

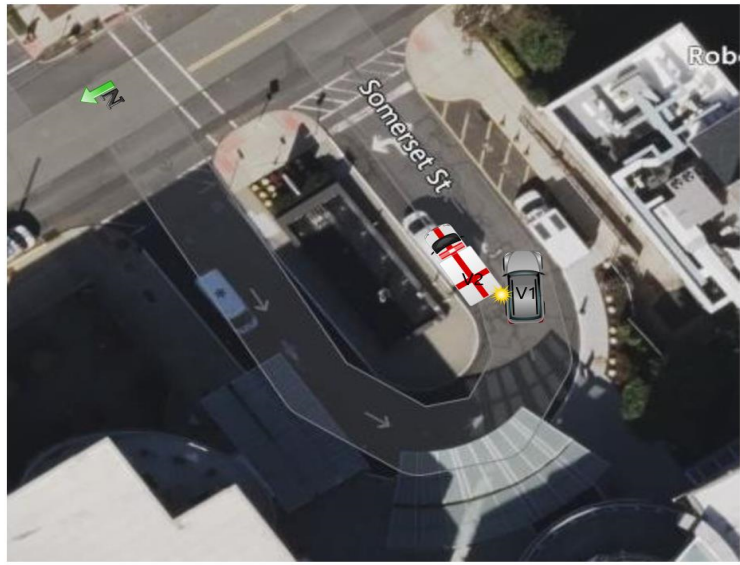


<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>NEW BRUNSWICK</u> Case No: <u>23NB09011</u>
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(Refer to vehicle by number)

	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
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
L														
L														
E														
F														
I														
N														
V														
O														
L														
V														
E														
I														
D														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On October 16, 2023, P.O. Reed and I were assigned to marked patrol # 935 and dressed in the uniform of the day. At approximately 9:14 AM we were dispatched to 200 Somerset Street (Children's Hospital) for a motor vehicle crash.

V1 stated while driving around the round about, he struck V2 causing moderate damage to the driver side, side step. D1 refused medical attention and V1 was driven away with moderate damage.

V2 was parked in the round about due to a patient being dropped off. V2 suffered minor damage to the back passenger side of the ambulance.

BWC is available. Nothing further to report.

P.O. Lanni # 7380

146 Officer's Signature <b>ANTHONY M LANNI</b>	147 Badge # <b>7380</b>	148 Reviewer <b>MARTINEZ</b>	Badge # <b>5250</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police  
Crash Investigation Report

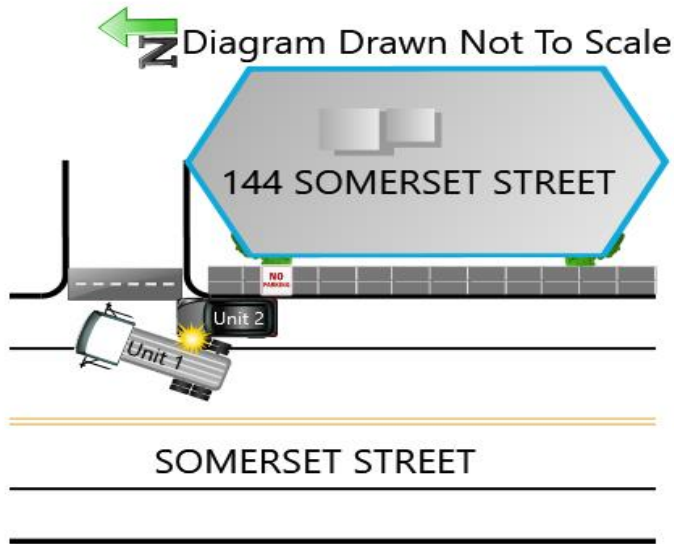
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09020

(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														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Investigation: No noticeable damage to V1. Noticeable damage to V2 from driver side fender and bumper.  
 V1 Operator: Stated that he was attempting to turn right into the loading area of 144 Somerset Street, when he struck V2.  
 V2: Illegally parked in a prohibited area (Yellow curb & Driveway)

146 Officer's Signature  
MATTHEW BELTRANENA

147 Badge #  
7353

148 Reviewer  
YURKOVIC

Badge #  
5252

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09012

(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														
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L														
V														
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J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated he was in the drive-thru of Dunkin Donuts located at 720 Somerset Street. D1 stated while he was stopped in traffic V2 collided with the rear end of his vehicle. I observed minor damage to the rear end of V1.

D2 stated she was in the drive-thru of Dunkin Donuts located at 720 Somerset Street. D2 stated she reached over to the passenger's seat to grab her sweatshirt. D2 stated as she reached over she let her foot off the break causing her to collide with V1. I observed minor damage to the front end of V2.

-Hamann # 7351

146 Officer's Signature  
JON HAMANN

147 Badge #  
7351

148 Reviewer  
MARTINEZ

Badge #  
5250

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

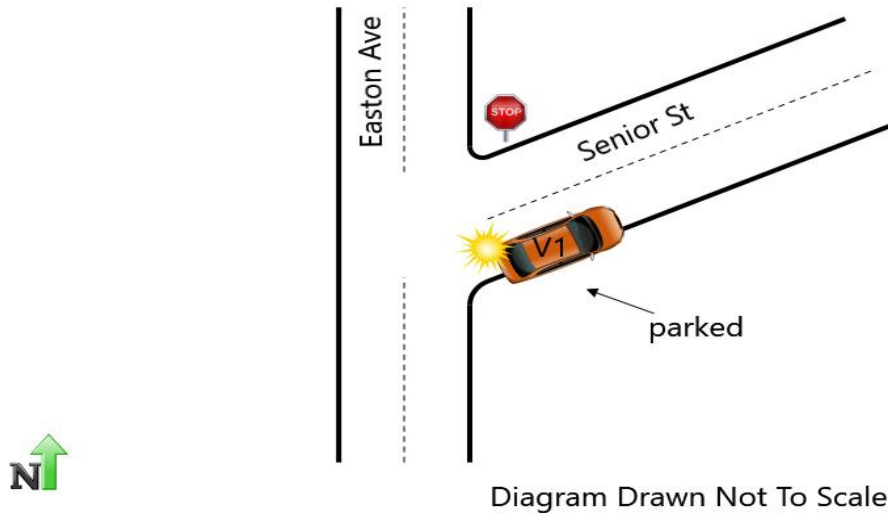
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09102

(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														
L														
F														
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V														
O														
L														
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V														
E														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he parked his vehicle near the intersection of Senior St and Easton Ave on Sunday 10/15/23 at approximately 2300 Hrs. Driver 1 stated he returned back to his vehicle on Wednesday 10/18/23 at approximately 1730 Hrs and noticed that there were damages on the driver side rear bumper.

There was no vehicle 2 description or a plate.

Vehicle 1 had had damages on the driver side rear bumper.

146 Officer's Signature  
PABLO ESTEVEZ

147 Badge #  
7378

148 Reviewer  
CALOGERO

Badge #  
5292

149 Case Status  
 Pending  Complete



96	1 Case Number <b>23NB09103</b>		10 Crash Occurred On: <b>JOHNSON DR</b>		11 Speed Limit <b>25</b>	118a	<b>04</b>
97	2 Police Dept of <b>NEW BRUNSWICK PD</b>		Code <b>01</b>		118b		-
98	3 Station/Precinct		14 <input type="checkbox"/> At Intersection With		15 Road Name		119a
01	4 Date of Crash mm dd yy <b>10/18/23</b>		5 Day Of Week <b>WEDNESDAY</b>		6 Time (use 2400 hrs) <b>1850</b>		119b
02	7 Municipality Code <b>1214</b>		8 Total Killed <b>--</b>		9 Total Injured <b>--</b>		120a
100a	10		11		12		120b
02	13		14		15		121a

100b	23 Veh # <b>1</b>	24 Policy No. <b>AL4805386</b>	25 NJ Ins. Code <b>*</b>	53 Veh # <b>2</b>	54 Policy No. <b>011271513R7104</b>	55 NJ Ins. Code <b>201</b>	121a	<b>01</b>
04	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run		<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run				120b	-

101	26 Driver's First Name Initial Last Name <b>CLAUDE - NZABANDORA</b>			29 Sex <b>M</b>	56 Driver's First Name Initial Last Name <b>ALLISON J BRACHMANN</b>			59 Sex <b>F</b>	121a	<b>01</b>
102	27 Number & Street <b>5040 KINGS HIGHLAND DR W 104</b>			57 Number & Street <b>327 HARPER PL APT 2</b>					121b	-

103	28 City State Zip <b>COLUMBUS OH 43229</b>			58 City State Zip <b>HIGHLAND PARK NJ 08904</b>					121b	-
104	30 Eyes DL Class Restrictions Endorsements <b>OH</b>			60 Eyes DL Class Restrictions Endorsements <b>NJ</b>			61 State		122	<b>03</b>

105	32 Driver's License Number <b>VR881262</b>		33 DOB mm dd yyyy <b>01/01/1996</b>	34 Expires mm yy <b>07 24</b>	62 Driver's License Number <b>B71280287160934</b>		63 DOB mm dd yyyy <b>10/15/1993</b>	64 Expires mm yy <b>10 25</b>	123	<b>01</b>
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106	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver <b>HERTZ - CORPORATION</b>			65 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver <b>ALLISON J BRACHMANN</b>					124	<b>04</b>
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107	36 Number & Street <b>PO BOX 24130</b>			66 Number & Street <b>327 HARPER PL APT 2</b>					124	<b>04</b>
108	37 City State Zip <b>OKLAHOMA CITY OK 73134</b>			67 City State Zip <b>HIGHLAND PARK NJ 08904</b>					125	<b>04</b>

109	38 Make <b>BUICK</b>	39 Model <b>UNKNOWN</b>	40 Color <b>BL</b>	41 Year <b>2020</b>	42 Plate No. <b>JKZT75</b>	43 State <b>FL</b>	68 Make <b>TOYOTA</b>	69 Model <b>COROLLA</b>	70 Color <b>GN</b>	71 Year <b>2015</b>	72 Plate No. <b>S14NUV</b>	73 State <b>NJ</b>	126	<b>26</b>
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110	44 VIN <b>LRBFXBSA8LD166771</b>			45 Expires mm yy <b>06 24</b>	74 VIN <b>12T1BURHE5FC427187</b>			75 Expires mm yy <b>08 24</b>	126b	-
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111	46 Vehicle Removed To <b>DESTINATION</b>			76 Vehicle Removed To <b>DESTINATION</b>					126c	-
112	<input checked="" 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	-
-	<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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police					126e	<b>26</b>
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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			127a	<b>26</b>
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			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			127b	-
116	Results: 0. - % <input type="checkbox"/> Pending			Hazard Class			Results: 0. - % <input type="checkbox"/> Pending			Hazard Class			127c	-

117	50 Carrier No. <input type="checkbox"/> USDOT <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 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	<input type="checkbox"/> MC/MX						<input type="checkbox"/> MC/MX						127e	<b>26</b>

118	52 Motor Carrier or Government Entity <b>-</b>			82 Motor Carrier or Government Entity <b>-</b>					128	<b>26</b>
119	Number & Street <b>-</b>			Number & Street <b>-</b>					129	<b>02</b>
120	City State Zip <b>- - -</b>			City State Zip <b>- - -</b>					130	<b>02</b>

121	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No					131	<b>12</b>
122						132	-

123	Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.	12
124	-	-	-	-	-	-	-
125	Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.	02
126	-	-	-	-	-	-	-

	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	-	-	27	M	-	-	-	11	-	-	-	CLAUDE	-	NZABANDORA	-
B	1	02	-	-	24	F	-	-	-	11	-	-	-	KAREN	-	MACHISA	-
C	2	01	-	-	30	F	-	-	-	11	-	-	-	ALLISON	J	BRACHMANN	-
D														327 HARPER PL APT 2	HIGHLAND PARK NJ	08904	-

New Jersey Police  
Crash Investigation Report

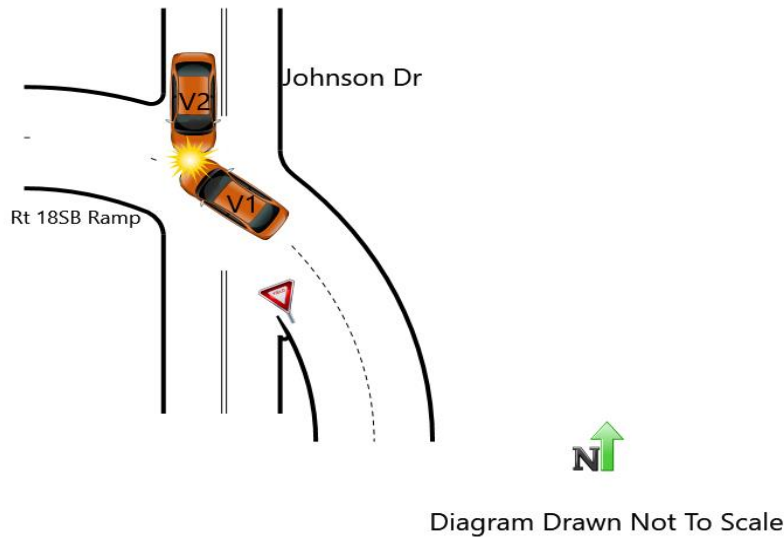
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09103

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated that he was on Johnson Drive attempting to make a left on to the ramp for Route 18 SB when he struck Vehicle 2. Vehicle 1 sustained minor damage to the passenger side front fender. Driver 1 and Passenger 1 declined medical attention.

Driver 2 stated that she was driving southbound on Johnson Drive when she was struck by Vehicle 1 causing minor damage to her front bumper. Driver 2 declined medical attention.

146 Officer's Signature  
NICOLE LEWIS

147 Badge #  
7340

148 Reviewer  
FALLER

Badge #  
5355

149 Case Status  
 Pending  Complete

05 1 Case Number 23NB09211  
 97 10 Crash Occurred On: 300 HAMILTON ST APT B1 N 11 Speed Limit 25  
 01 2 Police Dept of NEW BRUNSWICK PD Code 01  
 98 3 Station/Precinct NEW BRUNSWICK  
 01 4 Date of Crash mm dd yy 10/21/23 5 Day Of Week SATURDAY  
 07 6 Time (use 2400 hrs) 0811 7 Municipality Code 1214 8 Total Killed -- 9 Total Injured --  
 100a 21 Latitude - 22 Longitude -

100b 23 Veh # 1 24 Policy No. - 25 NJ Ins. Code \* 53 Veh # 2 54 Policy No. - 55 NJ Ins. Code -  
 04  Parked  Ped  Pedalcyclist  Resp To Emergency  Hit & Run

02 26 Driver's First Name Initial Last Name 29 Sex 56 Driver's First Name Initial Last Name 59 Sex  
 102 DAVID A DOMINGUEZ - M UNKNOWN - UNKNOWN - -

103 27 Number & Street 495 DEMOTT LANE 57 Number & Street -  
 104 28 City State Zip 30 Eyes DL Class Restrictions Endorsements 31 State 60 Eyes DL Class Restrictions Endorsements 61 State  
 3 SOMERSET NJ 08873 - -

105 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  
 05 D63441566105932 05/14/1993 05 26 - - - -

106 35 Owner's First Name Initial Last Name 65 Owner's First Name Initial Last Name  
 -  Same As Driver FRANKLIN - TWP OF -  Same As Driver DORIS M LOPEZCALIDONIO -

107 36 Number & Street 475 DEMOTT LANE 66 Number & Street 317 SANDFORD STREET  
 108 37 City State Zip 67 City State Zip  
 01 SOMERSET NJ 08873 NEW BRUNSWICK NJ 08901

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  
 01 FORD EXPLORER BK 2020 37083MG NJ TOYOTA COROLLA RD 2019 T26PXU NJ

110 44 VIN 45 Expires 74 VIN 75 Expires  
 03 1FM5K8AB8LGB66501 09 24 2T1BURHE1KC234108 5 24

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

113 47 Authority  Owner  Driver  Police 77 Authority  Owner  Driver  Police

114 48 Alcohol/Drug Test Given:  No  Yes  Refused 49 Hazardous Material  None  On Board  Spill  
 Type:  Breath  Blood  Urine Results: 0. - %  Pending Hazard Class Placard No. - -

115 50 Carrier No.  USDOT  None 51 GVWR/GCWR  Weight <= 10,000 lbs  Weight 10,001-26,000 lbs  Weight >= 26,001 lbs 80 Carrier No.  USDOT  None 81 GVWR/GCWR  Weight <= 10,000 lbs  Weight 10,001-26,000 lbs  Weight >= 26,001 lbs  
 03  MC/MX - -

116 52 Motor Carrier or Government Entity - 82 Motor Carrier or Government Entity -  
 117 Number & Street - 118 Number & Street -  
 119 City State Zip - - - City State Zip - - -

135 Damage To Other Property  Yes (If Yes, describe)  No

120 Oper. 136 Charge 137 Summons. No. Oper. 138 Charge 139 Summons. No.  
 - - - - -

121 Oper. 140 Charge 141 Summons. No. Oper. 142 Charge 143 Summons. No.  
 - - - - -

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

A 01 01 01 05 30 M - - 01 11 04 - - DAVID A DOMINGUEZ -  
 495 DEMOTT LN SOMERSET NJ 08873 - -

B 01 03 01 05 30 M - - 01 11 - - ISHMAEL R SALEEM -  
 495 DEMOTT LN SOMERSET NJ 08873 - -

C 02 01 01 05 - U - - 00 00 00 00 - - UNKNOWN - UNKNOWN -  
 - - - - -

D

New Jersey Police  
Crash Investigation Report

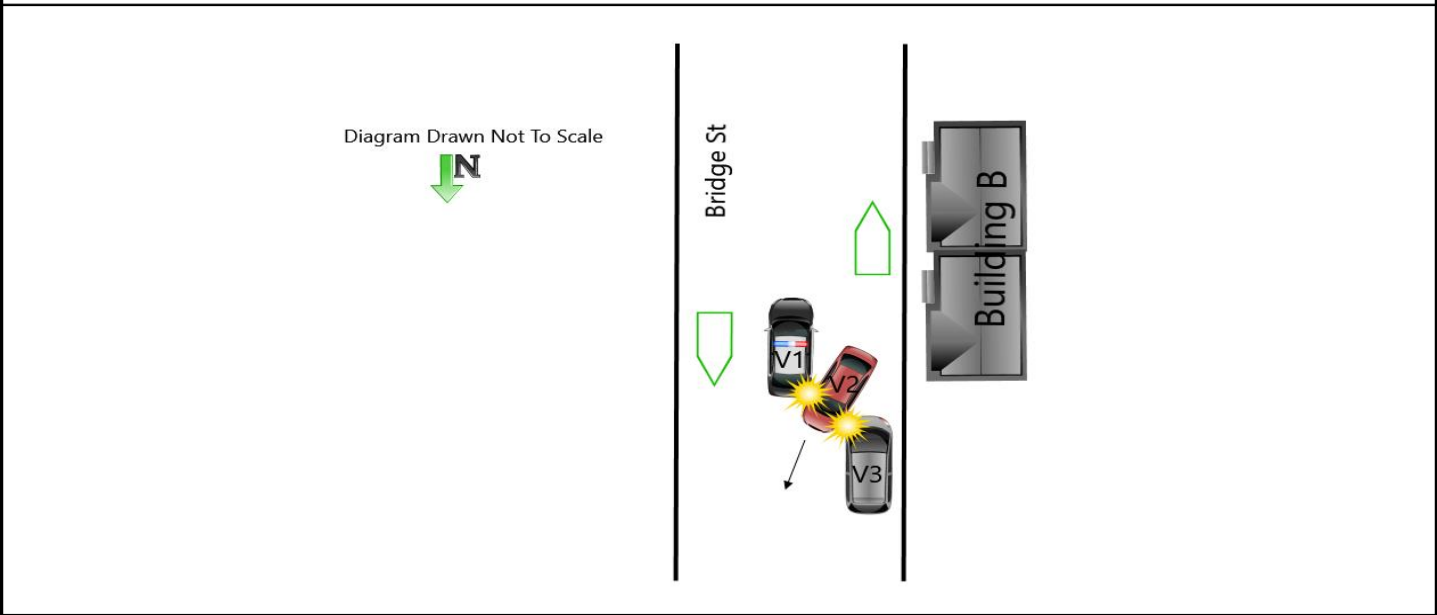
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09211

(Refer to vehicle by number)

A L L I F 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 1 stated that he stopped the vehicle to let out the passenger thinking that the driver of V2 was going to stop. As the passenger of V1 opened the passenger door of V1, V2 wedged itself between V1 and the parked V3 fleeing the scene.

Both the driver and passenger of V1 were uninjured and refused medical attention. V1 was driven from the scene by its driver. There was minor damage to the vehicle, and only showed a scratch to the rear fender area on the passenger side.

V3 was left at the scene by its owner. It had no new damage reported by the registered owner who inspected the vehicle. The owner of V3 stated that the damaged shown on V3 was pre-existing.

\*Policy for V1 - Central Jersey Joint Insurance Fund

Self insured - 19-98

146 Officer's Signature  
NASIR SOOKHRAM

147 Badge #  
7382

148 Reviewer  
EVANS

Badge #  
5275

149 Case Status  
 Pending  Complete

05	1 Case Number <b>23NB09211</b>	10 Crash Occurred On: <b>300 HAMILTON ST APT B1</b> N 11 Speed Limit <b>25</b>	118a
01	2 Police Dept of <b>NEW BRUNSWICK PD</b> Code <b>01</b>	<input type="checkbox"/> At Intersection With Road Name Dir 12 Route No. Suffix 13 Milepost 18 Speed Limit	118b
01	3 Station/Precinct <b>NEW BRUNSWICK</b>	<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
07	4 Date of Crash mm dd yy <b>10/21/23</b> 5 Day Of Week <b>SATURDAY</b>	14 <input type="checkbox"/> Miles 15 16 8 Total Killed <b>0811</b> 7 Municipality Code <b>1214</b> 9 Total Injured <b>--</b>	119b
01	6 Time (use 2400 hrs) <b>0811</b> 7 Municipality Code <b>1214</b> 8 Total Killed <b>--</b> 9 Total Injured <b>--</b>	19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: 20 Route/Name 21 Latitude 22 Longitude	120a

04	23 Veh # <b>3</b> 24 Policy No. <b>1297716-E18-30B</b> 25 NJ Ins. Code <b>962</b>	53 Veh # <b>-</b> 54 Policy No. <b>-</b> 55 NJ Ins. Code <b>-</b>	120b
02	<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run		

02	26 Driver's First Name Initial Last Name <b>- - -</b> 29 Sex <b>-</b>	56 Driver's First Name Initial Last Name <b>- - -</b> 59 Sex <b>-</b>	121a
02	27 Number & Street <b>- - -</b> 57 Number & Street <b>- - -</b>		
02	28 City State Zip <b>- - -</b> 58 City State Zip <b>- - -</b>		

3	30 Eyes <b>-</b> DL Class <b>-</b> Restrictions <b>-</b> Endorsements <b>-</b> 31 State <b>-</b>	60 Eyes <b>-</b> DL Class <b>-</b> Restrictions <b>-</b> Endorsements <b>-</b> 61 State <b>-</b>	122
05	32 Driver's License Number <b>-</b> 33 DOB mm dd yyyy <b>- - -</b> 34 Expires mm yy <b>- -</b>		
05	62 Driver's License Number <b>-</b> 63 DOB mm dd yyyy <b>- - -</b> 64 Expires mm yy <b>- -</b>		

106	35 Owner's First Name Initial Last Name <b>JEROME - MARTINEZ</b>	65 Owner's First Name Initial Last Name <b>- - -</b>	124
107	36 Number & Street <b>300 HAMILTON STREET, APT A12</b> 66 Number & Street <b>-</b>		
108	37 City State Zip <b>NEW BRUNSWICK NJ 08901</b> 67 City State Zip <b>- - -</b>		

109	38 Make <b>DODGE</b>	39 Model <b>DURANGO</b>	40 Color <b>GY</b>	41 Year <b>2018</b>	42 Plate No. <b>X28NUE</b>	43 State <b>NJ</b>	68 Make <b>-</b>	69 Model <b>-</b>	70 Color <b>-</b>	71 Year <b>-</b>	72 Plate No. <b>-</b>	73 State <b>-</b>	126b
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110	44 VIN <b>1C4SDJCT7JC276393</b> 45 Expires <b>05/24</b>	74 VIN <b>-</b> 75 Expires <b>-</b>	126c
111	46 Vehicle Removed To <b>-</b> 76 Vehicle Removed To <b>-</b>		
112	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		
112	<input checked="" type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded		

113	47 Authority <input checked="" 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	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		
115	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"/> 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		
117	80 Carrier No. <input type="checkbox"/> USDOT <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		

118	52 Motor Carrier or Government Entity <b>-</b>	82 Motor Carrier or Government Entity <b>-</b>	128
119	Number & Street <b>-</b> 82 Number & Street <b>-</b>		
120	City State Zip <b>- - -</b> 82 City State Zip <b>- - -</b>		
121	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No		

131	Oper. 136 Charge <b>-</b>	137 Summons. No. <b>-</b>	Oper. 138 Charge <b>-</b>	139 Summons. No. <b>-</b>	131
132	Oper. 140 Charge <b>-</b> 141 Summons. No. <b>-</b> Oper. 142 Charge <b>-</b> 143 Summons. No. <b>-</b>				
133	Oper. 140 Charge <b>-</b> 141 Summons. No. <b>-</b> Oper. 142 Charge <b>-</b> 143 Summons. No. <b>-</b>				
134	Oper. 140 Charge <b>-</b> 141 Summons. No. <b>-</b> Oper. 142 Charge <b>-</b> 143 Summons. No. <b>-</b>				

A	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death	134
B															134
C															134
D															134



New Jersey Police  
Crash Investigation Report

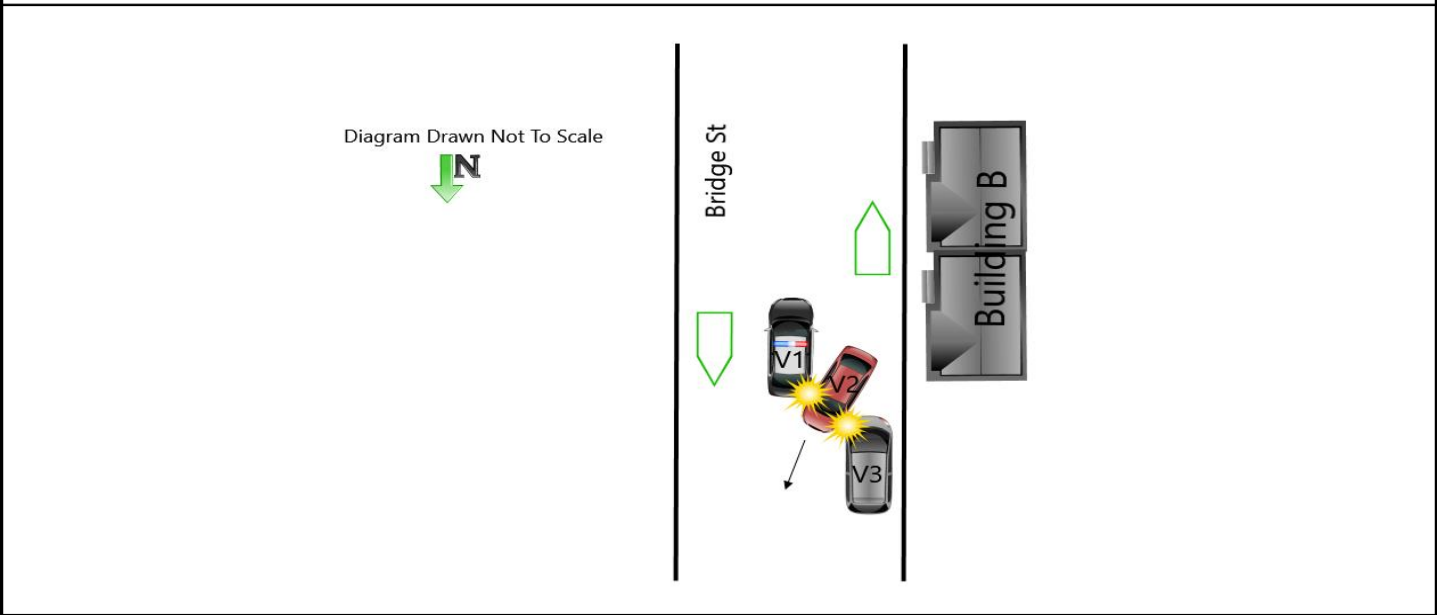
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09211

(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 1 stated that he stopped the vehicle to let out the passenger thinking that the driver of V2 was going to stop. As the passenger of V1 opened the passenger door of V1, V2 wedged itself between V1 and the parked V3 fleeing the scene.

Both the driver and passenger of V1 were uninjured and refused medical attention. V1 was driven from the scene by its driver. There was minor damage to the vehicle, and only showed a scratch to the rear fender area on the passenger side.

V3 was left at the scene by its owner. It had no new damage reported by the registered owner who inspected the vehicle. The owner of V3 stated that the damaged shown on V3 was pre-existing.

\*Policy for V1 - Central Jersey Joint Insurance Fund

Self insured - 19-98

It should be noted that a change report was generated on 10/29/2023. An individual who was arrested on separate incident admitted to a New Brunswick Police Detective that he was the driver of V2. Joseph Luna-Vasquez has been added as the V2 driver and will receive multiple summonses (listed above) for the traffic violations.

146 Officer's Signature  
NASIR SOOKHRAM

147 Badge #  
7382

148 Reviewer  
EVANS

Badge #  
5275

149 Case Status  
 Pending  Complete





04	1 Case Number 23NB09220										118a													
01	2 Police Dept of NEW BRUNSWICK PD					Code 01					118b													
01	3 Station/Precinct NEW BRUNSWICK										119a													
05	4 Date of Crash mm dd yy 10/21/23			5 Day Of Week SATURDAY			6 Time (use 2400 hrs) 1153		7 Municipality Code 1214		8 Total Injured 1													
100a	10 Crash Occurred On: HOW LANE E 11 Speed Limit 35										118c													
01	<input checked="" type="checkbox"/> At Intersection With Road Name Dir 12 Route No. Suffix 13 Milepost 18 Speed Limit of: JERSEY AVENUE 40 <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Miles 19 Ramp <input type="checkbox"/> To 17 Cross Road Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB 20 Route/Name 21 Latitude 22 Longitude										119b													
100b	23 Veh # 1					24 Policy No. S 2391645					25 NJ Ins. Code 205													
04	53 Veh # 2					54 Policy No. 341130400					55 NJ Ins. Code 19658													
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										120a													
02	26 Driver's First Name Initial Last Name RONEL B DAVIS					29 Sex M		56 Driver's First Name Initial Last Name SAIRA N ORTIZ-LAZO					59 Sex F											
02	27 Number & Street 68 LEE AVE					57 Number & Street 34 RELER LN APT E							121a											
01	28 City State Zip NEW BRUNSWICK NJ 08901					58 City State Zip SOMERSET NJ 08873							121b											
3	30 Eyes DL Class Restrictions Endorsements 02 D - - NJ					31 State NJ		60 Eyes DL Class Restrictions Endorsements 02 D - - NJ					61 State NJ											
105	32 Driver's License Number D09216696206722					33 DOB mm dd yyyy 06/28/1972		34 Expires mm yy 06 27		62 Driver's License Number 076336847554932					63 DOB mm dd yyyy 04/14/1993		64 Expires mm yy 04 27							
106	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver SERVICE A FUNERAL -					65 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver SAIRA N ORTIZ-LAZO -							124											
107	36 Number & Street PO BOX 2045					66 Number & Street 34 RELER LN APT E							125											
108	37 City State Zip LINDEN NJ 07036					67 City State Zip SOMERSET NJ 08873							126a											
109	38 Make DODGE		39 Model GRAND CARA		40 Color BK		41 Year 2019		42 Plate No. F65LYU		43 State NJ		68 Make DOD		69 Model CHL		70 Color GY		71 Year 2015		72 Plate No. A89KKV		73 State NJ	
110	44 VIN 2C4RDGBG2KR763323					45 Expires 01 24		74 VIN 2C3CDZAG8FH723847					75 Expires 09 24		126b									
01	46 Vehicle Removed To PULEIOS					76 Vehicle Removed To DEPENDABLE							126c											
99	<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 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							126d											
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							126e											
114	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending					49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending							127a											
115	50 Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX					80 Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX							127b											
01	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					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							127c											
116	52 Motor Carrier or Government Entity -					82 Motor Carrier or Government Entity -							127d											
117	Number & Street -					Number & Street -							127e											
118	City State Zip -					City State Zip -							128											
119	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No												129											
120	Oper. 136 Charge 1 39:4-81					137 Summons. No. 1214Q524824		Oper. 138 Charge -					139 Summons. No. -											
121	Oper. 140 Charge -					141 Summons. No. -		Oper. 142 Charge -					143 Summons. No. -											

										Names & Addresses of Occupants - If Deceased, Date & Time of Death													
83	84	85	86	87	88	89	90	91	92	93	94	95											
A	01	01	01	05	51	M	-	-	01	11	04	-	-	RONEL B DAVIS 68 LEE AVE NEW BRUNSWICF NJ 08901 - -									
B	02	01	01	03	26	M	08	08	02	11	11	04	6204	JUSTO J DAVILA 34 RELER LN APT E SOMERSET NJ 08873 - -									
C	02	03	01	05	30	F	-	-	02	11	11	04	6204	SAIRA N ORTIZ-LAZO 34 RELER LN APT E SOMERSET NJ 08873 - -									
D	02	05	01	05	0	F	-	-	02	06	06	-	6204	CHARLOTTE - DAVILA 34 RELER LN APT E SOMERSET NJ 08873 - -									



New Jersey Police  
Crash Investigation Report

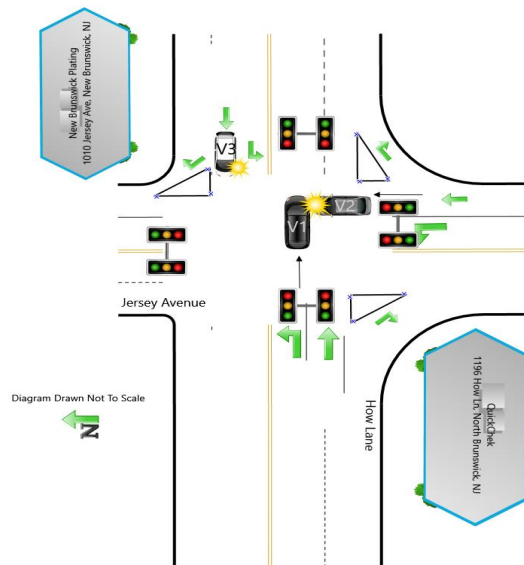
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09220

(Refer to vehicle by number)

A L L I N V O L V E E I D	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 1 stated that he was attempting to cross Jersey Avenue while on How Lane. Driver 1 stated that he did not know if there were flashing lights activated on the front of V1 or not because he recently came back from a funeral and V1 is a funeral vehicle. Driver 1 also stated that he was on the QuickChek side of the How Lane when impact occurred. Driver 1 did not mention the stop light during his statement.

Driver 2 was unable to give a statement because he was transported to St. Peter's Hospital.

Driver 3 stated that they were stopped at the red light on the New Brunswick side of the street waiting for the light to turn green. Driver 3 stated that he witnessed V1 run a red light from the left turn only side of How Lane in North Brunswick and continue to go straight towards the bridge of How Lane. Driver 3 also stated that when driver 1 did this, V1 had emergency lights on the front of its vehicle. Driver 3 then stated that V2 was going straight on Jersey Avenue from North Brunswick and after just passing the light, struck V1. Driver 3 stated that after V2 struck V1, V2 then struck his vehicle.

Driver 1 was uninjured and refused medical attention. V1 had major damage and was towed from the scene by Puleios. Driver 2 had a complaint of pain to his right hand and requested medical attention. All three occupants of V2 were evaluated by EMS and taken to St. Peter's Hospital. V2 had major damage and was towed from the scene by Dependable. V3 had moderate damage to the front driver side fender area, and scratches along the driver side of the vehicle. All occupants of V3 were uninjured and refused medical attention. V3 was driven from the scene by its owner.

There was a witness in a vehicle behind V3 that stated he saw what happened. He informed me that he saw V1 run the red light and engage blue emergency lights just before the intersection, and cut across from the left turn only lane into the straight lane causing the collision.

Driver 1 was issued a summons for 39:4-81 and placed on summons 1214 Q 524824.

