (use 2400 hrs) 2234		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		21 Latitude -			22 Longitude -			119b										
100a	23 Veh # 1		24 Policy No. HPA00002614590				25 NJ Ins. Code 411		53 Veh # 2		54 Policy No. 4572175414				55 NJ Ins. Code 100		120a								
100b	<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				
02	26 Driver's First Name Initial Last Name NAKIESHA R HILL					29 Sex F		56 Driver's First Name Initial Last Name RODRIGO - PEREZLUGOS					59 Sex M		121a										
01	27 Number & Street 178 HANDY STREET					57 Number & Street 191 HANDY STREET										121b									
102	28 City State Zip NEW BRUNSWICK NJ 08901					58 City State Zip NEW BRUNSWICK NJ 08901										122									
104	30 Eyes 02		DL Class D		Restrictions -		Endorsements -		31 State NJ		60 Eyes 02		DL Class D		Restrictions -		Endorsements -		61 State NJ		123				
105	32 Driver's License Number H43505777958752				33 DOB mm dd yyyy 08/23/1975		34 Expires mm yy 08 25		62 Driver's License Number P26796640003812				63 DOB mm dd yyyy 03/13/1981		64 Expires mm yy 03 25		123								
106	<input checked="" type="checkbox"/> Same As Driver NAKIESHA R HILL					<input checked="" type="checkbox"/> Same As Driver RODRIGO - PEREZLUGOS										124									
107	36 Number & Street 178 HANDY STREET					66 Number & Street 191 HANDY STREET										125									
108	37 City State Zip NEW BRUNSWICK NJ 08901					67 City State Zip NEW BRUNSWICK NJ 08901										126a									
109	38 Make LEXUS		39 Model RX 300		40 Color SL		41 Year 2012		42 Plate No. B79MFB		43 State NJ		68 Make CHEVROLET		69 Model TRAILBLAZER		70 Color BL		71 Year 2002		72 Plate No. W75KUU		73 State NJ		126b
110	44 VIN 2T2BK1BA7CC122410				45 Expires 03 22		74 VIN 1GNDT13S622428083				75 Expires 12 22							126c							
111	46 Vehicle Removed To -					76 Vehicle Removed To -										126d									
112	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded					<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded										126e									
113	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded					<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded										126e									
113	47 Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police					77 Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police										127a									
114	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill			78 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		79 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill								127b									
115	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Results: 0. - % <input type="checkbox"/> Pending			Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Results: 0. - % <input type="checkbox"/> Pending								127c									
116	50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX		<input checked="" type="checkbox"/> None			51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX		<input checked="" type="checkbox"/> None			81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs			127d									
03	52 Motor Carrier or Government Entity -					82 Motor Carrier or Government Entity -										127e									
117	Number & Street -					Number & Street -										128									
118	City -		State -		Zip -		City -		State -		Zip -					129									
119	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No															130									
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121	Oper. 136 Charge -					137 Summons. No. -					Oper. 138 Charge -					139 Summons. No. -					132				
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New Jersey Police
Crash Investigation Report

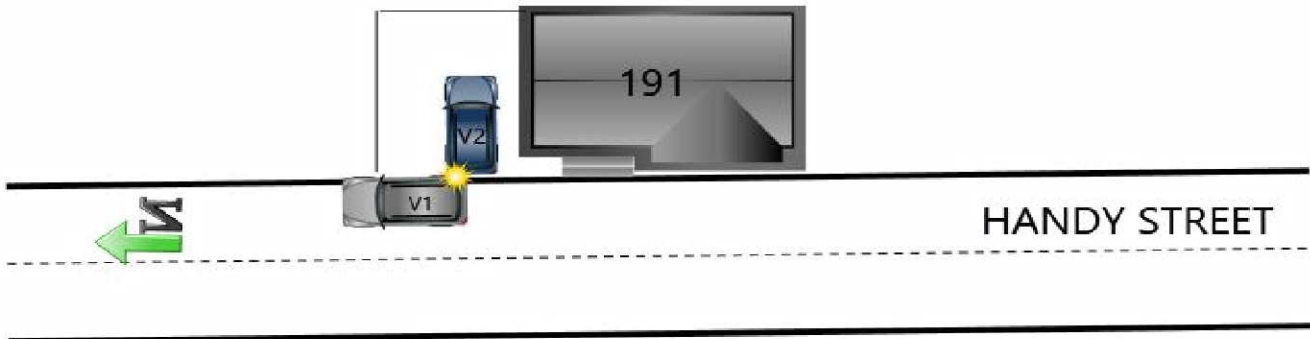
Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **NEW BRUNSWICK** Case No: **21NB08763**

