

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																							
97	1 Case Number 20NB02141			10 Crash Occurred On: 107 HOW LN				11 Speed Limit 07				118a												
98	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		12 Route No. Suffix 13 Milepost		18 Speed Limit		118b												
99	3 Station/Precinct -			14		15		16		17 Cross Road Name		119a												
100a	4 Date of Crash mm dd yy 03/30/20			5 Day Of Week MONDAY		6 Time (use 2400 hrs) 1315		7 Municipality Code 1214		8 Total Killed		119b												
100b	23 Veh # 1			24 Policy No. BA000007151AH		25 NJ Ins. Code 26182		53 Veh # 2		54 Policy No. UNK		120a												
101	<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												
102	26 Driver's First Name Initial Last Name ANTHONY G GRADY				29 Sex M		56 Driver's First Name Initial Last Name -				59 Sex -		121a											
103	27 Number & Street 1 BOB FRANKS WAY APT 214						57 Number & Street -						121b											
104	28 City State Zip SOMERSET NJ 08873						58 City State Zip -																	
105	30 Eyes 02		DL Class D		Restrictions		Endorsements		31 State NJ		60 Eyes		DL Class		Restrictions		Endorsements		61 State 01					
106	32 Driver's License Number G71420536704812				33 DOB mm dd yyyy 04/10/1981		34 Expires mm yy 04 22		62 Driver's License Number				63 DOB mm dd yyyy		64 Expires mm yy									
107	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver ASSOCIATED - TRUCK PARTS INC -				65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver JILCO EQUIPMENT - LEASING CO -																			
108	36 Number & Street 1075 E PHILADELPHIA AVE				66 Number & Street 377 HALF ACRE ROAD																			
109	37 City State Zip GILBERTSVILLE PA 19525				67 City State Zip CRANBURY NJ 08512																			
110	38 Make FORD		39 Model UNKNOWN		40 Color YL		41 Year 2013		42 Plate No. C344155		43 State DE		68 Make UNKNOWN		69 Model UNKNOWN		70 Color WT		71 Year 2002		72 Plate No. T35F6N		73 State NJ	
111	44 VIN NM0LS7AN4DT128205				45 Expires 03 20		74 VIN 1GRAA06253B084146				75 Expires 03 16													
112	46 Vehicle Removed To -				76 Vehicle Removed To -																			
113	<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 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																			
114	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																			
115	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											
116	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											
117	52 Motor Carrier or Government Entity -				82 Motor Carrier or Government Entity -																			
118	Number & Street -				Number & Street -																			
119	City State Zip -				City State Zip -																			
120	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																							
121	Oper. 136 Charge		137 Summons. No.		Oper. 138 Charge		139 Summons. No.																	
122	-		-		-		-																	
123	Oper. 140 Charge		141 Summons. No.		Oper. 142 Charge		143 Summons. No.																	
124	-		-		-		-																	
125	83 84 85 86 87 88 89 90 91 92 93 94 95										Names & Addresses of Occupants - If Deceased, Date & Time of Death													
126	1 01 - 04 38 M 07 08 01 04 04 - -										ANTHONY G GRADY 1 BOB FRANKS WAY APT SOMERSET NJ 08873 - -													
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New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: - Case No: **20NB02141**

(Refer to vehicle by number)

A L L I N V O L V E I 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

INVESTIGATION: D1 was driving on How Lane and made a right turn into the private property (107 How Lane). D1 stated that he lost consciousness and his vision went black and when he could see again he had crashed into a parked trailer. Accident occurred during daylight in a cloudy day, wet ground from previous rainfall. EMS arrived because D1 stated he had pain to his left shoulder, but refused to go with them. D1 stated that he would be going to urgent care on his own.

This accident occurred during COVID-19 when DMV had given a two month extension on any expiring documents.

Nothing further to report at this time.

Ptlm. E. Rodriguez #7332/#925

146 Officer's Signature EDDIE RODRIGUEZ	147 Badge # 7332	148 Reviewer YURKOVIC	Badge # 5252	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: **20NB02148**

(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)

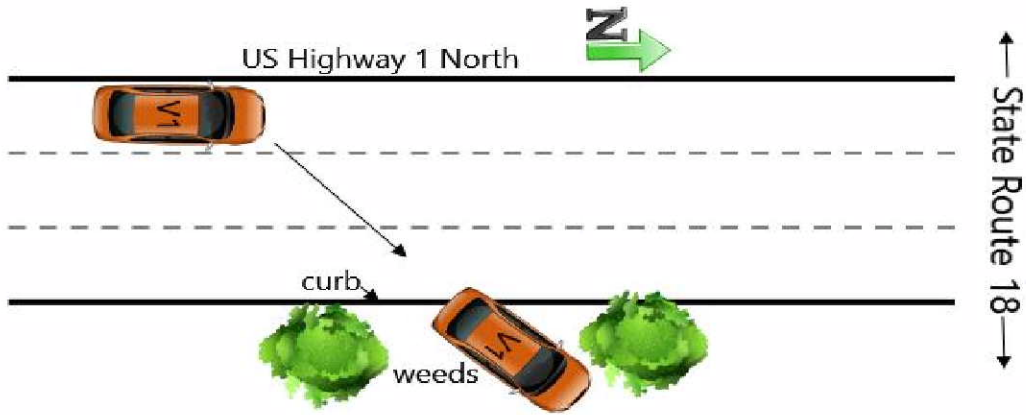


Diagram Drawn Not To Scale

145 Crash Description/Narrative

On 03/31/2020 at approximately 0958 hrs. the undersigned responded to the area of US Highway 1 North and State Route 18 in unit 916 for an accident without injuries.

The driver of vehicle #1 stated he was traveling straight in the left lane on US Highway 1 North approximately 200 feet from State Route 18. The driver of vehicle #1 stated, as he was traveling straight a black vehicle attempted to enter his lane almost causing a collision. The driver of vehicle #1 continued to state, he maneuver his vehicle to avoid the collision. The driver of vehicle #1 explained, he did avoid the collision with the black car. However, he lost control of the steering wheel and hit the curb. The vehicle rested in the weeds.

The driver of vehicle #1 stated, no injuries. The front airbags were deployed. Vehicle #1 was towed by Dependable Motors.

146 Officer's Signature
DALE GRAY

147 Badge #
7227

148 Reviewer
MARTINEZ

Badge #
5250

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			
97	01 1 Case Number 20NB02162										10 Crash Occurred On: STATE HWY 18										11 Speed Limit 45			118a
98	01 2 Police Dept of NEW BRUNSWICK PD										Code 01										<input type="checkbox"/> At Intersection With Road Name Dir			118b
99	01 3 Station/Precinct -										90										<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles			119a
100a	02 4 Date of Crash 04/01/20										5 Day Of Week WEDNESDAY										6 Time (use 2400 hrs) 1526			119b
100b	01 7 Municipality Code 1214										8 Total Killed --										9 Total Injured 1			120a
101	04 23 Veh # 1										24 Policy No. 4604269342										25 NJ Ins. Code 100			120b
102	02 26 Driver's First Name GHULUM										Initial S										29 Sex M			121a
103	01 27 Number & Street 119 BEDFORD AVE.										28 City ISELIN										State Zip NJ 08830			121b
104	1 30 Eyes 02										DL Class										31 State NJ			122
105	11 32 Driver's License Number A95602828201912										33 DOB 01/27/1991										34 Expires 01 24			123
106	<input type="checkbox"/> Same As Driver										35 Owner's First Name SATTAR										Initial Last Name A AWAN			124
107	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run										36 Number & Street 400 CRANBURY RD. APT. #9										66 Number & Street			125
108	01 37 City EAST BRUNSWICK										State Zip NJ 08816										67 City			126a
109	01 38 Make HONDA										39 Model CIVIC										40 Color GY			126b
110	01 44 VIN 2HGFA1F51AH545932										45 Expires 10 20										74 VIN			126c
111	01 46 Vehicle Removed To RICHS TOWING										47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police										76 Vehicle Removed To			126d
112	<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded										49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill										77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			126e
113	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded										50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None										79 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill			127a
114	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine										51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs										80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None			127b
115	Results: 0 - % <input type="checkbox"/> Pending										52 Motor Carrier or Government Entity										81 GVWR/GCWR <input type="checkbox"/> Weight 10,001-26,000 lbs			127c
116	<input type="checkbox"/> MC/MX										53 Motor Carrier or Government Entity										82 Motor Carrier or Government Entity			127d
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273	-										State Zip										239 Motor Carrier or Government Entity			283
274	-										City													

New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **20NB02162**

(Refer to vehicle by number)