146 Officer's Signature NASIR SOOKHRAM	147 Badge # 7382	148 Reviewer YURKOVIC	Badge # 5252	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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05	1 Case Number <b>23NB09050</b>		10 Crash Occurred On: <b>TOWNSEND ST.</b>										11 Speed Limit <b>25</b>		118a	25										
01	2 Police Dept of <b>NEW BRUNSWICK PD</b>		Code <b>01</b>		<input checked="" type="checkbox"/> At Intersection With Road Name Dir 12 Route No. Suffix 13 Milepost 18 Speed Limit <b>LIVINGSTON AVE.</b> <b>25</b>										118b	-										
00	3 Station/Precinct -		-		<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 19 Ramp <input type="checkbox"/> To 17 Cross Road Name <input type="checkbox"/> From: - <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB										119a	00										
07	4 Date of Crash mm dd yy <b>10/17/23</b>		5 Day Of Week <b>TUESDAY</b>		6 Time (use 2400 hrs) <b>1239</b>		7 Municipality Code <b>1214</b>		8 Total Killed --		9 Total Injured --		20 Route/Name		21 Latitude		22 Longitude		119b	-						
04	23 Veh # <b>1</b>		24 Policy No. <b>APP6300027627</b>				25 NJ Ins. Code <b>22608</b>		53 Veh # <b>2</b>		54 Policy No. <b>UNKNOWN</b>				55 NJ Ins. Code		120a	-								
02	26 Driver's First Name Initial Last Name		29 Sex		56 Driver's First Name Initial Last Name				59 Sex		<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	-								
01	27 Number & Street		29 Sex -		57 Number & Street				59 Sex <b>U</b>								121a	00								
01	28 City		State Zip		58 City				State Zip								121b	-								
2	30 Eyes		DL Class		Restrictions		Endorsements		31 State		60 Eyes		DL Class		Restrictions		Endorsements		61 State		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	00						
06	35 Owner's First Name Initial Last Name		36 Number & Street		37 City		38 State Zip		65 Owner's First Name Initial Last Name		66 Number & Street		67 City		68 State Zip								124	11		
01	<input type="checkbox"/> Same As Driver <b>LEROY</b> - <b>GERMANY</b>		<b>116 LIVINGSTON AVE. APT. 505</b>		<b>NEW BRUNSWICK</b>		<b>NJ 08901</b>		<input type="checkbox"/> Same As Driver <b>00</b> - <b>00</b>														125	11		
00	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		126a	26
01	<b>CHRYSLER</b>		<b>TOWN &amp; COU</b>		<b>BL</b>		<b>2011</b>		<b>L54RBT</b>		<b>NJ</b>		-		-		-		-		-		-		126b	-
01	44 VIN <b>2A4RR5DG1BR677255</b>		45 Expires <b>04 24</b>		74 VIN		75 Expires								126c	-										
00	46 Vehicle Removed To		<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		76 Vehicle Removed To		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded								126d	-										
00	47 Authority <input checked="" 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 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		77 Authority <input type="checkbox"/> Owner <input checked="" 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 Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending		79 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								126e	26						
00	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								127a	28										
00	52 Motor Carrier or Government Entity		Number & Street		City		State Zip		82 Motor Carrier or Government Entity		Number & Street		City		State Zip								127b	08		
00	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																						127c	08		
00	Oper. 136 Charge		137 Summons. No.		Oper. 138 Charge		139 Summons. No.								127d	00										
00	Oper. 140 Charge		141 Summons. No.		Oper. 142 Charge		143 Summons. No.								127e	03										

A	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death										
B	02	-	-	-	00	U	-	-	-	-	-	-	-	UNKNOWN										-
C																								-
D																								-

New Jersey Police  
Crash Investigation Report

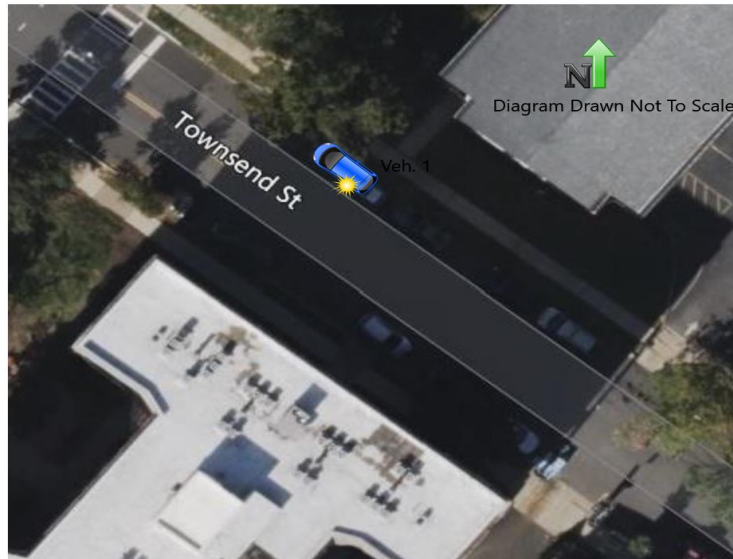
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09050

(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 F I N G O L H 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

Owner of veh. 1 stated that his vehicle was parked on Townsend St. just before the intersection at Livingston Ave. Owner of veh. 1 stated that when he went to his vehicle, he discovered that the driver side rear door was struck by a vehicle. There were no occupants inside vehicle 1. No information on veh. 2, which fled the scene.

146 Officer's Signature  
MIGUEL CHANG

147 Badge #  
7244

148 Reviewer  
REGAN

Badge #  
7313

149 Case Status  
 Pending  Complete

04	1 Case Number <b>23NB09131</b>										118a										
97	10 Crash Occurred On: <b>GEORGE ST</b> - 11 Speed Limit <b>25</b>										02										
98	2 Police Dept of <b>NEW BRUNSWICK PD</b>					Code <b>01</b>					118b										
01	3 Station/Precinct -										-										
99	14 <input checked="" type="checkbox"/> At Intersection With Road Name Dir 15 <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: - 16 <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W										119a										
02	4 Date of Crash mm dd yy <b>10/19/23</b>		5 Day Of Week <b>THURSDAY</b>		6 Time (use 2400 hrs) <b>1418</b>		7 Municipality Code <b>1214</b>		8 Total Killed -		9 Total Injured -		119b								
100a	17 Cross Road Name <b>STATE RT 18</b>										-										
01	19 Ramp <input checked="" type="checkbox"/> To 20 Route/Name <input checked="" type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB										25										
100b	21 Latitude - 22 Longitude -										-										
01	23 Veh # <b>1</b> 24 Policy No. <b>F10279071-4</b> 25 NJ Ins. Code <b>426</b>										01										
04	53 Veh # <b>2</b> 54 Policy No. <b>A0J-238-111242-7037</b> 55 NJ Ins. Code <b>370</b>										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										-										
02	26 Driver's First Name Initial Last Name <b>RYAN D MARZIGLIANO</b>					29 Sex <b>M</b>		56 Driver's First Name Initial Last Name <b>HOSSNI R ABDELMALAK</b>					59 Sex <b>M</b>		121a						
102	27 Number & Street <b>5 BRANTWOOD TER</b>										121b										
01	28 City State Zip <b>HACKETTSTOWN NJ 07840</b>										-										
104	28 City State Zip <b>EAST BRUNSWICK NJ 08816</b>										-										
2	30 Eyes <b>02</b> DL Class <b>D</b> Restrictions <b>1</b>		Endorsements <b>M</b>		31 State <b>NJ</b>		60 Eyes <b>02</b> DL Class <b>D</b> Restrictions <b>NONE</b>		Endorsements <b>-</b>		61 State <b>NJ</b>		122								
105	32 Driver's License Number <b>M07216826403032</b>				33 DOB mm dd yyyy <b>03/19/2003</b>		34 Expires mm yy <b>03 24</b>		62 Driver's License Number <b>A10173427907542</b>				63 DOB mm dd yyyy <b>07/11/1954</b>		64 Expires mm yy <b>07 27</b>		123				
01	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver <b>RYAN D MARZIGLIANO</b>										124										
106	65 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver <b>HOSSNI R ABDELMALAK</b>										-										
-	36 Number & Street <b>5 BRANTWOOD TER</b>					66 Number & Street <b>8 WILLIAMS COURT</b>					04										
107	37 City State Zip <b>HACKETTSTOWN NJ 07840</b>					67 City State Zip <b>EAST BRUNSWICK NJ 08816</b>					04										
108	38 Make <b>HONDA</b>		39 Model <b>ACCORD</b>		40 Color <b>SL</b>		41 Year <b>2003</b>		42 Plate No. <b>S69MAD</b>		43 State <b>NJ</b>		26								
09	68 Make <b>FORD</b>		69 Model <b>EXPEDITION</b>		70 Color <b>BK</b>		71 Year <b>2008</b>		72 Plate No. <b>T69BAP</b>		73 State <b>NJ</b>		126b								
110	44 VIN <b>1HGCM56343A144442</b>				45 Expires <b>02 24</b>		74 VIN <b>1FMFU20588LA29550</b>				75 Expires <b>07 24</b>		126c								
111	46 Vehicle Removed To -										126d										
01	47 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										-										
112	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										126e										
-	49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class - Placard No. -										26										
113	77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127a										
114	78 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending										26										
115	79 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class - Placard No. -										127b										
116	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				
04	52 Motor Carrier or Government Entity -										127e										
04	82 Motor Carrier or Government Entity -										26										
-	Number & Street -										128										
-	City State Zip -										129										
-	City State Zip -										12										
-	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No										130										
-	-										12										
-	-										131										
-	-										06										
-	-										132										
-	136 Charge -					137 Summons. No. -					138 Charge -					139 Summons. No. -					06
-	140 Charge -					141 Summons. No. -					142 Charge -					143 Summons. No. -					133
-	-										03										
-	-										134										

																Names & Addresses of Occupants - If Deceased, Date & Time of Death											
A	01	01	01	-	20	M	-	-	-	11	04	-	-	-	-	DRIVER 1										-	
B	02	01	01	-	69	M	-	-	-	11	04	-	-	-	-	DRIVER 2										-	
C																											-
D																											-

New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09131

(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)

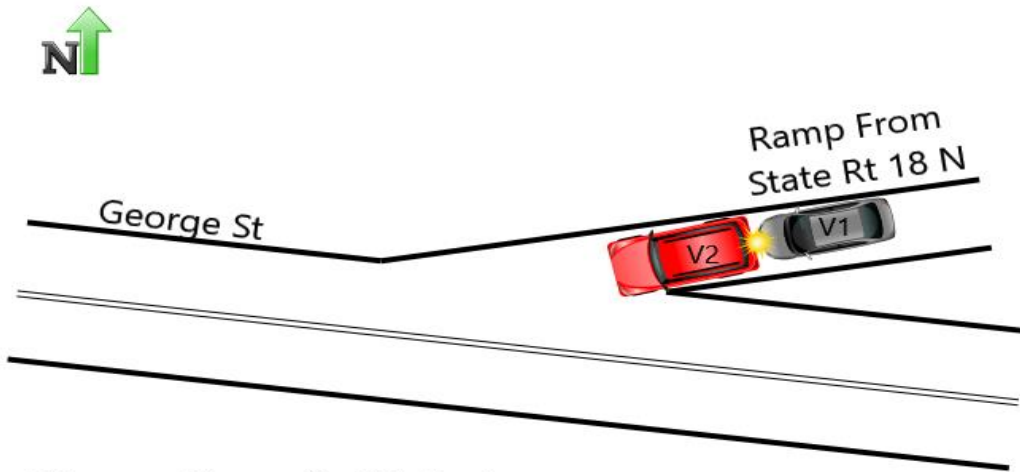


Diagram Drawn Not To Scale

145 Crash Description/Narrative

D1 stated that he was in stop-and-go traffic on the ramp from State Rt 18 N attempting to merge onto George St. D1 stated that he observed V2 in front of him beginning to enter the lane of travel. D1 stated that he began to move forward with his car while looking over his shoulder for oncoming traffic. D1 stated that while he was looking for oncoming traffic, V2 stopped in front of him and he did not observe that V2 had stopped until colliding with V2.

D2 stated that he was on the ramp from State Rt 18 N waiting to merge onto George St when his vehicle was suddenly struck from behind by V1.

No injuries were reported at the scene. Both vehicles were driven from the scene.

146 Officer's Signature  
ROBERT TRIEBSCH

147 Badge #  
7317

148 Reviewer  
YURKOVIC

Badge #  
5252

149 Case Status  
 Pending  Complete



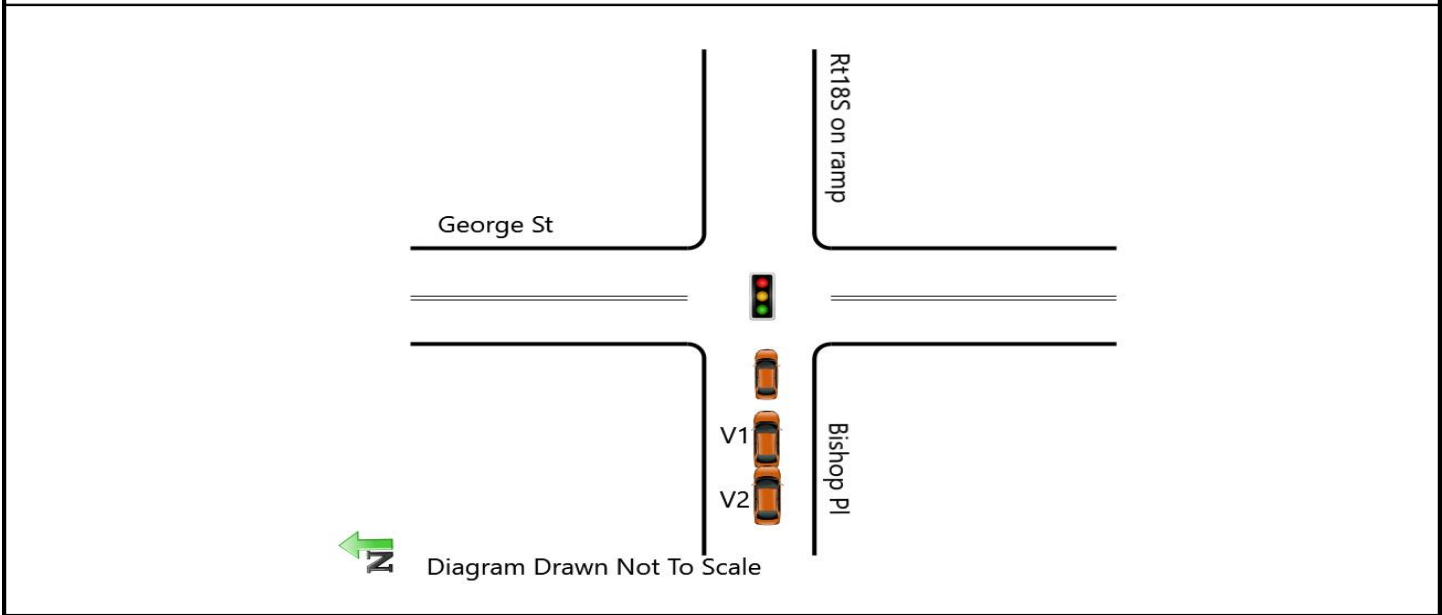


<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09140</u>
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(Refer to vehicle by number)

	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
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)



145 Crash Description/Narrative

D1 stated that she was stopped at a red traffic signal when she was abruptly struck from behind.

D2 said that he was momentarily distracted as he was slowing down and misjudged how far V1 actually was in front of him. D2 said that he accidentally contacted V1 as he was slowing down, before he came to a complete stop.

I observed no damage to V2. I observed minor damage to the rear bumper cover of V1 in the form of impressions left by bolt or screw heads on V2's license plate. Neither driver claimed any injuries at the scene. D2 is at fault in this crash. D2 did not have valid proof of insurance on the scene. I instructed D2 to email me a valid copy of his insurance card, and provided him with a business card with my work email address on it. D2 failed to contact me via email, or by any other method, the following day. Because of this I was unable to include insurance information for D2/ V2 in this report.

Nothing further.

146 Officer's Signature <b>MATTHEW GANZER</b>	147 Badge # <b>7295</b>	148 Reviewer <b>CALOGERO</b>	Badge # <b>5292</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police  
Crash Investigation Report

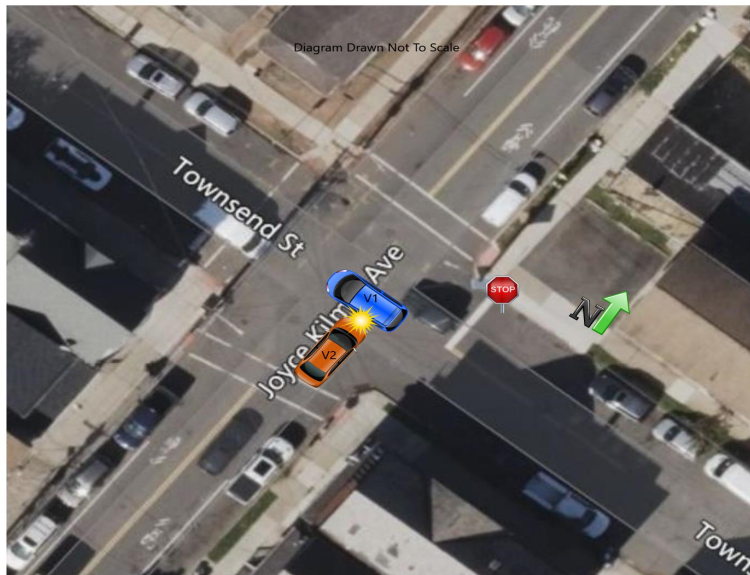
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09042

(Refer to vehicle by number)

A L L I N V O L V E I D	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 1 stated he was travelling West on Townsend St. He stated he was crossing over on Joyce Kilmer when Vehicle 2 struck his vehicle on the side. Vehicle 1 air bags deployed. Driver 1 stated he did not need medical attention.

Driver 2 stated he was travelling North on Joyce Kilmer Ave. He stated vehicle 1 did not stop at the intersection as he was going through the intersection which caused his vehicle to impact vehicle 1. Driver 2 has a dash camera which depicted vehicle 1 not stopping at the stop sign. Driver 1 stated he did not need medical attention.

146 Officer's Signature  
JULIO URENA

147 Badge #  
7360

148 Reviewer  
BROWN

Badge #  
5222

149 Case Status  
 Pending  Complete

02 1 Case Number: 23NB09105  
 97 10 Crash Occurred On: EASTON AVE N 11 Speed Limit: 25  
 98 2 Police Dept of: NEW BRUNSWICK PD Code: 01  
 06 3 Station/Precinct: 01  
 99 4 Date of Crash: 10/18/23 5 Day Of Week: WEDNESDAY  
 07 6 Time (use 2400 hrs): 1906 7 Municipality Code: 1214 8 Total Killed: -- 9 Total Injured: --  
 100a 10 Crash Occurred On: EASTON AVE N 11 Speed Limit: 25  
 01 12 Route No.: - 13 Milepost: - 18 Speed Limit: 25  
 14 - 15 - 16 - 17 Cross Road Name: HAMILTON ST  
 19 Ramp: - 20 Route/Name: - 21 Latitude: - 22 Longitude: -

100b 23 Veh # 24 Policy No. 25 NJ Ins. Code 53 Veh # 54 Policy No. 55 NJ Ins. Code  
 04 1 4506893538 100 2 2249196-Z14-30B 962  
 101  Parked  Ped  Pedalcyclist  Resp To Emergency  Hit & Run

02 26 Driver's First Name Initial Last Name 29 Sex 56 Driver's First Name Initial Last Name 59 Sex  
 102 MOHAB - BENYAMEN - M SANTIAGO - RAMIREZ - M  
 01 27 Number & Street 57 Number & Street  
 103 3 SADOWSKI ST 35 BOWERS ST

104 28 City State Zip 58 City State Zip  
 EAST BRUNSWICK NJ 08816 JERSEY CITY NJ 07307  
 2 30 Eyes DL Class Restrictions Endorsements 31 State 60 Eyes DL Class Restrictions Endorsements 61 State  
 02 C - - NJ 02 D - - NJ

105 32 Driver's License Number 33 DOB 34 Expires 62 Driver's License Number 63 DOB 64 Expires  
 01 B26005600002022 02/09/2002 02 27 R03556910003982 03/02/1998 03 27

106 35 Owner's First Name Initial Last Name 65 Owner's First Name Initial Last Name  
 Same As Driver MELAD - DANIEL  Same As Driver SANTIAGO - RAMIREZ -

107 36 Number & Street 66 Number & Street  
 3 SADOWSKI ST 35 BOWERS ST  
 108 37 City State Zip 67 City State Zip  
 01 EAST BRUNSWICK NJ 08816 JERSEY CITY NJ 07307

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  
 01 HON CIV BK 2012 V17GVF NJ HON CRO GY 2013 P60RCE NJ

110 44 VIN 45 Expires 74 VIN 75 Expires  
 01 19XFB2F54CE360872 07 24 5J6TF2H57DL004584 05 24

111 46 Vehicle Removed To 76 Vehicle Removed To  
 01 - -  
 112  Driven  Towed Disabled  Towed Disabled & Impounded  Driven  Towed Disabled  Towed Disabled & Impounded  
 Left At Scene  Towed Impounded  Left At Scene  Towed Impounded

113 47 Authority 77 Authority  
 Owner  Driver  Police  Owner  Driver  Police

114 48 Alcohol/Drug Test 49 Hazardous Material 78 Alcohol/Drug Test 79 Hazardous Material  
 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

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

52 Motor Carrier or Government Entity 82 Motor Carrier or Government Entity  
 - -  
 Number & Street  
 - -  
 City State Zip City State Zip  
 - - - - - -

135 Damage To Other Property  Yes (If Yes, describe)  No

Oper. 136 Charge 137 Summons. No. Oper. 138 Charge 139 Summons. No.  
 - - - - -  
 Oper. 140 Charge 141 Summons. No. Oper. 142 Charge 143 Summons. No.  
 - - - - -

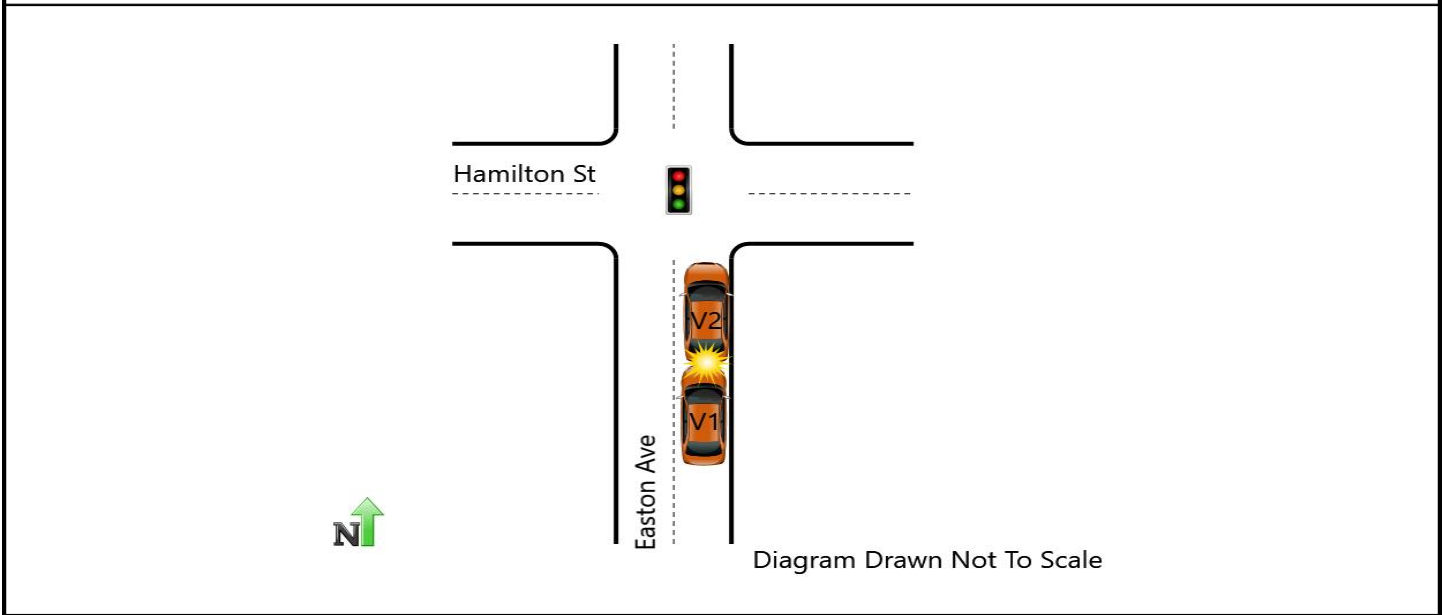
										Names & Addresses of Occupants - If Deceased, Date & Time of Death																
83	84	85	86	87	88	89	90	91	92	93	94	95														
A	1	01	-	-	21	M	-	-	04	04	-	-	MOHAB	-	BENYAMEN	-	-	-	-	-	3 SADOWSKI ST	EAST BRUNSWICINJ	08816	-	-	-
B	1	03	-	-	22	M	-	-	04	04	-	-	ANDREA	-	TOUMAS	-	-	-	-	-	402 CRANBERRY RD	EAST BRUNSWICINJ	08816	-	-	-
C	1	06	-	-	22	M	-	-	04	04	-	-	ADAM	-	GAMIL	-	-	-	-	-	384 AMWELL RD	HILLSBOROUGH NJ	08849	-	-	-
D	2	01	01	-	25	M	-	-	04	04	-	-	SANTIAGO	-	RAMIREZ	-	-	-	-	-	35 BOWERS ST	JERSEY CITY	NJ	07307	-	-

<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09105</u>
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(Refer to vehicle by number)

	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
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	
	2	03	-	-	24	F	-	-	-	04	04	-	-	OLIVIA R HUGHES 2609 BRENTON DR MARRERO LA 70072 - -

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was traveling on Easton Ave. Driver 1 stated there was a traffic ahead and the traffic light was a green light. Driver 1 stated he tried to brake but struck vehicle 2 in the rear.

Driver 2 stated he was traveling on Easton Ave. Driver 2 stated there was traffic ahead and the traffic light was red and was struck in the rear by vehicle 1.

Vehicle 1 had minor damages on the front bumper.

Vehicle 2 had minor damages on the rear bumper.

All parties involved were uninjured.

146 Officer's Signature <b>PABLO ESTEVEZ</b>	147 Badge # <b>7378</b>	148 Reviewer <b>CALOGERO</b>	Badge # <b>5292</b>
149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete			

05	1 Case Number <b>23NB09114</b>		10 Crash Occurred On: <b>HALE ST</b>										11 Speed Limit <b>225</b>		118a	25											
01	2 Police Dept of <b>NEW BRUNSWICK PD</b>		Code <b>01</b>		<input type="checkbox"/> At Intersection With Road Name Dir <input checked="" type="checkbox"/> Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> E of: <b>FRENCH ST</b> <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W 12 Route No. Suffix 13 Milepost 18 Speed Limit 5 14 15 16 <b>25</b>										118b		-										
01	3 Station/Precinct -		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		-										
07	4 Date of Crash mm dd yy <b>10/19/23</b>		5 Day Of Week <b>THURSDAY</b>		6 Time (use 2400 hrs) <b>0655</b>		7 Municipality Code <b>1214</b>		8 Total Killed --		9 Total Injured <b>1</b>		20 Route/Name		21 Latitude		22 Longitude		119b		-						
01	23 Veh # <b>1</b>		24 Policy No. <b>HPA00002705423</b>				25 NJ Ins. Code <b>017</b>		53 Veh # -		54 Policy No. -		55 NJ Ins. Code -		120a		01		120b		-						
02	<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										121a		-				
01	26 Driver's First Name Initial Last Name <b>RICHARD - BARTUS</b>				29 Sex <b>M</b>		56 Driver's First Name Initial Last Name -				59 Sex -		121b		-		-		-								
01	27 Number & Street <b>36 MAIN ST</b>										57 Number & Street -										121b		-				
01	28 City State Zip <b>SOMERSET NJ 08873</b>										58 City State Zip -										121b		-				
1	30 Eyes <b>02</b>		DL Class -		Restrictions -		Endorsements -		31 State <b>NJ</b>		60 Eyes -		DL Class -		Restrictions -		Endorsements -		61 State -		122		02				
14	32 Driver's License Number <b>B07036557311632</b>				33 DOB mm dd yyyy <b>11/10/1963</b>		34 Expires mm yy <b>11 26</b>		62 Driver's License Number -				63 DOB mm dd yyyy -		64 Expires mm yy -		123		-		-						
02	<input checked="" type="checkbox"/> Same As Driver 35 Owner's First Name Initial Last Name <b>RICHARD - BARTUS</b>										<input type="checkbox"/> Same As Driver 65 Owner's First Name Initial Last Name - - -										124		04				
-	36 Number & Street <b>36 MAIN ST</b>										66 Number & Street -										125		-				
01	37 City State Zip <b>SOMERSET NJ 08873</b>										67 City State Zip -										126a		-				
01	38 Make <b>SATURN</b>		39 Model <b>SL</b>		40 Color <b>SL</b>		41 Year <b>02</b>		42 Plate No. <b>NPP23A</b>		43 State <b>NJ</b>		68 Make -		69 Model -		70 Color -		71 Year -		72 Plate No. -		73 State -		126b		21
01	44 VIN <b>1G8ZK52792Z191841</b>				45 Expires <b>01 24</b>		74 VIN -				75 Expires -		126c		-		-		-								
-	46 Vehicle Removed To -										76 Vehicle Removed To -										126d		-				
-	<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 type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded										126e		-				
-	47 Authority <input checked="" 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										127a		21				
-	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.				127b		-								
02	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		-								
-	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -										128		21				
-	Number & Street -										Number & Street -										129		06				
-	City State Zip -										City State Zip -										130		06				
-	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																						131		-		
-	-																						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		02								

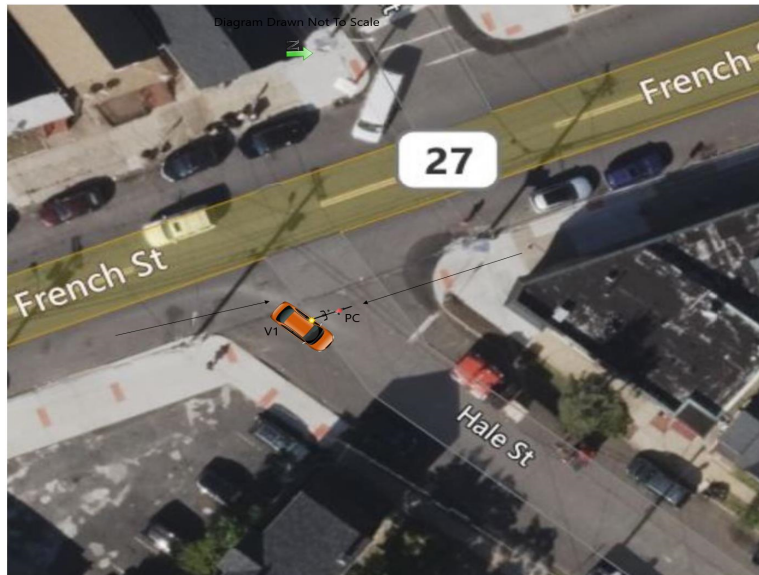
												Names & Addresses of Occupants - If Deceased, Date & Time of Death											
83	84	85	86	87	88	89	90	91	92	93	94	95											
A	1	01	01	-	60	M	-	-	-	04	04	-	-	RICHARD - BARTUS 36 MAIN ST SOMERSET NJ 08873 - -									
B	-	99	-	03	25	M	08	04	02	-	-	-	-	JOSE A ROGLE 31 TOWNSEND ST NEW BRUNSWICFNJ 08901 - -									
C																							
D																							

<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09114</u>
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(Refer to vehicle by number)

	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
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)



145 Crash Description/Narrative

Vehicle 1 traveling north on French St was making a right turn onto Hale St when pedal cyclist was traveling south on sidewalk on French St drove into vehicle 1 drivers side.

Driver 1 stated he made his turn and as he entered Hale St the man on the bike was coming down from sidewalk on French St and hit his vehicle.

Pedal cyclist stated he was riding on sidewalk on French St and when he attempted to cross Hale St vehicle 1 turned onto Hale St causing him to hit vehicle 1.

Pedal cyclist complained of right hand pain which was bleeding upon my arrival. Pedal cyclist was seen by EMS who arrived on scene. Pedal cyclist was cared for on scene, but refused to go to Hospital.