(Refer to vehicle by number)

	Veh	Pos	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
	Occ	In/On	Eject	Cond		Inj	Inj	Med	Avail	Used	Dept	Code		
A L L I F N V O L V E I D J	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver 1 (Nakeiesha Hill) was parked blocking the drive way of 191 Handy Street. She stated she heard her alarm going off and advised D2 she was going to move her vehicle that she parked there really fast to drop something off inside a residence. She stated she blocked the driveway due to there being no parking available on Handy Street. She stated she began moving V1 when V2 began backing up and the same time. She stated D2 was being impatient and hit V1 causing minor damage to the back bumper. She did not complain of any pain and refused medical treatment.

Driver 2 (Rodrigo Perezlugos) stated he was parked in his drive way and observed V1 blocking the drive way. He stated he did not hit her vehicle and that there was no accident. But D2 did say he did back up out his driveway.

It should be noted V1 did have minor scratches consist with how both vehicles were described they were parked.

Ofc. Maldonado #7364

96	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		
05	1 Case Number 21NB08746										10 Crash Occurred On: FRENCH STREET										11 Speed Limit 25		
97	2 Police Dept of NEW BRUNSWICK PD										Code 01										12 Route No. - - -		
98	3 Station/Precinct NEW BRUNSWICK										14 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles										18 Speed Limit 25		
01	4 Date of Crash 12/17/21										5 Day Of Week FRIDAY										17 Cross Road Name TOWNSEND STREET		
99	6 Time (use 2400 hrs) 0714										7 Municipality Code 1214										19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: -		
07	8 Total Killed --										9 Total Injured --										20 Route/Name		
100a	23 Veh # 1										24 Policy No. CA143011A										25 NJ Ins. Code 28223		
01	26 Driver's First Name ELIJAH										29 Sex M										53 Veh # 2		
100b	27 Number & Street 414 E 2ND STREET										28 City PATERSON										54 Policy No. HPA00002106364		
04	28 City PATERSON										State Zip NJ 07501										55 NJ Ins. Code 017		
02	30 Eyes 02										31 State NJ										56 Driver's First Name KYLE		
01	32 Driver's License Number W43652087903942										33 DOB 03/20/1994										57 Number & Street 3009 POCAHONTAS AVE		
101	34 Expires 09 22										35 Owner's First Name PUREFOODS - LLC										58 City POINT PLEASANT BEACH		
02	36 Number & Street 10 SE CORPORATE WOODS DR										37 City ANKENY										59 Sex M		
01	38 Make RAM										39 Model TRUCK										60 Eyes 05		
102	40 Color WT										41 Year 2020										61 State NJ		
01	42 Plate No. JSG651										43 State IA										62 Driver's License Number L90974387110645		
02	44 VIN 3C6JR6DG3LG209535										45 Expires 09 22										63 DOB 10/01/1964		
01	46 Vehicle Removed To -										47 Authority <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police										64 Expires 10 24		