A L L 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	

144 Crash Diagram (NOT TO SCALE)

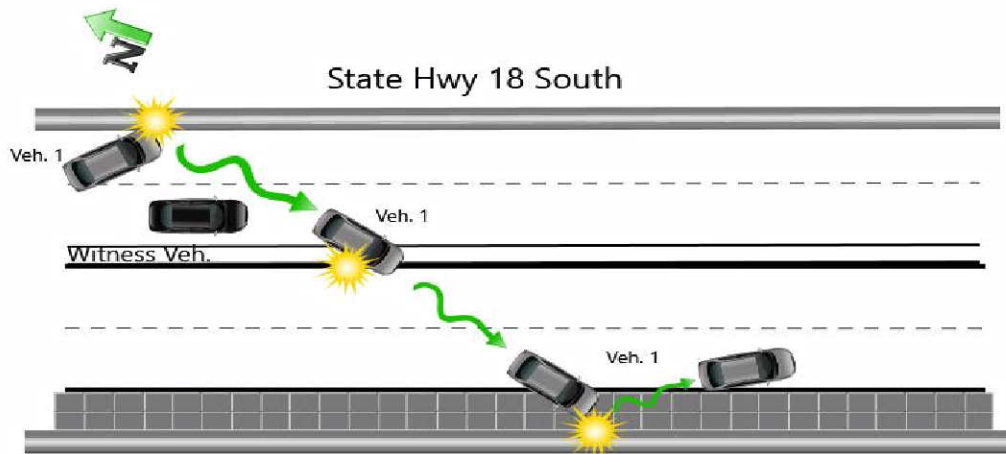


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Witness (Eric Mika) stated that he was traveling on State Hwy 18 (South bound Express Lane) on the right lane, going at approximately 45-50 mph. He stated that vehicle 1 approached quickly from behind his vehicle, and when it neared, quickly swerved left onto the left lane. At this time, witness stated that veh. 1 struck the barrier median and lost control of the vehicle. The vehicle then swerved right going across both lanes on State Hwy 18 South (Express Lane), struck the curbed median and entered State Hwy 18 South (Local lanes). Veh. 1 then struck the barrier wall and finally stopped on the right lane of State Hwy 18 South (Local lane).

Driver of veh. 1 was unable to recall how the accident occurred. At times, he was incoherent and stated that he was not driving. Witnesses stated that he was the only one in the vehicle, and found him in the passenger seat floor board. Front and side airbags were deployed. Driver was taken to Robert Wood Johnson University Hospital for treatment.

146 Officer's Signature
MIGUEL CHANG

147 Badge #
7244

148 Reviewer
MARTINEZ

Badge #
5250

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 20NB02178		10 Crash Occurred On: LEE AVE.										11 Speed Limit 25			118a																																																																																																																															
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input checked="" type="checkbox"/> At Intersection With Road Name DELAVAN ST.										12 Route No. Suffix 13 Milepost 25			118b																																																																																																																													
01	3 Station/Precinct -		<input type="checkbox"/> Feet <input type="checkbox"/> Miles		<input type="checkbox"/> N <input type="checkbox"/> E of <input type="checkbox"/> S <input type="checkbox"/> W										17 Cross Road Name -			119a																																																																																																																													
01	4 Date of Crash 04/02/20		5 Day Of Week THURSDAY		6 Time (use 2400 hrs) 1539		7 Municipality Code 1214		8 Total Killed --		9 Total Injured 1		19 Ramp To From: -			20 Route/Name -			21 Latitude - 22 Longitude -		119b																																																																																																																										
100a	23 Veh # 1		24 Policy No. 4463281396				25 NJ Ins. Code 148		53 Veh # 2		54 Policy No. 4577406459				55 NJ Ins. Code 100		119c																																																																																																																														
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 type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input checked="" type="checkbox"/> Hit & Run										120a																																																																																																																										
02	26 Driver's First Name Initial Last Name ORLING O ALVAREZ-BAUTISTA - M										29 Sex M										56 Driver's First Name Initial Last Name UNKNOWN - - - F			59 Sex F		121a																																																																																																																					
01	27 Number & Street 191 SANDFORD ST. APT #2										57 Number & Street -										121b																																																																																																																										
01	28 City State Zip NEW BRUNSWICK NJ 08901										58 City State Zip - - -										122																																																																																																																										
2	30 Eyes 02		DL Class -		Restrictions -		Endorsements -		31 State NJ		60 Eyes -		DL Class -		Restrictions -		Endorsements -		61 State -		122																																																																																																																										
105	32 Driver's License Number A56756087602002				33 DOB 02/21/2000		34 Expires 12 21		62 Driver's License Number -				63 DOB -		64 Expires -		123																																																																																																																														
03	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver RONAL H GONZALEZ-CASTR -										65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver GERMAN - DELACRUZ -										124																																																																																																																										
106	36 Number & Street 518 HARVARD PL.										66 Number & Street 999 HIDDEN LAKE DR. APT #16C										125																																																																																																																										
107	37 City State Zip NORTH BRUNSWICK NJ 08902										67 City State Zip NORTH BRUNSWICK NJ 08902										126a																																																																																																																										
04	38 Make NISSAN		39 Model XTERRA		40 Color BK		41 Year 2000		42 Plate No. B88KMM		43 State NJ		68 Make DODGE		69 Model GRAND CARA		70 Color GY		71 Year 2009		72 Plate No. X40LYU		73 State NJ		126b																																																																																																																						
09	44 VIN 5N1ED28Y7YC530505				45 Expires 09 20		74 VIN 2D8HN54139R551337				75 Expires 10 20		126c																																																																																																																																		
01	46 Vehicle Removed To GAURANTEED TOWING										76 Vehicle Removed To RICH'S TOWING										126d																																																																																																																										
111	<input type="checkbox"/> Driven <input checked="" 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																																																																																																																										
112	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded										<input type="checkbox"/> Left At Scene <input checked="" type="checkbox"/> Towed Impounded										126e																																																																																																																										
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																																																																																																																										
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				Hazard Class Placard No.								Results: 0. - % <input type="checkbox"/> Pending				Hazard Class Placard No.				127c																																																																																																																										
01	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				127d																																																																																																																																		
02	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -										128																																																																																																																										
117	Number & Street -										Number & Street -										129																																																																																																																										
118	City -		State -		Zip -		City -		State -		Zip -		130																																																																																																																																		
119	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																				131																																																																																																																										
120																					132																																																																																																																										
02	Oper. 136 Charge 39:4-96		137 Summons. No. Q426783				Oper. 138 Charge 39:4-129		139 Summons. No. Q426784				133																																																																																																																																		
02	Oper. 140 Charge 39:4-130		141 Summons. No. Q426785				Oper. 142 Charge -		143 Summons. No. -				134																																																																																																																																		
01	83										84										85										86										87										88										89										90										91										92										93										94										95										Names & Addresses of Occupants - If Deceased, Date & Time of Death										131		
A	01		01		-		-		20		M		-		-		-		04		04		-		-		SAME AS DRIVER OF VEH. 1										131																																																																																																										
B	01		03		-		-		50		M		-		-		-		04		04		-		-		OSMOND - ALVAREZ 191 SANDFORD ST. #2 NEW BRUNSWIC NJ 08901										131																																																																																																										
C	01		04		-		-		16		M		-		-		-		04		04		-		-		ALEXIS - TORRES 191 SANDFORD ST. #2 NEW BRUNSWIC NJ 08901										131																																																																																																										
D	01		05		-		-		40		F		-		-		-		04		05		-		-		MIERA - BAUTISTA 191 SANDFORD ST. #2 NEW BRUNSWIC NJ 08901										131																																																																																																										

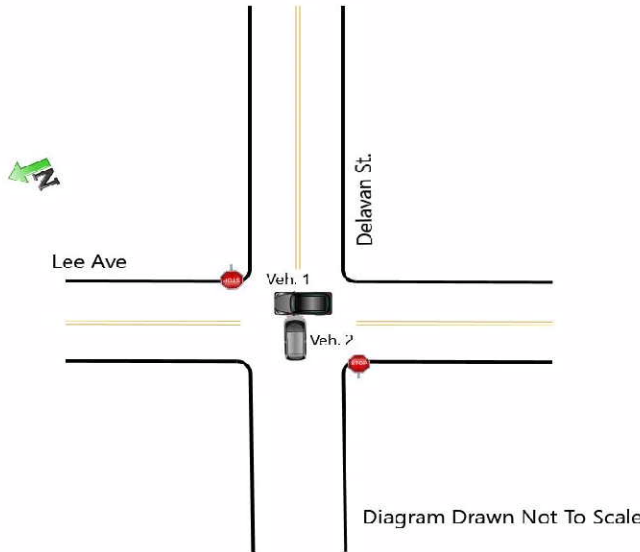
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **20NB02178**

(Refer to vehicle by number)

A L L I N V O L V E I D	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	
	01	06	-	04	17	F	09	08	02	04	04	-	6204	ARYANY - ALVAREZ-BAUTISTA 191 SANDFORD ST. #2 NEW BRUNSWIC NJ 08901 -
	02	01	-	-	-	-	-	-	-	-	-	-	-	UNKNOWN - - - - -

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of veh. 1 stated that he was traveling (North bound) on Lee Ave. As he was crossing the intersection of Lee Ave. at Delavan St., he was struck by veh. 2, which was on Delavan St. (East bound). Driver of veh. 1 stated that veh. 2, did not stop at the stop sign and fled the scene of the accident after colliding into veh. 1.
Passenger from veh. 1, complained of stomach pains and was transported to St. Peter's Hospital by EMS. At the scene of the accident, a front grill and right head light was left by veh. 2 due to the collision. Veh. 2 was later located parked unoccupied in front of 52 Powers St.
Owner of veh. 2 was cited for leaving the scene of an accident, failure to report an accident, and reckless driving.