146 Officer's Signature <b>REINALDO RODRIGUEZ</b>	147 Badge # <b>7251</b>	148 Reviewer <b>EVANS</b>	Badge # <b>5275</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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05	1 Case Number 23NB09231	10 Crash Occurred On: US HIGHWAY ROUTE 1	11 Speed Limit 50	118a	99
01	2 Police Dept of NEW BRUNSWICK PD	Code 01	12 Route No. Suffix 13 Milepost 18 Speed Limit 25	118b	-
06	3 Station/Precinct -	At Intersection With 14 15 16	Road Name Dir 17 Cross Road Name 19 Ramp To From: -	119a	25
02	4 Date of Crash mm dd yy 10/21/23	5 Day Of Week SATURDAY	6 Time (use 2400 hrs) 2155	7 Municipality Code 1214	8 Total Killed --
100a	9 Total Injured --	20 Route/Name	21 Latitude	22 Longitude	119b
01	23 Veh # 1	24 Policy No. 6117-38-61-41	25 NJ Ins. Code 100	53 Veh # 2	54 Policy No. 035010892R71014
100b	55 NJ Ins. Code 201	56 Driver's First Name TAVAR	57 Number & Street 136 WEST 3RD AVE APT 5	58 City ROSELLE	59 Sex M
04	60 Eyes 02	61 State NJ	62 Driver's License Number S57787326209002	63 DOB mm dd yyyy 09/21/2000	64 Expires mm yy 09 26
01	65 Owner's First Name TYLER	66 Number & Street 213 GROVE ST	67 City NO PLAINFIELD	68 Make TOY	69 Model CAM
101	69 Model CAM	70 Color BL	71 Year 2019	72 Plate No. Y57SFW	73 State NJ
102	74 VIN 4T1B11HKXKU255246	75 Expires mm yy 02 24	76 Vehicle Removed To -	77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	78 Make NIS
01	78 Make NIS	79 Hazardous Material 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	79 Hazardous Material 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	80 Carrier No. <input type="checkbox"/> USDOT <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
103	80 Carrier No. <input type="checkbox"/> USDOT <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	82 Motor Carrier or Government Entity -	83	84
104	82 Motor Carrier or Government Entity -	83	84	85	86
105	83	84	85	86	87
106	84	85	86	87	88
107	85	86	87	88	89
108	86	87	88	89	90
109	87	88	89	90	91
110	88	89	90	91	92
111	89	90	91	92	93
112	90	91	92	93	94
113	91	92	93	94	95
114	92	93	94	95	96
115	93	94	95	96	97
116	94	95	96	97	98
117	95	96	97	98	99
118	96	97	98	99	100

01	26 Driver's First Name TAVAR	27 Number & Street 136 WEST 3RD AVE APT 5	28 City ROSELLE	29 Sex M	56 Driver's First Name KEVIN	57 Number & Street 274 CLAREMONT AVE	58 City JERSEY CITY	59 Sex M	121a	01
101	60 Eyes 02	61 State NJ	62 Driver's License Number S57787326209002	63 DOB mm dd yyyy 09/21/2000	64 Expires mm yy 09 26	65 Owner's First Name TYLER	66 Number & Street 213 GROVE ST	67 City NO PLAINFIELD	68 Make TOY	69 Model CAM
102	69 Model CAM	70 Color BL	71 Year 2019	72 Plate No. Y57SFW	73 State NJ	74 VIN 4T1B11HKXKU255246	75 Expires mm yy 02 24	76 Vehicle Removed To -	77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	78 Make NIS
103	78 Make NIS	79 Hazardous Material 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	79 Hazardous Material 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	80 Carrier No. <input type="checkbox"/> USDOT <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	82 Motor Carrier or Government Entity -	83	84	85	86
104	80 Carrier No. <input type="checkbox"/> USDOT <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	82 Motor Carrier or Government Entity -	83	84	85	86	87	88	89
105	82 Motor Carrier or Government Entity -	83	84	85	86	87	88	89	90	91
106	83	84	85	86	87	88	89	90	91	92
107	84	85	86	87	88	89	90	91	92	93
108	85	86	87	88	89	90	91	92	93	94
109	86	87	88	89	90	91	92	93	94	95
110	87	88	89	90	91	92	93	94	95	96
111	88	89	90	91	92	93	94	95	96	97
112	89	90	91	92	93	94	95	96	97	98
113	90	91	92	93	94	95	96	97	98	99
114	91	92	93	94	95	96	97	98	99	100
115	92	93	94	95	96	97	98	99	100	101
116	93	94	95	96	97	98	99	100	101	102
117	94	95	96	97	98	99	100	101	102	103
118	95	96	97	98	99	100	101	102	103	104

01	26 Driver's First Name TAVAR	27 Number & Street 136 WEST 3RD AVE APT 5	28 City ROSELLE	29 Sex M	56 Driver's First Name KEVIN	57 Number & Street 274 CLAREMONT AVE	58 City JERSEY CITY	59 Sex M	121a	01
101	60 Eyes 02	61 State NJ	62 Driver's License Number S57787326209002	63 DOB mm dd yyyy 09/21/2000	64 Expires mm yy 09 26	65 Owner's First Name TYLER	66 Number & Street 213 GROVE ST	67 City NO PLAINFIELD	68 Make TOY	69 Model CAM
102	69 Model CAM	70 Color BL	71 Year 2019	72 Plate No. Y57SFW	73 State NJ	74 VIN 4T1B11HKXKU255246	75 Expires mm yy 02 24	76 Vehicle Removed To -	77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	78 Make NIS
103	78 Make NIS	79 Hazardous Material 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	79 Hazardous Material 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	80 Carrier No. <input type="checkbox"/> USDOT <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	82 Motor Carrier or Government Entity -	83	84	85	86
104	80 Carrier No. <input type="checkbox"/> USDOT <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	82 Motor Carrier or Government Entity -	83	84	85	86	87	88	89
105	82 Motor Carrier or Government Entity -	83	84	85	86	87	88	89	90	91
106	83	84	85	86	87	88	89	90	91	92
107	84	85	86	87	88	89	90	91	92	93
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110	87	88	89	90	91	92	93	94	95	96
111	88	89	90	91	92	93	94	95	96	97
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114	91	92	93	94	95	96	97	98	99	100
115	92	93	94	95	96	97	98	99	100	101
116	93	94	95	96	97	98	99	100	101	102
117	94	95	96	97	98	99	100	101	102	103
118	95	96	97	98	99	100	101	102	103	104

01	26 Driver's First Name TAVAR	27 Number & Street 136 WEST 3RD AVE APT 5	28 City ROSELLE	29 Sex M	56 Driver's First Name KEVIN	57 Number & Street 274 CLAREMONT AVE	58 City JERSEY CITY	59 Sex M	121a	01
101	60 Eyes 02	61 State NJ	62 Driver's License Number S57787326209002	63 DOB mm dd yyyy 09/21/2000	64 Expires mm yy 09 26	65 Owner's First Name TYLER	66 Number & Street 213 GROVE ST	67 City NO PLAINFIELD	68 Make TOY	69 Model CAM
102	69 Model CAM	70 Color BL	71 Year 2019	72 Plate No. Y57SFW	73 State NJ	74 VIN 4T1B11HKXKU255246	75 Expires mm yy 02 24	76 Vehicle Removed To -	77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	78 Make NIS
103	78 Make NIS	79 Hazardous Material 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	79 Hazardous Material 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	80 Carrier No. <input type="checkbox"/> USDOT <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	82 Motor Carrier or Government Entity -	83	84	85	86
104	80 Carrier No. <input type="checkbox"/> USDOT <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	82 Motor Carrier or Government Entity -	83	84	85	86	87	88	89
105	82 Motor Carrier or Government Entity -	83	84	85	86	87	88	89	90	91
106	83	84	85	86	87	88	89	90	91	92
107	84	85	86	87	88	89	90	91	92	93
108	85	86	87	88	89	90	91	92	93	94
109	86	87	88	89	90	91	92	93	94	95
110	87	88	89	90	91	92	93	94	95	96
111	88	89	90	91	92	93	94	95	96	97
112	89	90	91	92	93	94	95	96	97	98
113	90	91	92	93	94	95	96	97	98	99
114	91	92	93	94	95	96	97	98	99	100
115	92	93	94	95	96	97	98	99	100	101
116	93	94	95	96	97	98	99	100	101	102
117	94	95	96	97	98	99	100	101	102	103
118	95	96	97	98	99	100	101	102	103	104

01	26 Driver's First Name TAVAR	27 Number & Street 136 WEST 3RD AVE APT 5	28 City ROSELLE	29 Sex M	56 Driver's First Name KEVIN	57 Number & Street 274 CLAREMONT AVE	58 City JERSEY CITY	59 Sex M	121a	01
101	60 Eyes 02	61 State NJ	62 Driver's License Number S57787326209002	63 DOB mm dd yyyy 09/21/2000	64 Expires mm yy 09 26	65 Owner's First Name TYLER	66 Number & Street 213 GROVE ST	67 City NO PLAINFIELD	68 Make TOY	69 Model CAM
102	69 Model CAM	70 Color BL	71 Year 2019	72 Plate No. Y57SFW	73 State NJ	74 VIN 4T1B11HKXKU255246	75 Expires mm yy 02 24	76 Vehicle Removed To -	77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	78 Make NIS
103	78 Make NIS	79 Hazardous Material 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	79 Hazardous Material 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	80 Carrier No. <input type="checkbox"/> USDOT <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	82 Motor Carrier or Government Entity -	83	84	85	86
104	80 Carrier No. <input type="checkbox"/> USDOT <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	82 Motor Carrier or Government Entity -	83	84	85	86	87	88	89
105	82 Motor Carrier or Government Entity -	83	84	85	86	87	88	89	90	91
106	83	84	85	86	87	88	89	90	91	92
107	84	85	86	87	88	89	90	91	92	93
108	85	86	87	88	89	90	91	92	93	94
109	86	87	88	89	90	91	92	93	94	95
110	87	88	89	90	91	92	93	94	95	96
111	88	89	90	91	92	93	94	95	96	97
112	89	90	91	92	93	94	95	96	97	98
113	90	91	92	93	94	95	96	97	98	99
114	91	92	93	94	95	96	97	98	99	100
115	92	93	94	95	96	97	98	99	100	101
116	93	94	95	96	97	98	99	100	101	102
117	94	95	96	97	98	99	100	101	102	103
11										



New Jersey Police  
Crash Investigation Report

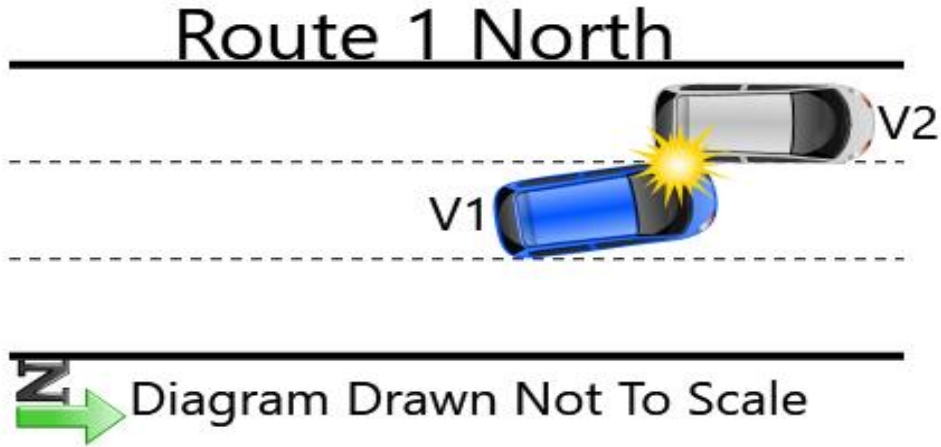
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09231

(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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N														
V														
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J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated he was driving V1 behind V2 in the left lane. V2 began to merge into the middle lane when he observed another vehicle merge into the same lane. He then struck V2 after attempting to move away from the aforementioned vehicle. He denied any and all medical attention.

D2 stated he was driving V2 in the left lane. He was then struck by V1, who was in the middle lane. He denied any and all medical attention.

146 Officer's Signature  
ERIC TORRES-OLIVOS

147 Badge #  
7372

148 Reviewer  
SALTER

Badge #  
5300

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

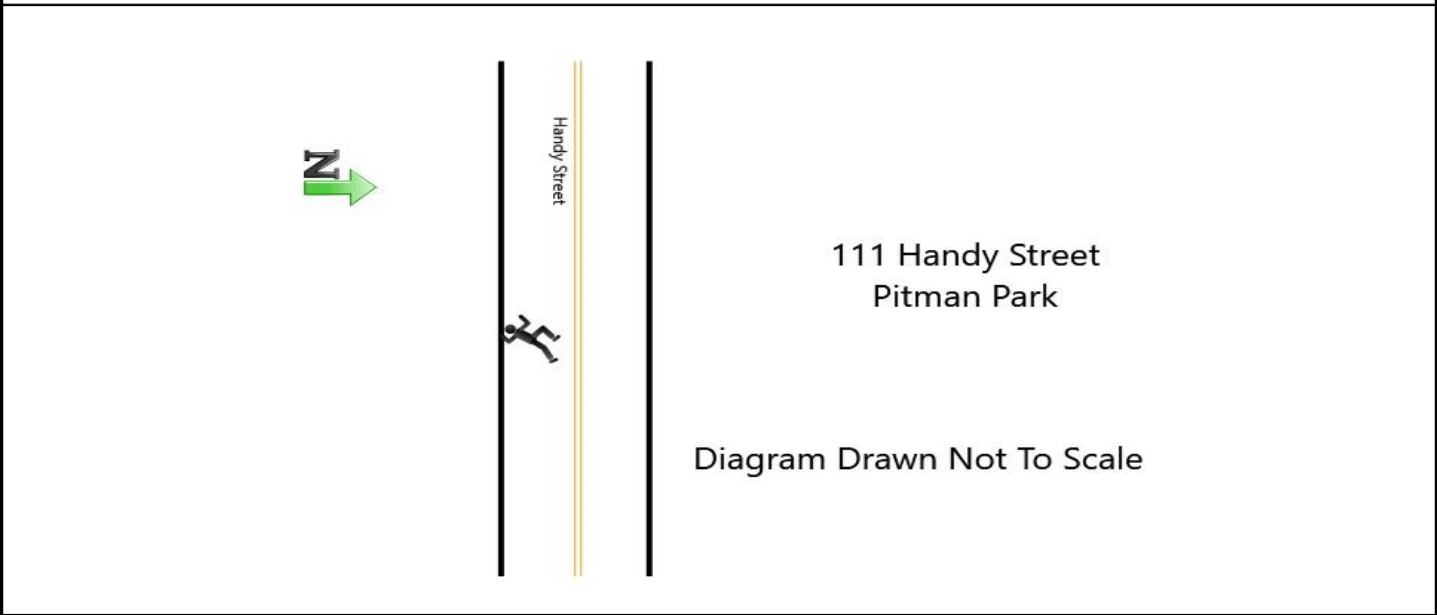
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09043

(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														
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L														
I														
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V														
O														
L														
V														
E														
I														
D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The pedestrian Brian Beckham stated that he was crossing Handy Street toward Pitman Park when he was struck by a vehicle. Brian stated that he had back pain and chest pain. Brian stated that he does not know what type of vehicle hit him but stated that it was possibly a black work van. Brian was unsure of what exactly happened. Brian was transported to Robert Wood Johnson University Hospital to be evaluated.

There were no witnesses on scene that observed the accident.

146 Officer's Signature  
THOMAS HETZLER

147 Badge #  
7281

148 Reviewer  
MARTINEZ

Badge #  
5250

149 Case Status  
 Pending  Complete

96	New Jersey Police Crash Investigation Report										118a														
97	1 Case Number 23NB09061			10 Crash Occurred On: 18 HIGHWAY SOUTH				11 Speed Limit 55			25														
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: GEORGE STREET <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 25		118b															
99	3 Station/Precinct			19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: -				17 Cross Road Name			119a														
00	4 Date of Crash mm dd yy 10/17/23		5 Day Of Week TUESDAY		6 Time (use 2400 hrs) 1854		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		119b												
01	20a			21 Latitude				22 Longitude				120a													
02	23 Veh # 1			24 Policy No. AOJ-238-142237-70 2 0			25 NJ Ins. Code 370		53 Veh # 2			54 Policy No. 2915C0554		55 NJ Ins. Code 988		120b									
03	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run										-														
04	26 Driver's First Name Initial Last Name MICHELLE - MCLAUGHLIN				29 Sex F		56 Driver's First Name Initial Last Name HUGO A FERNANDEZ FIGUR -				59 Sex M		121a												
05	27 Number & Street 134 HIGHVIEW DRIVE				57 Number & Street 1020 PMBERTON BROWNS MILLS RD								121b												
06	28 City State Zip WOODBIDGE NJ 07095				58 City State Zip PEMBERTON NJ 08068								-												
07	30 Eyes 02		DL Class D		Restrictions -		Endorsements -		31 State NJ		60 Eyes 02		DL Class D		Restrictions -		Endorsements -		61 State NJ		122				
08	32 Driver's License Number M16505440060712			33 DOB mm dd yyyy 10/27/1971		34 Expires mm yy 10 24		62 Driver's License Number H2718346611882			63 DOB mm dd yyyy 11/26/1988		64 Expires mm yy 11 24		123		12								
09	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver JOSEPH M MCLAUGHLIN -				65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver BILL - WALTZ BROWN -								124		-										
10	36 Number & Street 49 LORI STREET				66 Number & Street 705 WRIGHT-DEBOW RD								125		-										
11	37 City State Zip MONROE NJ 08831				67 City State Zip JACKSON NJ 08527								126a		26										
12	38 Make 10 PORSCHE		39 Model UNKNOWN		40 Color BK		41 Year 2021		42 Plate No. K94NRN		43 State NJ		68 Make GMC		69 Model UNKNOWN		70 Color WT		71 Year 2021		72 Plate No. XLAU79		73 State NJ		126b
13	44 VIN WP1AA2A51MLB06743				45 Expires 05 25		74 VIN 1HTKHPVK6MH195584								75 Expires 07 24		126c		-						
14	46 Vehicle Removed To -				76 Vehicle Removed To -								126d		-										
15	<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded				<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded								126e		26										
16	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										
17	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				78 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending				79 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				127b		-						
18	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				80 Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX				81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs <input checked="" type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs				127d		26						
19	52 Motor Carrier or Government Entity -				82 Motor Carrier or Government Entity -								128		26										
20	Number & Street -				Number & Street -								129		03										
21	City State Zip -				City State Zip -								130		03										
22	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No										131		07												
23	Oper. 136 Charge -				137 Summons. No. -				Oper. 138 Charge -				139 Summons. No. -				132	07							
24	Oper. 140 Charge -				141 Summons. No. -				Oper. 142 Charge -				143 Summons. No. -				133	03							

		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death							
A	01	01	-	-	51	F	-	-	-	-	-	-	-	-	MICHELLE - MCLAUGHLIN 134 HIGHVIEW DR WOODBRIDGE NJ 07095 - -							
B	02	01	-	-	34	M	-	-	-	-	-	-	-	-	HUGO A FERNANDEZ 1020 PMBERTON BRW PEMBERTON NJ 08068 - -							
C	02	02	-	-	21	M	-	-	-	-	-	-	-	-	JULIAN - ALVAREZ 737 W VETERANS HIGH JACKSON NJ 08527 - -							
D	02	03	-	-	31	M	-	-	-	-	-	-	-	-	JORGE - CAZARES 737 W VETERANS HIGH JACKSON NJ 08527 - -							

New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09061

(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 E	83	84	85	86	87	88	89	90	91	92	93	94	95	ROCARD - FERNANDEZ MARTINEZ -
	02	04	-	-	33	M	-	-	-	-	-	-	-	23 PEPPERS RD BROWNS MILLS - - -
I F	02	05	-	-	30	M	-	-	-	-	-	-	-	EPIFANO - FLORES -
														23 PEPPERS RD BROWNS MILLS NJ - - -
N														
V														
O														
L														
H														
V														
E														
I														
D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 driver stated that she was in the left lane traveling on rt 18 south when v2 who was in the middle lane merged onto her established lane and the trailer collided with her front passenger side bumper. v1 driver refused medical attention. v2 stated that he was in the middle lane traveling south and did not see v1 in the left lane, he merged and his trailer collided with v1. the trailer di not have any visible signs of damage. v1 driver and occupants refused medical attention.

146 Officer's Signature

THOMAS RAOUL JR.

147 Badge #

7344

148 Reviewer

REGAN

Badge #

7313

149 Case Status

Pending  Complete



New Jersey Police  
Crash Investigation Report

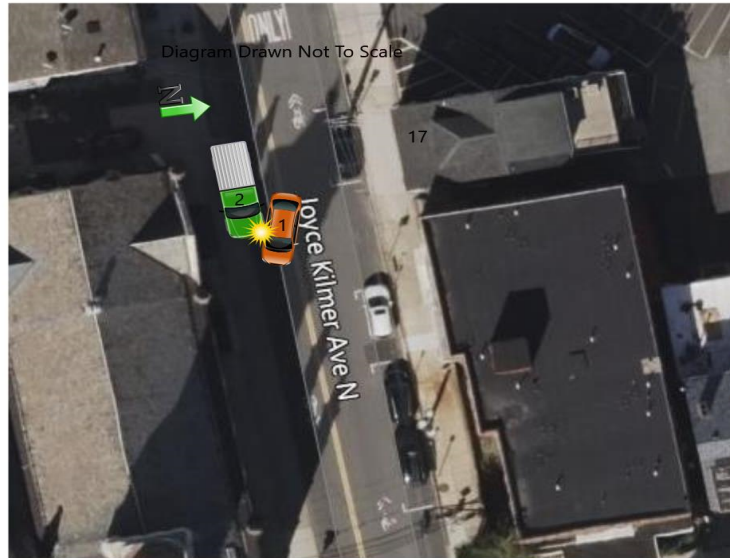
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09160

(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														
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I														
N														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated she was travelling on Joyce Kilmer Ave when V2 stopped in front of her. D1 stated she was running late so she attempted to pass V2 on the left by going over the solid line. D1 stated V2 then continued driving straight striking V1. V1 had damage to the passenger side doors. D1 was able to drive V1 safely away from the scene. D1 was issued a summons for improper passing.

D2 stated he was travelling on Joyce Kilmer Ave when he stopped V2 to allow another vehicle to back out of a driveway. D2 stated when he continued driving straight V1 attempted to pass him on the left of a one lane road by crossing over the solid line. V2 had damage to the drivers side front bumper. D2 was able to drive V2 safely away from the scene. Nothing further.

PO W. Carroll 7342

146 Officer's Signature  
WILLIAM CARROLL

147 Badge #  
7342

148 Reviewer  
EVANS

Badge #  
5275

149 Case Status  
 Pending  Complete





New Jersey Police  
Crash Investigation Report

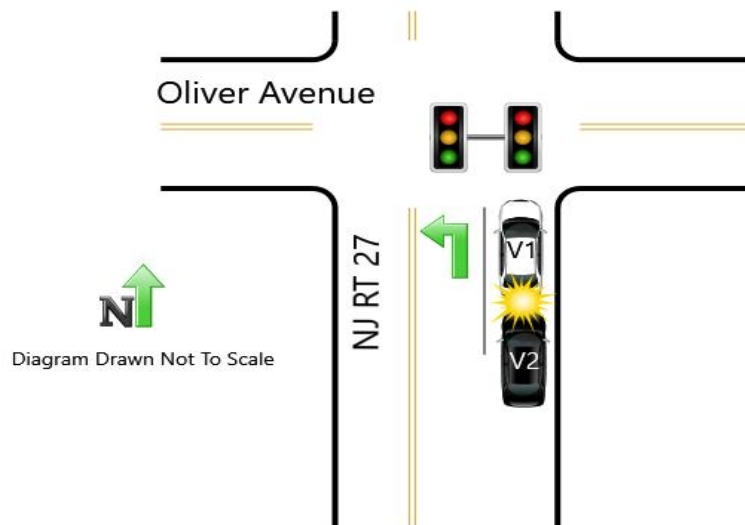
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09214

(Refer to vehicle by number)

A L L I N V O L V E I D	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 1 stated that he was stopped at the traffic light at the intersection of NJ RT 27 (Somerset Street) and Oliver Avenue waiting for the light to turn green. Driver 1 stated that he felt impact from behind by V2.

Driver 2 stated that he did see V1 stopped at the light in front of him and attempted to hit the brakes to stop behind V1. Driver 2 stated that he hit the brakes but the car wasn't able to stop and that V2 struck V1 from behind.

Both parties were uninjured and refused medical attention. V1 was driven from the scene by its driver with minor damage to the rear of the vehicle. V2 was towed by Dependable for disabling damage.

P/ O N. Sookhram # 7382

146 Officer's Signature  
NASIR SOOKHRAM

147 Badge #  
7382

148 Reviewer  
YURKOVIC

Badge #  
5252

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

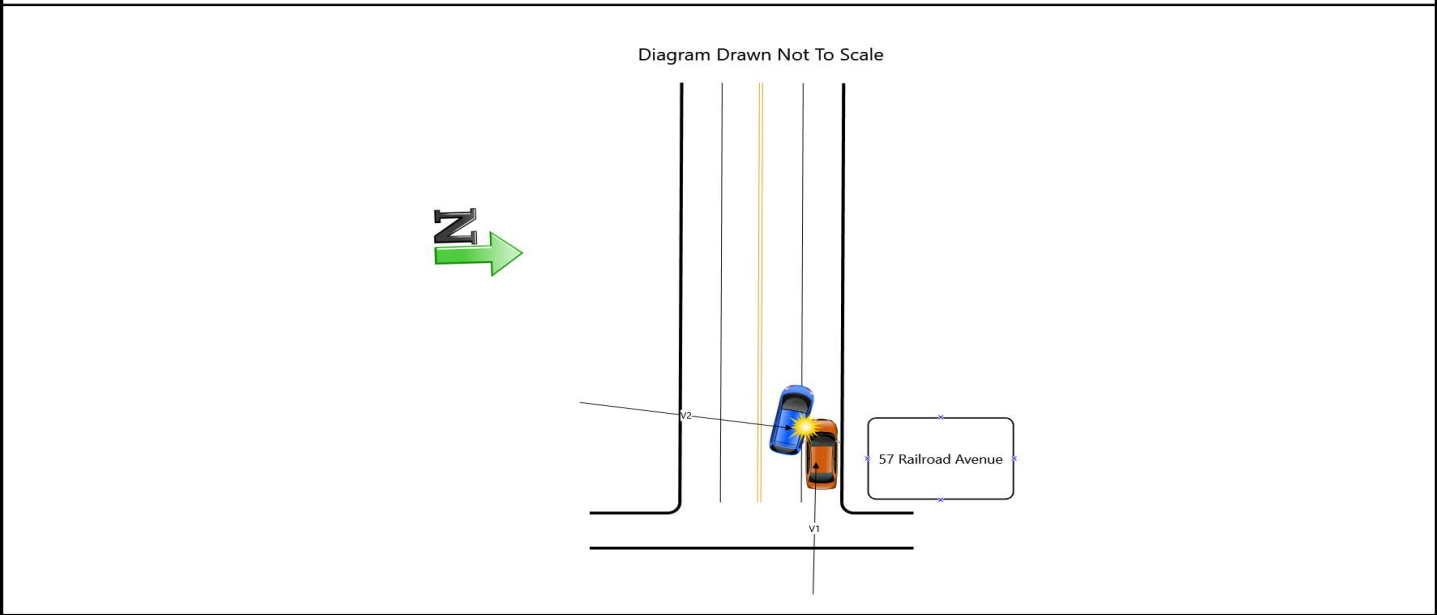
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09223

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The owner of V1 stated V2 struck his parked vehicle and drove away. He was able to note the plate (NY Reg - KNM5020) and took several photos of the video confirming it comes back to the registration. V1 sustained damage to the front driver side bumper, fender and headlight.

V2 owner was issued Title 39 summons - Q 524084 and Q 524085

I have nothing further to report.

P.O. Plaza # 7352

146 Officer's Signature  
JOSUE PLAZA

147 Badge #  
7352

148 Reviewer  
CALOGERO

Badge #  
5292

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09161

(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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D														
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144 Crash Diagram (NOT TO SCALE)

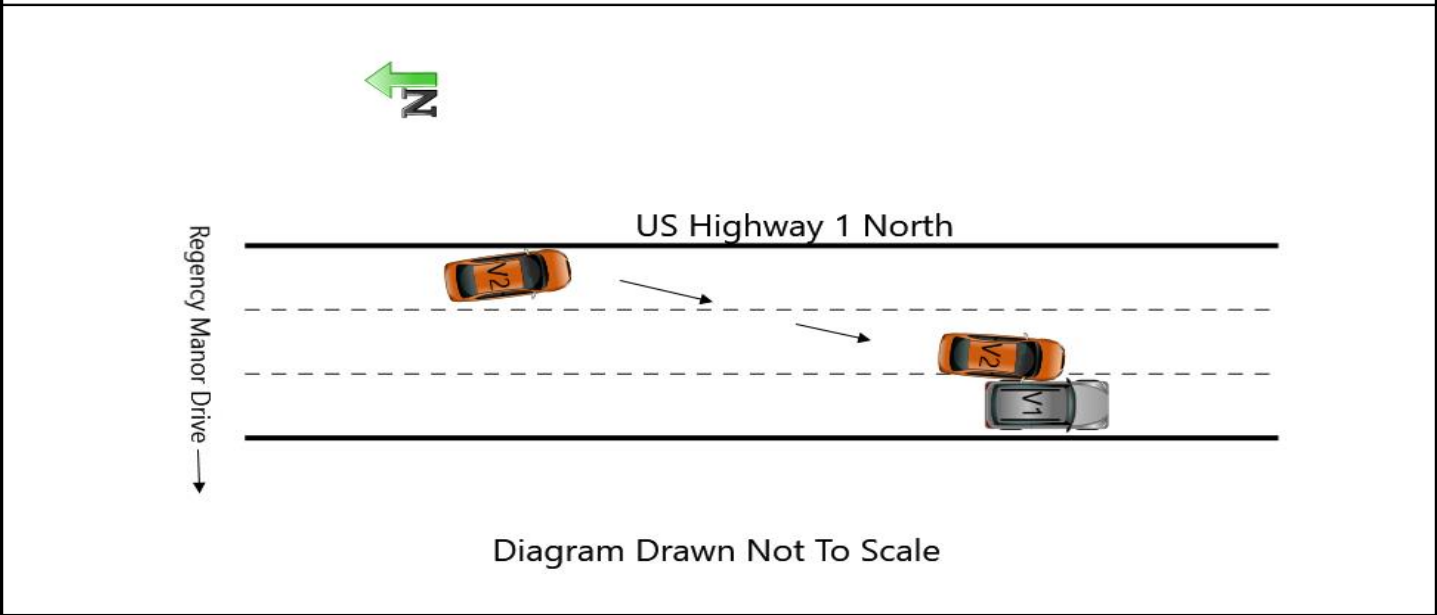


Diagram Drawn Not To Scale

145 Crash Description/Narrative

On 10/20/23 at approximately 0731 Hrs., the undersigned responded in unit 910 to the area of US Highway 1 North and Regency Manor Drive for an accident. The accident occurred on US Highway 1 North approximately 200 feet from Regency Manor Drive.

The driver of vehicle # 1 stated, she was traveling straight in the right lane on US Highway 1 North. The driver of vehicle # 1 explained while traveling straight, vehicle # 2 entered her lane and struck her vehicle.

The driver of vehicle # 2 stated, she was traveling straight in the left lane. The driver of vehicle # 2 explained while traveling straight, she lost control of the steering wheel and struck the center median. The driver of vehicle # 2 continued to explain, after she hit the center median she struck vehicle # 1.

The driver of vehicle # 1 complained of pain to the left side of her head. The driver of vehicle # 2 complained of pain to the right shoulder and arm. EMS arrived on the scene and transported both drivers to Robert Wood Johnson Hospital for medical treatment. Vehicle # 1 was towed by guaranteed Motors. Vehicle # 2 was towed by Puleio's Towing.

146 Officer's Signature  
DALE GRAY

147 Badge #  
7227

148 Reviewer  
EVANS

Badge #  
5275

149 Case Status  
 Pending  Complete

1 Case Number: 23NB09224  
 2 Police Dept of: NEW BRUNSWICK PD Code: 01  
 3 Station/Precinct: -  
 4 Date of Crash: 10/21/23 5 Day Of Week: SATURDAY  
 6 Time (use 2400 hrs): 1354 7 Municipality Code: 1214  
 8 Total Killed: -- 9 Total Injured: --  
 10 Crash Occurred On: CURTIS PL 11 Speed Limit: 15  
 At Intersection With Road Name: MITCHELL AVE. Dir: -  
 Feet  N  E  S  W  
 Miles 14 15 16 17 Cross Road Name: - 18 Speed Limit: 15  
 19 Ramp  To  From: - 20 Route/Name: -  
 21 Latitude: - 22 Longitude: -

23 Veh # 1 24 Policy No. 114 1175-E19-30F 25 NJ Ins. Code 962  
 53 Veh # 2 54 Policy No. 097 4360-F18-30K 55 NJ Ins. Code 962  
 Parked  Ped  Pedalcyclist  Resp To Emergency  Hit & Run

26 Driver's First Name: DIGNA E FUNESGALVES 29 Sex: F  
 56 Driver's First Name: JEIMY M AYALA-BENITEZ 59 Sex: F  
 27 Number & Street: 127 VICTOR ST. 57 Number & Street: 145 HILLCREST AVE.

28 City: SOMERSET NJ 08873 58 City: EDISON NJ 08817  
 30 Eyes: 02 DL Class: D Restrictions: 02 Endorsements: 00 31 State: NJ  
 60 Eyes: 02 DL Class: D Restrictions: 00 Endorsements: 00 61 State: NJ

32 Driver's License Number: F92721696557802 33 DOB: 07/25/1980 34 Expires: 07/26  
 62 Driver's License Number: A96233947460922 63 DOB: 10/19/1992 64 Expires: 10/25

35 Owner's First Name: RODRIGO E HERNANDEZ 65 Owner's First Name: JEIMY M AYALA-BENITEZ  
 Same As Driver  Same As Driver

36 Number & Street: 127 VICTOR ST. 66 Number & Street: 145 HILLCREST AVE.  
 37 City: SOMERSET NJ 08873 67 City: EDISON NJ 08817

38 Make: INFINITI 39 Model: QX80 40 Color: TN 41 Year: 2021 42 Plate No.: B94NUJ 43 State: NJ  
 68 Make: MAZDA 69 Model: MAZDA3 70 Color: GY 71 Year: 2019 72 Plate No.: H51PKF 73 State: NJ

44 VIN: JN8AZ2AE3M9273259 45 Expires: 07/25 74 VIN: JM1BPAJMXK1119912 75 Expires: 10/24

46 Vehicle Removed To: - 76 Vehicle Removed To: -  
 Driven  Towed Disabled  Towed Disabled & Impounded  
 Left At Scene  Towed Impounded  Left At Scene  Towed Impounded

47 Authority:  Driver  Police 77 Authority:  Owner  Driver  Police

48 Alcohol/Drug Test: Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0. - %  Pending  
 49 Hazardous Material:  None  On Board  Spill  
 78 Alcohol/Drug Test: Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0. - %  Pending  
 79 Hazardous Material:  None  On Board  Spill

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

52 Motor Carrier or Government Entity: - 82 Motor Carrier or Government Entity: -  
 Number & Street: - City: - State: - Zip: -

135 Damage To Other Property:  Yes (If Yes, describe)  No

Oper. 136 Charge: - 137 Summons. No.: - Oper. 138 Charge: - 139 Summons. No.: -  
 Oper. 140 Charge: - 141 Summons. No.: - Oper. 142 Charge: - 143 Summons. No.: -

										Names & Addresses of Occupants - If Deceased, Date & Time of Death						
83	84	85	86	87	88	89	90	91	92	93	94	95				
A	1	01	01	05	43	F	-	-	01	11	04	-	DIGNA	E	FUNESGALVES	-
													127 VICTOR ST.	SOMERSET	NJ 08873	-
B	1	03	01	05	10	F	-	-	01	11	04	-	TRIANA	-	HERNANDEZ	-
													127 VICTOR ST.	SOMERSET	NJ 08873	-
C	1	04	01	05	8	F	-	-	01	11	03	-	ZOE	-	HERNANDEZ	-
													127 VICTOR ST.	SOMERSET	NJ 08873	-
D	2	01	01	05	31	F	-	-	01	11	04	-	JEIMY	M	AYALA-BENITEZ	-
													145 HILLCREST AVE.	EDISON	NJ 08817	-

New Jersey Police  
Crash Investigation Report

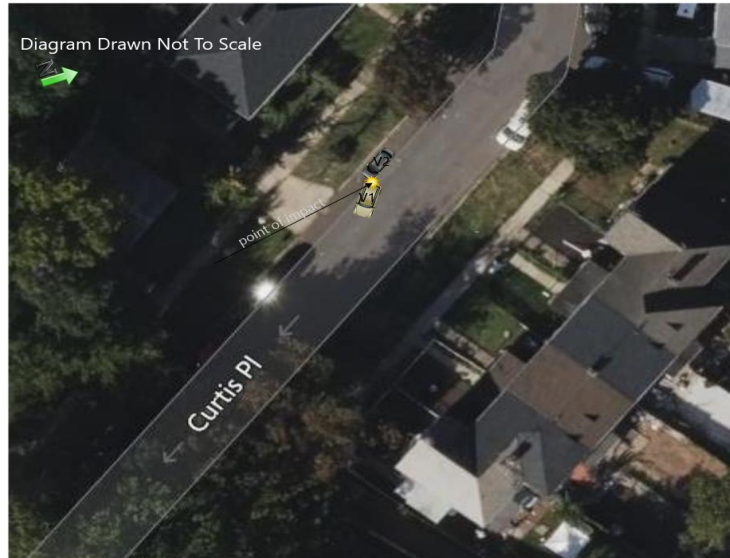
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09224

(Refer to vehicle by number)

A L L E  I F  I N V O L U N T A R Y	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	
	2	06	01	05	3	F	-	-	01	05	05	-	-	LIA 145 HILLCREST AVE. EDISON NJ 08817 - -
	2	04	01	05	2	M	-	-	01	06	06	-	-	IAN 145 HILLCREST AVE. EDISON NJ 08817 - -

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated that she was backing into a parking space and was unable to see V2 and struck V2 as V2 was parked.

D2 stated that she was inside V2 and turned the vehicle on as V1 was backing up. While D2 and her children were sitting in the vehicle, V1 back into V2 causing minor damage to both vehicles.

No injuries were reported at the scene.

146 Officer's Signature  
CARLOS ADORNO

147 Badge #  
7286

148 Reviewer  
YURKOVIC

Badge #  
5252

149 Case Status  
 Pending  Complete





New Jersey Police  
Crash Investigation Report

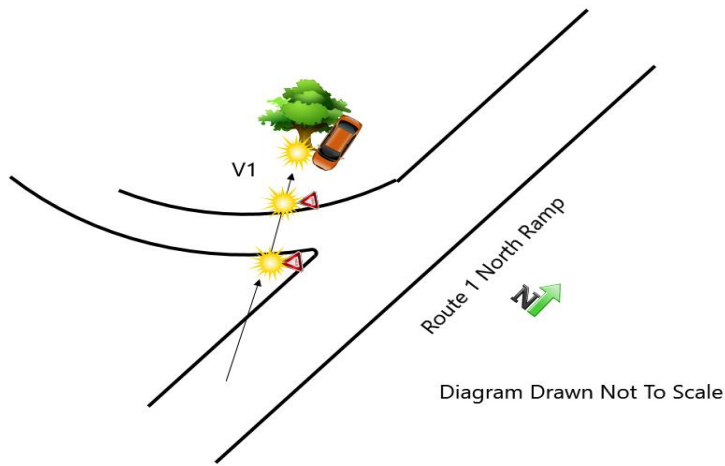
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09233

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

I responded to the area of the Route 1 North Ramp and Route 18 North bound. Upon my arrival, I observed a heavily damaged White vehicle crashed into a tree. It should be noted the vehicle was un-occupied and the airbags were deployed. In addition, both front and rear plates were not on the vehicle. I then checked the vin for the vehicle and it came back to a white Acura bearing NJ Reg. C32MLB. The car also had Honda wheels and a Honda emblem but the vin came back to an Acura.

There were two yield signs knocked down and damaged as a result of the accident. In addition, a tree was struck during the accident.

The vehicle was towed away from the scene by Puelio's Towing.