03	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused										49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill										65 Owner's First Name KYLE		
01	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine										Results: 0. - % <input type="checkbox"/> Pending										66 Number & Street 3009 POCAHONTAS AVE		
01	50 Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None										51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs										67 City POINT PLEASANT BEACH		
01	52 Motor Carrier or Government Entity -										53 GVWR/GCWR <input type="checkbox"/> Weight 10,001-26,000 lbs										68 Make FORD		
01	54 GVWR/GCWR <input type="checkbox"/> Weight >= 26,001 lbs										55 Motor Carrier or Government Entity -										69 Model ECONOLINE VWT		
01	56 Motor Carrier or Government Entity -										57 Motor Carrier or Government Entity -										70 Color 2000		
01	58 Motor Carrier or Government Entity -										59 Motor Carrier or Government Entity -										71 Year N86NSL		
01	60 Motor Carrier or Government Entity -										61 Motor Carrier or Government Entity -										72 Plate No. NJ		
01	62 Motor Carrier or Government Entity -										63 Motor Carrier or Government Entity -										73 State NJ		
01	64 Motor Carrier or Government Entity -										65 Motor Carrier or Government Entity -										74 VIN 1FTNS24L8YHB25941		
01	66 Motor Carrier or Government Entity -										67 Motor Carrier or Government Entity -										75 Expires 05 22		
01	68 Motor Carrier or Government Entity -										69 Motor Carrier or Government Entity -										76 Vehicle Removed To -		
01	69 Motor Carrier or Government Entity -										70 Motor Carrier or Government Entity -										77 Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police		
01	71 Motor Carrier or Government Entity -										72 Motor Carrier or Government Entity -										78 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		
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01	79 Motor Carrier or Government Entity -										80 Motor Carrier or Government Entity -										Hazard Class		
01	81 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -										Placard No.		
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01	85 Motor Carrier or Government Entity -										86 Motor Carrier or Government Entity -										81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs		
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01	89 Motor Carrier or Government Entity -										90 Motor Carrier or Government Entity -										<input type="checkbox"/> Weight >= 26,001 lbs		
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01	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No										136 Charge										137 Summons. No.		
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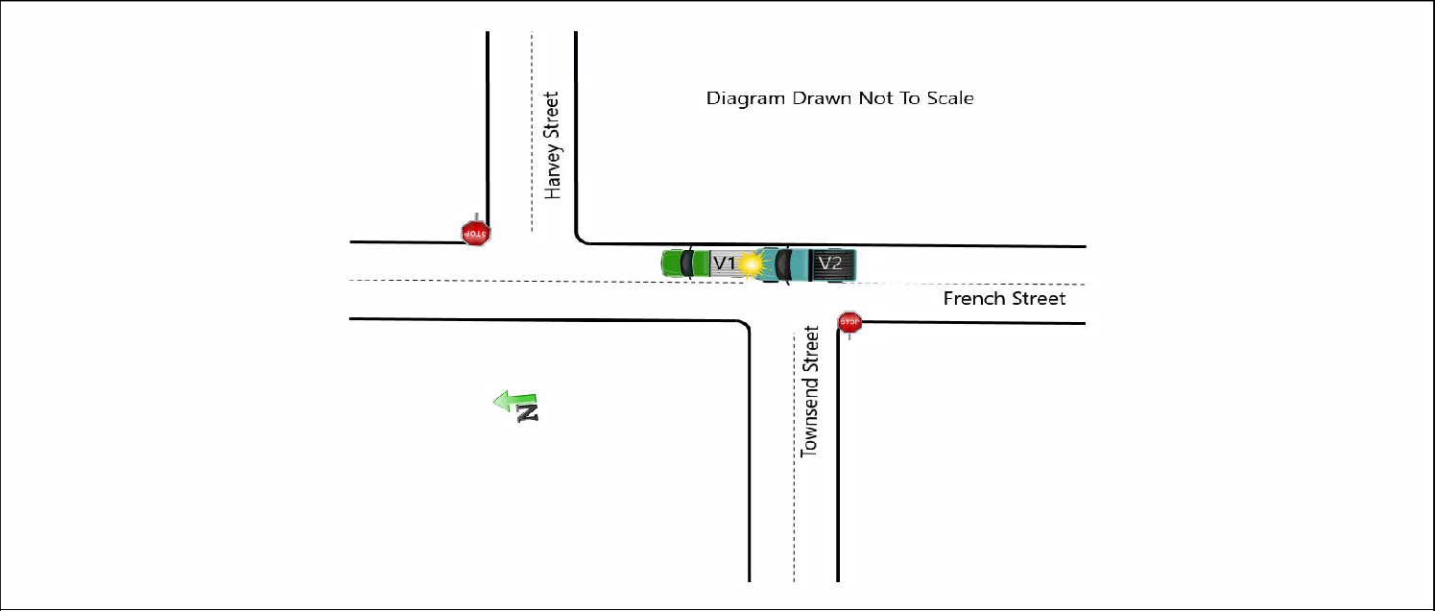
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **NEW BRUNSWICK** Case No: **21NB08746**