146 Officer's Signature
MIGUEL CHANG

147 Badge #
7244

148 Reviewer
MARTINEZ

Badge #
5250

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		
97	1 Case Number 20NB02207										10 Crash Occurred On: ZEBRA WAY										11 Speed Limit 25		
98	2 Police Dept of NEW BRUNSWICK PD										Code 01										12 Route No. - - -		
99	3 Station/Precinct -										<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										13 Milepost -		
100a	4 Date of Crash mm dd yy 04/04/20										5 Day Of Week SATURDAY										6 Time (use 2400 hrs) 1940		
100b	7 Municipality Code 1214										8 Total Killed --										9 Total Injured 1		
101	23 Veh # 1										24 Policy No. 8598121										25 NJ Ins. Code 096		
102	<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										53 Veh # -		
103	26 Driver's First Name Initial Last Name JESSICA C HEUSTON										29 Sex F										56 Driver's First Name Initial Last Name -		
104	27 Number & Street 1233 EDPAS RD										57 Number & Street -										59 Sex -		
105	28 City NEW BRUNSWICK										State Zip NJ 08901										58 City -		
106	30 Eyes DL Class Restrictions Endorsements 02 D - - NJ										31 State NJ										60 Eyes DL Class Restrictions Endorsements -		
107	32 Driver's License Number H29064006357902										33 DOB mm dd yyyy 01/30/1990										34 Expires mm yy 07 23		
108	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver SHARON M HEUSTON										65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver - - -										61 State -		
109	36 Number & Street 1233 EDPAS RD										66 Number & Street -										62 Driver's License Number -		
110	37 City NEW BRUNSWICK										State Zip NJ 08901										63 DOB mm dd yyyy -		
111	38 Make HYUNDAI										39 Model ELANTRA										40 Color BL		
112	41 Year 2014										42 Plate No. B49LYR										43 State NJ		
113	44 VIN 5NPDH4AE4EH71607										45 Expires 11 20										64 Expires mm yy -		
114	46 Vehicle Removed To TOWED BY GUARANTEED TOWING										76 Vehicle Removed To -										66 State -		
115	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input checked="" type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded										<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded										67 State -		
116	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										68 State -		
117	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.										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 Hazard Class Placard No.		
118	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 -		
119	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -										69 State 07		
120	Number & Street -										Number & Street -										70 Color -		
121	City -										State Zip -										71 Year -		
122	City -										State Zip -										72 Plate No. -		
123	135 Damage To Other Property <input checked="" type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No										73 State -										75 Expires -		
124	DRIVER HAD A PANIC ATTACK AND DROVE THE FENCE SEPARATE EDPAS RD AND ZEBRA WAY										76 Vehicle Removed To -										77 State -		
125	Oper. 136 Charge 1 CARELESS DRIVING 39:4-97										137 Summons. No. Q 425910										Oper. 138 Charge 1 DRIVING WHILE SUSPENDED		
126	Oper. 140 Charge -										141 Summons. No. -										Oper. 142 Charge -		
127	Oper. 139 Summons. No. Q 425911										Oper. 143 Summons. No. -										139 Summons. No. Q 425911		
128	83										84										85		
129	86										87										88		
130	89										90										91		
131	92										93										94		
132	95										96										97		
133	A										B										C		
134	D										E										F		
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136	29										F										08		
137	01										04										04		
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New Jersey Police
Crash Investigation Report

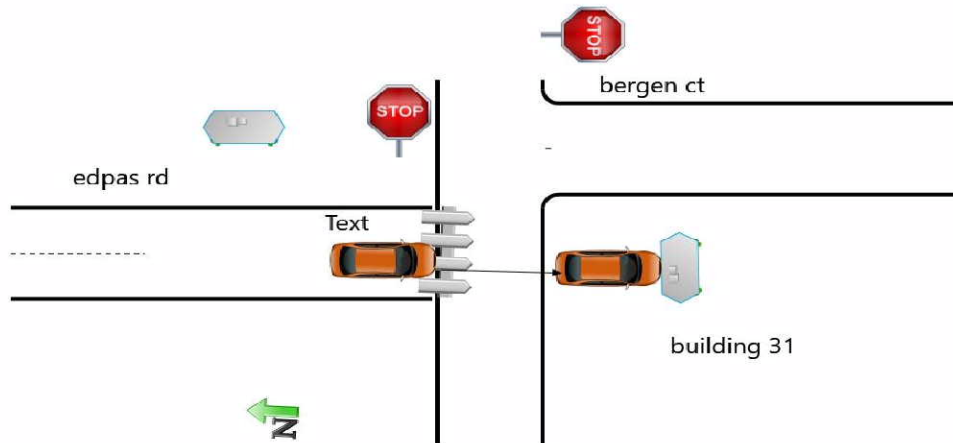
Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **20NB02207**

(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	
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V														
O														
L														
V														
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D														
J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

V1 STATED THAT SHE WAS WAITING FOR HER FRIEND OUTSIDE BUILDING 3 AT EDPAS RD AND SUDDENLY SHE BEGAN HAVING A PANIC ATTACKS AT THAT TIME SHE ACCIDENTALLY PRESSED ON THE GAS PETAL CAUSES HER VEHICLE TO DRIVE THROUGH A FENCE BARRIER AND THEN STRUCK BUILDING # 3. SHE FURTHER STATED THAT SHE DID NOT REALIZED THE VEHICLE WAS MOVING UNTIL SHE COLLIDED WITH BUILDING #3 ON BERGEN ST. V1 OCCUPANT SUSTAINED MINOR INJURY TO HER LEFT HAND AND REFUSED MEDICAL ATTENTION.

I THEN SPOKE TO A WITNESS WHO STATED THAT HE WAS WALKING IN THE ALDI PARKING LOT WHEN HE OBSERVED A VEHICLE GOING THROUGH THE FENCE THAT SEPARATES EDPAS RD AND ZEBRA WAY AND THEN STRUCK BUILDING #3 OF BERGEN CT. IT SHOULD BE NOTED THAT THERE WAS NO DAMAGED TO THE BUILDING AND NOTIFICATION TO THE CITY WAS MADE IN REGARDS TO THE DAMAGED FENCE BY NBPD COMMUNICATIONS.

146 Officer's Signature
THOMAS RAOUL JR.

147 Badge #
7344

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						
01	1 Case Number 20NB02138		10 Crash Occurred On: 300 HAMILTON STREET W 25										11 Speed Limit 25			118a			
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input type="checkbox"/> At Intersection With Road Name Dir										12 Route No. Suffix 13 Milepost 18 Speed Limit			118b	
04	3 Station/Precinct -		-		<input type="checkbox"/> Feet <input type="checkbox"/> Miles										17 Cross Road Name			119a	
99	-		-		<input type="checkbox"/> N <input type="checkbox"/> E of: <input type="checkbox"/> S <input type="checkbox"/> W										19 Ramp To From: 20 Route/Name			119b	
07	4 Date of Crash mm dd yy 03/30/20		5 Day Of Week MONDAY		6 Time (use 2400 hrs) 0303		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		21 Latitude		22 Longitude		119c		
100a	23 Veh # 1		24 Policy No. 937318214				25 NJ Ins. Code 14800		53 Veh # 2		54 Policy No.				55 NJ Ins. Code		120a		
100b	-		-		-		-		-		-		-		-		120b		
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 type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run														120c		
02	26 Driver's First Name Initial Last Name PEDRO - LOPEZ-SANTIAGO - M				29 Sex M		56 Driver's First Name Initial Last Name -				59 Sex -						121a		
101	27 Number & Street 68 LUFBERRY AVENUE						57 Number & Street -										121b		
01	28 City State Zip NEW BRUNSWICK NJ 08901						58 City State Zip -										121c		
102	30 Eyes DL Class Restrictions Endorsements 02 D 00 00		31 State WA		60 Eyes DL Class Restrictions Endorsements -		61 State -										122		
06	32 Driver's License Number LOPEZP*284BE		33 DOB mm dd yyyy 01/05/1972		34 Expires mm yy 01 21		62 Driver's License Number -		63 DOB mm dd yyyy -		64 Expires mm yy -						123		
103	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver DANIELA - LOPEZ-HERNANDE -				65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver MAHOGANY - JOHNSON -												124		
01	36 Number & Street 78 LUBBERY AVENUE				66 Number & Street 215 MAIN ST APT 74												125		
104	37 City State Zip NEW BRUNSWICK NJ 08901				67 City State Zip SOUTH BOUND BROOK NJ 08880												126a		
01	38 Make 39 Model 40 Color 41 Year 42 Plate No. 43 State CHEVROLET TRAILBLAZER BL 07 U89KJT NJ		44 VIN 1GNDT13S472159363		45 Expires 8 20		68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State NISSAN ROGUE BK 16 K89LXY NJ		74 VIN 5N1AT2MV3GC924269		75 Expires 10 20						126b		
110	46 Vehicle Removed To -				76 Vehicle Removed To -												126c		
01	<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												126d		
111	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded				<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded												126e		
112	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 type="checkbox"/> Police												126f		
113	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				79 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.				127a		
114	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						127b
115	52 Motor Carrier or Government Entity -				82 Motor Carrier or Government Entity -												127c		
116	Number & Street -				Number & Street -												127d		
117	City State Zip - - -				City State Zip - - -												127e		
118	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																127f		
119	Oper. 136 Charge				137 Summons. No.				Oper. 138 Charge				139 Summons. No.				128		
120	-				-				-				-				129		
121	Oper. 140 Charge				141 Summons. No.				Oper. 142 Charge				143 Summons. No.				130		
122	-				-				-				-				131		
123	Names & Addresses of Occupants - If Deceased, Date & Time of Death																132		
124	83	84	85	86	87	88	89	90	91	92	93	94	95	A V1 01 01 05 47 M - - 01 04 04 - - PEDRO - LOPEZ-SANTIAGO -			133		
125														B V1 02 01 05 47 F - - 01 04 04 - - ALEJANDRINA - HERNANDEZ-MARTINEZ -			134		
126														C V1 03 01 05 20 M - - 01 04 04 - - DANIEL I MEMBRENO -			135		
127														D V1 03 01 05 20 M - - 01 04 04 - - DANIEL I MEMBRENO -			136		