146 Officer's Signature  
ANDREW PUCCIO

147 Badge #  
7311

148 Reviewer  
CALOGERO

Badge #  
5292

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

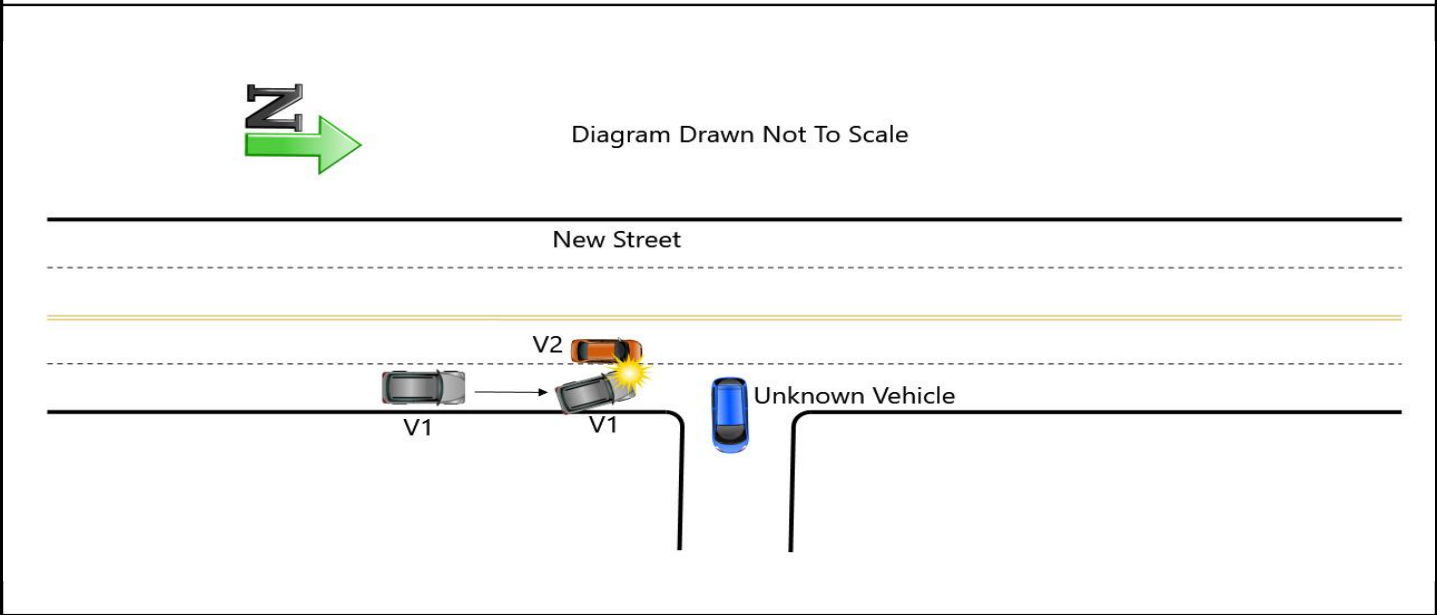
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09036

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated she was driving on New Street behind a van when the van stopped to make a right turn into a driveway. V1 then attempted to go around the vehicle when V1 struck V2. V1 suffered minor cosmetic damage to the front left bumper and headlight. V1 was operable and driven from the scene. D1 was uninjured and declined medical attention on scene.

D2 stated he was driving on New Street when V1 struck V2 while V1 was moving over to the left. V2 suffered moderate cosmetic damage to the length of the passenger side. V2 was operable and driven from the scene. D2 was uninjured and declined medical attention.

146 Officer's Signature  
MICHAEL KERWIN

147 Badge #  
7319

148 Reviewer  
REGAN

Badge #  
7313

149 Case Status  
 Pending  Complete

04	1 Case Number <b>23NB09063</b>										118a															
97	10 Crash Occurred On: <b>590 JERSEY AVENUE</b> S 11 Speed Limit <b>25</b>										2.5															
98	2 Police Dept of <b>NEW BRUNSWICK PD</b>					Code <b>01</b>					118b															
06	3 Station/Precinct -										-															
99	<input type="checkbox"/> At Intersection With Road Name Dir 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 19 Ramp <input type="checkbox"/> To 17 Cross Road Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> From: - <input type="checkbox"/> SB <input type="checkbox"/> WB										119a															
05	4 Date of Crash mm dd yy <b>10/17/23</b>		5 Day Of Week <b>TUESDAY</b>		6 Time (use 2400 hrs) <b>1851</b>		7 Municipality Code <b>1214</b>		8 Total Killed --		9 Total Injured --		119b													
100a	21 Latitude - 22 Longitude -										-															
01	23 Veh # <b>1</b> 24 Policy No. <b>F2220945</b> 25 NJ Ins. Code <b>426</b> 53 Veh # - 54 Policy No. - 55 NJ Ins. Code <b>01</b>										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 <b>KLINDA - CAPERS</b>					29 Sex <b>F</b>		56 Driver's First Name Initial Last Name - - -					59 Sex -		121a											
01	27 Number & Street <b>442 WILSON STREET</b>										57 Number & Street -		121b													
103	28 City State Zip <b>NORTH BRUNSWICK NJ 08902</b>										58 City State Zip - -		-													
104	30 Eyes DL Class Restrictions Endorsements <b>02 D - - NJ</b>					31 State <b>NJ</b>		60 Eyes DL Class Restrictions Endorsements - - - - -					61 State -		122											
105	32 Driver's License Number <b>C05144360058672</b>					33 DOB mm dd yyyy <b>08/04/1967</b>		34 Expires mm yy <b>08 24</b>		62 Driver's License Number - - - - -					63 DOB mm dd yyyy - - -		64 Expires mm yy - -		123							
12	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver <b>KLINDA - CAPERS</b>										65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver - -		124		04											
106	36 Number & Street <b>442 WILSON STREET</b>										66 Number & Street -		125		-											
108	37 City State Zip <b>NORTH BRUNSWICK NJ 08902</b>										67 City State Zip - -		126a		2.5											
109	38 Make <b>BUICK</b>		39 Model <b>LACROSSE</b>		40 Color <b>GY</b>		41 Year <b>12</b>		42 Plate No. <b>B29FWY</b>		43 State <b>NJ</b>		68 Make -		69 Model -		70 Color -		71 Year -		72 Plate No. -		73 State -		126b	
110	44 VIN <b>1G4GD5E32CF375808</b>					45 Expires <b>09 24</b>		74 VIN -					75 Expires -		126c											
111	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 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		2.5											
113	47 Authority <input checked="" 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					127a		-													
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					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					127b		-								
115	50 Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX										51 GVWR/GCWR <input checked="" 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
117	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -					128		2.5								
-	Number & Street -										Number & Street -					129		0.9								
-	City State Zip - - -					City State Zip - - -					130		0.9													
-	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No										131		-		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. -					0.2					
-	-										134		-		-											

											Names & Addresses of Occupants - If Deceased, Date & Time of Death													
83	84	85	86	87	88	89	90	91	92	93	94	95												
A	V1	01	-	-	56	F	-	-	-	11	04	-	-	KLINDA - CAPERS 442 WILSON STREET NORTH BRUNSWINJ 08902 - -										
B	VI	03	-	-	2	M	-	-	-	05	05	-	-	ACEYON - ASH 442 WILSON STREET NORTH BRUNSWINJ 08902 - -										
C																								
D																								

New Jersey Police  
Crash Investigation Report

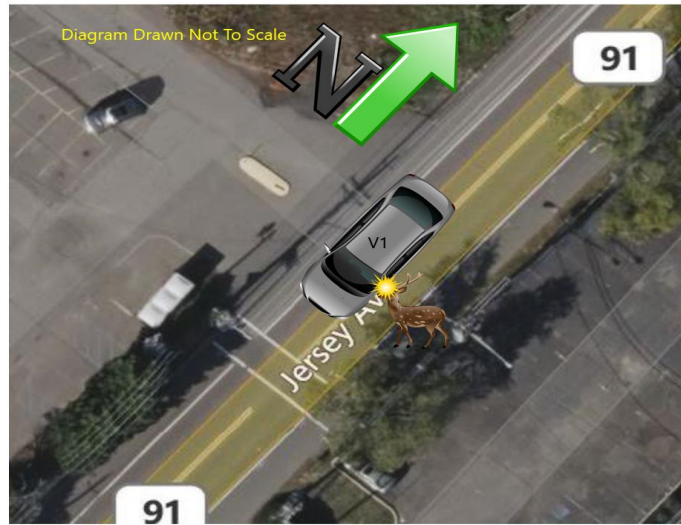
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09063

(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 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

D1 stated she was traveling south on Jersey Avenue when a deer came up from the left side and struck her vehicle driver side door. The damages were minor to the driver side rear view mirror and driver side door.

I asked if D1 and her passenger needed medical attention and declined. Vehicle was driving away with no issues.

Body Worn Camera equipment was utilized and activated throughout the duration of this incident.

P.O. E. Garcia # 7381

146 Officer's Signature  
ERICK R. GARCIA

147 Badge #  
7381

148 Reviewer  
REGAN

Badge #  
7313

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

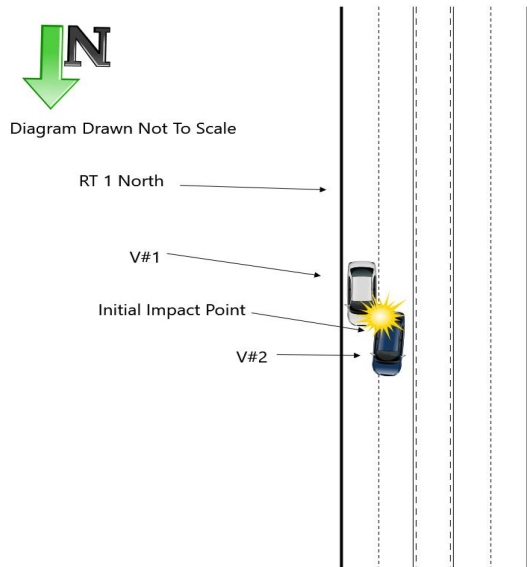
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09153

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V# 1 stated he was driving on RT1 North when his vehicle was struck by driver of V# 2 who was attempting to change lanes. The accident caused minor damage to the drivers side fender. Driver of V# 1 did not need any medical attention at this time.

Driver of V# 2 stated he was attempting to switch lanes when driver of V# 1 struck the back rear passenger side fender causing minor damage. Driver and passenger of V# 2 did not need any medical attention at this time.

146 Officer's Signature  
CHRISTOPHER SISCO

147 Badge #  
7371

148 Reviewer  
SALTER

Badge #  
5300

149 Case Status  
 Pending  Complete





New Jersey Police  
Crash Investigation Report

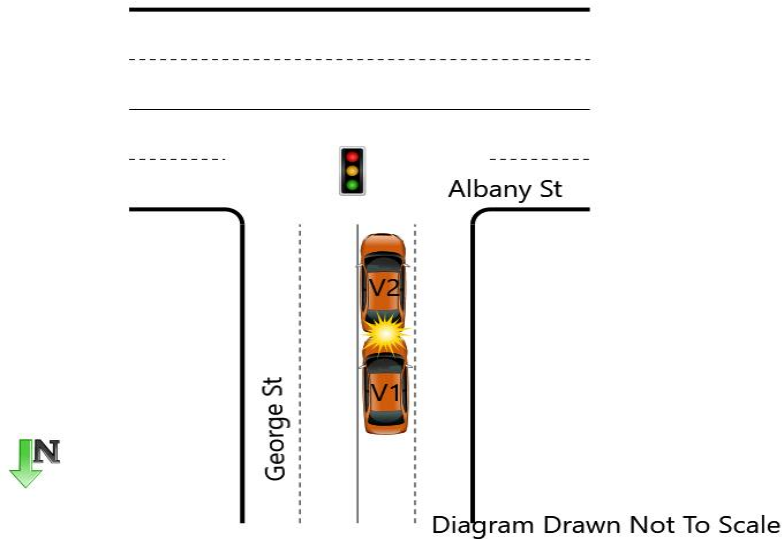
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09162

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated was traveling on George St. Driver 1 stated he looked away then struck vehicle 2 in the rear.

Driver 2 stated that he was George St on the left lane to make a left turn. Driver 2 stated there was traffic ahead and the traffic light was red then was struck on the rear by vehicle 1.

Vehicle 1 did not have any damages on the front bumper.

Vehicle 2 had damages on the rear bumper.

All parties involved were uninjured and refused medical attention.

146 Officer's Signature  
PABLO ESTEVEZ

147 Badge #  
7378

148 Reviewer  
CALOGERO

Badge #  
5292

149 Case Status  
 Pending  Complete

96	PAGE 1 OF 2 <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report										New Jersey Police Crash Investigation Report																			
05	1 Case Number 23NB09171										10 Crash Occurred On: FREEMAN ST										11 Speed Limit 25									
01	2 Police Dept of NEW BRUNSWICK PD										Code 01										12 Route No. -									
01	3 Station/Precinct -										13 Milepost 25										18 Speed Limit 25									
07	4 Date of Crash mm dd yy 10/20/23										5 Day Of Week FRIDAY										6 Time (use 2400 hrs) 1028									
100a	7 Municipality Code 1214										8 Total Killed --										9 Total Injured --									
01	23 Veh # 1										24 Policy No. 970436252										25 NJ Ins. Code 135									
04	<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run										53 Veh # 2										54 Policy No. 1325907									
02	26 Driver's First Name Initial Last Name -										29 Sex -										56 Driver's First Name Initial Last Name MAGNOLIA O MEJIA-PINZON									
01	27 Number & Street -										57 Number & Street 66 LOUIS ST APT 1B										59 Sex F									
01	28 City State Zip -										58 City State Zip NEW BRUNSWICK NJ 08901										-									
2	30 Eyes DL Class Restrictions Endorsements 31 State -										60 Eyes DL Class Restrictions Endorsements 61 State 01 - - - NJ										-									
105	32 Driver's License Number -										33 DOB mm dd yyyy -										34 Expires mm yy -									
06	62 Driver's License Number M23265097658961										63 DOB mm dd yyyy 08/10/1996										64 Expires mm yy 11 21									
106	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver JOSE A FIGUEROA-CONTR										65 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver MAGNOLIA O MEJIA-PINZON										-									
02	36 Number & Street 4 SOUTH 9TH AVE										66 Number & Street 66 LOUIS ST APT 1B										-									
02	37 City State Zip HIGHLAND PARK NJ 08904										67 City State Zip NEW BRUNSWICK NJ 08901										-									
01	38 Make 39 Model 40 Color 41 Year 42 Plate No. 43 State TOYOTA HIGHLANDER BK 13 L61SDC NJ										68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State FORD F SERIES BG 09 V14PRB NJ										-									
05	44 VIN 5TDBK3EH1DS197606										45 Expires 06 24										74 VIN 1FTSX315X9EA35953									
110	46 Vehicle Removed To -										76 Vehicle Removed To -										75 Expires 02 24									
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 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										-									
111	47 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										-									
112	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. -									
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									
02	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 -										-									
120a	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No										-										-									
120b	Oper. 136 Charge -										137 Summons. No. -										Oper. 138 Charge -									
01	140 Charge -										141 Summons. No. -										Oper. 142 Charge -									
02	-										-										143 Summons. No. -									
120c	83										84										85									
120d	86										87										88									
120e	89										90										91									
120f	92										93										94									
120g	95										Names & Addresses of Occupants - If Deceased, Date & Time of Death										-									
120h	A										2										01									
120i	B										01										-									
120j	C										-										-									
120k	D										-										-									

New Jersey Police  
Crash Investigation Report

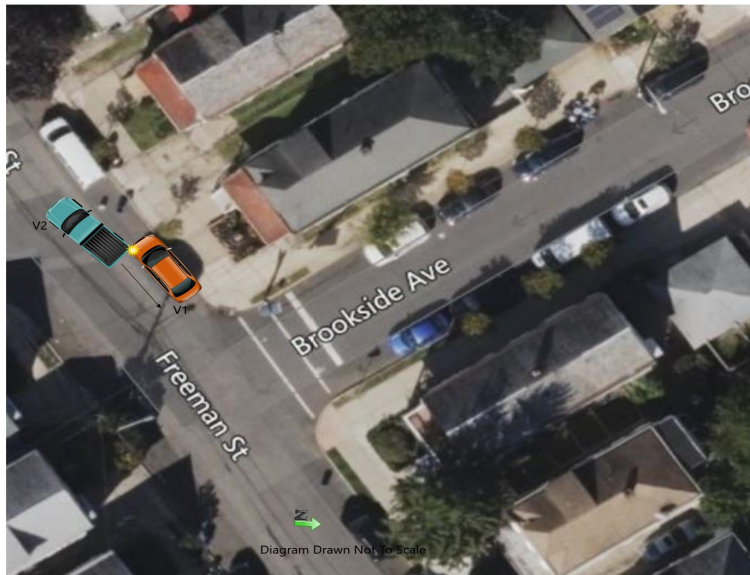
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09171

(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

Vehicle 1 parked on corner of Freeman St and Brookside Ave with owner sitting in drivers seat with vehicle turned off was struck by vehicle 2 which was being driven by Magnolia Mejia-Pinzon who was attempting to back up and park her vehicle on Brookside Ave.

Driver 1 who was sitting in vehicle at time of accident stated he was sitting in car when vehicle 2 was attempting to back up and struck his vehicle.

Driver 2 stated she was attempting to back up to park and struck vehicle 1. There are no injuries reported at this time.

146 Officer's Signature

REINALDO RODRIGUEZ

147 Badge #

7251

148 Reviewer

EVANS

Badge #

5275

149 Case Status

Pending  Complete

05 1 Case Number 23NB09261 118a 2.5  
 97 10 Crash Occurred On: LIVINGSTON AVENUE E 11 Speed Limit 25  
 01 2 Police Dept of Code 01 118b  
 98 NEW BRUNSWICK PD 01  
 01 3 Station/Precinct 100  Feet  N  E of: FULTON STREET 18 Speed Limit 25  
 99 NEW BRUNSWICK 14  Miles  S  W 19 Ramp  To  From: 17 Cross Road Name  NB  EB  
 07 4 Date of Crash mm dd yy 5 Day Of Week MONDAY 6 Time (use 2400 hrs) 0711 7 Municipality Code 1214 8 Total Killed -- 9 Total Injured 1  
 100a 21 Latitude - 22 Longitude -  
 01

100b 23 Veh # 1 24 Policy No. NJSS229483633 25 NJ Ins. Code 217 53 Veh # 2 54 Policy No. 966532944 55 NJ Ins. Code 135  
 04  Parked  Ped  Pedalcyclist  Resp To Emergency  Hit & Run  
 101

02 26 Driver's First Name Initial Last Name 29 Sex 56 Driver's First Name Initial Last Name 59 Sex 121a  
 102 JORDAN - ORTEGA-MARTINEZ - M AUDILIO E MEZAPERDOMO - M 01  
 01 27 Number & Street 274 TOWNSEND ST APT 2 57 Number & Street 349 LIVINGSTON AVE FL 2 121b  
 103

104 28 City State Zip 28 City State Zip 122  
 01 NEW BRUNSWICK NJ 08901 NEW BRUNSWICK NJ 08901 01  
 2 30 Eyes DL Class Restrictions Endorsements 31 State 60 Eyes DL Class Restrictions Endorsements 61 State 122  
 02 02 D - - NJ 02 D - - NJ 01

105 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  
 02 O76314100005732 05/02/1973 05 25 M29930666512682 12/12/1968 12 26 05

106 35 Owner's First Name Initial Last Name 65 Owner's First Name Initial Last Name 124  
 -  Same As Driver CLAUDIA L GALVEZ-ESCOTO -  Same As Driver AUDILIO E MEZAPERDOMO - 11  
 107 36 Number & Street 274 TOWNSEND ST APT 2 66 Number & Street 349 LIVINGSTON AVE FL 2 125  
 -

108 37 City State Zip 67 City State Zip 126a  
 01 NEW BRUNSWICK NJ 08901 NEW BRUNSWICK NJ 08901 26  
 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 126b  
 01 HON ODY GN 2006 F70LCG NJ TOY HIG WT 2019 R18RWY NJ 26

110 44 VIN 45 Expires 74 VIN 75 Expires 126c  
 01 5FNRL38686B121829 03 24 5TDZARFH5KS055002 02 24 -  
 111 46 Vehicle Removed To 76 Vehicle Removed To 126d  
 01 GUARANTEED TOWING RICH'S TOWING -  
 112  Driven  Towed Disabled  Towed Disabled & Impounded  Driven  Towed Disabled  Towed Disabled & Impounded  
 -  Left At Scene  Towed Impounded  Left At Scene  Towed Impounded 126e

113 47 Authority 77 Authority 127a  
 -  Owner  Driver  Police  Owner  Driver  Police 26  
 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  
 115 Type:  Breath  Blood  Urine Type:  Breath  Blood  Urine  
 - Results: 0. - %  Pending Hazard Class Placard No. Results: 0. - %  Pending Hazard Class Placard No. 127c

116 50 Carrier No. 51 GVWR/GCWR 80 Carrier No. 81 GVWR/GCWR 127d  
 02  USDOT  None  Weight <= 10,000 lbs  USDOT  None  Weight <= 10,000 lbs  
 02  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  
 - - 26  
 Number & Street Number & Street 129  
 - - 02  
 City State Zip City State Zip 130  
 - - - - - 02

135 Damage To Other Property  Yes (If Yes, describe)  No 131  
 - 11  
 132

Oper. 136 Charge 137 Summons. No. Oper. 138 Charge 139 Summons. No. 133  
 - - - - - 11  
 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 04  
 A V1 01 01 - 50 M - - - 11 04 - - JORDAN - ORTEGA-MARTINEZ -  
 274 TOWNSEND ST APT 2 NEW BRUNSWICK NJ 08901 - -  
 B V1 03 01 03 48 F 07 08 02 11 04 - 6202 CLAUDIA L GALVEZ-ESCOTO -  
 274 TOWNSEND ST APT 2 NEW BRUNSWICK NJ 08901 - -  
 C V2 01 01 - 54 M - - - 11 04 - - AUDILIO E MEZAPERDOMO -  
 349 LIVINGSTON AVE FL NEW BRUNSWICK NJ 08901 - -  
 D

New Jersey Police  
Crash Investigation Report

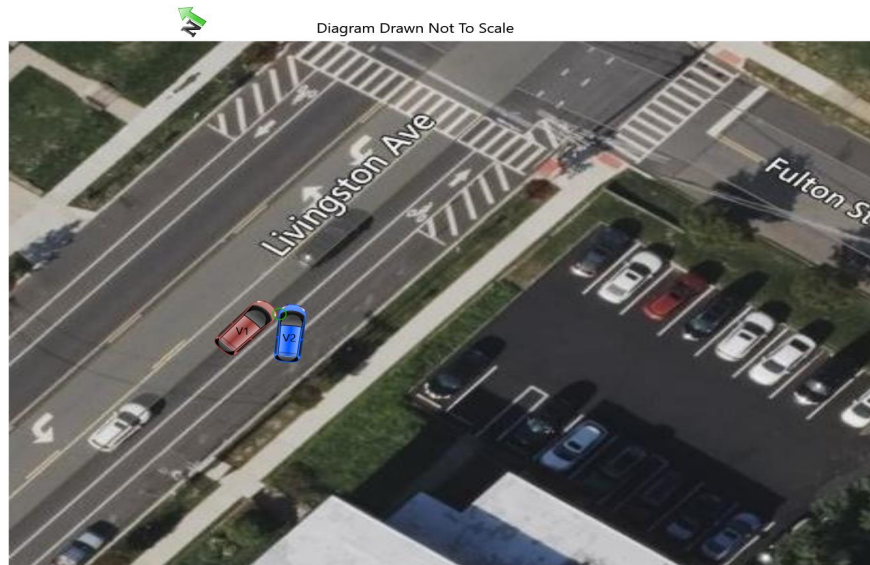
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09261

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated he was traveling east on Livingston Avenue. D1 stated prior to the intersection of Livingston Avenue and Fulton Street V2 collided with his vehicle. D1 stated V2 was parked on the side of the road and attempted to enter his lane of travel. V1 sustained significant front end damage and was towed off scene by Guaranteed Towing. P3 complained of right shoulder pain and was transported to Robert Wood Johnson University Hospital for further evaluation.

D2 stated he was parked on Livingston Avenue. D2 stated while attempting to merge into traffic he collided with V1. V2 sustained significant front end damage and was towed off scene by Rich's Towing.

-Haman # 7351

146 Officer's Signature  
JON HAMANN

147 Badge #  
7351

148 Reviewer  
MARTINEZ

Badge #  
5250

149 Case Status  
 Pending  Complete

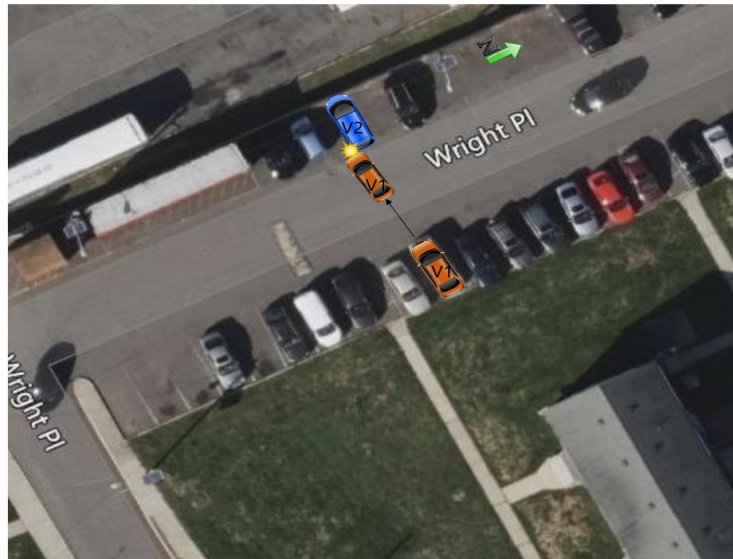
96	PAGE 1 OF 2 <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report										New Jersey Police Crash Investigation Report																			
97	1 Case Number 23NB09270										10 Crash Occurred On: 157 WRIGHT PLACE										11 Speed Limit 25									
01	2 Police Dept of NEW BRUNSWICK PD										Code 01										12 Route No. - - -									
98	3 Station/Precinct -										13 Milepost -										18 Speed Limit -									
01	4 Date of Crash mm dd yy 10/ 16/ 23										5 Day Of Week MONDAY										6 Time (use 2400 hrs) 0713									
99	7 Municipality Code 1214										8 Total Killed --										9 Total Injured --									
09	23 Veh # 1										24 Policy No. 8765721										25 NJ Ins. Code 096									
100a	<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 # 2										54 Policy No. 365775968									
01	26 Driver's First Name -										29 Sex -										56 Driver's First Name -									
02	27 Number & Street -										57 Number & Street -										59 Sex -									
01	28 City -										State -										Zip -									
104	30 Eyes -										DL Class -										Restrictions -									
2	31 State -										60 Eyes -										DL Class -									
105	32 Driver's License Number -										33 DOB mm dd yyyy -										34 Expires mm yy -									
06	62 Driver's License Number -										63 DOB mm dd yyyy -										64 Expires mm yy -									
106	35 Owner's First Name ONILL										Initial B										Last Name SANDOVAL-CONTR									
-	36 Number & Street 157 WRIGHT PL										66 Number & Street 188 WARD ST										65 Owner's First Name VICTOR									
107	37 City NEW BRUNSWICK										State NJ										Zip 08901									
01	38 Make KIA										39 Model SLE										40 Color RD									
109	41 Year 2006										42 Plate No. J94RSH										43 State NJ									
01	44 VIN KNAFE161865368355										45 Expires 12 23										74 VIN 2HGFC1F70KH651267									
110	46 Vehicle Removed To -										76 Vehicle Removed To -										75 Expires 02 24									
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										<input checked="" type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded									
112	47 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police										48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused									
114	49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill										79 Hazardous Material 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									
115	Results: 0. - % <input type="checkbox"/> Pending										Hazard Class -										Placard No. -									
116	50 Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None										51 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs										80 Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None									
117	<input type="checkbox"/> MC/MX <input type="checkbox"/> None										<input type="checkbox"/> Weight 10,001-26,000 lbs										<input type="checkbox"/> Weight >= 26,001 lbs									
-	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -										81 GVWR/GCWR <input type="checkbox"/> Weight <= 10,000 lbs									
-	Number & Street -										Number & Street -										<input type="checkbox"/> Weight 10,001-26,000 lbs									
-	City -										State -										Zip -									
-	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No										City -										State -									
-	136 Charge -										137 Summons. No. -										138 Charge -									
-	140 Charge -										141 Summons. No. -										142 Charge -									
-	143 Summons. No. -										143 Summons. No. -										143 Summons. No. -									
-	83										84										85									
A	86										87										88									
B	89										90										91									
C	92										93										94									
D	95										96										97									
Names & Addresses of Occupants - If Deceased, Date & Time of Death																														

<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09270</u>
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(Refer to vehicle by number)

	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	
A L L I F I N G O L H 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

On October 16, 2023, P.O. Reed and I were assigned to parked patrol unit # 935 and dressed in the uniform of the day. At approximately 7:13 AM we were dispatched to 157 Wright Place for a motor vehicle crash.

V1 was parked and unattended. V1 is a manual transmission vehicle and was parked directly behind V2. The owner of V1 started the vehicle via automatic start. V1 was set in motion due to being in first gear prior to car being started. V1 sustained minor damage and was driven off scene.

V2 was parked and unattended and was struck on the driver side rear bumper causing minor damage.

Body worn camera footage of this incident is available. Nothing further to report

P.O Lanni # 7380

146 Officer's Signature <b>ANTHONY M LANNI</b>	147 Badge # <b>7380</b>	148 Reviewer <b>MARTINEZ</b>	Badge # <b>5250</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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05	1 Case Number <b>23NB09028</b>										118a														
97	10 Crash Occurred On: <b>73 HOME NEWS ROW</b> S 11 Speed Limit <b>25</b>										25														
98	2 Police Dept of <b>NEW BRUNSWICK PD</b>					Code <b>01</b>					118b														
01	3 Station/Precinct -										-														
99	<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 19 Ramp <input type="checkbox"/> To 17 Cross Road Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> From: - <input type="checkbox"/> SB <input type="checkbox"/> WB										119a														
07	4 Date of Crash mm dd yy <b>10/16/23</b>		5 Day Of Week <b>MONDAY</b>		6 Time (use 2400 hrs) <b>1558</b>		7 Municipality Code <b>1214</b>		8 Total Killed --		9 Total Injured --		119b												
100a	21 Latitude - 22 Longitude -										-														
01	23 Veh # <b>1</b> 24 Policy No. <b>HPA00002765217</b> 25 NJ Ins. Code <b>017</b>										01														
04	53 Veh # <b>2</b> 54 Policy No. <b>6084-29-61-74</b> 55 NJ Ins. Code <b>148</b>										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										-														
02	26 Driver's First Name Initial Last Name <b>DENNIS J MCPARTLAN</b>					29 Sex <b>M</b>		56 Driver's First Name Initial Last Name <b>BRIANA L WALSH</b>					59 Sex <b>F</b>		121a										
102	27 Number & Street <b>10 BAIER AVE</b>										-		121b												
103	28 City State Zip <b>MILLTOWN NJ 08850</b>										-		-												
104	58 City State Zip <b>CINNAMINSON NJ 08077</b>										-		-												
2	30 Eyes <b>06</b>		DL Class <b>D</b>		Restrictions -		Endorsements -		31 State <b>NJ</b>		60 Eyes <b>02</b>		DL Class <b>D</b>		Restrictions -		Endorsements -		61 State <b>NJ</b>		122				
105	32 Driver's License Number <b>M17241637110606</b>				33 DOB mm dd yyyy <b>10/03/1960</b>		34 Expires mm yy <b>10 25</b>		62 Driver's License Number <b>W03170967352972</b>				63 DOB mm dd yyyy <b>02/07/1997</b>		64 Expires mm yy <b>02 26</b>		-		123						
106	35 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver <b>DENNIS J MCPARTLAN</b>										-		65 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver <b>BRIANA L WALSH</b>										-		
107	36 Number & Street <b>10 BAIER AVE</b>										-		66 Number & Street <b>3117 CONCORD DR</b>										124		
108	37 City State Zip <b>MILLTOWN NJ 08850</b>										-		67 City State Zip <b>CINNAMINSON NJ 08077</b>										125		
109	38 Make <b>HON</b>		39 Model <b>ACC</b>		40 Color <b>BL</b>		41 Year <b>2023</b>		42 Plate No. <b>F74SMT</b>		43 State <b>NJ</b>		68 Make <b>HYU</b>		69 Model <b>ION</b>		70 Color <b>GY</b>		71 Year <b>2018</b>		72 Plate No. <b>B53PHJ</b>		73 State <b>NJ</b>		126
110	44 VIN <b>1HGCV1F33PA051592</b>				45 Expires mm yy <b>08 27</b>		74 VIN <b>KMHC75LCXJU082191</b>										75 Expires mm yy <b>10 24</b>		-		126c				
111	46 Vehicle Removed To -										-		76 Vehicle Removed To -										-		
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										126d		
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										126e		
114	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending				49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		78 Alcohol/Drug Test Given: <input 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				79 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.		-		127a										
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		-		127b				
116	52 Motor Carrier or Government Entity -										-		82 Motor Carrier or Government Entity -										127c		
117	Number & Street -										-		Number & Street -										127d		
118	City State Zip -										-		City State Zip -										127e		
119	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No										-												128		
120	Oper. 136 Charge -										137 Summons. No. -		Oper. 138 Charge -				139 Summons. No. -		-		129				
121	Oper. 140 Charge -										141 Summons. No. -		Oper. 142 Charge -				143 Summons. No. -		-		130				
122											-												131		
123											-												132		
124											-												133		
125											-												134		

											Names & Addresses of Occupants - If Deceased, Date & Time of Death													
83	84	85	86	87	88	89	90	91	92	93	94	95												
A	1	01	-	-	63	M	-	-	-	11	04	-	-	DENNIS J MCPARTLAN 10 BAIER AVE MILLTOWN NJ 08850 - -										
B	2	01	-	-	26	F	-	-	-	11	04	-	-	BRIANA L WALSH 3117 CONCORD DR CINNAMINSON NJ 08077 - -										
C																								
D																								

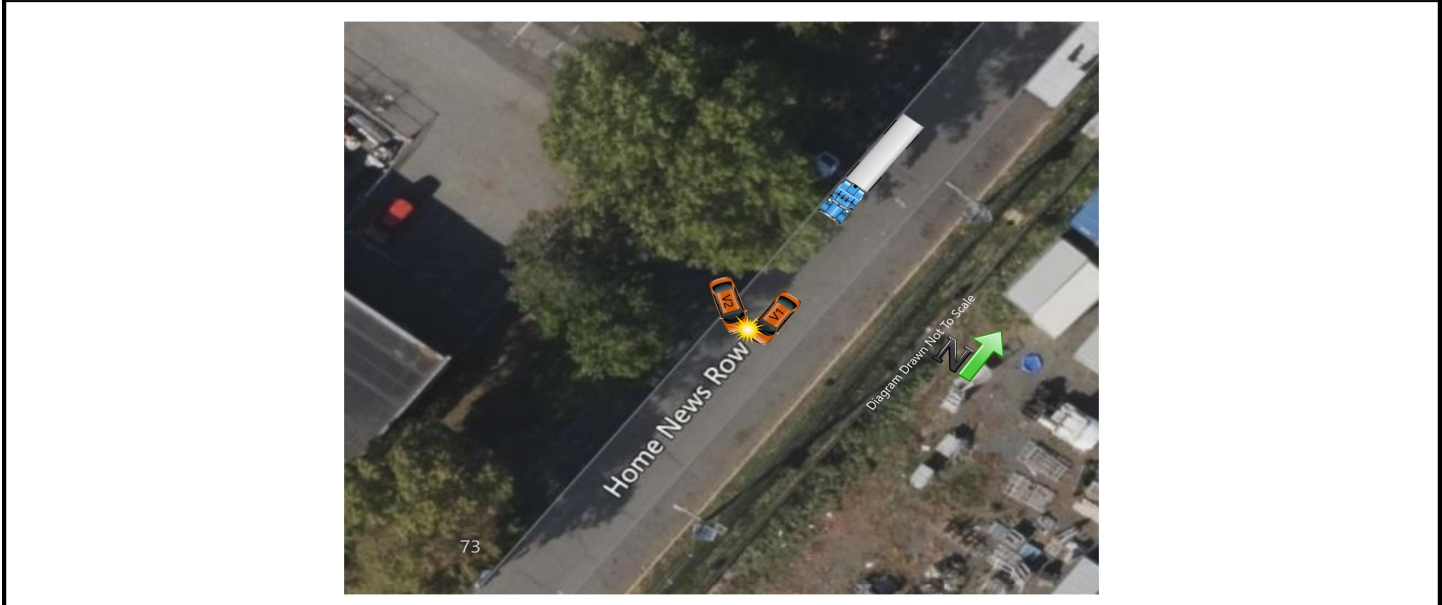


<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09028</u>
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(Refer to vehicle by number)

	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
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)



145 Crash Description/Narrative

INVESTIGATION: V1 is traveling on Home News Row when V2 was entering into the street from a driveway and impact occurred. All parties declined EMS. Vehicles were moved prior to my arrival. Accident occurred during daylight with on/ off rain.