(Refer to vehicle by number)

	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On		Cond			Inj	Inj	Med	Avail	Used	Dept	Code	
A L L I N V O L V E I D J	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 (Elijah Williams) was driving V1 bearing IA REG:JSH651. D1 stated he was traveling north on French Street when V1 was struck from behind by V2. V1 received minor damage to the rear. Mr. Williams did not complain of pain and refused medical treatment.

Driver 2 (Kyle Ludwig) was driving V2 bearing NJ REG: N86NSL. D2 stated he was traveling north of French Street when V1 hit the brakes and he hit the breaks but his foot slipped causing him to strike V1. Mr. Ludwig did not complain of pain and refused medical treatment. V2 received moderate damage to the front but was functional.

Ofc. Maldonado #7364

146 Officer's Signature
DEANNA MALDONADO

147 Badge #
7364

148 Reviewer
DEFALCO

Badge #
5298

149 Case Status
 Pending Complete

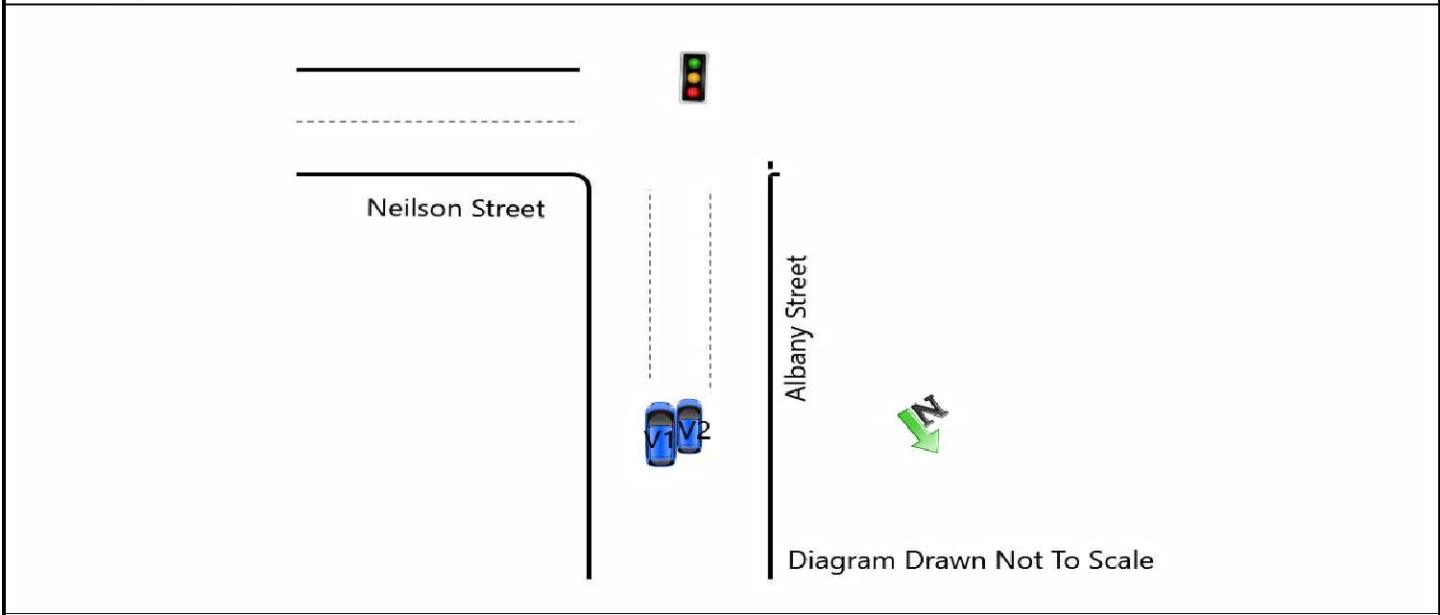
96	PAGE 1 OF 2 <input type="checkbox"/> Fatal		New Jersey Police Crash Investigation Report										<input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report								
05	1 Case Number 21NB08783		10 Crash Occurred On: ALBANY STREET										11 Speed Limit 25			118a					
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input type="checkbox"/> At Intersection With Road Name Dir <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: NEILSON STREET <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W 12 Route No. Suffix 13 Milepost 18 Speed Limit 25										118b						
01	3 Station/Precinct -		14 15 16										19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: -			17 Cross Road Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB			119a		
06	4 Date of Crash mm dd yy 12/18/21		5 Day Of Week SATURDAY		6 Time (use 2400 hrs) 1719		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		20 Route/Name 21 Latitude 22 Longitude			119b					
07	23 Veh # 1		24 Policy No. F10344971-6		25 NJ Ins. Code 426		53 Veh # 2		54 Policy No. AOJ-238-169523-7011		55 NJ Ins. Code 370					120a					
100a	<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					
01	26 Driver's First Name Initial Last Name EVAN G MATTER		29 Sex M		56 Driver's First Name Initial Last Name HARSHIL - PATEL		59 Sex M								121a						
01	27 Number & Street 69 CRAIG STREET		57 Number & Street 772A 5TH STREET													121b					
01	28 City State Zip EDISON NJ 08817		58 City State Zip SECAUCUS NJ 07094																		
2	30 Eyes DL Class Restrictions Endorsements - - - -		31 State NJ		60 Eyes DL Class Restrictions Endorsements - - - -		61 State NJ								122						
02	32 Driver's License Number M08372526702032		33 DOB mm dd yyyy 02/01/2003		34 Expires mm yy 02 24		62 Driver's License Number P07953170005011		63 DOB mm dd yyyy 05/27/2001		64 Expires mm yy 05 22					123					