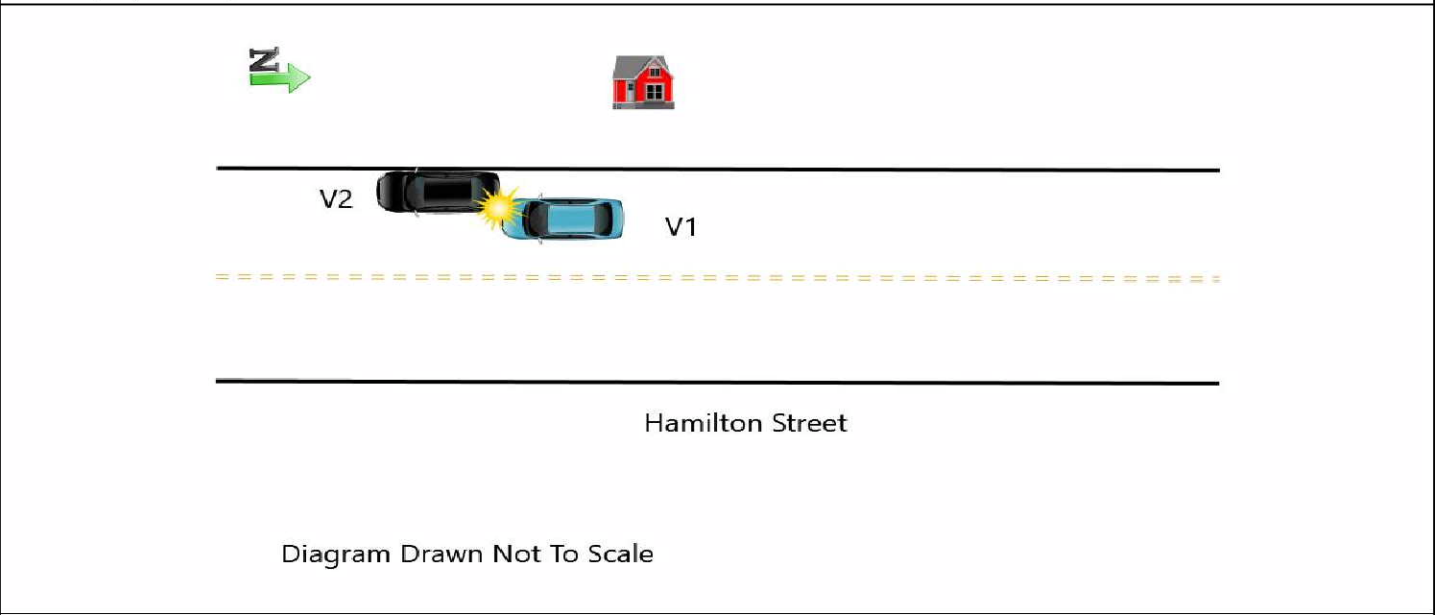
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **20NB02138**

(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														
L														
I														
N														
V														
O														
L														
V														
E														
I														
D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On the above date and time I observe a motor vehicle accident in front of 300 Hamilton Street. The vehicles involved were a 2007 Chevrolet Trail Blazer (NJ Reg. U89KJT) and a 2016 Nissan Rogue (NJ. Reg K89LXY).

Driver of V1 was picking up a friend from 300 Hamilton when he did not observe V2 was parked in front of his vehicle. Upon taking off he crashed into v2. Driver of V1 stated he was distracted and did not pay attention to the parked vehicle. (V2) V1 sustained minor damage to the front bumper. V2 sustained minor damage to the rear bumper. There were no injuries from the occupants of V1.

It should be noted, I left a note on windshield of v2 in regards to the insurance information needed for the accident report. I did not receive any notice from the owner of V2 after several days.

PO Carlos Gomez 7366

146 Officer's Signature
CARLOS GOMEZ

147 Badge #
7366

148 Reviewer
ABODE

Badge #
5249

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 20NB02215		10 Crash Occurred On: 401 JERSEY AVENUE										11 Speed Limit 25			118a			
97	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input type="checkbox"/> At Intersection With Road Name Dir										12 Route No. Suffix 13 Milepost 18 Speed Limit			118b	
06	3 Station/Precinct NEW BRUNSWICK		<input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: -										17 Cross Road Name			119a			
99	4 Date of Crash mm dd yy 04/05/20		5 Day Of Week SUNDAY		6 Time (use 2400 hrs) 0104		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: -			20 Route/Name			119b
100a	23 Veh # 1		24 Policy No. HPA00002659819				25 NJ Ins. Code 411		53 Veh #		54 Policy No.		55 NJ Ins. Code			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 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 FILIP - VUKELIC				29 Sex M		56 Driver's First Name Initial Last Name				59 Sex					121a			
01	27 Number & Street 315 HANDY STREET				57 Number & Street											121b			
103	28 City State Zip NEW BRUNSWICK NJ 08901				58 City State Zip											122			
104	30 Eyes DL Class Restrictions Endorsements 02 D 00 00		31 State NJ		60 Eyes DL Class Restrictions Endorsements		61 State								122				
105	32 Driver's License Number V91842640012902		33 DOB mm dd yyyy 12/27/1990		34 Expires mm yy 12 23		62 Driver's License Number		63 DOB mm dd yyyy		64 Expires mm yy					123			
106	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver FILIP - VUKELIC				65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver - - -											124			
107	36 Number & Street 315 HANDY STREET				66 Number & Street											125			
108	37 City State Zip NEW BRUNSWICK NJ 08901				67 City State Zip											126a			
109	38 Make 39 Model VOLKSWAGEN PASSAT		40 Color 41 Year SL 08		42 Plate No. 43 State B96MCP NJ		68 Make 69 Model		70 Color 71 Year		72 Plate No. 73 State					126b			
110	44 VIN WVWVWU73C48P062041				45 Expires 12 20		74 VIN		75 Expires								126c		
111	46 Vehicle Removed To DEPENDABLE MOTORS				76 Vehicle Removed To											126d			
112	<input type="checkbox"/> Driven <input checked="" 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	47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police				77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police											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 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											127d			
03	50 Carrier No. <input type="checkbox"/> USDOT - <input checked="" type="checkbox"/> None		51 GVWR/GCWR <input checked="" type="checkbox"/> Weight <= 10,000 lbs		80 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None		81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs									127e			
117	<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			
	<input type="checkbox"/> Weight >= 26,001 lbs				<input type="checkbox"/> Weight >= 26,001 lbs											127g			
	52 Motor Carrier or Government Entity				82 Motor Carrier or Government Entity											128			
	Number & Street				Number & Street											129			
	City State Zip				City State Zip											130			
	135 Damage To Other Property <input checked="" type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No															131			
	UTILITY POLE #61570 AND #64208														132				
	Oper. 136 Charge				137 Summons. No.				Oper. 138 Charge				139 Summons. No.				133		
	Oper. 140 Charge				141 Summons. No.				Oper. 142 Charge				143 Summons. No.				134		
															134				
	Names & Addresses of Occupants - If Deceased, Date & Time of Death														135				
A	83	84	85	86	87	88	89	90	91	92	93	94	95	FILIP - VUKELIC		135			
B	1	01	-	-	29	M	-	-	-	11	11	01	-	315 HANDY STREET NEW BRUNSWICK NJ 08901		135			
C																			
D																			

New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **NEW BRUNSWICK** Case No: **20NB02215**

(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

On Sunday April 5, 2020 at approximately 0104 hours Officer Tejada and I responded to 401 Jersey Avenue for a report of a motor vehicle accident. V1 is a 2008 silver Volkswagen Passat bearing NJ REG B96MCP.