D1 stated: he was driving when V2 struck into him

D2 stated: she was entering into the street did not see anyone after looking and V1 hit her car. She added that there was a 18 wheel truck parked to the left of the driveway and that V1 was speeding.

The truck was parked legally after looking at the signage.

BWC exists.

Nothing further to report at this time.

Ptlm. E. Rodriguez # 7332/ # 914

146 Officer's Signature <b>EDDIE RODRIGUEZ</b>	147 Badge # <b>7332</b>	148 Reviewer <b>MARTINEZ</b>	Badge # <b>5250</b>
			149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09064

(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	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N														
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V														
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D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 driver stated that he was driving on rt 18 south and George Street at which time he observed V2 approaching the George Street Ramp and merged onto his established lane of travel. v1 driver and occupant refused medical attention. v1 had damage to the front passenger wheel cover. v2 stated that she was entering rt 18 south from the George street ramp and followed other vehicle entering the left lane. She then stated that v1 continued on driving on the right lane collided with her vehicle. v2 had damages to the rear driver's door and bumper and later refused medical attention.

146 Officer's Signature

THOMAS RAOUL JR.

147 Badge #

7344

148 Reviewer

DAUGHTON

Badge #

5288

149 Case Status

Pending  Complete



New Jersey Police  
Crash Investigation Report

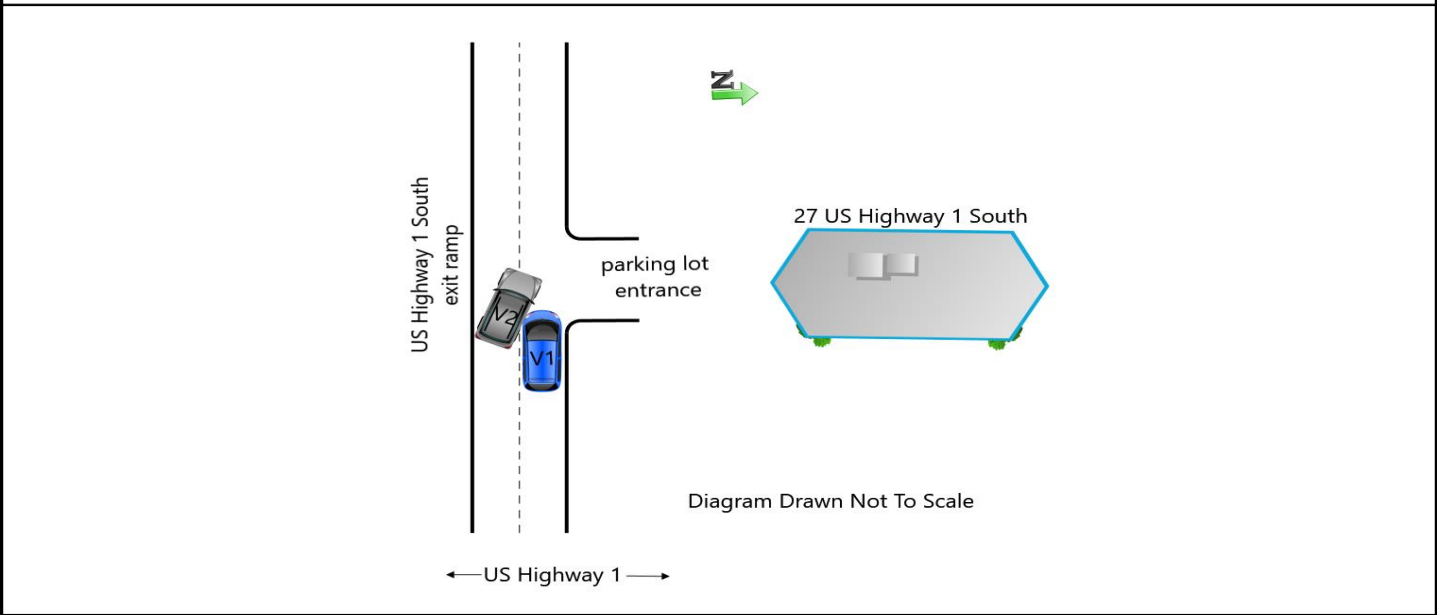
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09082

(Refer to vehicle by number)

A L L I F 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

On 10/18/23 at approximately 0923 Hrs., the undersigned responded in unit 910 to 27 US Highway 1 South for an accident. The accident occurred on the US Highway South Ramp approximately 400 feet from State Route 18.

The driver of vehicle # 1 stated, he was traveling straight in the right lane. The driver of vehicle # 1 continued to state, while traveling straight, vehicle # 2 came from the left lane and attempted to enter the parking lot of 27 US Highway 1 South. At which point, vehicle # 2 struck vehicle # 1.

The driver of vehicle # 2 stated, she accidentally took the wrong exit. The driver of vehicle # 2 continued to state, she did not know there was a right lane when she attempted to enter the parking lot.

The driver of both vehicles stated no injuries. The passenger of vehicle # 2 complained of back pain. the passenger of vehicle # 2 refused medical attention.

146 Officer's Signature  
DALE GRAY

147 Badge #  
7227

148 Reviewer  
EVANS

Badge #  
5275

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

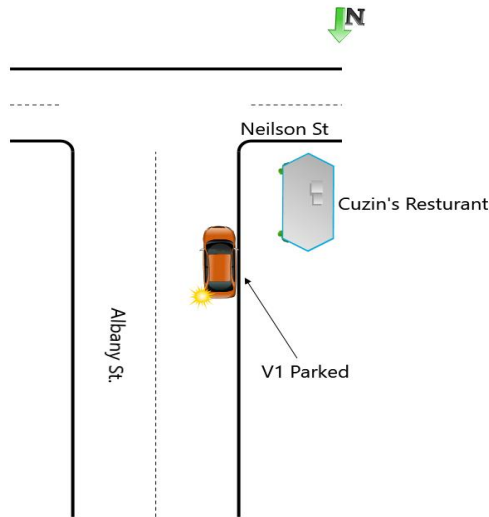
Station: - Case No: 23NB09109

(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														
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144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

\*Insurance V1- Avis Budget Group Inc. Self Insurance

Officers were informed by the caller, Jiyeon Lim, that she parked V1 outside of Cuzin's Restaurant at approximately 1830 hours. When she left Cuzin's and returned to her vehicle at approximately 2100 hours she observed damage to the rear drivers side bumper. No witnesses were present on scene.

P.O Hagerty 7359

146 Officer's Signature

TIMOTHY HAGERTY

147 Badge #

7359

148 Reviewer

FALLER

Badge #

5355

149 Case Status

Pending  Complete



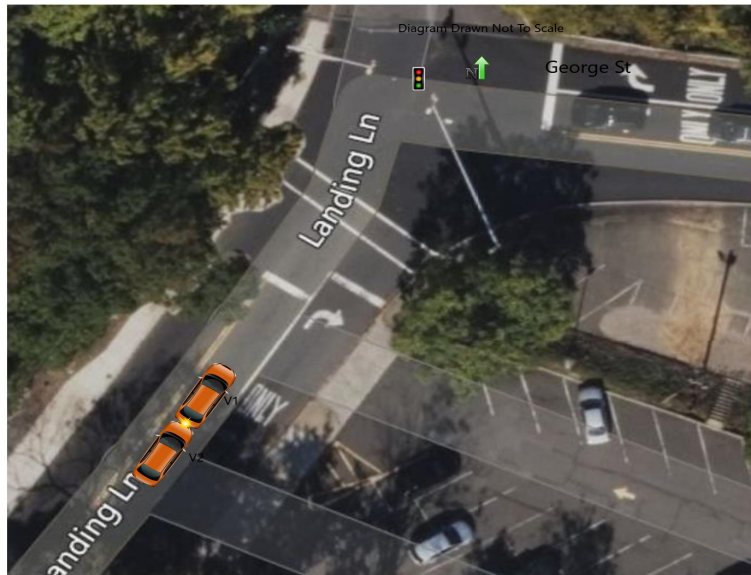


<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09118</u>
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(Refer to vehicle by number)

	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
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)



145 Crash Description/Narrative

Vehicle 1 being driven by Jems Ferdinand traveling north on Landing Lane was stopped at traffic light at George St was struck in rear by vehicle 2 which was being driven by Charlotte Loyal who was also traveling north on Landing Lane stopped at traffic light at George St. behind vehicle 1.

Driver 1 stated he was stopped in traffic at traffic light when vehicle 2 behind him struck his vehicle in rear. Driver 2 stated she was stopped at traffic light and did not notice her vehicle inching forward and it hit vehicle 1 in rear.

There was no injuries reported at this time. Both vehicles were driven from the scene. Vehicle 1 had minor damage to rear of vehicle. Vehicle 2 had minor damage to front of vehicle.

146 Officer's Signature <b>REINALDO RODRIGUEZ</b>	147 Badge # <b>7251</b>	148 Reviewer <b>EVANS</b>	Badge # <b>5275</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police  
Crash Investigation Report

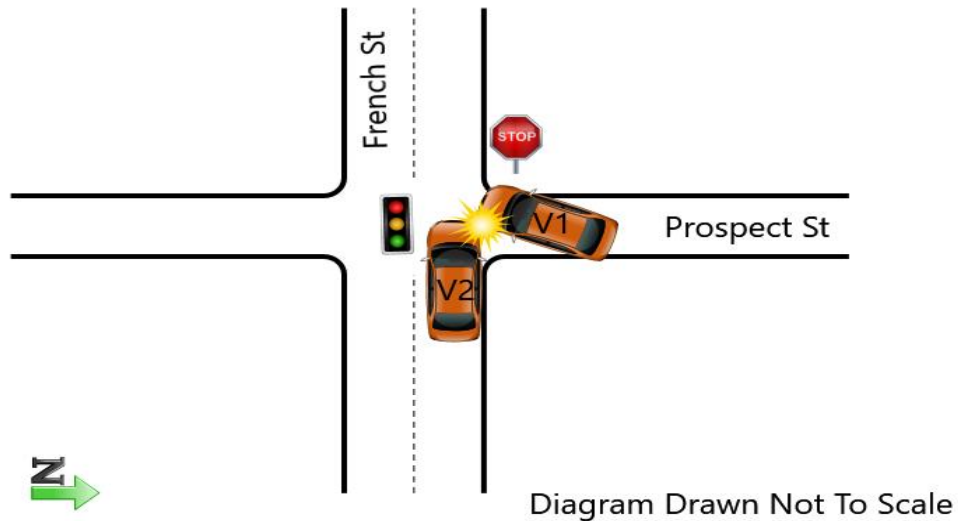
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09145

(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														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 fled the scene.

Driver 2 stated that she was traveling on French St and there was traffic ahead. Driver 2 stated vehicle 1 merged in front of her then left the area. Driver 2 stated vehicle 1 turned into Harvey St then lost sight of it. Driver 2 stated she took a picture of the license plate of vehicle 1 before it fled the area.

Vehicle 2 had damages on the passenger side front bumper.

Driver 2 was uninjured and refused medical attention.

146 Officer's Signature  
PABLO ESTEVEZ

147 Badge #  
7378

148 Reviewer  
CALOGERO

Badge #  
5292

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

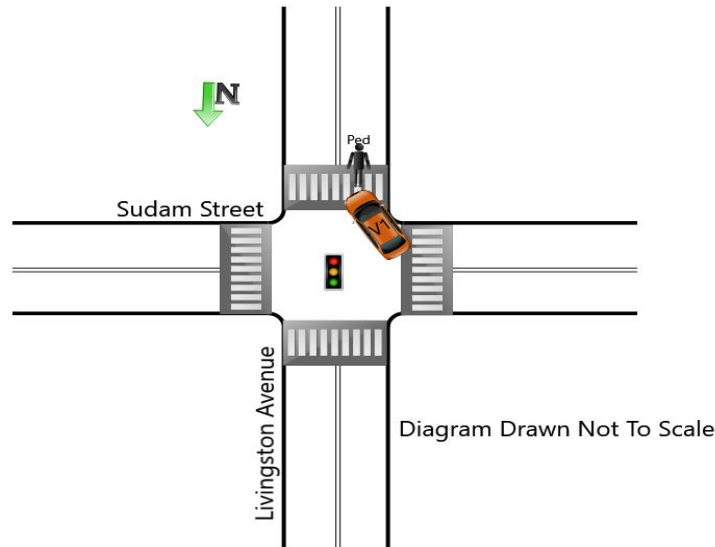
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09163

(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														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On 10/19/23 at approximately 0851 Hrs., the undersigned responded in unit 910 to the area of Livingston Avenue and Suydam Street for an accident. The accident occurred on Livingston Avenue approximately 10 feet from Suydam Street.

The pedestrian stated, the traffic light for Livingston Avenue was red. The pedestrian continued to state, she began crossing Livingston Avenue in the crosswalk when vehicle # 1 hit her.

The driver of vehicle # 1 stated, he was traveling eastbound on Suydam Street. The driver of vehicle # 1 explained, he was making a right turn on Livingston Avenue. The driver of vehicle # 1 continued to explain, he did not see the pedestrian because she was not in the crosswalk and there was sun glare. At which point, he struck her.

The witness stated, she was stopped at the red traffic signal on Livingston Avenue. The witness continued to state, she saw the pedestrian crossing in the crosswalk on Livingston Avenue. The witness explained as the pedestrian crossed Livingston Avenue, Vehicle # 1 began making a right turn from Suydam Street onto Livingston Avenue. At that point, vehicle # 1 struck the pedestrian.

The driver of vehicle # 1 stated no injuries. The pedestrian complained of pain to her chest and right knee. EMS arrived on the scene and transported the pedestrian to Robert Wood Johnson Hospital.

146 Officer's Signature  
DALE GRAY

147 Badge #  
7227

148 Reviewer  
EVANS

Badge #  
5275

149 Case Status  
 Pending  Complete

05	1 Case Number 23NB09181	10 Crash Occurred On: ROUTE 18	11 Speed Limit 55	12 Route No. 0018	13 Milepost	18 Speed Limit 25
01	2 Police Dept of NEW BRUNSWICK PD	Code 01	<input type="checkbox"/> At Intersection With Road Name Dir <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> E of: ALBANY ST <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W 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			
01	3 Station/Precinct	14	15	16	17	18
02	4 Date of Crash mm dd yy 10/ 19/ 23	5 Day Of Week THURSDAY	6 Time (use 2400 hrs) 1142	7 Municipality Code 1214	8 Total Killed --	9 Total Injured 1
100a	21 Latitude		22 Longitude			

100b	23 Veh # 1	24 Policy No. 966746499	25 NJ Ins. Code 14800	53 Veh # 2	54 Policy No. 6087604501	55 NJ Ins. Code 100
01	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run					

02	26 Driver's First Name Initial Last Name LUISA F OROZCO-CASTANO	29 Sex F	56 Driver's First Name Initial Last Name KRYSZYNA - LASZKOWSKI	59 Sex F	
01	27 Number & Street 649 RIVER RD		57 Number & Street 2078 BURLINGTON-COLUMBUS RD		

103	28 City PISCATAWAY	State NJ	Zip 08854	58 City BORDENTOWN	State NJ	Zip 08505				
104	30 Eyes 02	DL Class	Restrictions	Endorsements	31 State NJ	60 Eyes 02	DL Class	Restrictions	Endorsements	61 State NJ

105	32 Driver's License Number O76174946654942	33 DOB mm dd yyyy 04/ 03/ 1994	34 Expires mm yy 04 25	62 Driver's License Number L07834380051032	63 DOB mm dd yyyy 01/ 30/ 2003	64 Expires mm yy 01 24
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106	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver MARVIN - SANCHEZ	65 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver KRYSZYNA - LASZKOWSKI
-----	--	--

107	36 Number & Street 649 RIVER RD	66 Number & Street 2078 BURLINGTON-COLUMBUS RD				
108	37 City PISCATAWAY	State NJ	Zip 08854	67 City BORDENTOWN	State NJ	Zip 08505

109	38 Make MAZDA	39 Model MAZDA3	40 Color GY	41 Year 08	42 Plate No. U39KFC	43 State NJ	68 Make ACURA	69 Model TL	70 Color WT	71 Year 06	72 Plate No. E44PKJ	73 State NJ
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110	44 VIN JM1BK32GX81144322	45 Expires 09 24	74 VIN 19UUA65596A010858	75 Expires 11 23
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111	46 Vehicle Removed To -	76 Vehicle Removed To -
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	

113	47 Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police	77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police
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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 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.
-----	---	--	---	--

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 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	-	-	-	-

	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	03	29	F	06	08	01	04	04	-	-	LUISA	F	OROZCO-CASTANO	-
B	2	01	01	-	20	F	-	-	-	04	04	-	-	649 RIVER RD	PISCATAWAY	NJ 08854	-
C	3	01	01	-	21	M	-	-	-	04	04	-	-	KRYSZYNA	-	LASZKOWSKI	-
D	4	01	01	-	36	M	-	-	-	04	04	-	-	2078 BURLINGTON-COL	BORDENTOWN	NJ 08505	-
														SANDEEP	B	REDDY	-
														21 SCHINDLER CT	SADDLE RIVER	NJ 07458	-
														IVANE	-	DEVDIARIANI	-
														142 FRANKLIN AVE	NUTLEY	NJ 07110	-

96	PAGE <u>2</u> OF <u>3</u> <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report										New Jersey Police Crash Investigation Report									
05	1 Case Number 23NB09181										10 Crash Occurred On: ROUTE 18 N 11 Speed Limit 55 12 Route No. 0018 - - 13 Milepost 18 Speed Limit 25									
01	2 Police Dept of NEW BRUNSWICK PD 01										Code 01 <input type="checkbox"/> At Intersection With Road Name Dir <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> E of: ALBANY ST 17 Cross Road Name <input type="checkbox"/> S <input type="checkbox"/> W 19 Ramp <input type="checkbox"/> To <input type="checkbox"/> From: - 20 Route/Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> Miles <input type="checkbox"/> SB <input type="checkbox"/> WB									
01	3 Station/Precinct -										14 15 16									
02	4 Date of Crash mm dd yy 10/ 19/ 23										5 Day Of Week THURSDAY									
100a	6 Time (use 2400 hrs) 1142										7 Municipality Code 1214									
01	8 Total Killed --										9 Total Injured 1									
100b	21 Latitude -										22 Longitude -									
04	23 Veh # 3										24 Policy No. 93102923XP									
01	25 NJ Ins. Code 141										53 Veh # 4									
02	54 Policy No. 959910912										55 NJ Ins. Code PROGRE									
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									
02	26 Driver's First Name Initial Last Name SANDEEP B REDDY										29 Sex M									
01	56 Driver's First Name Initial Last Name IVANE - DEVDARIANI										59 Sex M									
01	27 Number & Street 21 SCHINDLER CT										57 Number & Street 142 FRANKLIN AVE									
01	28 City State Zip SADDLE RIVER NJ 07458										58 City State Zip NUTLEY NJ 07110									
4	30 Eyes DL Class Restrictions Endorsements 02 - - - NJ										60 Eyes DL Class Restrictions Endorsements 06 - - - NJ									
105	32 Driver's License Number R21276896206022										34 Expires mm yy 06/ 24/ 2002 06 27									
01	62 Driver's License Number D29173770002876										63 DOB mm dd yyyy 02/ 23/ 1987 02 26									
02	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver FINANCIAL SERV - VEH TRUST -										65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver EBBI TRANSP - LLC -									
02	36 Number & Street PO BOX 1910										66 Number & Street 562 UNION HILL RD									
01	37 City State Zip COCKEYSVILLE MD 21030										67 City State Zip ENGLISHTOWN NJ 07726									
05	38 Make 39 Model 40 Color 41 Year 42 Plate No. 43 State BMW 3 SERIES BL 20 T29MTU NJ										68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State FORD F SERIES BK 11 XNRY57 NJ									
110	44 VIN 3MW5R7J04L8B14920										45 Expires 08 24									
01	74 VIN 1FT7W2B68BEA73911										75 Expires 07 24									
02	46 Vehicle Removed To -										76 Vehicle Removed To -									
112	<input checked="" 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									
-	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded										<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded									
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									
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.									
115	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.									
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									
01	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 -									
01	Number & Street -										Number & Street -									
01	City State Zip - - -										City State Zip - - -									
01	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																			
01	136 Charge -										137 Summons. No. -									
01	140 Charge -										141 Summons. No. -									
01	138 Charge -										139 Summons. No. -									
01	142 Charge -										143 Summons. No. -									
01	83 84 85 86 87 88 89 90 91 92 93 94 95										Names & Addresses of Occupants - If Deceased, Date & Time of Death									
A																				
B																				
C																				
D																				

New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09181

(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														
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D														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 being driven by Luisa Orozco-Castano was traveling north on local lane of Route 18 and entered right lane at merge with Route 18 north express, at which point vehicle 1 was struck by vehicle 2 which was being driven by Krystyna Laszkowski who was also traveling north on Route 18 in local lane attempting to enter right lane at merge with Route 18 express behind vehicle 1. Vehicle 3 being driven by Sandeep Reddy was traveling on Express lane of Route 18 North in right lane was struck by vehicle 4 which was being driven by Ivane Devdariani who was also traveling on express lane of Route 18 in right lane behind vehicle 3. Vehicle 3 after being hit by vehicle 4 went forward and struck vehicle 2 who was stopped due to striking vehicle 1 in rear.

Driver 1 stated she entered lane of traffic for Route 18 north from Route 18 local lanes, and due to traffic she had to slow down, at which point vehicle 2 hit her from behind.

Driver 2 stated she was traveling on Route 18 in right lane after merging from Route 18 north local side, and the vehicle in front of her vehicle stopped suddenly causing her to hit vehicle 1 in rear, at which point the vehicle behind her vehicle 3 hit her in rear.

Driver 3 stated he was traveling in express lane of Route 18 and when the Route 18 started to merge with Route 18 local he was in right lane and the vehicle in front of him stopped suddenly causing him to stop before hitting vehicle, at which point the vehicle behind him vehicle 4 hit him and pushed him into vehicle 2 in front of him.

Driver 4 stated he was traveling on Route 18 North in express lane in right lane when vehicle in front of him stopped suddenly due to accident in front of vehicle 3, at which point he struck vehicle 3 in rear.

Vehicle 1 driver complained of back pain and declined medical attention. There was no other injuries reported at this time. All vehicles were driven from the scene.

146 Officer's Signature

REINALDO RODRIGUEZ

147 Badge #

7251

148 Reviewer

EVANS

Badge #

5275

149 Case Status

Pending  Complete



03 1 Case Number: 23NB09208  
 97 10 Crash Occurred On: ROUTE 1 NORTH N 11 Speed Limit: 25  
 01 2 Police Dept of: NEW BRUNSWICK PD Code: 01  
 98 3 Station/Precinct: 100  
 06 4 Date of Crash: 10/21/23 5 Day Of Week: SATURDAY  
 99 6 Time (use 2400 hrs): 0218 7 Municipality Code: 1214  
 02 8 Total Killed: -- 9 Total Injured: 2  
 100a 10 Crash Occurred On: ROUTE 1 NORTH N 11 Speed Limit: 25  
 02 12 Route No.: 100 13 Milepost: 15 18 Speed Limit: 15  
 19 Ramp: 14 15 16 17 Cross Road Name: REGENCY MANOR DRIVE  
 20 Route/Name: 21 Latitude: 22 Longitude:

100b 23 Veh #: 1 24 Policy No.: 965904007 25 NJ Ins. Code: 134 53 Veh #: 2 54 Policy No.: PC23081431 55 NJ Ins. Code: 14371  
 05 26 Driver's First Name: LEROY CASTRO 29 Sex: M 56 Driver's First Name: JOSAN KULVINDER 59 Sex: M  
 101 27 Number & Street: 1500 STATION DR APT 1514 57 Number & Street: 195 STEPHENSON WAY  
 102 28 City: AVENEL NJ 07001 58 City: HUNTINGDON VY PA 19006  
 104 30 Eyes: 02 DL Class: D Restrictions: 1 Endorsements: - 31 State: NJ 60 Eyes: 02 DL Class: A Restrictions: Q Endorsements: - 61 State: PA  
 105 32 Driver's License Number: C07814617306042 33 DOB: 06/26/2004 34 Expires: 06/25 62 Driver's License Number: 26937961 63 DOB: 02/19/1964 64 Expires: 04/24

106 35 Owner's First Name: LEROY CASTRO 65 Owner's First Name: MANNAT TRANSPORT LLC  
 02 36 Number & Street: 1500 STATION DR APT 1514 66 Number & Street: 5207 BAY RD.  
 107 37 City: AVENEL NJ 07001 67 City: BENSALEM PA 19020  
 108 38 Make: SUBARU 39 Model: RX4 40 Color: GY 41 Year: 2015 42 Plate No.: J46RLY 43 State: NJ 68 Make: FREIGHTLINE 69 Model: TR 70 Color: WT 71 Year: 2005 72 Plate No.: AG64020 73 State: PA  
 109 44 VIN: JF1VA1J68F9830487 45 Expires: 08/24 74 VIN: 1FUJA6CK05LV14737 75 Expires: 05/24

110 46 Vehicle Removed To: GUARANTEED TOWING 76 Vehicle Removed To: -  
 111 47 Authority: Police 77 Authority: Owner  
 112 48 Alcohol/Drug Test: Given: No 49 Hazardous Material: None 78 Alcohol/Drug Test: Given: No 79 Hazardous Material: None  
 114 50 Carrier No.: 51 GVWR/GCWR: Weight 10,001-26,000 lbs 80 Carrier No.: 81 GVWR/GCWR: Weight 10,001-26,000 lbs  
 115 52 Motor Carrier or Government Entity: 82 Motor Carrier or Government Entity:  
 116 53 Number & Street: 54 Number & Street:  
 117 55 City: 56 City:  
 118 57 State: 58 State:  
 119 59 Zip: 60 Zip:

120 135 Damage To Other Property: Yes (If Yes, describe) DAMAGE TO TRALER OF V2. NJ REG TSJ8OS  
 121 136 Charge: 137 Summons No.: 138 Charge: 139 Summons No.:  
 122 140 Charge: 141 Summons No.: 142 Charge: 143 Summons No.:

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	03	19	M	08	04	01	11	11	04	-	LEROY CASTRO 1500 STATION DR AVENEL NJ 07001 -
B	1	03	01	05	19	M	10	07	02	11	11	04	6202	ISAIAH CANARIO 5 LOWDEN ST 1 FL ELIZABETH NJ 07208 -
C	1	06	01	02	20	F	-	-	01	11	11	04	-	MADISON RUTTLER 1500 STATION DR. AVENEL NJ 07001 -
D	2	01	01	05	59	M	-	-	01	11	11	-	-	JOSAN KULVINDER 195 STEPHENSON WAY HUNTINGDON VAPA 19006 -

New Jersey Police  
Crash Investigation Report

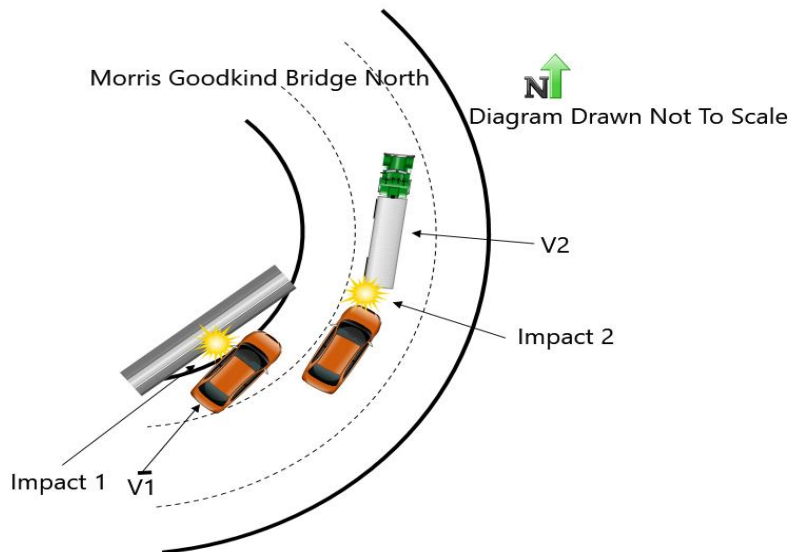
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09208

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated he was driving in the left lane on the Morris Goodkind Bridge. He claimed that V2 drifted in front of him from the middle lane and struck his vehicle.

Driver of V2 stated he was driving in the middle lane on the Morris Goodkind bridge. He was then rear ended by V1 who was traveling at a high rate of speed. He further stated he believes V1 deflected off the concrete barrier next to the left lane into the middle lane. V1 had damage on the driver's side of the vehicle that appeared to be obtained from striking the concrete barrier.

New Brunswick Fire Department was already on scene upon Officers arrival. They were in the process of working on removing the front passenger of V1 who was entrapped. The passenger was removed from the vehicle and transported by EMS to RWJUH for compound fractures to his right leg and right arm.

V1 was towed from the scene by Guaranteed towing. V2 had road side assistance respond to the scene to fix the rear drivers side axle, he then drove his vehicle from the scene.

New Brunswick's Traffic Safety Enforcement unit was advised of the incident. Nothing further to report.

P.O Hagerty 7359

146 Officer's Signature

TIMOTHY HAGERTY

147 Badge #

7359

148 Reviewer

SALTER

Badge #

5300

149 Case Status

Pending  Complete

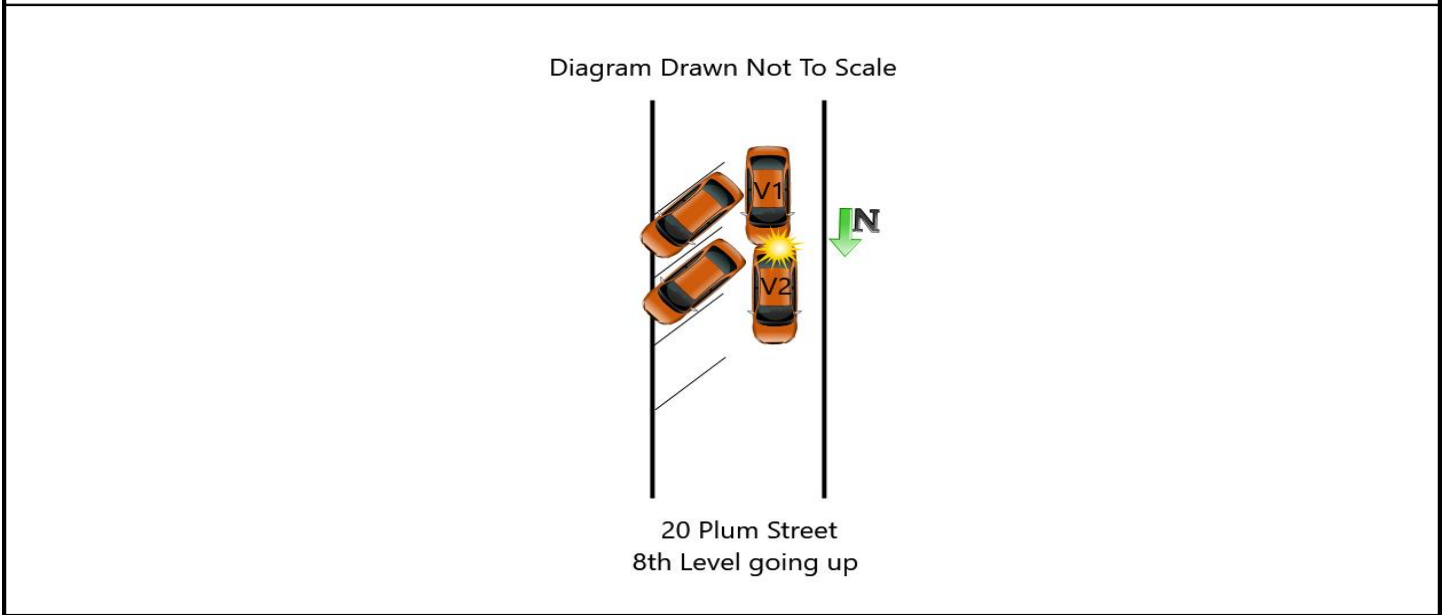


<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09262</u>
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(Refer to vehicle by number)

	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
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
L														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On Monday, October 23rd 2023, at approximately 8:29am, the undersigned was dispatched to 20 Plum Street for a reported motor vehicle accident. The undersigned was in full uniform of the day and utilizing unmarked unit 991.

Upon my arrival D1 stated that V2, while attempting to park backed into the front bumper of her vehicle. D1 had no complaint of pain and refused medical attention. D2, who needed to get her passenger to a important surgery was not on scene but once being contacted returned, stating she had noticed a open parking spot a little late, needing to back up to enter the spot. This is when she collided into V1. V1 sustained minor damage to the front bumper and was operable after the collision. V2 sustained no visible damage and was also operable after the collision.

PO Reed 7335

146 Officer's Signature <b>RICHARD REED</b>	147 Badge # <b>7335</b>	148 Reviewer <b>MARTINEZ</b>	Badge # <b>5250</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09280</u>
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(Refer to vehicle by number)

	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
A L L  I F  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)



145 Crash Description/Narrative

D1 stated she was at the intersection of Hamilton Street and Easton Avenue attempting to make a left turn but noticed pedestrians were crossing. D1 explained there were no other pedestrians crossing in the crosswalk and that is when D1 attempted to make a left turn onto Easton Avenue. That is when D1 struck the pedestrian, Jessica Iacono causing injuries. D1 stated she did not see the Ms Iacono in the cross walk when making the left turn onto Easton Avenue. D1 remained on scene.

Ms Iacono stated she was walking mid-way through the crosswalk and noticed she still had fifteen seconds left on the pedestrian crosswalk indicator when V1 struck her. Ms. Iacono sustained minor injuries to her right arm and complained of pain to her head.

I spoke with a witness on scene, Kiana Howe. Ms Howe stated she was approaching the crosswalk and noticed that there were ten seconds left on the pedestrian crosswalk indicator when she witnessed V1 struck Ms Iacono.

It should be noted paramedics arrived on scene and evaluated Ms Iacono. Friends on scene transported Ms Iacono to RWJ hospital due to high volume of emergency calls and an ambulance not being available. We confirmed that Ms Iacono was safely transported to RWJ hospital.

D1 was issued with the following summons:  
 1214 Q 524953 (39:4-36.A) Yield right of way to pedestrian  
 1214 Q 524954 (39:4-97) Careless Driving  
 Box 39 Model: Palisade  
 Body Worn Camera equipment was utilized and activated throughout the duration of this incident.

P.O. E. Garcia # 7381

146 Officer's Signature <b>ERICK R. GARCIA</b>	147 Badge # <b>7381</b>	148 Reviewer <b>DAUGHTON</b>	Badge # <b>5288</b>
149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete			



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09128

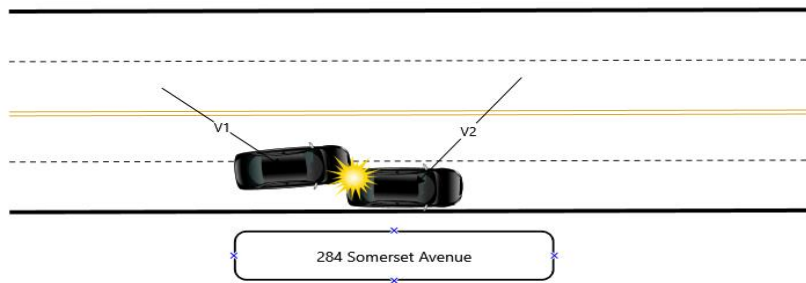
(Refer to vehicle by number)

	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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144 Crash Diagram (NOT TO SCALE)



Diagram Drawn Not To Scale



145 Crash Description/Narrative

The owner of V2 stated that she returned to her vehicle and D1 stated he accidentally struck her vehicle. V2 sustained damage to the rear driver side bumper. The owner of V1 gave all his information to the owner of V2 for the NJTR-1 report. The owner of V2 came to Police Headquarters for the NJTR-1 report. I have nothing further to report.