02	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver EVAN G MATTER		65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver HINA - PATEL															124			
-	36 Number & Street 69 CRAIG STREET		66 Number & Street 81 ROYAL DRIVE APT 418													125					
01	37 City State Zip EDISON NJ 08817		67 City State Zip PISCATAWAY NJ 08854													126a					
01	38 Make Model FORD UNKNOWN		40 Color BL		41 Year 1996		42 Plate No. C17PBL		43 State NJ		68 Make Model HONDA PILOT		70 Color BL		71 Year 2012		72 Plate No. K11BVF		73 State NJ		126b
110	44 VIN 1FTHF36F9TEA65838		45 Expires 07 22		74 VIN 5FN9Y4H91CB031419		75 Expires 02 23												126c		
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					
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114	48 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		49 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending													127b					
115	50 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None <input type="checkbox"/> MC/MX -		51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		80 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None <input type="checkbox"/> MC/MX -		81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs								127d						
03	52 Motor Carrier or Government Entity -		82 Motor Carrier or Government Entity -													127e					
03	Number & Street -		Number & Street -													128					
03	City State Zip - - -		City State Zip - - -													129					
03	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No															130					
03	Oper. 136 Charge -		137 Summons. No. -		Oper. 138 Charge -		139 Summons. No. -								131						
03	Oper. 140 Charge -		141 Summons. No. -		Oper. 142 Charge -		143 Summons. No. -								132						
03	Oper. 144 Charge -		145 Summons. No. -		Oper. 146 Charge -		147 Summons. No. -								133						
03	Oper. 148 Charge -		149 Summons. No. -		Oper. 150 Charge -		151 Summons. No. -								134						
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03	Oper. 172 Charge -		173 Summons. No. -		Oper. 174 Charge -		175 Summons. No. -								140						
03	Oper. 176 Charge -		177 Summons. No. -		Oper. 178 Charge -		179 Summons. No. -								141						
03	Oper. 180 Charge -		181 Summons. No. -		Oper. 182 Charge -		183 Summons. No. -								142						
03	Oper. 184 Charge -		185 Summons. No. -		Oper. 186 Charge -		187 Summons. No. -								143						
03	Oper. 188 Charge -		189 Summons. No. -		Oper. 190 Charge -		191 Summons. No. -								144						
03	Oper. 192 Charge -		193 Summons. No. -		Oper. 194 Charge -		195 Summons. No. -								145						
03	Oper. 196 Charge -		197 Summons. No. -		Oper. 198 Charge -		199 Summons. No. -								146						
03	Oper. 200 Charge -		201 Summons. No. -		Oper. 202 Charge -		203 Summons. No. -								147						
03	Oper. 204 Charge -		205 Summons. No. -		Oper. 206 Charge -		207 Summons. No. -								148						
03	Oper. 208 Charge -		209 Summons. No. -		Oper. 210 Charge -		211 Summons. No. -								149						