Driver of V1 stated that he was traveling South on Jersey Avenue when his vehicle hit a bump in the roadway, causing his vehicle to enter the opposing lane of travel. Driver of V1 stated he then observed another vehicle coming and attempted to steer back into his lane of travel to avoid a head on collision. Driver of V1 stated this caused his vehicle to lose control . V1 struck utility pole #61570 with his driver's side front bumper causing moderate damage to that pole and totaling damages to his vehicle. (See initial collision). V1 then spun around, struck utility pole #64208 with the passenger side of his vehicle causing minor damage to that pole and moderate damage to his passenger side of the vehicle (See subsequent collision). Driver of V1 stated no injuries or complaint of pain. PSEG was notified to respond and check on the utility poles.

PtIm Perotti 7358

146 Officer's Signature
JAMES PEROTTI

147 Badge #
7358

148 Reviewer
ABODE

Badge #
5249

149 Case Status
 Pending Complete

05	1 Case Number 20NB02193		10 Crash Occurred On: CONDUCT ST.										11 Speed Limit 25		118a	25										
01	2 Police Dept of NEW BRUNSWICK PD		Code 01		<input checked="" type="checkbox"/> At Intersection With Road Name EASTON AVE.										12 Route No. 13 Milepost - -		118b	-								
01	3 Station/Precinct -		-		<input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: <input type="checkbox"/> S <input type="checkbox"/> W										17 Cross Road Name -		119a	25								
07	4 Date of Crash mm dd yy 04/03/20		5 Day Of Week FRIDAY		6 Time (use 2400 hrs) 1545		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		20 Route/Name -		21 Latitude 22 Longitude - -		119b	-								
04	23 Veh # 1		24 Policy No. UNKNOWN				25 NJ Ins. Code -		53 Veh # 2		54 Policy No. HPA00001042011				55 NJ Ins. Code 411		120a	-								
02	26 Driver's First Name -		Initial -		Last Name -		29 Sex -		56 Driver's First Name -		Initial -		Last Name -		59 Sex -		120b	-								
01	27 Number & Street -		-		-		-		57 Number & Street -		-		-		-		121a	-								
01	28 City -		State -		Zip -		-		58 City -		State -		Zip -		-		121b	-								
3	30 Eyes -		DL Class -		Restrictions -		Endorsements -		31 State -		60 Eyes -		DL Class -		Restrictions -		Endorsements -		122	10						
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 -		-		123	10								
06	35 Owner's First Name <input type="checkbox"/> Same As Driver GLENROY		Initial W		Last Name JARVIS		-		65 Owner's First Name <input type="checkbox"/> Same As Driver MICHAEL		Initial J		Last Name SCHNUR		-		124	-								
01	36 Number & Street 180 WOODWORTH AVE. APT. 3		-		-		-		66 Number & Street 1 GILMAN DR.		-		-		-		125	-								
01	37 City YONKERS		State NY		Zip 10701		-		67 City PISCATAWAY		State NJ		Zip 08854		-		126a	28								
09	38 Make NISSAN		39 Model ALTIMA		40 Color GY		41 Year 2011		42 Plate No. HWB6695		43 State NY		68 Make FORD		69 Model EXP		70 Color RD		71 Year 2001		72 Plate No. Z29CHP		73 State NJ		126b	-
01	44 VIN 1N4AL2AP2BN494702		-		-		45 Expires 02 20		74 VIN 1FMYU60E91UC86166		-		75 Expires 08 20		-		126c	-								
01	46 Vehicle Removed To -		-		-		-		76 Vehicle Removed To -		-		-		-		126d	-								
01	<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 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		-		-		126e	-								
01	47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		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		-		77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		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		-		-		127a	28						
01	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Results: 0. - % <input type="checkbox"/> Pending		Hazard Class Placard No. - -		-		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Results: 0. - % <input type="checkbox"/> Pending		Hazard Class Placard No. - -		-		127b	-								
01	50 Carrier No. <input type="checkbox"/> USDOT - <input type="checkbox"/> None		<input type="checkbox"/> MC/MX - <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		<input type="checkbox"/> MC/MX - <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	-								
01	52 Motor Carrier or Government Entity -		-		-		-		82 Motor Carrier or Government Entity -		-		-		-		127e	26								
01	Number & Street -		-		-		-		Number & Street -		-		-		-		128	28								
01	City -		State -		Zip -		-		City -		State -		Zip -		-		129	06								
01	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No		-		-		-		-		-		-		-		130	06								
01	Oper. 136 Charge -		-		137 Summons. No. -		-		Oper. 138 Charge -		-		139 Summons. No. -		-		131	06								
01	Oper. 140 Charge -		-		141 Summons. No. -		-		Oper. 142 Charge -		-		143 Summons. No. -		-		132	02								

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death		133	03
A																	
B																	
C																	
D																	

New Jersey Police
Crash Investigation Report

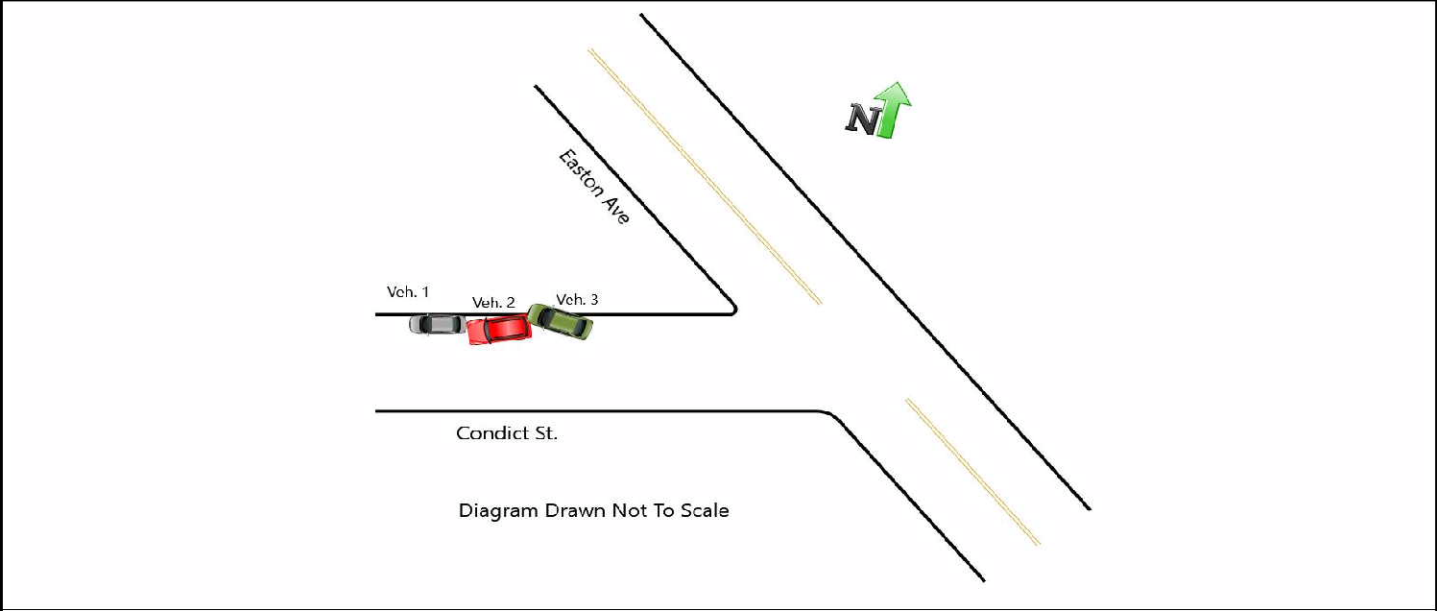
Police Dept: **NEW BRUNSWICK PD** Code: **01**

Station: - Case No: **20NB02193**

(Refer to vehicle by number)

A L L 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	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of veh. 3 stated that he was parking his vehicle on the corner of Condict St. at Easton Ave. Driver stated that he lost control and struck parked vehicle 2, which in turn was propelled forward and struck vehicle 1. Driver of veh. 3 was not injured and refused medical attention.