P.O. Plaza # 7352

146 Officer's Signature  
JOSUE PLAZA

147 Badge #  
7352

148 Reviewer  
EVANS

Badge #  
5275

149 Case Status  
 Pending  Complete



05	1 Case Number 23NB09137										118a														
01	2 Police Dept of NEW BRUNSWICK PD					Code 01					118b														
01	3 Station/Precinct -										119a														
07	4 Date of Crash mm dd yy 10/ 19/ 23			5 Day Of Week THURSDAY			6 Time (use 2400 hrs) 1731		7 Municipality Code 1214		8 Total Killed --		9 Total Injured 1		119b										
01	10 Crash Occurred On: SEAMAN STREET										11 Speed Limit 25		120a												
04	25 NJ Ins. Code 962										53 Veh # B		54 Policy No. -		55 NJ Ins. Code -		01								
02	26 Driver's First Name DANIEL - MARTINEZ RAMOS										29 Sex M		56 Driver's First Name -		59 Sex -		121a								
01	27 Number & Street 255 SEAMAN STREET										57 Number & Street -		121b		01										
01	28 City NEW BRUNSWICK					State Zip NJ 08901					58 City -		State Zip -		122										
1	30 Eyes 02			DL Class D			Restrictions -			Endorsements -			31 State NJ		60 Eyes -		DL Class -		Restrictions -		Endorsements -		61 State -		01
14	32 Driver's License Number M06911530001807					33 DOB mm dd yyyy 01/ 03/ 1980			34 Expires mm yy 01 25		62 Driver's License Number -			63 DOB mm dd yyyy -			64 Expires mm yy -		123						
01	35 Owner's First Name DANIEL - MARTINEZ RAMOS										65 Owner's First Name BRANDON - VILLA-REANO		124		99										
01	36 Number & Street 255 SEAMAN STREET										66 Number & Street 289 SEAMAN STREET		125		01										
01	37 City NEW BRUNSWICK					State Zip NJ 08901					67 City NEW BRUNSWICK		State Zip NJ 08901		126a										
13	38 Make CHEVROLET		39 Model TAHOE		40 Color WT		41 Year 2004		42 Plate No. R96PXB		43 State NJ		68 Make -		69 Model -		70 Color -		71 Year -		72 Plate No. -		73 State -		26
01	44 VIN 1GNEK13Z24R264636					45 Expires 05 23		74 VIN -			75 Expires -		126b		01										
01	46 Vehicle Removed To -										76 Vehicle Removed To -		126c		01										
01	47 Authority <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police										77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		126d		01										
01	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <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					78 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending					79 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		127a		21					
01	50 Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX					51 GVWR/GCWR <input checked="" 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 checked="" type="checkbox"/> None <input type="checkbox"/> MC/MX					81 GVWR/GCWR <input checked="" type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		127d		01					
01	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -		127e		21										
01	Number & Street -										83 Motor Carrier or Government Entity -		128		09										
01	City -					State Zip -					84 Motor Carrier or Government Entity -		129		17										
01	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No										85 Motor Carrier or Government Entity -		130		12										
01	136 Charge -					137 Summons. No. -					86 Motor Carrier or Government Entity -					131		17							
01	140 Charge -					141 Summons. No. -					87 Motor Carrier or Government Entity -					132		01							
01	142 Charge -					143 Summons. No. -					88 Motor Carrier or Government Entity -					133		01							

										Names & Addresses of Occupants - If Deceased, Date & Time of Death										00				
A	01	01	01	05	43	M	-	-	01	11	04	-	-	DANIEL - MARTINEZ RAMOS 255 SEAMAN STREET NEW BRUNSWICFNJ 08901 - -										-
B	B	-	01	04	9	M	11	08	02	00	01	-	6202	BRANDON - VILLA-REANO 289 SEAMAN STREET NEW BRUNSWICFNJ 08901 - -										-
C																								
D																								

New Jersey Police  
Crash Investigation Report

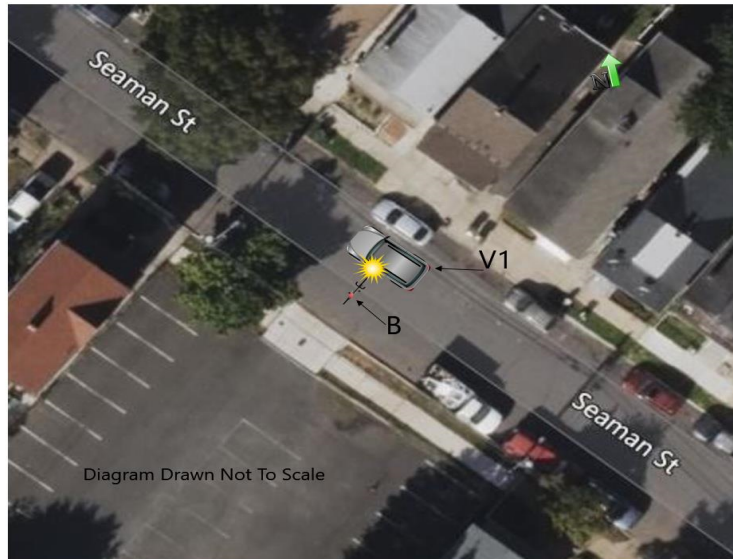
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09137

(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														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated he was driving on West on Seaman Street when the child on the bike (B) attempted to cross Seaman Street. Driver of V1 stated (B) collided with his driver's door. Driver of V1 stated he stopped when he saw the child collide with his car. V1 did not sustain any damage. Driver of V1 refused medical attention.

Child on the bicycle (B) stated he tried crossing Seaman Street on his bicycle when he collided with V1 who was driving on Seaman Street. Bicycle did not sustain any damage. Child complained of pain on his right leg. EMS evaluated the child and was later transported to RWJUH for further evaluation.

146 Officer's Signature  
LENIN J FIERRO

147 Badge #  
7383

148 Reviewer  
CALOGERO

Badge #  
5292

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

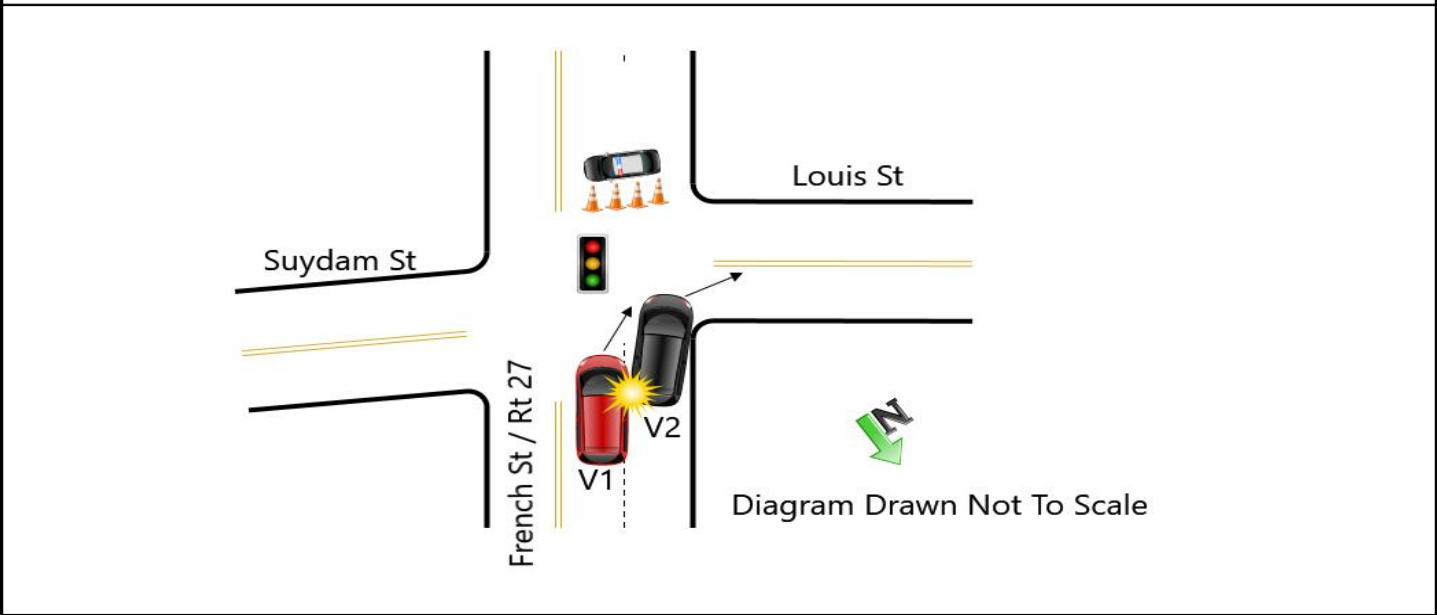
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09146

(Refer to vehicle by number)

A L L I N V O L V E I D	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

D1 stated that she was driving on Rt 27 S approaching the intersection with Louis Street with V2 to her right. The road was closed at the intersection going straight ahead, so she proceeded to make a right turn onto Louis Street. As she navigated the turn the right side of her vehicle collided with the left rear side of V2, which was making a right turn to Louis Street at the same time. V1 sustained minor damage to the right side. D1 did not report any injury. V1 was driven from the scene.

\*\*118a - D1 driver inattention - D1 failed to ensure that the direction of her right turn onto Louis Street was clear of other vehicles

D2 stated that she was driving on Rt 27 S approaching Louis Street, to the right of V1. She stated that as she was making the forced right turn onto Louis Street, V1 collided with the rear driver's side of her vehicle. V1 and V2 came to a stop on the shoulder of Louis Street shortly after the turn. Minor damage was observed to the left rear bumper of V2. Neither D2 nor the passenger in V2 reported any injury. V2 was driven from the scene.

146 Officer's Signature  
DORIAN MINOND

147 Badge #  
5318

148 Reviewer  
YURKOVIC

Badge #  
5252

149 Case Status  
 Pending  Complete



04	1 Case Number <b>23NB09173</b>	10 Crash Occurred On: <b>SUYDAM STREET</b>	11 Speed Limit <b>25</b>	118a
97	2 Police Dept of <b>NEW BRUNSWICK PD</b>	Code <b>01</b>	12 Route No.    Suffix    13 Milepost -    -    -	118b
98	3 Station/Precinct -			119a
01	4 Date of Crash mm    dd    yy <b>10 / 20 / 23</b>			119b
100a	5 Day Of Week <b>FRIDAY</b>			120a
01	6 Time (use 2400 hrs) <b>1032</b>			120b
07	7 Municipality Code <b>1214</b>			121a
01	8 Total Killed <b>--</b>			121b
100b	9 Total Injured <b>--</b>			122
04	23 Veh # <b>3</b>	24 Policy No. <b>NJAP0000048957</b>	25 NJ Ins. Code <b>810</b>	10
101	26 Driver's First Name Initial Last Name -    -    -			26
02	27 Number & Street -			26b
102	28 City State Zip -    -    -			26c
01	30 Eyes DL Class Restrictions Endorsements 31 State -    -    -    -    -			26d
103	32 Driver's License Number 33 DOB mm dd yyyy 34 Expires mm yy -    -    -    -    -			26e
03	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver <b>JP MORGAN</b> - <b>CHASE BANK</b> -			26f
104	36 Number & Street <b>PO BOX 901098</b>			26g
4	37 City State Zip <b>FORT WORTH TX 76101</b>			26h
105	38 Make <b>SUBARU</b>	39 Model <b>OUTBACK</b>	40 Color <b>WT</b>	26i
03	41 Year <b>20</b>	42 Plate No. <b>R73MZE</b>	43 State <b>NJ</b>	26j
106	44 VIN <b>4S4BTAEXL3265600</b>			26k
110	45 Expires mm yy <b>11 23</b>			26l
111	46 Vehicle Removed To -			26m
00	47 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police			26n
112	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			26o
113	49 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class    Placard No.			26p
114	50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX    -			26q
115	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			26r
116	52 Motor Carrier or Government Entity -			26s
117	53 VIN -			26t
118	54 Policy No. -			26u
119	55 NJ Ins. Code -			26v
120	56 Driver's First Name Initial Last Name -			26w
121	57 Number & Street -			26x
122	58 City State Zip -			26y
123	59 Sex -			26z
124	60 Eyes DL Class Restrictions Endorsements 61 State -    -    -    -    -			27a
125	62 Driver's License Number 63 DOB mm dd yyyy 64 Expires mm yy -    -    -    -    -			27b
126	65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver    -    -    -			27c
127	66 Number & Street -			27d
128	67 City State Zip -			27e
129	68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State -    -    -    -    -    -			27f
130	74 VIN -			27g
131	75 Expires mm yy -			27h
132	76 Vehicle Removed To -			27i
133	77 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			27j
134	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			27k
135	79 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class    Placard No.			27l
136	80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX    -			27m
137	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			27n
138	82 Motor Carrier or Government Entity -			27o
139	83 VIN -			27p
140	84 Policy No. -			27q
141	85 NJ Ins. Code -			27r
142	86 Driver's First Name Initial Last Name -			27s
143	87 Number & Street -			27t
144	88 City State Zip -			27u
145	89 Sex -			27v
146	90 Eyes DL Class Restrictions Endorsements 91 State -    -    -    -    -			27w
147	92 Driver's License Number 93 DOB mm dd yyyy 94 Expires mm yy -    -    -    -    -			27x
148	95 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver    -    -    -			27y
149	96 Number & Street -			27z
150	97 City State Zip -			28a
151	98 Make 99 Model 100 Color 101 Year 102 Plate No. 103 State -    -    -    -    -    -			28b
152	104 VIN -			28c
153	105 Expires mm yy -			28d
154	106 Vehicle Removed To -			28e
155	107 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			28f
156	108 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			28g
157	109 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class    Placard No.			28h
158	110 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX    -			28i
159	111 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			28j
160	112 Motor Carrier or Government Entity -			28k
161	113 VIN -			28l
162	114 Policy No. -			28m
163	115 NJ Ins. Code -			28n
164	116 Driver's First Name Initial Last Name -			28o
165	117 Number & Street -			28p
166	118 City State Zip -			28q
167	119 Sex -			28r
168	120 Eyes DL Class Restrictions Endorsements 121 State -    -    -    -    -			28s
169	122 Driver's License Number 123 DOB mm dd yyyy 124 Expires mm yy -    -    -    -    -			28t
170	125 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver    -    -    -			28u
171	126 Number & Street -			28v
172	127 City State Zip -			28w
173	128 Make 129 Model 130 Color 131 Year 132 Plate No. 133 State -    -    -    -    -    -			28x
174	134 VIN -			28y
175	135 Expires mm yy -			28z
176	136 Vehicle Removed To -			29a
177	137 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			29b
178	138 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			29c
179	139 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class    Placard No.			29d
180	140 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX    -			29e
181	141 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			29f
182	142 Motor Carrier or Government Entity -			29g
183	143 VIN -			29h
184	144 Policy No. -			29i
185	145 NJ Ins. Code -			29j
186	146 Driver's First Name Initial Last Name -			29k
187	147 Number & Street -			29l
188	148 City State Zip -			29m
189	149 Sex -			29n
190	150 Eyes DL Class Restrictions Endorsements 151 State -    -    -    -    -			29o
191	152 Driver's License Number 153 DOB mm dd yyyy 154 Expires mm yy -    -    -    -    -			29p
192	155 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver    -    -    -			29q
193	156 Number & Street -			29r
194	157 City State Zip -			29s
195	158 Make 159 Model 160 Color 161 Year 162 Plate No. 163 State -    -    -    -    -    -			29t
196	164 VIN -			29u
197	165 Expires mm yy -			29v
198	166 Vehicle Removed To -			29w
199	167 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			29x
200	168 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			29y
201	169 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class    Placard No.			29z
202	170 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX    -			30a
203	171 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			30b
204	172 Motor Carrier or Government Entity -			30c
205	173 VIN -			30d
206	174 Policy No. -			30e
207	175 NJ Ins. Code -			30f
208	176 Driver's First Name Initial Last Name -			30g
209	177 Number & Street -			30h
210	178 City State Zip -			30i
211	179 Sex -			30j
212	180 Eyes DL Class Restrictions Endorsements 181 State -    -    -    -    -			30k
213	182 Driver's License Number 183 DOB mm dd yyyy 184 Expires mm yy -    -    -    -    -			30l
214	185 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver    -    -    -			30m
215	186 Number & Street -			30n
216	187 City State Zip -			30o
217	188 Make 189 Model 190 Color 191 Year 192 Plate No. 193 State -    -    -    -    -    -			30p
218	194 VIN -			30q
219	195 Expires mm yy -			30r
220	196 Vehicle Removed To -			30s
221	197 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			30t
222	198 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			30u
223	199 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class    Placard No.			30v
224	200 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX    -			30w
225	201 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			30x
226	202 Motor Carrier or Government Entity -			30y
227	203 VIN -			30z
228	204 Policy No. -			31a
229	205 NJ Ins. Code -			31b
230	206 Driver's First Name Initial Last Name -			31c
231	207 Number & Street -			31d
232	208 City State Zip -			31e
233	209 Sex -			31f
234	210 Eyes DL Class Restrictions Endorsements 211 State -    -    -    -    -			31g
235	212 Driver's License Number 213 DOB mm dd yyyy 214 Expires mm yy -    -    -    -    -			31h
236	215 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver    -    -    -			31i
237	216 Number & Street -			31j
238	217 City State Zip -			31k
239	218 Make 219 Model 220 Color 221 Year 222 Plate No. 223 State -    -    -    -    -    -			31l
240	224 VIN -			31m
241	225 Expires mm yy -			31n
242	226 Vehicle Removed To -			31o
243	227 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			31p
244	228 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			31q
245	229 Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class    Placard No.			31r
246	230 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX    -			31s
247	231 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			31t
248	232 Motor Carrier or Government Entity -			31u
249	233 VIN -			31v
250	234 Policy No. -			31w
251	235 NJ Ins. Code -			31x
252	236 Driver's First Name Initial Last Name -			31y
253	237 Number & Street -			31z
254	238 City State Zip -			32a
255	239 Sex -			32b
256	240 Eyes DL Class Restrictions Endorsements 241 State -    -    -    -    -			32c
257	242 Driver's License Number 243 DOB mm dd yyyy 244 Expires mm yy -    -    -    -    -			32d
258	245 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver    -    -    -			32e
259	246 Number & Street -			32f
260	247 City State Zip -			32g
261	248 Make 249 Model 250 Color 251 Year 252 Plate No. 253 State -    -    -    -    -    -			32h
262	254 VIN -			32i
263	255 Expires mm yy -			32j
264	256 Vehicle Removed To -			32k
265	257 Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police			32l
266	258 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			32m
267				

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Description

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09173

145 Crash Description

DALE GRAY

Officer's Signature

7227

Badge Number

New Jersey Police  
Crash Investigation Report

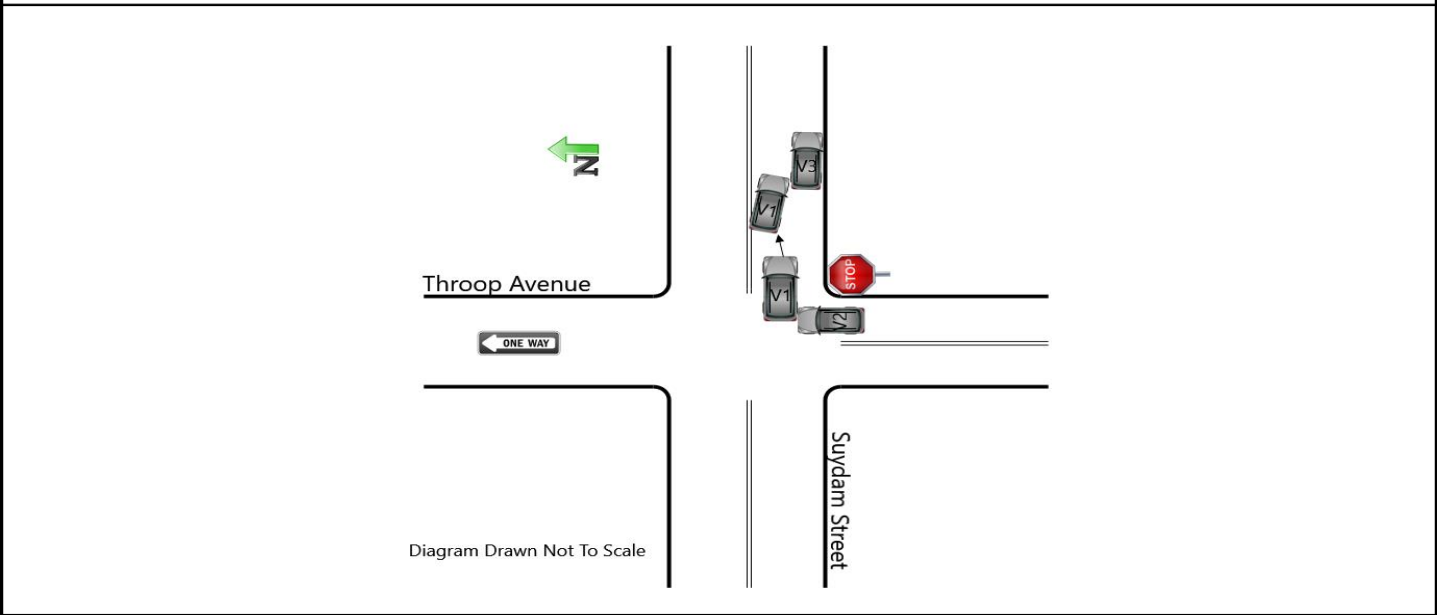
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09173

(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														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On 10/20/23 at approximately 1032 Hrs., the undersigned responded in unit 910 to the area of Suydam Street and Throop Avenue for an accident.

The driver of vehicle # 1 stated, she was traveling straight eastbound on Suydam Street. The driver of vehicle # 1 continued to state as she approached the Throop Avenue intersection, vehicle # 2 came from Throop Avenue and struck her. The impact caused the driver of vehicle # 1 to hit vehicle # 3.

The driver of vehicle # 2 stated, he was stopped at the stop sign on Throop Avenue. The driver of vehicle # 2 explained while at a stop, he only looked one direction before entering the intersection. Once he proceeded to the intersection, the collision occurred.

Vehicle # 3 was parked and unoccupied at the time of the accident. The occupants of both vehicles stated, no injuries.

146 Officer's Signature  
DALE GRAY

147 Badge #  
7227

148 Reviewer  
YURKOVIC

Badge #  
5252

149 Case Status  
 Pending  Complete



97	1 Case Number 23 NB09182	10 Crash Occurred On: HARDENBERG ST	11 Speed Limit 25	118a	29
98	2 Police Dept of NEW BRUNSWICK PD	Code 01	<input checked="" type="checkbox"/> At Intersection With Road Name Dir	118b	-
01	3 Station/Precinct	<input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: -	17 Cross Road Name CONDICT ST	119a	25
99	4 Date of Crash mm dd yy 10/21/23	5 Day Of Week SATURDAY	6 Time (use 2400 hrs) 1411	7 Municipality Code 1214	8 Total Killed --
07	9 Total Injured --	19 Ramp <input type="checkbox"/> To	20 Route/Name	21 Latitude	22 Longitude
100a	23 Veh # 1	24 Policy No. SELF	25 NJ Ins. Code *	53 Veh # 2	54 Policy No.

101	<input 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	120b	01
02	26 Driver's First Name Initial Last Name RICHARD - MEDINA	29 Sex M	56 Driver's First Name Initial Last Name	59 Sex

102	27 Number & Street 254 REDMOND ST	57 Number & Street	121b	-
103	28 City NEW BRUNSWICK	State Zip NJ 08901	58 City	State Zip

104	30 Eyes 02	DL Class B	Restrictions	Endorsements C	31 State NJ	60 Eyes	DL Class	Restrictions	Endorsements	61 State	122	04
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105	32 Driver's License Number M21376550012602	33 DOB mm dd yyyy 12/27/1960	34 Expires mm yy 12 24	62 Driver's License Number	63 DOB mm dd yyyy	64 Expires mm yy	123	10
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106	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver CITY OF - NEW BRUNSWICK -	65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver NIRAV R SHETH -	124	-
-----	--	--	-----	---

107	36 Number & Street 78 BAYARD ST	66 Number & Street 6 BUTTERNUT ST	125	-
108	37 City NEW BRUNSWICK	State Zip NJ 08901	67 City JERSEY CITY	State Zip NJ 07030

109	38 Make UNKNOWN	39 Model UNKNOWN	40 Color WT	41 Year 2018	42 Plate No. 27605MG	43 State NJ	68 Make TOYOTA	69 Model COROLLA	70 Color BL	71 Year 2013	72 Plate No. E23GTJ	73 State NJ	126	26
-----	--------------------	---------------------	----------------	-----------------	-------------------------	----------------	-------------------	---------------------	----------------	-----------------	------------------------	----------------	-----	----

110	44 VIN NP41389XXXXXXXXXX	45 Expires 12 24	74 VIN 5YFBUEE1DP114755	75 Expires 11 24	126c	-
-----	-----------------------------	---------------------	----------------------------	---------------------	------	---

111	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	-
99	<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded	<input checked="" type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded	126e	26

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	26
-----	---	---	------	----

114	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending	49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.	78 Alcohol/Drug Test Given: <input 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	79 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.	127b	26
-----	--	---	--	---	------	----

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	80 Carrier No. <input type="checkbox"/> USDOT <input checked="" 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
-----	--	---	--	---	------	----

117	52 Motor Carrier or Government Entity -	82 Motor Carrier or Government Entity -	128	26
	Number & Street	Number & Street	129	-
	City	City	130	12
	State Zip	State Zip	131	12

135	Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No	131	05
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Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.	132	05
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.	133	02

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death		134	03
A	1	01	01	05	63	M	-	-	01	04	11	-	-	RICHARD - MEDINA 254 REDMOND ST NEW BRUNSWICK NJ 08901 -		-	-
B																	
C																	
D																	

New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09182

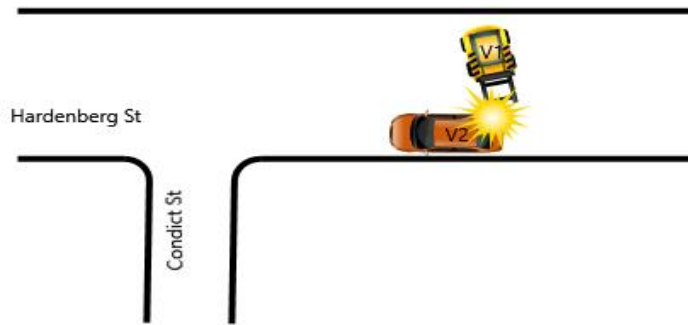
(Refer to vehicle by number)

	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 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

D1 stated that he was sweeping the street and was turning around on Hardenberg St near Condict St. Instead of hitting the brakes, he hit the accelerator causing V1 to strike the passenger side of V2's bumper with its front end. D1 was uninjured and refused medical attention. V2 was left on scene.

146 Officer's Signature  
STEWART WAY

147 Badge #  
7328

148 Reviewer  
SALTER

Badge #  
5300

149 Case Status  
 Pending  Complete

1 Case Number: 23NB09263  
 2 Police Dept of: NEW BRUNSWICK PD Code: 01  
 3 Station/Precinct: -  
 4 Date of Crash: 10/23/23 5 Day Of Week: MONDAY  
 6 Time (use 2400 hrs): 0829 7 Municipality Code: 1214  
 10 Crash Occurred On: 21 VAN DYKE AVE E 11 Speed Limit: -  
 12 Route No.: - 13 Milepost: - 18 Speed Limit: -  
 14 - 15 - 16 - 17 Cross Road Name: - 19 Ramp: - 20 Route/Name: -  
 21 Latitude: - 22 Longitude: -

23 Veh # 1 24 Policy No. AU202300019520 25 NJ Ins. Code 212 53 Veh # 2 54 Policy No. A0D-T31-923301-40 3 2 55 NJ Ins. Code 664  
 Parked  Ped  Pedalcyclist  Resp To Emergency  Hit & Run

26 Driver's First Name: - 29 Sex: - 56 Driver's First Name: CECILIA L 59 Sex: F  
 27 Number & Street: - 57 Number & Street: 6 SIMPLEX AVE

28 City: - State: - Zip: - 58 City: NEW BRUNSWICK State: NJ Zip: 08901  
 30 Eyes: - DL Class: - Restrictions: - Endorsements: - 31 State: - 60 Eyes: 02 DL Class: D Restrictions: 1 Endorsements: - 61 State: NJ

32 Driver's License Number: - 33 DOB: - 34 Expires: - 62 Driver's License Number: L2993 11600 54842 63 DOB: 04/16/1984 64 Expires: 04/26

35 Owner's First Name: MERCY - TRANS ICE 65 Owner's First Name: OMAR - VASQUEZ CASTRO

36 Number & Street: 13 MAJOR ROAD 66 Number & Street: 96 ELIZABETH STREET  
 37 City: MONMOUTH JUNCTION State: NJ Zip: 08852 67 City: WILKES BARRE State: PA Zip: 18702

38 Make: IC CORPORAT UNKNOWN 39 Model: YL 40 Color: 2018 41 Year: M120S1 42 Plate No.: NJ 43 State: 68 Make: FORD 69 Model: EXPLORER 70 Color: SL 71 Year: 2015 72 Plate No.: LHW9928 73 State: PA

44 VIN: 4DRBUC8P1JB420755 45 Expires: 09/24 74 VIN: 1FM5K8D85FGB78027 75 Expires: 09/23

46 Vehicle Removed To: - 76 Vehicle Removed To: -  
 Driven  Towed Disabled  Towed Disabled & Impounded  Left At Scene  Towed Impounded

47 Authority:  Owner  Driver  Police 77 Authority:  Owner  Driver  Police

48 Alcohol/Drug Test: Given:  No  Yes  Refused 49 Hazardous Material:  None  On Board  Spill  
 Type:  Breath  Blood  Urine Results: 0. - %  Pending

50 Carrier No.:  USDOT  None  MC/MX 51 GVWR/GCWR:  Weight <= 10,000 lbs  Weight 10,001-26,000 lbs  Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: MERCY TRANSPORTATION INC 82 Motor Carrier or Government Entity: -  
 Number & Street: 13 MAJOR ROAD  
 City: MONMOUTH JUNCTION State: NJ Zip: 08852

135 Damage To Other Property:  Yes (If Yes, describe)  No

Oper. 136 Charge: - 137 Summons. No.: - Oper. 138 Charge: - 139 Summons. No.: -  
 Oper. 140 Charge: - 141 Summons. No.: - Oper. 142 Charge: - 143 Summons. No.: -

										Names & Addresses of Occupants - If Deceased, Date & Time of Death													
83	84	85	86	87	88	89	90	91	92	93	94	95											
A	01	01	-	-	30	F	-	-	-	04	00	-	-	SONIA A MARTINEZ CASTRO 182 SUYDAM STREET NEW BRUNSWICNJ 08901 - -									
B	01	04	-	-	41	F	-	-	-	04	00	-	-	WALESKA - BELTRAN 11 MAJOR ROAD MONMOUTH JCT NJ 08852 - -									
C	02	01	-	-	39	F	-	-	-	04	00	-	-	CECILIA - LEZAMA HERNANDEZ 9 SIMPLEX AVE NEW BRUNSWICNJ 08901 - -									
D	02	04	-	-	2	F	-	-	-	05	05	-	-	ESTEFANI - VASQUEZ 6 SIMPLEX AVE NEW BRUNSWICNJ 08901 - -									

STATE OF NEW JERSEY  
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency NEW BRUNSWICK PD  
Station - \_\_\_\_\_ Case No. 23 NB09263

1. JENZIE MORA0-FERNANDEZ -
2. RIHANA ARACENA-MOLINA -
3. JAYDEN HERNANDEZ -
4. MATHEW MARTINEZ -
5. JEREMIAS VILLANUEVA-SAGASTUME -
6. BRNADON CRUZ-MUNOZ -
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
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40. \_\_\_\_\_
41. \_\_\_\_\_
42. \_\_\_\_\_
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44. \_\_\_\_\_
45. \_\_\_\_\_
46. \_\_\_\_\_
47. \_\_\_\_\_
48. \_\_\_\_\_
49. \_\_\_\_\_
50. \_\_\_\_\_
51. \_\_\_\_\_
52. \_\_\_\_\_
53. \_\_\_\_\_
54. \_\_\_\_\_

SCHOOL BUS  
(full size)

● DRIVER			DOOR →	
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
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51	52		53	54

MINIBUS

● DRIVER		DOOR →	
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5	6	7	8
9	10	11	12
13	14	15	16

New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09263

(Refer to vehicle by number)

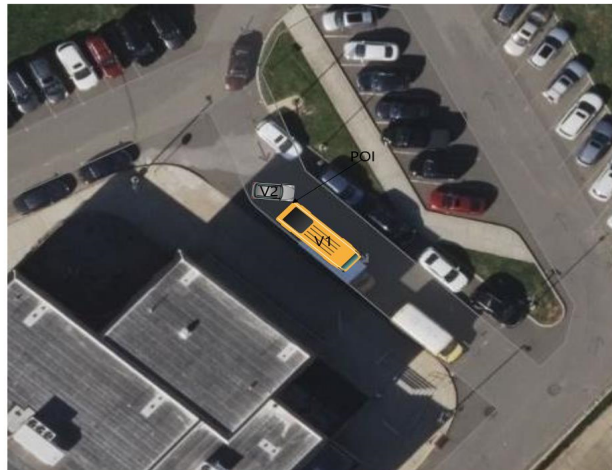
	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On		Cond			Inj	Inj	Med	Avail	Used	Dept	Code	
A L L E  I N V O L V E D  J	83	84	85	86	87	88	89	90	91	92	93	94	95	EITHAN - MATEO 6 SIMPLEX AVE NEW BRUNSWICK NJ 08901 - -
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144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



21 Van Dyke Ave  
McKinley K Center School



145 Crash Description/Narrative

On 10/23/23 the undersigned (915) was dispatched to 21 Van Dyke Ave (McKinley Kindergarten Center School) for a motor vehicle crash. Upon arrival, I interviewed Sonia Martinez-Castro (bus driver 1) and driver 2. Martinez-Castro stated that she parked vehicle 1 to let the students off of the bus. Martinez-Castro states that as vehicle 1 was parked, vehicle 2 attempted to pass by vehicle 1. At this time vehicle 2 struck vehicle 1 in the driver side rear. Driver 2 stated that she attempted to pass by vehicle 1. Driver 2 states that as she attempted to pass vehicle 1, she struck vehicle 1. Vehicle 1 had a visible scrape mark on the driver side rear bumper. Vehicle 2 had visible damage to the passenger side front bumper/ fender. There were no injuries report.

146 Officer's Signature

ROBERT BOGDANSKI

147 Badge #

7272

148 Reviewer

MARTINEZ

Badge #

5250

149 Case Status

Pending  Complete



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: N/ A Case No: 23NB09057

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated she was on Rt 18 southbound when she dozed off and struck V2. D1 was uninjured and V1 sustained minor damage to the front bumper.

D2 stated she was in stop and go traffic when she was struck from behind by V1. D2 complained of pain to her head, neck, left arm, and right leg but refused medical attention while on scene. D2 sustained minor damage to the rear bumper.

146 Officer's Signature  
WILLIAM KRAPP

147 Badge #  
7350

148 Reviewer  
REGAN

Badge #  
7313

149 Case Status  
 Pending  Complete





New Jersey Police  
Crash Investigation Report

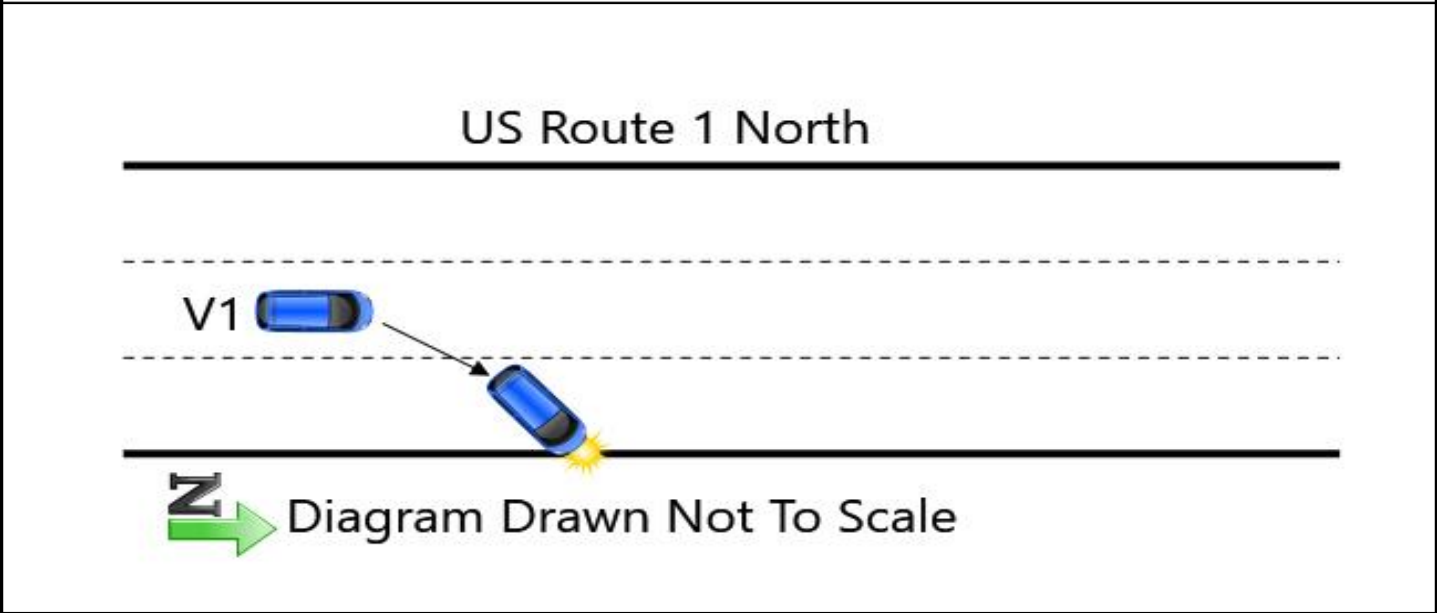
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09156

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated she was driving V1 in the middle lane when she was attempting to merge into the right lane. She lost control of V1 and struck the metal guard rail on the right-side of the highway. She denied any and all medical attention. V1 was towed by Dependable Towing.