03	Oper. 212 Charge -		213 Summons. No. -		Oper. 214 Charge -		215 Summons. No. -								150						
03	Oper. 216 Charge -		217 Summons. No. -		Oper. 218 Charge -		219 Summons. No. -								151						
03	Oper. 220 Charge -		221 Summons. No. -		Oper. 222 Charge -		223 Summons. No. -								152						
03	Oper. 224 Charge -		225 Summons. No. -		Oper. 226 Charge -		227 Summons. No. -								153						
03	Oper. 228 Charge -		229 Summons. No. -		Oper. 230 Charge -		231 Summons. No. -								154						
03	Oper. 232 Charge -		233 Summons. No. -		Oper. 234 Charge -		235 Summons. No. -								155						
03	Oper. 236 Charge -		237 Summons. No. -		Oper. 238 Charge -		239 Summons. No. -								156						
03	Oper. 240 Charge -		241 Summons. No. -		Oper. 242 Charge -		243 Summons. No. -								157						
03	Oper. 244 Charge -		245 Summons. No. -		Oper. 246 Charge -		247 Summons. No. -								158						
03	Oper. 248 Charge -		249 Summons. No. -		Oper. 250 Charge -		251 Summons. No. -								159						
03	Oper. 252 Charge -		253 Summons. No. -		Oper. 254 Charge -		255 Summons. No. -								160						
03	Oper. 256 Charge -		257 Summons. No. -		Oper. 258 Charge -		259 Summons. No. -								161						
03	Oper. 260 Charge -		261 Summons. No. -		Oper. 262 Charge -		263 Summons. No. -								162						
03	Oper. 264 Charge -		265 Summons. No. -		Oper. 266 Charge -		267 Summons. No. -								163						
03	Oper. 268 Charge -		269 Summons. No. -		Oper. 270 Charge -		271 Summons. No. -								164						
03	Oper. 272 Charge -		273 Summons. No. -		Oper. 274 Charge -		275 Summons. No. -								165						
03	Oper. 276 Charge -		277 Summons. No. -		Oper. 278 Charge -		279 Summons. No. -								166						
03	Oper. 280 Charge -		281 Summons. No. -		Oper. 282 Charge -		283 Summons. No. -								167						
03	Oper. 284 Charge -		285 Summons. No. -		Oper. 286 Charge -		287 Summons. No. -								168						
03	Oper. 288 Charge -		289 Summons. No. -		Oper. 290 Charge -		291 Summons. No. -								169						
03	Oper. 292 Charge -		293 Summons. No. -		Oper. 294 Charge -		295 Summons. No. -								170						
03	Oper. 296 Charge -		297 Summons. No. -		Oper. 298 Charge -		299 Summons. No. -								171						
03	Oper. 300 Charge -		301 Summons. No. -		Oper. 302 Charge -		303 Summons. No. -								172						
03	Oper. 304 Charge -		305 Summons. No. -		Oper. 306 Charge -		307 Summons. No. -								173						
03	Oper. 308 Charge -		309 Summons. No. -		Oper. 310 Charge -		311 Summons. No. -								174						
03	Oper. 312 Charge -		313 Summons. No. -		Oper. 314 Charge -		315 Summons. No. -								175						
03	Oper. 316 Charge -		317 Summons. No. -		Oper. 318 Charge -		319 Summons. No. -								176						
03	Oper. 320 Charge -		321 Summons. No. -		Oper. 322 Charge -		323 Summons. No. -								177						
03	Oper. 324 Charge -		325 Summons. No. -		Oper. 326 Charge -		327 Summons. No. -								178						