146 Officer's Signature
MIGUEL CHANG

147 Badge #
7244

148 Reviewer
MARTINEZ

Badge #
5250

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 20NB02309		10 Crash Occurred On: 1 ROBERT WOOD JOHNSON P - 05										11 Speed Limit 05			118a									
97	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			118b							
98	3 Station/Precinct		<input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: -										17 Cross Road Name			119a									
01	4 Date of Crash mm dd yy 04/10/20		5 Day Of Week FRIDAY		6 Time (use 2400 hrs) 1402		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: -		20 Route/Name		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b						
09	23 Veh # 1		24 Policy No. 4412-97-10-55				25 NJ Ins. Code 100		53 Veh # 2		54 Policy No. UNKNOWN				55 NJ Ins. Code 00		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 MICHAEL S LYONS				29 Sex M		56 Driver's First Name Initial Last Name - - -				59 Sex -				121a										
102	27 Number & Street 60 DICKENS ROAD				57 Number & Street -										121b										
01	28 City State Zip NORTH BRUNSWICK NJ 08902				58 City State Zip - - -										122										
104	30 Eyes DL Class Restrictions Endorsements 04 - - - - NJ		31 State NJ		60 Eyes DL Class Restrictions Endorsements - - - - -		61 State -								123										
06	32 Driver's License Number L96725448203724				33 DOB mm dd yyyy 03/01/1972		34 Expires mm yy 03 23		62 Driver's License Number -				63 DOB mm dd yyyy - - -		64 Expires mm yy - -		123								
106	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver FRANCIS J LYONS JR				65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver MELISSA - PAGAN										124										
01	36 Number & Street 60 DICKENS ROAD				66 Number & Street 128 MAPLE STREET										125										
108	37 City State Zip NORTH BRUNSWICK NJ 08902				67 City State Zip JERSEY CITY NJ 07304										126a										
09	38 Make CHEVROLET		39 Model SILVERADO		40 Color SL		41 Year 11		42 Plate No. N76HGG		43 State NJ		68 Make JAGUAR		69 Model F-TYPE		70 Color BK		71 Year 18		72 Plate No. H87JAL		73 State NJ		126b
110	44 VIN 1GCRKREA6BZ126594				45 Expires 01 21		74 VIN SADCL2FX6JA256017				75 Expires 07 20				126c										
01	46 Vehicle Removed To PULEIOS TOWING				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										
-	<input type="checkbox"/> Left At Scene <input checked="" 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 type="checkbox"/> Driver <input checked="" 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 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										
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										127c										
116	Results: 0, - % <input type="checkbox"/> Pending				Results: 0, - % <input type="checkbox"/> Pending										127c										
02	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										
117	<input type="checkbox"/> MC/MX -								<input type="checkbox"/> MC/MX -						127e										
-															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										
-															130										
-	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No														131										
-															132										
Oper.	136 Charge 1 39:4-97				137 Summons. No. Q423472				Oper. 138 Charge 1 39:4-129B				139 Summons. No. Q423473				133								
-	140 Charge -				141 Summons. No. -				Oper. 142 Charge -				143 Summons. No. -				134								
-																	134								
A	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death				135							
B	1	01	01	-	48	M	-	-	-	11	04	-	-	MICHAEL - LYONS				-							
C	W	-	-	-	-	M	-	-	-	-	-	-	-	60 DICKENS ROAD NORTH BRUNSW: NJ 08902 -				-							
D														ELVIN - GOMEZ				-							
														1 ROBERT WOOD JOHN NEW BRUNSWICI NJ 08901 -				-							

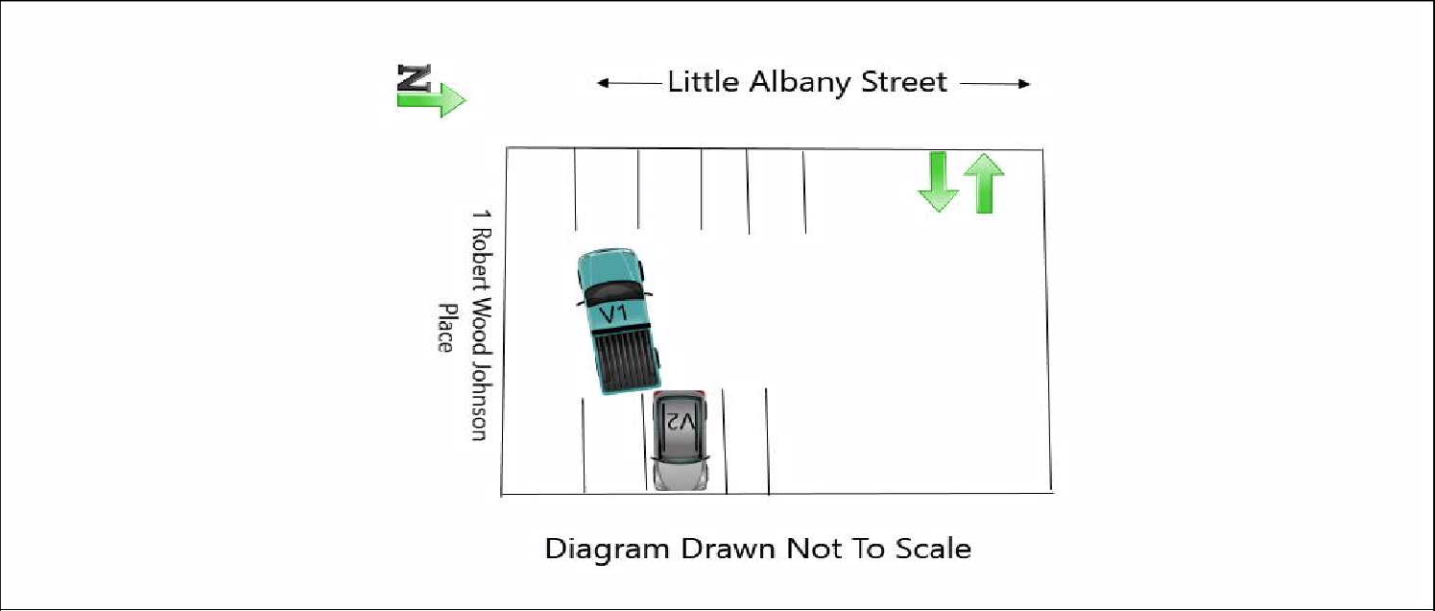
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: **-** Case No: **20NB02309**

(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

On 04/10/2020 at approximately 1402 hrs. the undersigned responded to 1 Robert Wood Johnson Place (parking deck) in unit 916 for an accident to a parked vehicle.
The driver of vehicle #1 left the scene of the accident and was stopped at the intersection of Little Albany Street and Easton Avenue.
The witness (other) stated he was in the parking deck and observed vehicle #1 hit vehicle #2 while backing out of the parking space. The witness continued to state, vehicle #1 left the parking deck making a right turn onto Little Albany Street.
The driver of vehicle #1 apologized for hitting vehicle #2 and leaving the scene by stating, "I'm sorry for hitting that car. I'm also sorry for leaving". The driver of vehicle #1 continued to state, he had just left the hospital.
The driver of vehicle #1 stated no injuries. The driver of vehicle #1 were issued summons Q423472 (39:4-97) and Q423473 (39:4-129B). vehicle #1 was towed by Puleios Towing.

146 Officer's Signature
DALE GRAY

147 Badge #
7227

148 Reviewer
MARTINEZ

Badge #
5250

149 Case Status
 Pending Complete

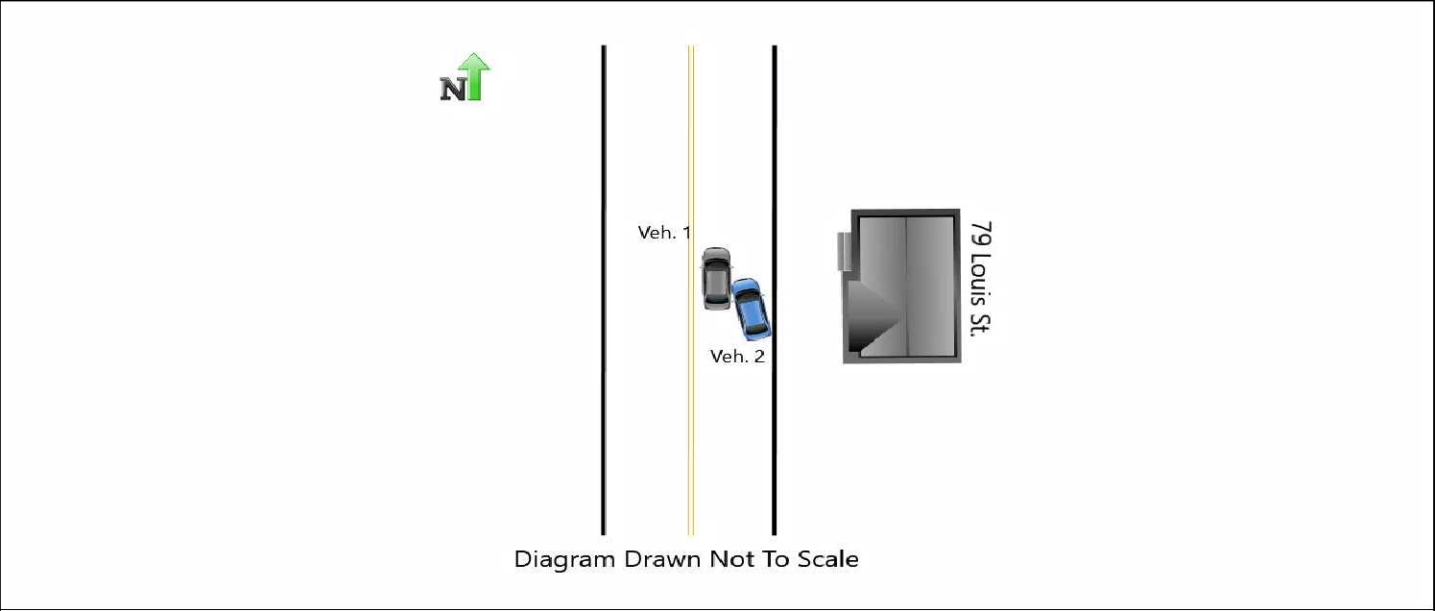
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: - Case No: **20NB02314**