146 Officer's Signature  
ERIC TORRES-OLIVOS

147 Badge #  
7372

148 Reviewer  
SALTER

Badge #  
5300

149 Case Status  
 Pending  Complete



<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09174</u>
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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	
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated that he was driving north bound on Easton Ave. and as he approached the intersection of Easton Ave. and Hamilton St., a vehicle in front of him was stopped and waiting to make a left turn onto Hamilton St. As V1 approached that stopped vehicle, D1 attempted to drive around that vehicle to continue driving straight onto Easton Ave. but V2 was turning left onto Hamilton St. from the opposite direction and both vehicles collided head on in the middle of the intersection.

D2 stated that he was driving south bound on Easton Ave. and when he approached the intersection of Easton Ave. and Hamilton St., he wanted to make the left onto Hamilton St. D1 stated that he saw the vehicle on the opposite side of traffic attempting to turn so he thought he was able to make the left hand turn with no issues but then V1 approached from the rear of that vehicle and entered the intersection at the same time and both vehicles collided.

No injuries were reported at the scene.

146 Officer's Signature <b>CARLOS ADORNO</b>	147 Badge # <b>7286</b>	148 Reviewer <b>EVANS</b>	Badge # <b>5275</b>
			149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete



New Jersey Police  
Crash Investigation Report

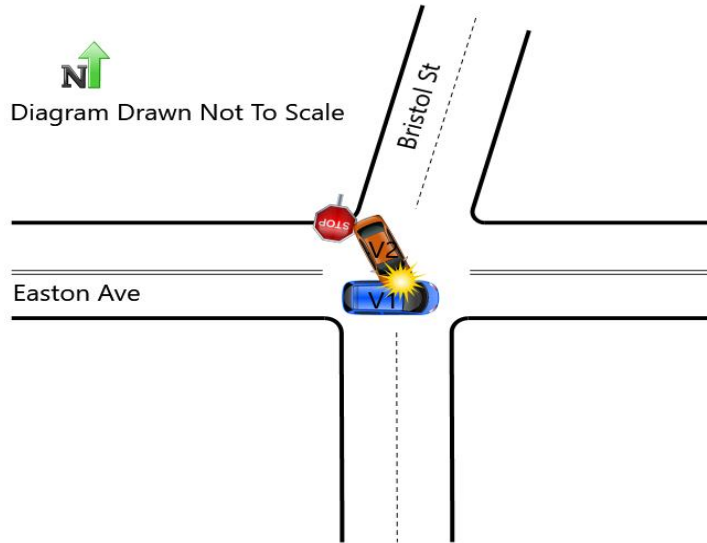
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09192

(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	
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated she was traveling eastbound on Easton Avenue crossing Bristol St when V2 failed to yield right of way to her while attempting to make a left hand turn onto Easton Avenue. The front bumper of V2 struck the drivers side door of V1. V2 then left the area. D1 was uninjured and refused medical attention. V1 was driven from the scene.

146 Officer's Signature  
STEWART WAY

147 Badge #  
7328

148 Reviewer  
CALOGERO

Badge #  
5292

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

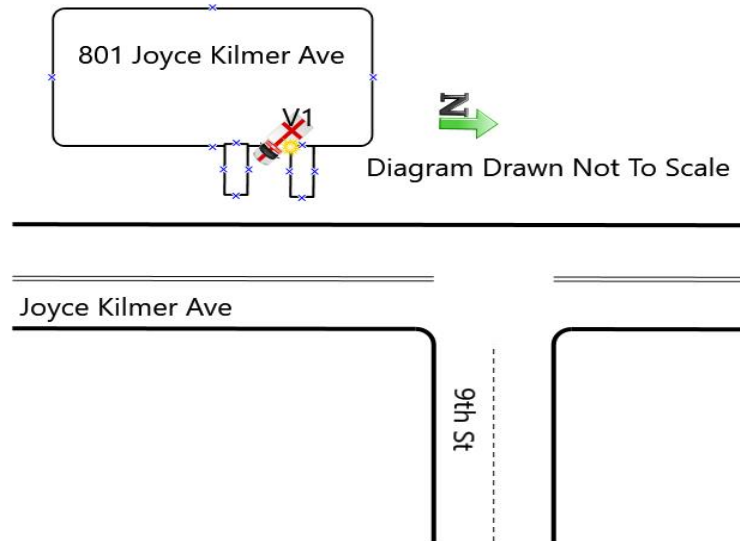
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09228

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated he was exiting the stadium located at 801 Joyce Kilmer Ave when he struck the concrete structure located near the entry way of the stadium. D1 and P1 were uninjured and refused medical attention. The vehicle was driven from the scene with minor damage to its left side.

146 Officer's Signature  
STEWART WAY

147 Badge #  
7328

148 Reviewer  
SALTER

Badge #  
5300

149 Case Status  
 Pending  Complete





New Jersey Police  
Crash Investigation Report

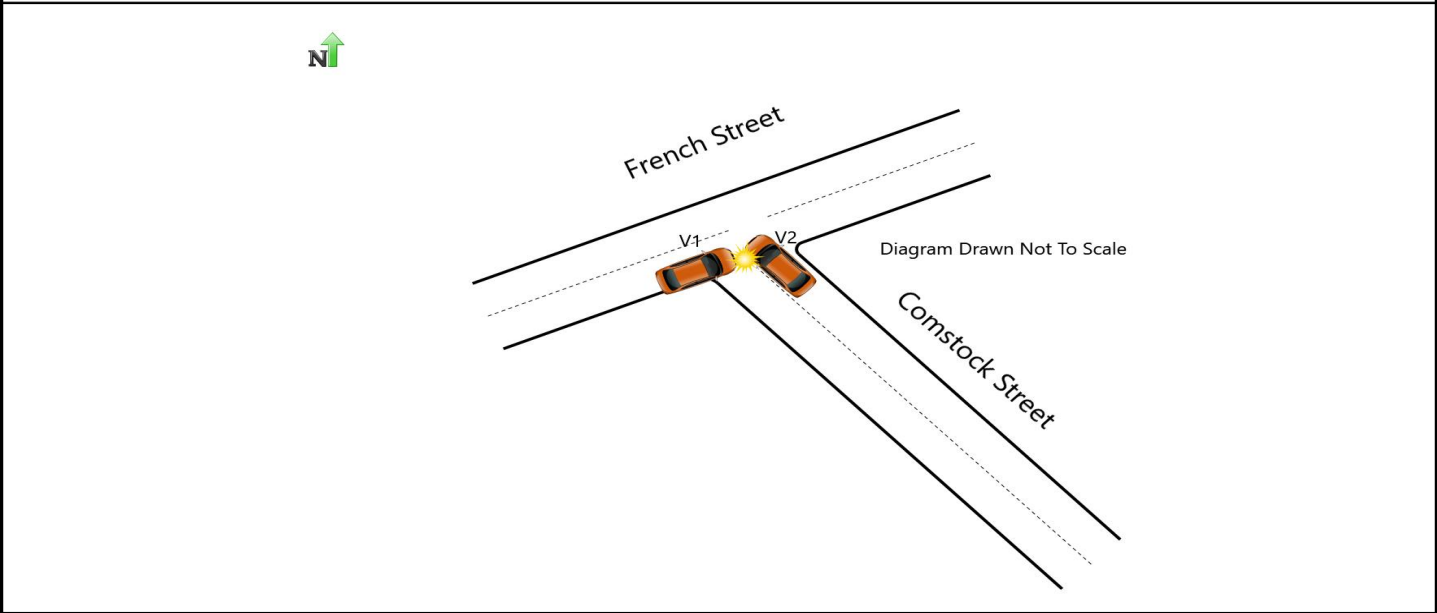
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09255

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was parked on French Street, near Comstock Street. Vehicle 1 then merged onto French Street. Vehicle 2 was traveling North on Comstock Street and attempted to make a left turn onto French Street. Vehicle 1 then struck Vehicle 2. Vehicle 1 had minor front end damage. Vehicle 2 had minor damage to the front driver side quarter panel.

Driver 1 was arrested for Driving While Intoxicated. See initial report for further information. There were no reported injuries or complaint of pain.

146 Officer's Signature  
JOSH CHATTERJEE

147 Badge #  
7349

148 Reviewer  
DAUGHTON

Badge #  
5288

149 Case Status  
 Pending  Complete

97	1 Case Number <b>23NB09058</b>	10 Crash Occurred On: <b>FRENCH STREET</b>	11 Speed Limit <b>25</b>	118a	
98	2 Police Dept of <b>NEW BRUNSWICK PD</b>	Code <b>01</b>	12 Route No.    Suffix    13 Milepost -    -    -	118b	
01	3 Station/Precinct -	<input checked="" type="checkbox"/> At Intersection With    Road Name    Dir <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E    of: <b>SUYDAM STREET</b> <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W    17 Cross Road Name 14    15    16    17    18 Speed Limit -    -    -    - <b>25</b>		-	
07	4 Date of Crash mm    dd    yy <b>10 / 17 / 23</b>	5 Day Of Week <b>TUESDAY</b>	6 Time (use 2400 hrs) <b>1602</b>	7 Municipality Code <b>1214</b>	119a
01	8 Total Killed --	9 Total Injured --	19 Ramp    To    From:    20 Route/Name	21 Latitude    22 Longitude	119b
04	23 Veh # <b>1</b>	24 Policy No. <b>23NB09058</b>	25 NJ Ins. Code <b>426</b>	53 Veh # <b>00</b>	119c
02	<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
01	26 Driver's First Name    Initial    Last Name <b>EILEEN    M    LOMBARDI</b>		29 Sex <b>F</b>	56 Driver's First Name    Initial    Last Name <b>00    -    00</b>	
01	27 Number & Street <b>40 KENDALL RD</b>		57 Number & Street -		
01	28 City    State    Zip <b>KENDALL PARK    NJ    08824</b>		58 City    State    Zip -    -    -		
03	32 Driver's License Number <b>L6330197746662</b>	33 DOB mm    dd    yyyy <b>06 / 18 / 1966</b>	34 Expires mm    yy <b>06    26</b>	62 Driver's License Number <b>00</b>	63 DOB mm    dd    yyyy -    -    -
00	35 Owner's First Name    Initial    Last Name <input type="checkbox"/> Same As Driver <b>JEFFREY    S    LOMBARDI</b>		65 Owner's First Name    Initial    Last Name <input type="checkbox"/> Same As Driver <b>00    -    00</b>		
01	36 Number & Street <b>40 KENDALL RD</b>		66 Number & Street <b>00</b>		
01	37 City    State    Zip <b>KENDALL PARK    NJ    08824</b>		67 City    State    Zip -    -    -		
00	38 Make <b>NISSAN</b>	39 Model <b>SENTRA</b>	40 Color <b>GY</b>	41 Year <b>2023</b>	42 Plate No. <b>B84SJN</b>
00	44 VIN <b>3N1AB8CV5PY323192</b>	45 Expires mm    yy <b>08    27</b>	68 Make -	69 Model -	70 Color -
00	46 Vehicle Removed To -		76 Vehicle Removed To -		
00	<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 type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded		
00	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		
00	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		
03	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		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
00	52 Motor Carrier or Government Entity -		82 Motor Carrier or Government Entity -		
00	Number & Street -		Number & Street -		
00	City    State    Zip -    -    -		City    State    Zip -    -    -		
00	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No				
00	Oper.    136 Charge		137 Summons. No.		Oper.    138 Charge
00	Oper.    140 Charge		141 Summons. No.		Oper.    142 Charge
00	-		-		143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
A	01	01	-	-	57	F	-	-	-	-	-	-	-	EILEEN    M    LOMBARDI 40 KENDALL RD    KENDALL PARK    NJ    08824	-
B	02	00	-	-	-	U	-	-	-	00	00	-	-	00    -    00	-
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New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09058

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 DRIVER STATED THAT SHE STOPPED TO MAKE A LEFT TURN FROM FRENCH STREET ONTO SYUDAM STREET. SHE WAITED FOR VEHICLES TO GO THROUGH THE INTERSECTION. AT THAT TIME V2 DROVE AROUND AND SIDE SWIPED HER LEFT REAR PASSENGER'S SIDE BUMPER. V2 FLED THE SCENE. V1 REFUSED MEDICAL ATTENTION.

146 Officer's Signature

THOMAS RAOUL JR.

147 Badge #

7344

148 Reviewer

REGAN

Badge #

7313

149 Case Status

Pending  Complete



New Jersey Police  
Crash Investigation Report

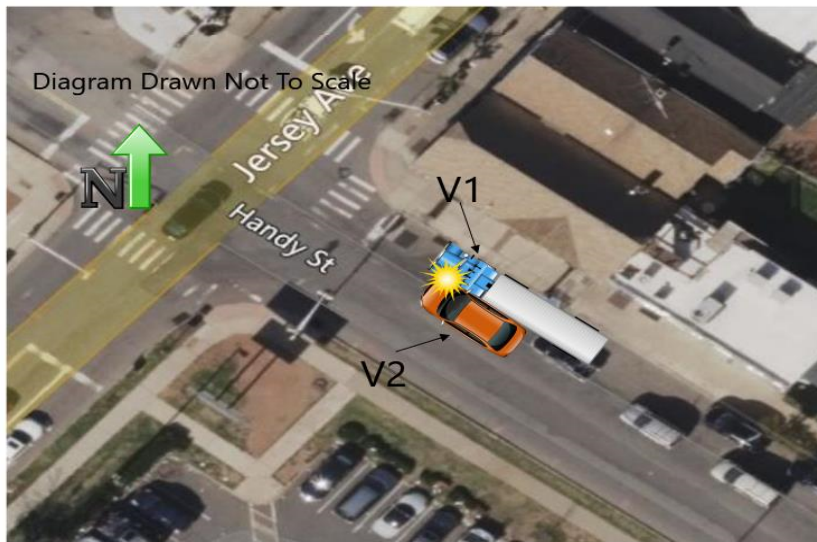
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09085

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was parked and unoccupied during the time of this accident; while Driver 1 was inside of 14 Jersey Avenue making a delivery. While inside the business, an unknown vehicle drove by and struck Vehicle 1. Vehicle 2 then fled the scene. There is visible damage to the driver's side mirror of vehicle 1.

Driver 1 did not report any injuries at this time. I advised Driver 1 that a report would be generated, and to follow up with the insurance company regarding this incident.

P/ O Tiongson-Cradic # 7379

146 Officer's Signature

TAYLOR TIONGSON-CRADIC

147 Badge #

7379

148 Reviewer

EVANS

Badge #

5275

149 Case Status

Pending  Complete

05	1 Case Number 23NB09157		10 Crash Occurred On: NEW ST		11 Speed Limit 25		118a
01	2 Police Dept of NEW BRUNSWICK PD		Code 01		12 Route No. Suffix 13 Milepost - - - 25		118b
01	3 Station/Precinct -		<input type="checkbox"/> At Intersection With Road Name Dir <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> E of: GEORGE ST <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W		17 Cross Road Name -		119a
07	4 Date of Crash mm dd yy 10/20/23		5 Day Of Week FRIDAY		6 Time (use 2400 hrs) 0645		119b
01	7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		120a
01	23 Veh # 1		24 Policy No. 1217956C2230001		25 NJ Ins. Code 962		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		53 Veh # 2		54 Policy No. F600191-1		120b
02	26 Driver's First Name SEAN		Initial E		Last Name SUTTON		121a
02	27 Number & Street 340 SOUTH MAIN ST		29 Sex M		56 Driver's First Name GORDON		01
02	28 City MILLTOWN		State NJ		Zip 08850		121b
02	57 Number & Street 426 FRANKLIN APPLGATE RD		58 City JACKSON		State NJ		-
02	59 Sex M		60 Eyes 05		DL Class -		122
01	61 State NJ		62 Driver's License Number H92252976206674		63 DOB mm dd yyyy 06/03/1967		07
01	64 Expires mm yy 06 24		65 Owner's First Name GORDON		Initial B		123
02	66 Number & Street 426 FRANKLIN APPLGATE RD		67 City JACKSON		State NJ		03
02	68 Make JEEP		69 Model WRANGLER		70 Color BL		124
01	69 Year 08		71 Year 10		72 Plate No. N21JYB		03
01	73 State NJ		74 VIN 1G4GA39178L584782		75 Expires mm yy 03 24		26
01	76 Vehicle Removed To -		77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		78 Motor Carrier or Government Entity -		126a
01	<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		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		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		126b
03	81 GVWR/GCWR Weight <= 10,000 lbs Weight 10,001-26,000 lbs Weight >= 26,001 lbs		82 Motor Carrier or Government Entity -		83 GVWR/GCWR Weight <= 10,000 lbs Weight 10,001-26,000 lbs Weight >= 26,001 lbs		126c
03	84		85		86		126d
03	87		88		89		126e
03	90		91		92		26
03	93		94		95		26
03	96		97		98		127a
03	99		100		101		26
03	102		103		104		127b
03	105		106		107		-
03	108		109		110		127c
03	111		112		113		-
03	114		115		116		127d
03	117		118		119		-
03	120		121		122		127e
03	123		124		125		26
03	126		127		128		128
03	129		130		131		26
03	132		133		134		129
03	135		136		137		06
03	138		139		140		130
03	141		142		143		06
03	144		145		146		131
03	147		148		149		12
03	150		151		152		12
03	153		154		155		12
03	156		157		158		02
03	159		160		161		133
03	162		163		164		02
03	165		166		167		134
03	168		169		170		02

01	26 Driver's First Name SEAN		Initial E		Last Name SUTTON		121a
02	27 Number & Street 340 SOUTH MAIN ST		29 Sex M		56 Driver's First Name GORDON		01
02	28 City MILLTOWN		State NJ		Zip 08850		121b
02	57 Number & Street 426 FRANKLIN APPLGATE RD		58 City JACKSON		State NJ		-
02	59 Sex M		60 Eyes 05		DL Class -		122
01	61 State NJ		62 Driver's License Number H92252976206674		63 DOB mm dd yyyy 06/03/1967		07
01	64 Expires mm yy 06 24		65 Owner's First Name GORDON		Initial B		123
02	66 Number & Street 426 FRANKLIN APPLGATE RD		67 City JACKSON		State NJ		03
02	68 Make JEEP		69 Model WRANGLER		70 Color BL		124
01	69 Year 08		71 Year 10		72 Plate No. N21JYB		03
01	73 State NJ		74 VIN 1G4GA39178L584782		75 Expires mm yy 03 24		26
01	76 Vehicle Removed To -		77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		78 Motor Carrier or Government Entity -		126a
01	<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		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		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		126b
03	81 GVWR/GCWR Weight <= 10,000 lbs Weight 10,001-26,000 lbs Weight >= 26,001 lbs		82 Motor Carrier or Government Entity -		83 GVWR/GCWR Weight <= 10,000 lbs Weight 10,001-26,000 lbs Weight >= 26,001 lbs		126c
03	84		85		86		126d
03	87		88		89		126e
03	90		91		92		26
03	93		94		95		26
03	96		97		98		127a
03	99		100		101		26
03	102		103		104		127b
03	105		106		107		-
03	108		109		110		127c
03	111		112		113		-
03	114		115		116		127d
03	117		118		119		-
03	120		121		122		127e
03	123		124		125		26
03	126		127		128		128
03	129		130		131		26
03	132		133		134		129
03	135		136		137		06
03	138		139		140		130
03	141		142		143		06
03	144		145		146		131
03	147		148		149		12
03	150		151		152		12
03	153		154		155		02
03	156		157		158		133
03	159		160		161		02
03	162		163		164		134
03	165		166		167		02

01	26 Driver's First Name SEAN		Initial E		Last Name SUTTON		121a
02	27 Number & Street 340 SOUTH MAIN ST		29 Sex M		56 Driver's First Name GORDON		01
02	28 City MILLTOWN		State NJ		Zip 08850		121b
02	57 Number & Street 426 FRANKLIN APPLGATE RD		58 City JACKSON		State NJ		-
02	59 Sex M		60 Eyes 05		DL Class -		122
01	61 State NJ		62 Driver's License Number H92252976206674		63 DOB mm dd yyyy 06/03/1967		07
01	64 Expires mm yy 06 24		65 Owner's First Name GORDON		Initial B		123
02	66 Number & Street 426 FRANKLIN APPLGATE RD		67 City JACKSON		State NJ		03
02	68 Make JEEP		69 Model WRANGLER		70 Color BL		124
01	69 Year 08		71 Year 10		72 Plate No. N21JYB		03
01	73 State NJ		74 VIN 1G4GA39178L584782		75 Expires mm yy 03 24		26
01	76 Vehicle Removed To -		77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		78 Motor Carrier or Government Entity -		126a
01	<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		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		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		126b
03	81 GVWR/GCWR Weight <= 10,000 lbs Weight 10,001-26,000 lbs Weight >= 26,001 lbs		82 Motor Carrier or Government Entity -		83 GVWR/GCWR Weight <= 10,000 lbs Weight 10,001-26,000 lbs Weight >= 26,001 lbs		126c
03	84		85		86		126d
03	87		88		89		126e
03	90		91		92		26
03	93		94		95		26
03	96		97		98		127a
03	99		100		101		26
03	102		103		104		127b
03	105		106		107		-
03	108		109		110		127c
03	111		112		113		-
03	114		115		116		127d
03	117		118		119		-
03	120		121		122		127e
03	123		124		125		26
03	126		127		128		128
03	129		130		131		26
03	132		133		134		129
03	135		136		137		06
03	138		139		140		130
03	141		142		143		06
03	144		145		146		131
03	147		148		149		12
03	150		151		152		12
03	153		154		155		02
03	156		157		158		133
03	159		160		161		02
03	162		163		164		134
03	165		166		167		02

01	26 Driver's First Name SEAN		Initial E		Last Name SUTTON		121a
02	27 Number & Street 340 SOUTH MAIN ST		29 Sex M		56 Driver's First Name GORDON		01
02	28 City MILLTOWN		State NJ		Zip 08850		121b
02	57 Number & Street 426 FRANKLIN APPLGATE RD		58 City JACKSON		State NJ		-
02	59 Sex M		60 Eyes 05		DL Class -		122
01	61 State NJ		62 Driver's License Number H92252976206674		63 DOB mm dd yyyy 06/03/1967		07
01	64 Expires mm yy 06 24		65 Owner's First Name GORDON		Initial B		123
02	66 Number & Street 426 FRANKLIN APPLGATE RD		67 City JACKSON		State NJ		03
02	68 Make JEEP		69 Model WRANGLER		70 Color BL		124
01	69 Year 08		71 Year 10		72 Plate No. N21JYB		03
01	73 State NJ		74 VIN 1G4GA39178L584782		75 Expires mm yy 03 24		26
01	76 Vehicle Removed To -		77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		78 Motor Carrier or Government Entity -		126a
01	<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		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		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX		126b
03	81 GVWR/GCWR Weight <= 10,000 lbs Weight 10,001-26,000 lbs Weight >= 26,001 lbs		82 Motor Carrier or Government Entity -		83 GVWR/GCWR Weight <= 10,000 lbs Weight 10,001-26,000 lbs Weight >= 26,001 lbs		126c
03	84		85		86		126d
03	87		88		89		126e
03	90		91		92		26
03	93		94		95		26
03	96		97		98		127a
03	99		100		101		26
03	102		103		104		127b
03	105		106		107		-
03	108		109		110		127c
03	111		112		113		-
03	114		115		116		127d
03	117		118		119		-
03	120		121		122		127e
03	123		124		125		26
03	126		127		128		128
03	129		130		131		26
03	132		133		134		129
03							

New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09157

(Refer to vehicle by number)

A L L I F I N V O L V E I D	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

Vehicle 1 being driven by Sean Sutton was traveling south on New St was stopping at traffic light at George St when vehicle 1 was struck in rear by vehicle 2 which was being driven by Gordon Hulme who was also traveling south on New St behind vehicle 1.

Driver 1 stated he was stopping for traffic light at New St and George St when he was struck in rear by vehicle 2. Driver 2 stated vehicle 1 stopped suddenly causing him to swerve in an attempt to avoid accident vehicle 2 hit vehicle 1 in rear.

There were no injuries reported at this time. Both vehicles were driven from the scene.

146 Officer's Signature  
REINALDO RODRIGUEZ

147 Badge #  
7251

148 Reviewer  
EVANS

Badge #  
5275

149 Case Status  
 Pending  Complete

96	PAGE 1 OF 2 <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report										New Jersey Police Crash Investigation Report																																																			
05	1 Case Number 23NB09175										10 Crash Occurred On: 339 SUYDAM ST										11 Speed Limit -										118a	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										118b	-																				
01	3 Station/Precinct -										<input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: PARKING LOT										<input type="checkbox"/> S <input type="checkbox"/> W										19 Ramp To 17 Cross Road Name										119a	-																				
09	4 Date of Crash mm dd yy 10/20/23										5 Day Of Week FRIDAY										6 Time (use 2400 hrs) 1119										7 Municipality Code 1214										8 Total Killed --										9 Total Injured --										119b	02
100a	23 Veh # 1										24 Policy No. 1133067										25 NJ Ins. Code 962										53 Veh # 2										54 Policy No. 7363-21-92										55 NJ Ins. Code 20303										120a	01
01	<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 type="checkbox"/> Hit & Run																														120b	-																				
03	26 Driver's First Name Initial Last Name -										29 Sex -										56 Driver's First Name Initial Last Name RAUL - VENTURA-ROJAS										59 Sex M										121a	01																				
01	27 Number & Street -										57 Number & Street 1003 WYCKOFF AVE 1R																														121b	-																				
01	28 City State Zip -										58 City State Zip RIDGEWOOD NY 11385																														122	10																				
2	30 Eyes DL Class Restrictions Endorsements 31 State -										60 Eyes DL Class Restrictions Endorsements 61 State 02 - - - NY																														123	13																				
105	32 Driver's License Number -										33 DOB mm dd yyyy -										34 Expires mm yy -										62 Driver's License Number 482310320										63 DOB mm dd yyyy 03/21/1970										64 Expires mm yy 03 29										124	-
06	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver TCD REFRIGERATI - -										65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver TORTILLERIA - CHINANTLA INC -																														125	11																				
02	36 Number & Street 689 DONALD AVE										66 Number & Street 827 NORTH 6TH ST																														126a	26																				
03	37 City State Zip PERTH AMBOY NJ 08861										67 City State Zip NEWARK NJ 07107																														126b	-																				
21	38 Make 39 Model 40 Color 41 Year 42 Plate No. 43 State FORD TRANSIT CONV WT 16 XGXU78 NJ										68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State HINO UNKNOWN WT 13 XKND54 NJ																														126c	-																				
110	44 VIN 1FTYR1CM7GKA81817										45 Expires 08 23										74 VIN 5PVNV8JV5D4S53345										75 Expires 11 23										126d	-																				
02	46 Vehicle Removed To -										76 Vehicle Removed To -																														126e	-																				
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 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	28																				
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																														127b	-																				
03	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. -										127c	-																				
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	-																				
01	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -																														127e	28																				
	Number & Street -										Number & Street -																														128	13																				
	City State Zip -										City State Zip -																														129	13																				
	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No -																																								130	13																				
																																									131	06																				
																																									132	06																				
	Oper. 136 Charge -										137 Summons. No. -										Oper. 138 Charge -										139 Summons. No. -										133	04																				
	Oper. 140 Charge -										141 Summons. No. -										Oper. 142 Charge -										143 Summons. No. -										134	01																				
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	2	01	01	-	53	M	-	-	-	04	04	-	-	RAUL - VENTURA-ROJAS 1003 WYCKOFF AVE RIDGEWOOD NY 11385 -										136	-																																					
C																								137	-																																					
D																								138	-																																					



New Jersey Police  
Crash Investigation Report

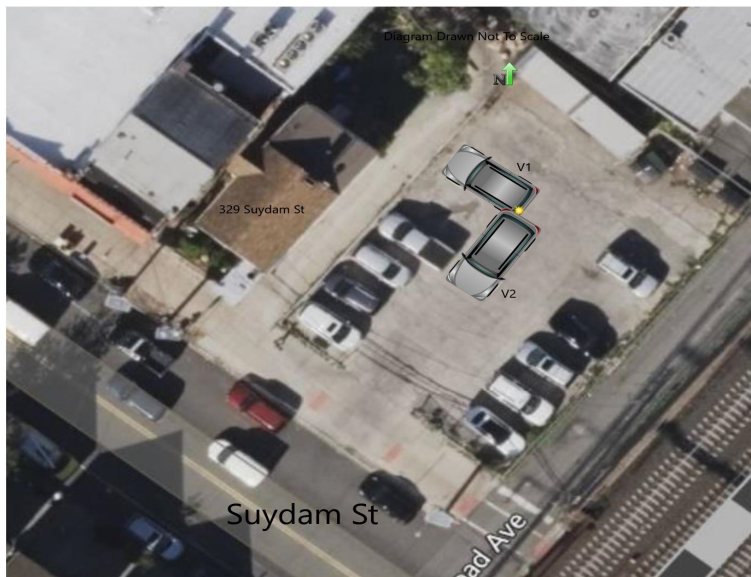
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09175

(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

Vehicle 1 parked in parking lot next to 329 Suydam St with driver sitting in vehicle with vehicle turned off was struck by vehicle 2 which was being driven by Raul Ventura-Rojas who was backing up in parking lot. Driver of vehicle 1 who was sitting in vehicle stated he was sitting in vehicle doing paperwork when vehicle 2 backed into his vehicle damaging ladder rack on roof of vehicle. Driver 2 stated he was backing in parking lot and struck vehicle 1. Vehicle 1 had damage to ladder rack on roof which caused ladders to fall off and not able to be placed back. Vehicle 2 had no damage.

146 Officer's Signature  
REINALDO RODRIGUEZ

147 Badge #  
7251

148 Reviewer  
EVANS

Badge #  
5275

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09229

(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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144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

D1 stated she was stopped at the red light at the intersection of Sanford St and Livingston Ave when she was rear ended by V2. She and the vehicle's passenger were uninjured and refused medical attention. V1 sustained moderate damage to its rear end and was driven from the scene.

D2 stated that she was approaching Livingston Ave on Sanford St. She stated that V1 was attempting to make a right hand turn onto Livingston Ave on a green light but did not utilize an indicator and that's why she rear ended her. V2 sustained minor damage to its front bumper and was driven from the scene. She was uninjured and refused medical attention.

146 Officer's Signature  
STEWART WAY

147 Badge #  
7328

148 Reviewer  
SALTER

Badge #  
5300

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

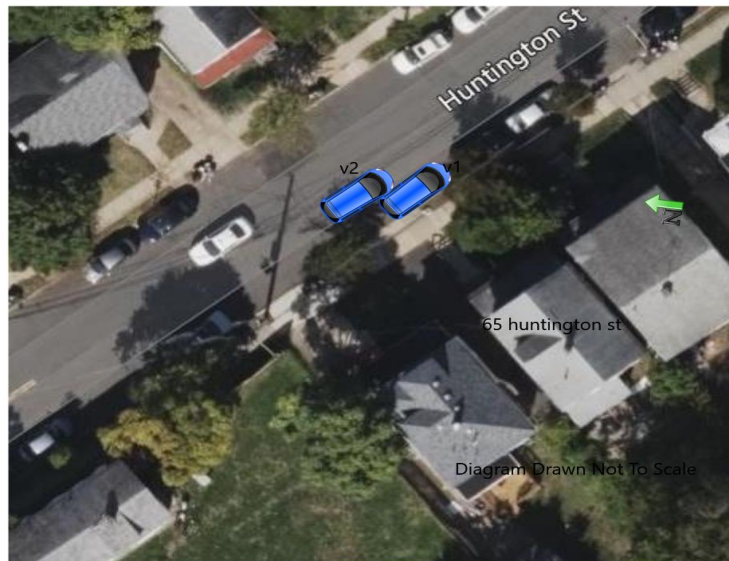
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09256

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 owner stated that he opened the rear driver's side door and climbed inside the car to grab something, he suddenly heard a loud bang. He exited the car and saw a black KIA SUV fleeing from the scene. V1 sustained damage to the rear driver's door.

146 Officer's Signature

THOMAS RAOUL JR.

147 Badge #

7344

148 Reviewer

REGAN

Badge #

7313

149 Case Status

Pending  Complete



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09283

(Refer to vehicle by number)

A L L I N G O L D V E I D	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

V1 DRIVER STATED THAT SHE WAS DRIVING IN THE MIDDLE LANE ON RT 18 SOUTH AND APPROACHING GEORGE STREET EXIT. WHEN V2 MERGED INTO HER ESTABLISH LANE AND SIDE SWIPED HER FRONT PASSENGER SIDE FENDER AND KNOCKED OFF HER FRONT BUMPER. V1 DRIVER REFUSED MEDICAL ATTENTION. V2 DRIVER STATED THAT HE WAS DRIVING IN THE FAR RIGHT AND WAS STRUCK BY V1 WHILE MERGING INTO THE MIDDLE LANE. V2 DID NOT HAVE ANY VISIBLE SIGN OF DAMAGE AND REFUSED MEDICAL ATTENTION.

146 Officer's Signature

THOMAS RAOUL JR.

147 Badge #

7344

148 Reviewer

DAUGHTON

Badge #

5288

149 Case Status

Pending  Complete





New Jersey Police  
Crash Investigation Report

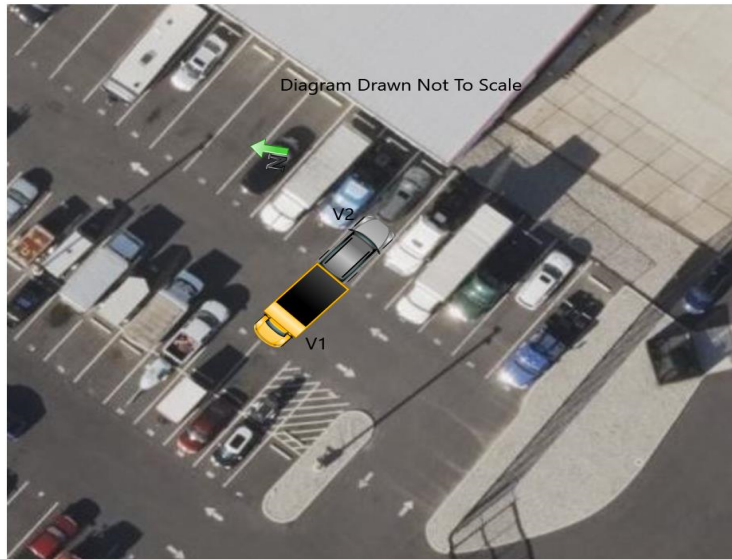
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09059

(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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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 DRIVER STATED THAT HE DID NOT SEE V2 WHEN HE REVERSED OUT OF THE PARKING SPACE AND COLLIDED WITH V2. V1 DID NOT HAVE ANY VISIBLE DAMAGE AND REFUSED MEDICAL ATTENTION. V2 HAD DAMAGE TO THE REAR BUMPER AND TAIL LIGHT.

146 Officer's Signature

THOMAS RAOUL JR.

147 Badge #

7344

148 Reviewer

REGAN

Badge #

7313

149 Case Status

Pending  Complete



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09149

(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														
E														
I														
D														
J														

144 Crash Diagram (NOT TO SCALE)

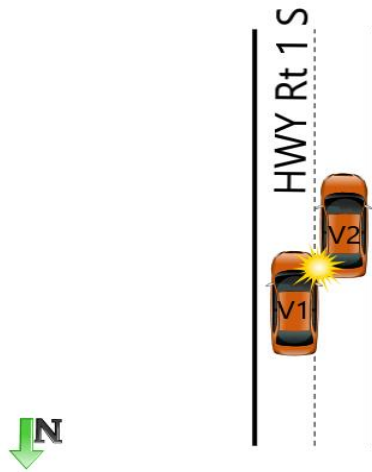


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver 1 stated he was on Rt 1 south traveling on the left lane. Driver 1 stated another vehicle (NJ Reg: P84RXY) merged into his lane. Driver 1 stated he merged into the right lane and did not have enough time to brake then struck vehicle 2 in the driver side rear fender. It should be noted, NJ Reg: P84RXY was not involved in this accident and did not have any damages in this incident.

Driver 2 stated he was Rt 1 south traveling on the right lane and vehicle 1 struck his vehicle.