03	Oper. 328 Charge -		329 Summons. No. -		Oper. 330 Charge -		331 Summons. No. -								179						
03	Oper. 332 Charge -		333 Summons. No. -		Oper. 334 Charge -		335 Summons. No. -								180						
03	Oper. 336 Charge -		337 Summons. No. -		Oper. 338 Charge -		339 Summons. No. -								181						
03	Oper. 340 Charge -		341 Summons. No. -		Oper. 342 Charge -		343 Summons. No. -								182						
03	Oper. 344 Charge -		345 Summons. No. -		Oper. 346 Charge -		347 Summons. No. -								183						
03	Oper. 348 Charge -		349 Summons. No. -		Oper. 350 Charge -		351 Summons. No. -								184						
03	Oper. 352 Charge -		353 Summons. No. -		Oper. 354 Charge -		355 Summons. No. -								185						
03	Oper. 356 Charge -		357 Summons. No. -		Oper. 358 Charge -		359 Summons. No. -								186						
03	Oper. 360 Charge -		361 Summons. No. -		Oper. 362 Charge -		363 Summons. No. -								187						
03	Oper. 364 Charge -		365 Summons. No. -		Oper. 366 Charge -		367 Summons. No. -								188						
03	Oper. 368 Charge -		369 Summons. No. -		Oper. 370 Charge -		371 Summons. No. -								189						
03	Oper. 372 Charge -		373 Summons. No. -		Oper. 374 Charge -		375 Summons. No. -								190						
03	Oper. 376 Charge -		377 Summons. No. -		Oper. 378 Charge -		379 Summons. No. -								191						
03	Oper. 380 Charge -		381 Summons. No. -		Oper. 382 Charge -		383 Summons. No. -								192						
03	Oper. 384 Charge -		385 Summons. No. -		Oper. 386 Charge -		387 Summons. No. -								193						
03	Oper. 388 Charge -		389 Summons. No. -		Oper. 390 Charge -		391 Summons. No. -								194						
03	Oper. 392 Charge -		393 Summons. No. -		Oper. 394 Charge -		395 Summons. No. -								195						
03	Oper. 396 Charge -		397 Summons. No. -		Oper. 398 Charge -		399 Summons. No. -								196						
03	Oper. 400 Charge -		401 Summons. No. -		Oper. 402 Charge -		403 Summons. No. -								197						
03	Oper. 404 Charge -		405 Summons. No. -		Oper. 406 Charge -		407 Summons. No. -								198						
03	Oper. 408 Charge -		409 Summons. No. -		Oper. 410 Charge -		411 Summons. No. -								199						
03	Oper. 412 Charge -		413 Summons. No. -		Oper. 414 Charge -		415 Summons. No. -								200						
03	Oper. 416 Charge -		417 Summons. No. -		Oper. 418 Charge -		419 Summons. No. -								201						
03	Oper. 420 Charge -		421 Summons. No. -		Oper. 422 Charge -		423 Summons. No. -								202						
03	Oper. 424 Charge -		425 Summons. No. -		Oper. 426 Charge -		427 Summons. No. -								203						
03	Oper. 428 Charge -		429 Summons. No. -		Oper. 430 Charge -		431 Summons. No. -								204						
03	Oper. 432 Charge -		433 Summons. No. -		Oper. 434 Charge -		435 Summons. No. -								205						
03	Oper. 436 Charge -		437 Summons. No. -		Oper. 438 Charge -		439 Summons. No. -								206						
03	Oper. 440 Charge -		441 Summons. No. -		Oper. 442 Charge -		443 Summons. No. -								207						
03	Oper. 444 Charge -		445 Summons. No. -		Oper. 446 Charge -		447 Summons. No. -								2						