(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

Driver of veh. 1 stated that he was traveling on Louis St. (North bound) . As he was going straight ahead, he was saw vehicle 2 attempting to enter the lane from a parked position. Driver of veh. 1 attempted to swerve out of the way but was struck by veh. 2 at the rear passenger side door. Driver of veh. 1 was not injured and refused medical attention.
Driver of veh. 2 stated that he was parked in front of 79 Louis St. He stated that he put his turn signal on and checked his rear view mirrors for on-coming cars. When it was clear, he stated that he began to merge onto the roadway and was struck by veh. 1. Driver of veh. 2 was not injured and refused medical attention.

146 Officer's Signature
MIGUEL CHANG

147 Badge #
7244

148 Reviewer
LANGAN

Badge #
4190

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											
97	1 Case Number 20NB02316		10 Crash Occurred On: 1140 SOMERSET STREET						11 Speed Limit 35		18 Speed Limit 32													
98	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						12 Route No. Suffix 13 Milepost - - -													
99	3 Station/Precinct -		14 15 16						17 Cross Road Name		19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: -													
100a	4 Date of Crash mm dd yy 04/11/20		5 Day Of Week SATURDAY		6 Time (use 2400 hrs) 1726		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		20 Route/Name 21 Latitude 22 Longitude - - -											
100b	23 Veh # 1		24 Policy No. 6052162012061				25 NJ Ins. Code 884		53 Veh # 2		54 Policy No.		55 NJ Ins. Code 01											
101	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run																							
102	26 Driver's First Name Initial Last Name MOKSHA - PATEL				29 Sex F		56 Driver's First Name Initial Last Name - - -				59 Sex -													
103	27 Number & Street 139 SALEM ROAD						57 Number & Street -																	
104	28 City State Zip NORTH BRUNSWICK NJ 08902						58 City State Zip - - -																	
105	30 Eyes 02		DL Class D		Restrictions NONE		Endorsements -		31 State NJ		60 Eyes -		DL Class -		Restrictions -		Endorsements -		61 State 01					
106	32 Driver's License Number P07955610058902				33 DOB mm dd yyyy 08/22/1990		34 Expires mm yy 01 21		62 Driver's License Number -				63 DOB mm dd yyyy -		64 Expires mm yy -									
107	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver MOKSHA - PATEL				65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver - - -																			
108	36 Number & Street 139 SALEM ROAD						66 Number & Street -																	
109	37 City State Zip NORTH BRUNSWICK NJ 08902						67 City State Zip - - -																	
110	38 Make BMW		39 Model 320		40 Color RD		41 Year 2015		42 Plate No. R57JTF		43 State NJ		68 Make -		69 Model -		70 Color -		71 Year -		72 Plate No. -		73 State -	
111	44 VIN WBA3C3G53FNS73269				45 Expires 02 21		74 VIN -				75 Expires -													
112	46 Vehicle Removed To RICHS TOWING						76 Vehicle Removed To -																	
113	<input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded						<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded																	
114	47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police						77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police																	
115	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																	
116	50 Carrier No. <input type="checkbox"/> USDOT - <input checked="" 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																	
117	52 Motor Carrier or Government Entity -						82 Motor Carrier or Government Entity -																	
118	Number & Street -						Number & Street -																	
119	City State Zip - - -						City State Zip - - -																	
120	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																							
121	Oper. 136 Charge -				137 Summons. No. -				Oper. 138 Charge -				139 Summons. No. -											
122	Oper. 140 Charge -				141 Summons. No. -				Oper. 142 Charge -				143 Summons. No. -											
123	Names & Addresses of Occupants - If Deceased, Date & Time of Death																							
124	83	84	85	86	87	88	89	90	91	92	93	94	95	A 1 01 - - 29 F - - - 11 04 - - MOKSHA - PATEL 139 SALEM RD NORTH BRUNSW: NJ 08902 - - -										
125	B 1 02 - - 50 F - - - 11 04 - - MINAXIVEN S PATEL 139 SALEM RD NORTH BRUNSW: NJ 08902 - - -																							
126	C 1 02 - - 58 M - - - 11 04 - - SURESHBHAI A PATEL 139 SALEM RD NORTH BRUNSW: NJ 08902 - - -																							
127	D																							

New Jersey Police
Crash Investigation Report

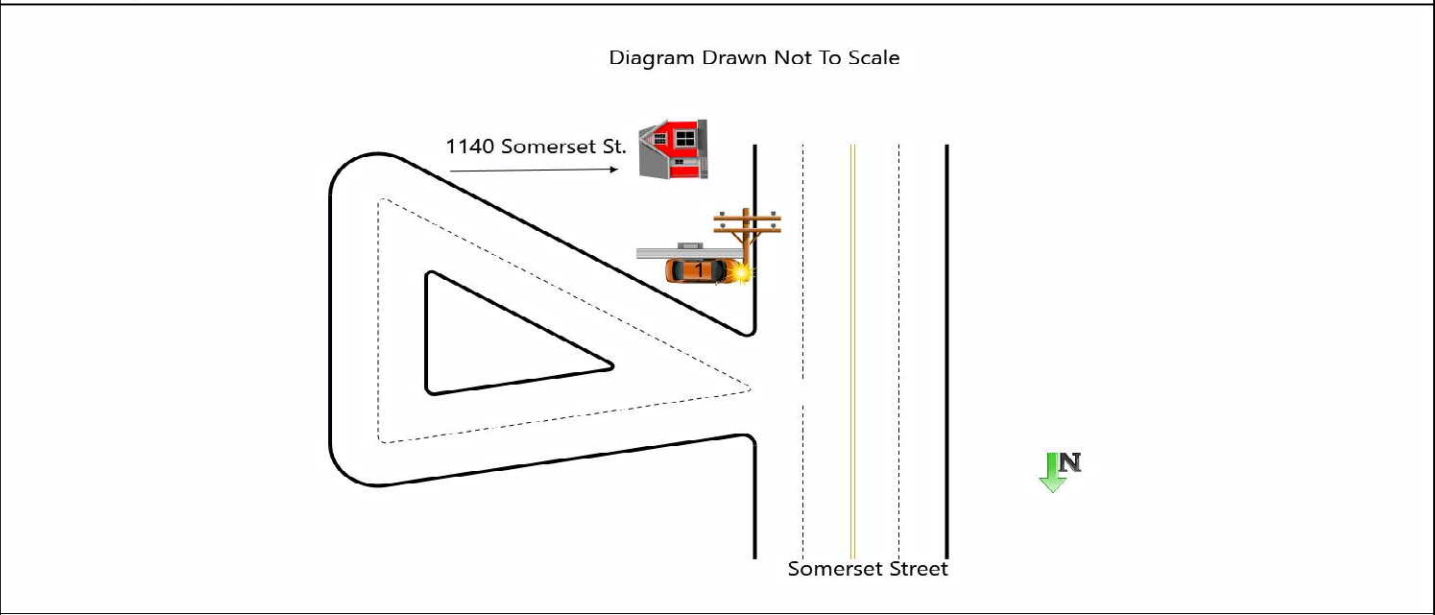
Police Dept: **NEW BRUNSWICK PD** Code: **01**

Station: **-** Case No: **20NB02316**

(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														
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N														
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D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 (Moksha Patel) stated that she was travelling North on the right lane of Somerset Street. She stated that while traveling, the brakes on the car failed as she attempted to slow down. She stated that she saw an opening to a parking lot and attempted to turn the vehicle into it. Driver 1 stated that the vehicle jumped the curb as she was turning into the parking lot. Driver 1 stated that after the vehicle jumped the curb, the vehicle collided with a utility pole (Pole # 63413). It should be noted that there was significant damage to the fence of 1140 Somerset St. Driver 1 and the passengers stated that they did not need medical care. The vehicle was towed from the scene by Rich's Towing.