New Jersey Police Crash Investigation Report	Police Dept: NEW BRUNSWICK PD Code: 01 Station: - Case No: 21NB08783
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(Refer to vehicle by number)

	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On		Cond			Inj	Inj	Med	Avail	Used	Dept	Code	
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
L														
E														
2	04	01	05	20	M	-	-	01	04	04	-	-		SAHIL P PATEL 733 MINNIE PLACE SECAUCUS NJ 07094 - -
F														
I														
N														
V														
O														
L														
H														
V														
E														
I														
D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 2 stated that he was traveling south on Albany Street towards Neilson Street at the time of the accident. Vehicle 2, who was originally in the right lane, signaled and successfully merged into the center lane. As Vehicle 2 was slowing down to come a stop in traffic, Driver 2 claims that Vehicle 1, who was traveling at a high rate of speed, struck Vehicle 2 in a same direction sideswipe causing damage to the driver's side mirror, door, panel, fender and bumper. All occupants in Vehicle 2 did not report any injuries or complaint of pain.

Driver 1 stated that he was traveling south on Albany Street towards Neilson Street in the center lane at the time of the accident. Driver 1 stated that Vehicle 2 had signaled and attempted to merge into the center lane; thus sideswiping his vehicle. Driver 1 denied speeding. Vehicle 1 did not appear to sustain any visible damage. Driver 1 did not report any injuries or complaint of pain.

It should be noted that the lane markings in this area are difficult to observe.

146 Officer's Signature TAMIKA BALDWIN	147 Badge # 7321	148 Reviewer ABODE	Badge # 5249	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: - Case No: **21NB08758**

(Refer to vehicle by number)

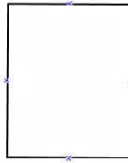
	Veh	Pos	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
	Occ	In/On	Eject	Cond		Inj	Inj	Med	Avail	Used	Dept	Code		
A L L I F I N V O L U N T A R Y	83	84	85	86	87	88	89	90	91	92	93	94	95	

144 Crash Diagram (NOT TO SCALE)



9 Guilden St.

5 Guilden St.



Guilden St.

Diagram Drawn Not To Scale

145 Crash Description/Narrative

Owner of 5 Guilden St., (Alexander Liu 908-420-1585) stated that he saw damage to the foundation on the side of his property (5 Guilden St.) He stated that he then observed a vehicle parked near the damaged portion of the foundation. The undersigned observed the damage of the veh. 1 was fresh and consistent with the damage to the foundation of 5 Guilden St. The damage of veh. 1 was consistent with the width and height of the damaged portion of the foundation.

I then spoke with Audrey Waddel, who stated that she did not cause the damage and that the damage on her vehicle was caused in 2018. She further stated that no one drives her vehicle except her. The undersigned did see older scrape marks on the passenger side corner of the front bumper that was not consistent to striking the foundation. However, the new damage had caused fresh debris to cover the entire passenger side portion of the front bumper.

The damage on the foundation was not near any gas lines or water lines for the residence.

146 Officer's Signature
MIGUEL CHANG

147 Badge #
7244

148 Reviewer
CONWAY

Badge #
5297

149 Case Status
 Pending Complete

New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
 Station: **-** Case No: **21NB08736**

(Refer to vehicle by number)

	Veh	Pos	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp		
	Occ	In/On	Eject	Cond		Inj	Inj	Med	Avail	Used	Dept	Code		
A L L I N V O L U N T A R Y	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Correction Regarding the statements of the drivers of the vehicles - The initial statements provided by D1 were provided by D2 While the statements provided by D2 were provided by D1.

146 Officer's Signature
STEWART WAY

147 Badge #
7328

148 Reviewer
CALOGERO

Badge #
5292

149 Case Status
 Pending Complete