146 Officer's Signature
JULIO URENA

147 Badge #
7360

148 Reviewer
CAHILL

Badge #
5296

149 Case Status
 Pending Complete

05 1 Case Number **20NB02329** 118a
 97 2 Police Dept of **NEW BRUNSWICK PD** Code **01** 10 Crash Occurred On: **FRENCH STREET** Dir **N** 11 Speed Limit **25** 118b
 98 3 Station/Precinct **NEW BRUNSWICK PD** 01 At Intersection With Road Name **HARVEY STREET** 12 Route No. - 13 Milepost - 18 Speed Limit **25** 119a
 99 4 Date of Crash **04/12/20** 5 Day Of Week **SUNDAY** 6 Time (use 2400 hrs) **1555** 7 Municipality Code **1214** 8 Total Killed **--** 9 Total Injured **1** 19 Ramp To From: - 17 Cross Road Name - NB EB SB WB 119b
 100a 21 Latitude - 22 Longitude - 119c
 01 100b 23 Veh # **1** 24 Policy No. **PANJ-007472493** 25 NJ Ins. Code **071** 53 Veh # **P** 54 Policy No. - 55 NJ Ins. Code - 120a
 101 Parked Ped Pedalcyclist Resp To Emergency Hit & Run Parked Ped Pedalcyclist Resp To Emergency Hit & Run 120b

02 26 Driver's First Name Initial Last Name 29 Sex 56 Driver's First Name Initial Last Name 59 Sex 121a
 102 **OLIVIA K ORANGO - F** **GABRIEL - PENA - M** - 121b
 01 27 Number & Street 57 Number & Street
 103 **5002 BUTTONWOOD CT** **216 REDMOND ST**
 104 28 City State Zip 58 City State Zip
MONMOUTH JUNCT NJ 08852 **NEW BRUNSWICK NJ 08901**

105 30 Eyes DL Class Restrictions Endorsements 31 State 60 Eyes DL Class Restrictions Endorsements 61 State 122
01 D - - - NJ **- - - - -** 123
 13 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
071886037262861 12/15/1986 12 24 - - - - -

106 35 Owner's First Name Initial Last Name 65 Owner's First Name Initial Last Name 124
 Same As Driver **OLIVIA K ORANGO -** Same As Driver - - - - 125
 107 36 Number & Street 66 Number & Street
5002 BUTTONWOOD CT - 126a
 108 37 City State Zip 67 City State Zip
MONMOUTH JUNCT NJ 08852 - - - - 126b

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 126
TOY CAM BL 2007 T27JVJ NJ - - - - - 126b
 110 44 VIN 45 Expires 74 VIN 75 Expires 126c
01 4T1BE46K17U139692 03 21 - - - - 126d

111 46 Vehicle Removed To 76 Vehicle Removed To 126d
 - - - - -
 112 Driven Towed Disabled Towed Disabled & Impounded Driven Towed Disabled Towed Disabled & Impounded 126e
 Left At Scene Towed Impounded Left At Scene Towed Impounded 126e

113 47 Authority 77 Authority 127a
 Owner Driver Police Owner Driver Police
 114 48 Alcohol/Drug Test 49 Hazardous Material 78 Alcohol/Drug Test 79 Hazardous Material 127b
 Given: No Yes Refused None On Board Spill Given: No Yes Refused None On Board Spill
 Type: Breath Blood Urine Type: Breath Blood Urine
 Results: 0. - % Pending Results: 0. - % Pending
 Hazard Class Placard No. Hazard Class Placard No. 127c

116 50 Carrier No. 51 GVWR/GCWR 80 Carrier No. 81 GVWR/GCWR 127d
 USDOT - None Weight <= 10,000 lbs USDOT - None Weight <= 10,000 lbs
 MC/MX - Weight 10,001-26,000 lbs MC/MX - Weight 10,001-26,000 lbs
 Weight >= 26,001 lbs Weight >= 26,001 lbs 127e

52 Motor Carrier or Government Entity 82 Motor Carrier or Government Entity 128
 - - - - - 129
 Number & Street Number & Street
 - - - - -
 City State Zip City State Zip
 - - - - - 130
 135 Damage To Other Property Yes (If Yes, describe) No 131

Oper. 136 Charge 137 Summons. No. Oper. 138 Charge 139 Summons. No. 132
1 39:4-127 Q421188 1 39:4-96 Q421189 -
 Oper. 140 Charge 141 Summons. No. Oper. 142 Charge 143 Summons. No. 133
1 39:4-97 Q421190 1 39:4-129 Q421191 **01**
 134

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
A	P	-	-	04	47	M	01	04	02	-	-	-	6202	GABRIEL	- PENA
B	1	01	01	-	33	F	-	-	-	04	04	-	-	216 REDMOND ST	NEW BRUNSWICK NJ 08901 -
C														OLIVIA	K ORANGO
D														5002 BUTTONWOOD CT	MONMOUTH JUN NJ 08852 -

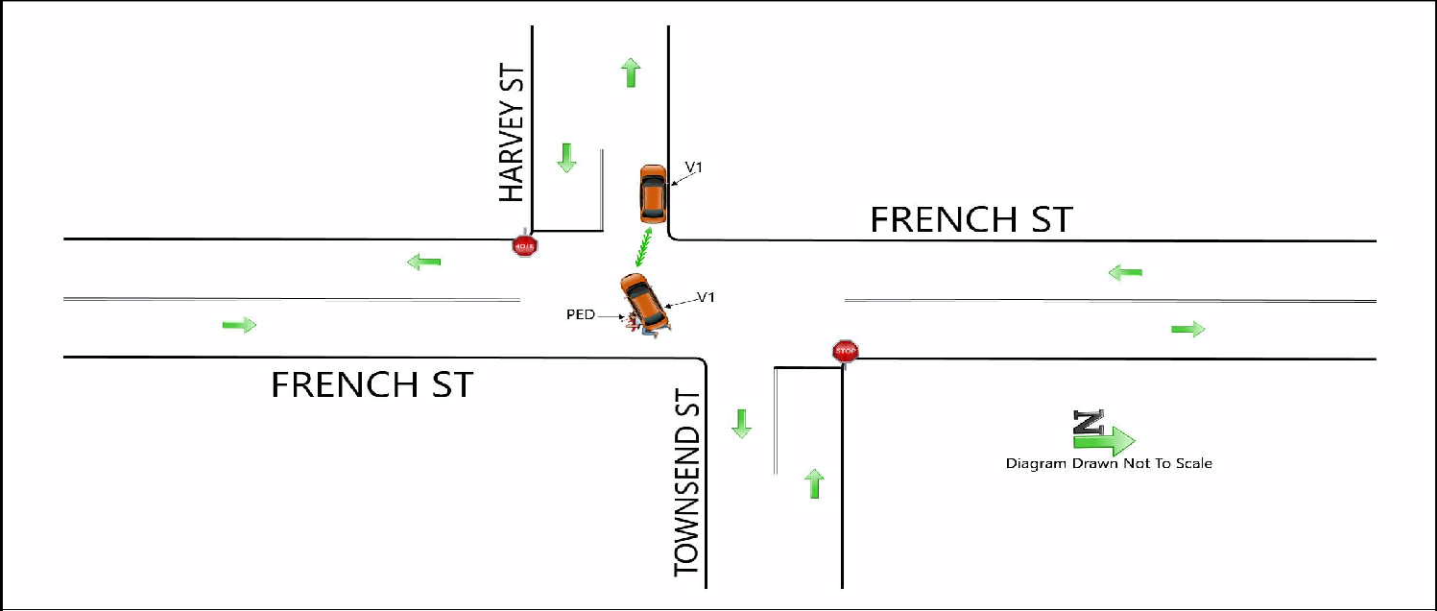
New Jersey Police
Crash Investigation Report

Police Dept: **NEW BRUNSWICK PD** Code: **01**
Station: - Case No: **20NB02329**

(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

INVESTIGATION: V1 was parked at the corner of Harvey Street and French Street. The pedestrian was crossing French Street when V1 started to back up and ran over the pedestrian. V1 after impacting pedestrian fled the area up Harvey Street towards Somerset Street. EMS arrived shortly after police was on scene and treated the pedestrian, which was bleeding heavily from the head and face. The pedestrian was transported via EMS to RWJ. While canvassing the area we were unable to find V1. Moments later dispatched received information that the vehicle was seen in the area of Somerset Street and Florence Street. Officers responded to that area while I was getting surveillance footage. The witnesses on scene stated that it was a 4 door blue car with tinted windows. When I saw the footage of the incident I verified that the vehicle was a Blue in color Toyota Camry (wide body) with only the back windows tinted bearing NJ-T27JVJ. As officers approached the area of the last sighting officers initiated a motor vehicle stop (Hamilton Street/Home Street), shortly after I arrived, and spoke to D1. She stated that she did not hit anyone and that she was not involved in an accident. She did stated that she hit reverse when she was leaving the parking space and that her car went into French Street. I informed her that I had footage of the entire incident and that a motor vehicle accident report would be generated. The accident occurred in the daylight in sunny clear weather during COVID-19.

Nothing further to report at this time.

PtIm. E. Rodriguez #7332/#925

146 Officer's Signature

EDDIE RODRIGUEZ

147 Badge #

7332

148 Reviewer

ACEVEDO

Badge #

5240

149 Case Status

Pending Complete