Vehicle 1 had disabling damages on the passenger side front fender and was towed by Dependable towing.

Vehicle 2 had disabling damages on the driver side rear fender and was towed by Puleio's towing.

Driver 1 was uninjured and refused medical treatment. Driver 2 had complaint of pain and was transported to Robert Wood Johnson University Hospital for treatment.

146 Officer's Signature  
PABLO ESTEVEZ

147 Badge #  
7378

148 Reviewer  
CALOGERO

Badge #  
5292

149 Case Status  
 Pending  Complete

04 1 Case Number 23NB09185  
 97 10 Crash Occurred On: SOMERSET ST N 11 Speed Limit 25  
 01 2 Police Dept of NEW BRUNSWICK PD Code 01  
 98 3 Station/Precinct  
 01 4 Date of Crash 10/20/23 5 Day Of Week FRIDAY  
 07 6 Time (use 2400 hrs) 1528 7 Municipality Code 1214 8 Total Killed -- 9 Total Injured --  
 100a 21 Latitude - 22 Longitude -

100b 23 Veh # 1 24 Policy No. JIF 10-86 25 NJ Ins. Code -  
 04 53 Veh # 2 54 Policy No. Y20 7592-B06-30Q 55 NJ Ins. Code 962  
 101  Parked  Ped  Pedalcyclist  Resp To Emergency  Hit & Run

02 26 Driver's First Name Initial Last Name 29 Sex 56 Driver's First Name Initial Last Name 59 Sex  
 102 HENRY - GLIOTTONE - M ALYSSA M CRAMMER - F  
 02 27 Number & Street 25 KIRKPATRICK ST 57 Number & Street 80 DORCHESTER CIRCLE

103 28 City State Zip 28 City State Zip  
 02 NEW BRUNSWICK NJ 08901 MARLTON NJ 08053  
 104 30 Eyes DL Class Restrictions Endorsements 31 State 60 Eyes DL Class Restrictions Endorsements 61 State  
 2 - - - - NJ - - - - NJ

105 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  
 03 G53833246510812 10/11/1981 10 26 C7168036748022 08/31/2002 09 23

106 35 Owner's First Name Initial Last Name 65 Owner's First Name Initial Last Name  
 -  Same As Driver NEW BRUNSWICK - CITY PD -  Same As Driver TROY - CRAMMER -

107 36 Number & Street 78 BAYARD ST 66 Number & Street 80 DORCHESTER CIRCLE  
 108 37 City State Zip 37 City State Zip  
 04 NEW BRUNSWICK NJ 08901 MARLTON NJ 08053

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  
 01 CHEVROLET TAHOE BK 2014 D20EGF NJ HONDA CIVIC BL 2002 C54JVV NJ

110 44 VIN 45 Expires 74 VIN 75 Expires  
 03 1GNSK2E03ER183394 06 24 2HGES26852H568317 04 24

111 46 Vehicle Removed To 76 Vehicle Removed To  
 01 - GUARANTEED MOTORS  
 112  Driven  Towed Disabled  Towed Disabled & Impounded  Driven  Towed Disabled  Towed Disabled & Impounded  
 02  Left At Scene  Towed Impounded  Left At Scene  Towed Impounded

113 47 Authority 77 Authority  
 -  Owner  Driver  Police  Owner  Driver  Police

114 48 Alcohol/Drug Test 49 Hazardous Material 78 Alcohol/Drug Test 79 Hazardous Material  
 - Given:  No  Yes  Refused  None  On Board  Spill Given:  No  Yes  Refused  None  On Board  Spill  
 115 Type:  Breath  Blood  Urine Type:  Breath  Blood  Urine  
 - Results: 0. - %  Pending Hazard Class Placard No. Results: 0. - %  Pending Hazard Class Placard No.

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

52 Motor Carrier or Government Entity 82 Motor Carrier or Government Entity  
 - -  
 Number & Street -  
 City - State - Zip - City - State - Zip -

135 Damage To Other Property  Yes (If Yes, describe)  No

Oper. 136 Charge 137 Summons. No. Oper. 138 Charge 139 Summons. No.  
 - - - - -  
 Oper. 140 Charge 141 Summons. No. Oper. 142 Charge 143 Summons. No.  
 - - - - -

		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	-	05	42	M	-	-	01	04	-	-	-	-	HENRY	-	GLIOTTONE	-
B	2	01	01	05	21	F	-	-	01	04	04	-	-	-	ALYSSA	-	CRAMMER	-
C	2	02	01	05	21	F	-	-	01	04	04	-	-	-	ABBRIELLE ANNA	-	KRESSLEY	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	622 SAMMLER ST	WENONAH	NJ 08090	08/19/2003

New Jersey Police  
Crash Investigation Report

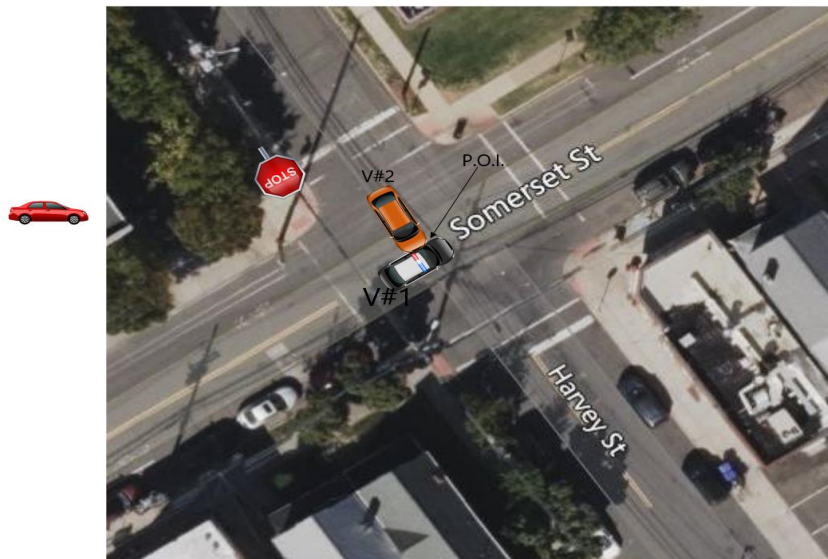
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09185

(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														
H														
V														
E														
I														
D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Upon speaking with PO Gliottone he stated that while attempting to catch up to a vehicle which committed a title 39 offense, he was traveling North bound on Somerset St. utilizing his overhead lights and audible device. While traveling on Somerset St. he was then struck on his driver side by vehicle # 2 which was proceeding through the intersection with Harvey St. PO Gliottone did not report any injuries on scene.

Upon speaking with the driver of V# 2, she stated that she came to a complete stop on Harvey St. prior to entering the intersection with Somerset St. Due to the heavy traffic she believed that intersection was clear to proceed, at that time she struck V# 1. Neither the driver or passenger for V# 2 reported any injuries on scene.

146 Officer's Signature  
KENNY ABODE

147 Badge #  
5230

148 Reviewer  
LEMMERLING

Badge #  
4287

149 Case Status  
 Pending  Complete

96	PAGE 1 OF 3										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 23NB09239										10 Crash Occurred On: MITCHELL AVE										11 Speed Limit 25			118a 25																																																																																																																										
98	2 Police Dept of NEW BRUNSWICK PD										Code 01										<input checked="" type="checkbox"/> At Intersection With			Road Name LANGLEY PL			12 Route No. -			Suffix -			13 Milepost -			18 Speed Limit 25																																																																																																														
99	3 Station/Precinct -										<input type="checkbox"/> Feet										<input type="checkbox"/> N			<input type="checkbox"/> E			of: -			17 Cross Road Name			<input type="checkbox"/> NB			<input type="checkbox"/> EB																																																																																																														
00	4 Date of Crash mm dd yy 10/22/23										5 Day Of Week SUNDAY										6 Time (use 2400 hrs) 1144			7 Municipality Code 1214			8 Total Killed --			9 Total Injured --			14 -			15 -			16 -			19 Ramp			20 Route/Name			21 Latitude			22 Longitude																																																																																															
01	23 Veh # 1										24 Policy No. 943150107										25 NJ Ins. Code 134			53 Veh # 2			54 Policy No. 6122-39-10-86			55 NJ Ins. Code 100			118b 01																																																																																																																	
02	<input type="checkbox"/> Parked										<input type="checkbox"/> Ped										<input type="checkbox"/> Pedalcyclist										<input type="checkbox"/> Resp To Emergency										<input type="checkbox"/> Hit & Run										120b -																																																																																															
03	26 Driver's First Name TIMOTHY										Initial J										Last Name ROBINSON										29 Sex M			56 Driver's First Name YADIRA										Initial Y										Last Name CONTRERASOSORTO-										59 Sex F			121a 01																																																																															
04	27 Number & Street 39 ESSEX LN										28 City WILLINGBORO										State NJ			Zip 08046			57 Number & Street 140 HALE ST										58 City NEW BRUNSWICK										State NJ			Zip 08901			121b 01																																																																																													
05	30 Eyes 02										DL Class D										Restrictions NONE										Endorsements -										31 State NJ			60 Eyes 02										DL Class D										Restrictions NONE										Endorsements -										61 State NJ			122 01																																																											
06	32 Driver's License Number R60227427109802										33 DOB mm dd yyyy 09/04/1980										34 Expires mm yy 09 25			62 Driver's License Number C64547898860952										63 DOB mm dd yyyy 10/04/1995										64 Expires mm yy 10 26			123 02																																																																																																			
07	35 Owner's First Name TIMOTHY										Initial J										Last Name ROBINSON										36 Number & Street 39 ESSEX LN			65 Owner's First Name YADIRA										Initial Y										Last Name CONTRERASOSORTO-										66 Number & Street 140 HALE ST			124 -																																																																															
08	37 City WILLINGBORO										State NJ			Zip 08046			67 City NEW BRUNSWICK										State NJ			Zip 08901			125 11																																																																																																																	
09	38 Make TOY										39 Model CAM										40 Color GY										41 Year 2007										42 Plate No. U21NVG										43 State NJ			68 Make HON										69 Model CRV										70 Color BN										71 Year 2016										72 Plate No. F30RXJ										73 State NJ			126 26																																							
10	44 VIN 4T1BK46K57U028412										45 Expires 06 24			74 VIN 2HKRM4H57GH717057										75 Expires 03 24			126b -																																																																																																																							
11	46 Vehicle Removed To -										76 Vehicle Removed To GUARANTEED										126c -																																																																																																																													
12	<input checked="" type="checkbox"/> Driven										<input type="checkbox"/> Towed Disabled										<input type="checkbox"/> Towed Disabled & Impounded										126d -																																																																																																																			
13	<input type="checkbox"/> Left At Scene										<input type="checkbox"/> Towed Impounded										126e 26																																																																																																																													
14	47 Authority <input checked="" 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										127a 26																																																																																												
15	48 Alcohol/Drug Test Given: <input 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 -																																																																																													
16	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.			127c -																																																																																													
17	50 Carrier No. <input type="checkbox"/> USDOT										<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 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 -																																																				
18	<input type="checkbox"/> MC/MX										52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -										127e 26																																																																																																																			
19	Number & Street -										83 -										84 -										85 -										86 -										87 42										88 M										89 -										90 -										91 -										92 04										93 04										94 -										95 -										Names & Addresses of Occupants - If Deceased, Date & Time of Death			128 02		
20	City -										State -			Zip -			City -										State -			Zip -			129 02																																																																																																																	
21	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe)										<input checked="" type="checkbox"/> No										130 02																																																																																																																													
22	Oper. -										136 Charge -										137 Summons. No. -										Oper. -										138 Charge -										139 Summons. No. -										131 11																																																																																					
23	Oper. -										140 Charge -										141 Summons. No. -										Oper. -										142 Charge -										143 Summons. No. -										132 11																																																																																					
24	Oper. -										144 Charge -										145 Summons. No. -										Oper. -										146 Charge -										147 Summons. No. -										133 03																																																																																					
25	Oper. -										148 Charge -										149 Summons. No. -										Oper. -										150 Charge -										151 Summons. No. -										134 04																																																																																					

97	1 Case Number <b>23NB09239</b>		10 Crash Occurred On: <b>MITCHELL AVE</b>		11 Speed Limit <b>25</b>	118a
98	2 Police Dept of <b>NEW BRUNSWICK PD</b>		Code <b>01</b>		118b	
01	3 Station/Precinct		<input checked="" type="checkbox"/> At Intersection With Road Name Dir <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: <b>LANGLEY PL</b> <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W 14 15 16		119a	
99	4 Date of Crash mm dd yy <b>10/22/23</b>		5 Day Of Week <b>SUNDAY</b>		119b	
07	6 Time (use 2400 hrs) <b>1144</b>		7 Municipality Code <b>1214</b>		119c	
100a	8 Total Killed <b>--</b>		9 Total Injured <b>--</b>		120a	
01	20 Route/Name		21 Latitude		22 Longitude	

100b	23 Veh # <b>3</b>	24 Policy No. <b>226 5608-E06-30B</b>	25 NJ Ins. Code <b>962</b>	53 Veh #	54 Policy No.	55 NJ Ins. Code	120b
04	<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 type="checkbox"/> Hit & Run		121a		

02	26 Driver's First Name Initial Last Name		29 Sex	56 Driver's First Name Initial Last Name		59 Sex	121a
01	27 Number & Street			57 Number & Street			121b
03	28 City State Zip			58 City State Zip			122

3	30 Eyes	DL Class	Restrictions	Endorsements	31 State	60 Eyes	DL Class	Restrictions	Endorsements	61 State	122
	-	-	-	-	-	-	-	-	-	-	10

105	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
03	-		-	-	-		-	-	-

106	35 Owner's First Name Initial Last Name		65 Owner's First Name Initial Last Name		124
-	<input type="checkbox"/> Same As Driver <b>SANDRA T AZCONAESPINALDI-</b>		<input type="checkbox"/> Same As Driver - - -		-

107	36 Number & Street		66 Number & Street		125
-	<b>4 CLASS PL</b>		-		-
108	37 City State Zip		67 City State Zip		126a
01	<b>NEW BRUNSWICK NJ 08901</b>		-		-

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	126b
-	<b>HON</b>	<b>FIT</b>	<b>BL</b>	<b>2008</b>	<b>T85 RUP</b>	<b>NJ</b>	-	-	-	-	-	-	-

110	44 VIN		45 Expires	74 VIN		75 Expires	126c
01	<b>JHMGD38648S049021</b>		<b>02 24</b>	-		-	-

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
-	<input checked="" type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded		<input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded		-

113	47 Authority		77 Authority		127a
-	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		-

114	48 Alcohol/Drug Test		49 Hazardous Material		78 Alcohol/Drug Test		79 Hazardous Material		127b
-	Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		<input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		<input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		-

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	50 Carrier No.		51 GVWR/GCWR		80 Carrier No.		81 GVWR/GCWR		127d
-	<input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None		<input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		<input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None		<input type="checkbox"/> Weight <= 10,000 lbs <input type="checkbox"/> Weight 10,001-26,000 lbs <input type="checkbox"/> Weight >= 26,001 lbs		127e

117	52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity		128
-	-		-		-

118	Number & Street		Number & Street		129
-	-		-		-
119	City State Zip		City State Zip		130
-	-		-		-

120	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No		131
-	-		-

121	Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.	132
-	-	-	-	-	-	-	-
122	Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.	133
-	-	-	-	-	-	-	-

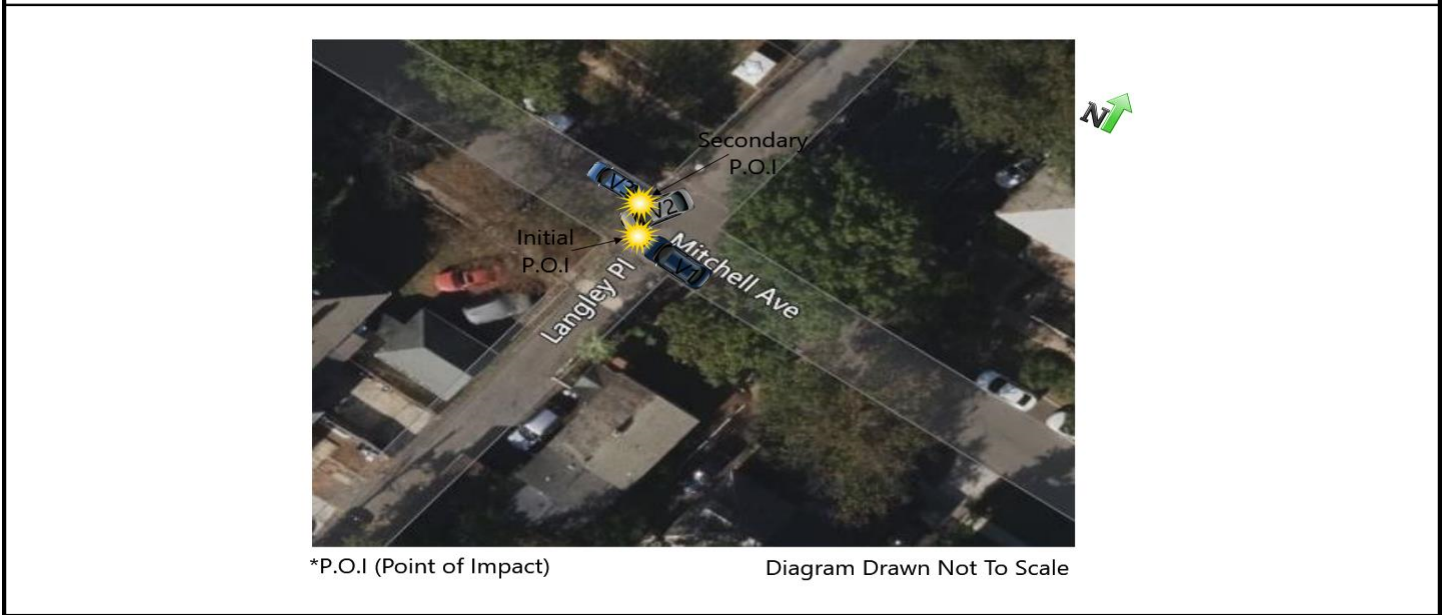
123	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death		134
A																-
B																-
C																-
D																-

<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09239</u>
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(Refer to vehicle by number)

	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
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														

144 Crash Diagram (NOT TO SCALE)



\*P.O.I (Point of Impact)

Diagram Drawn Not To Scale

145 Crash Description/Narrative

Vehicle # 1 (V1) was traveling west on Mitchell Ave and was heading towards the direction of Somerset St. The driver of V1 stated that as he came to the intersection of Langley Pl, vehicle # 2 (V2) entered his lane of travel and collided with his vehicle. Vehicle # 1 sustained moderate damages to the passenger side front bumper/ fender and there were no reported injuries from the occupant of this vehicle.

Vehicle # 2 (V2) was traveling south on Langley Pl and was attempting to make a right hand turn onto Mitchell Ave. The driver of V2 stated that she came to a complete stop prior to entering Mitchell Ave. She stated that she looked to her left and to her right and did not observe any vehicle traffic approaching towards her direction. She stated that as she made the right-hand turn and entered Mitchell Ave, she was impacted by V1. The force generated from the impact caused her vehicle to collide with a parked motor vehicle # 3 (V3). Vehicle # 2 sustained damages to the driver side front bumper/ fender rendering it to be disabling. Vehicle # 2 also sustained minor damages to the passenger side front door from colliding with V3. Parked vehicle # 3 sustained minor damages to the driver side rear bumper. There were no reported injuries from the occupant of V2.

Patrol Vehicle 912

146 Officer's Signature <b>KARLO SARMIENTO</b>	147 Badge # <b>7285</b>	148 Reviewer <b>MARTINEZ</b>	Badge # <b>5250</b>	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

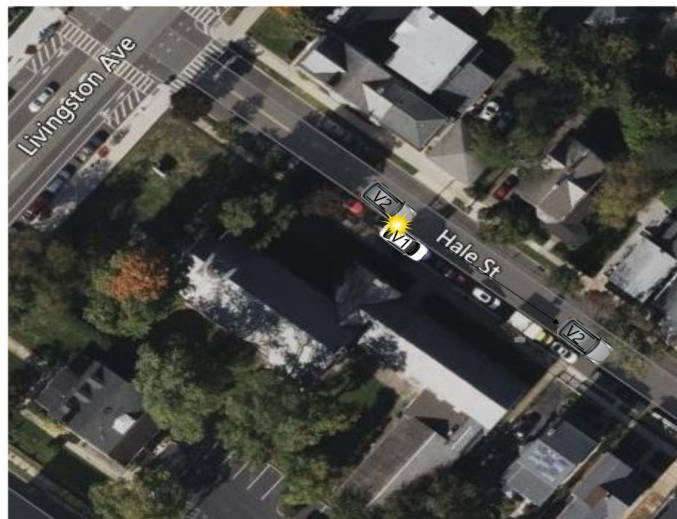
Station: - Case No: 23NB09266

(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														
H														
V														
E														
I														
D														
J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

The owner of V1 stated her vehicle was parked across the street from her house near 226 Hale St. She further stated a neighbor alerted her at home that her vehicle was struck by a gray minivan. The driver of the minivan left the scene before anyone could capture his license plate. She was told the minivan was being driven by an older male.

V1 sustained damage to the driver side rear fender and wheel area. The tire was bent leaving the vehicle disabled while parked.

There were no cameras in the area that captured the accident. I have nothing further.

146 Officer's Signature  
JAMES BENNETT

147 Badge #  
7315

148 Reviewer  
MARTINEZ

Badge #  
5250

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

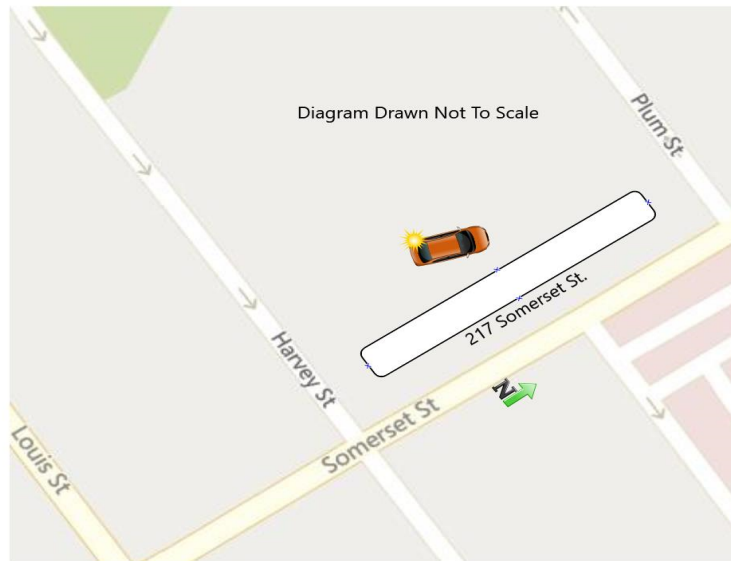
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09275

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Owner of Vehicle 1 reports finding her parked and unoccupied vehicle had been struck in a hit-and-run accident.

146 Officer's Signature  
MICHAEL YACUK

147 Badge #  
7283

148 Reviewer  
REGAN

Badge #  
7313

149 Case Status  
 Pending  Complete

05 1 Case Number 23 NB09275 118a 2.5
97 10 Crash Occurred On: 217 SOMERSET STREET - 11 Speed Limit 25
01 2 Police Dept of NEW BRUNSWICK PD Code 01 118b 2.5
98 3 Station/Precinct NEW BRUNSWICK 119a 0.0
07 4 Date of Crash 10/23/23 5 Day Of Week MONDAY 119b 0.0
01 6 Time (use 2400 hrs) 1535 7 Municipality Code 1214 8 Total Killed -- 9 Total Injured -- 120a 0.0

100b 23 Veh # 1 24 Policy No. 939 947 471 25 NJ Ins. Code 054 53 Veh # 2 54 Policy No. 00 55 NJ Ins. Code 00
04 26 Driver's First Name Initial Last Name 29 Sex 56 Driver's First Name Initial Last Name 59 Sex
01 27 Number & Street 57 Number & Street
01 28 City State Zip 58 City State Zip
2 30 Eyes DL Class Restrictions Endorsements 31 State 60 Eyes DL Class Restrictions Endorsements 61 State

105 32 Driver's License Number 33 DOB 34 Expires 62 Driver's License Number 63 DOB 64 Expires
00 35 Owner's First Name Initial Last Name 65 Owner's First Name Initial Last Name
106 36 Number & Street 300 HAMILTON STREET APT A1 66 Number & Street 307 LEE AVENUE
107 37 City State Zip 38 Make 39 Model 40 Color 41 Year 42 Plate No. 43 State 67 City State Zip 68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State

108 38 Make ACCORD 39 Model RD 40 Color 2023 42 Plate No. X99 SEN 43 State NJ 68 Make TOYOTA 69 Model HIGHLANDER 70 Color WT 71 Year 2017 72 Plate No. E12LWF 73 State NJ
109 44 VIN 1HGCV2F60PA039948 45 Expires 06 27 74 VIN 5TDJZR4H4HS390721 75 Expires 09 24
110 46 Vehicle Removed To 112 47 Authority 00 48 Alcohol/Drug Test 49 Hazardous Material 78 Alcohol/Drug Test 79 Hazardous Material

111 50 Carrier No. 51 GVWR/GCWR 80 Carrier No. 81 GVWR/GCWR
117 52 Motor Carrier or Government Entity 82 Motor Carrier or Government Entity
118 53 Motor Carrier or Government Entity 83 Motor Carrier or Government Entity
119 54 Motor Carrier or Government Entity 84 Motor Carrier or Government Entity

120 55 Motor Carrier or Government Entity 85 Motor Carrier or Government Entity
121 56 Motor Carrier or Government Entity 86 Motor Carrier or Government Entity
122 57 Motor Carrier or Government Entity 87 Motor Carrier or Government Entity
123 58 Motor Carrier or Government Entity 88 Motor Carrier or Government Entity

124 59 Motor Carrier or Government Entity 89 Motor Carrier or Government Entity
125 60 Motor Carrier or Government Entity 90 Motor Carrier or Government Entity
126 61 Motor Carrier or Government Entity 91 Motor Carrier or Government Entity
127 62 Motor Carrier or Government Entity 92 Motor Carrier or Government Entity

Table with columns for occupant numbers (83-95) and names/addresses. Includes rows A, B, C, D.

New Jersey Police  
Crash Investigation Report

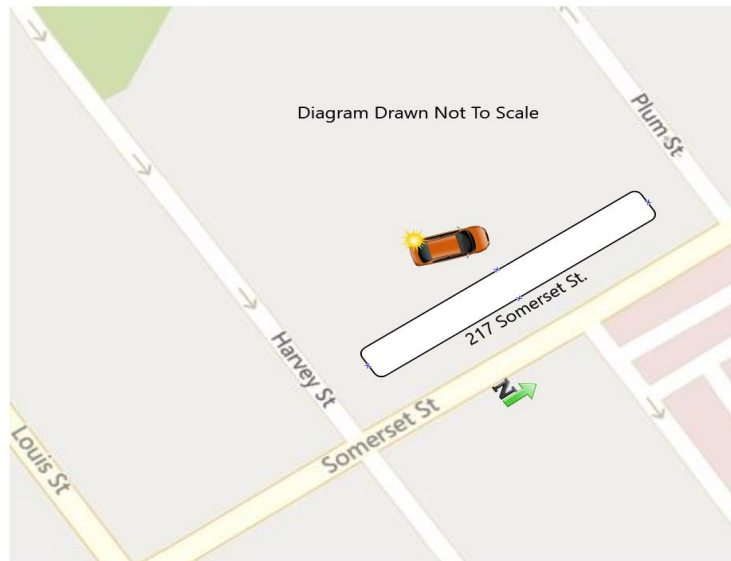
Police Dept: NEW BRUNSWICK PD Code: 01

Station: NEW BRUNSWICK Case No: 23NB09275

(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														
F														
N														
V														
O														
L														
V														
E														
I														
D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Owner of Vehicle 1 reports finding her parked and unoccupied vehicle had been struck in a hit-and-run accident.

On 11/7/23 I received a phone call from Vehicle Owner 1 who reports that she was able to observe video cameras which showed NJ E12LWF striking her vehicle and leaving. This information was subsequently added to the report.

146 Officer's Signature  
MICHAEL YACUK

147 Badge #  
7283

148 Reviewer  
DAUGHTON

Badge #  
5288

149 Case Status  
 Pending  Complete



New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09284

(Refer to vehicle by number)

A L L I N V O L V E I D	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 veh. 1 stated that he was traveling in the rear portion of the parking lot at 11 U.S. Hwy 1. He stated that as he was going straight ahead, he observed veh. 2, that was in front of him, begin to reverse. Driver of veh. 1 stated that he pressed his car horn and began to reverse so he would not be struck by veh. 2. As he was doing so, he stated that veh. 2 was backing up too fast and struck the front of veh. 1. Driver of veh. 1 was not injured.

Driver of veh. 2 stated that he was in the rear parking lot of 11 U.S. Hwy 1. He stated that he began to reverse his vehicle and did not see veh. 1 and struck it. Driver of veh. 2 was not injured. The registration of veh. 2 was expired and the driver of veh. 2 was issued a summons.

146 Officer's Signature  
MIGUEL CHANG

147 Badge #  
7244

148 Reviewer  
REGAN

Badge #  
7313

149 Case Status  
 Pending  Complete





New Jersey Police  
Crash Investigation Report

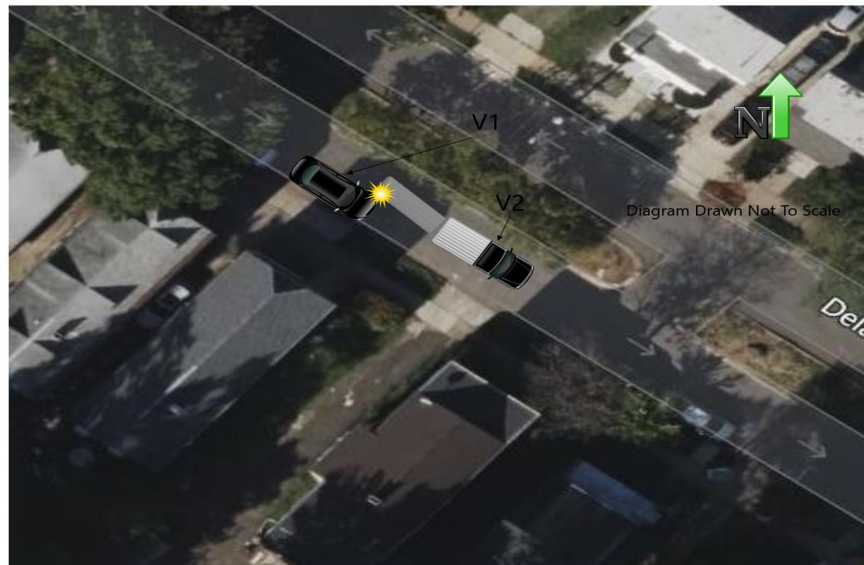
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09159

(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														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was inside of her car pulled off to the side when Vehicle 2 came by and struck her vehicle with the trailer. There is visible damage to the front bumper of Vehicle 1.

Driver 2 stated he was driving on Delevan Street when he struck Vehicle 1 with the trailer. There is no damage to his vehicle or the trailer.

I advised both parties that a report would be generated for them, and to follow up with their insurance companies regarding this incident.

P/ O Tiongson-Cradic # 7379

146 Officer's Signature

TAYLOR TIONGSON-CRADIC

147 Badge #

7379

148 Reviewer

EVANS

Badge #

5275

149 Case Status

Pending  Complete

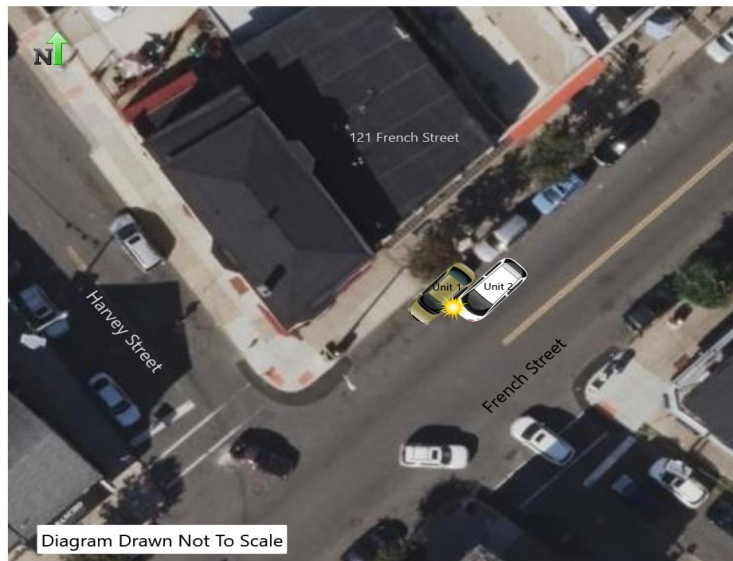


<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09258</u>
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(Refer to vehicle by number)

	Veh Oce	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
A L L I F I N G 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

No injuries reported.

Driver of vehicle 1 stated he had parked outside of 121 French Street and opening the driver's side door to exit the vehicle when a white Honda CRV that was driving southbound on French Street collided with the open door to his car. The white Honda fled the scene. Vehicle 1 sustained moderate damage to the driver's side front door.

The white Honda CRV left a trail of gasoline down French Street but was unable to be located.

146 Officer's Signature <b>AMANDA SHAW-KOEHLER</b>	147 Badge # <b>7377</b>	148 Reviewer <b>BROWN</b>	Badge # <b>5222</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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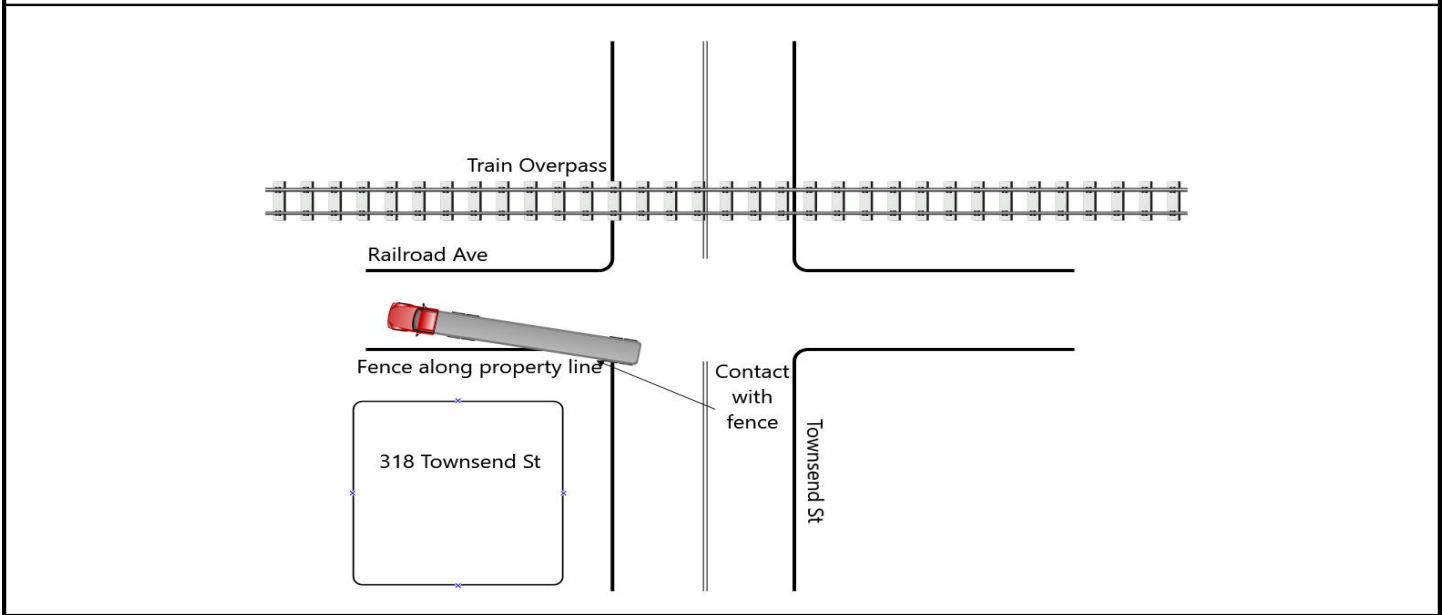


<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09429</u>
---	---

(Refer to vehicle by number)

	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
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)



145 Crash Description/Narrative

On the afternoon of 10/27/2023 I (Officer M Ganzer) responded to 318 Townsend St, which is a small church. Once I arrived I was met by the Pastor, Mr. Julio Rosa, who informed me that on Monday 10/23/2023 at approximately 11:30am a tractor trailer caused damage to the fence on the church property. He showed me video that clearly showed a white tractor trailer with the words "Extra Lease" on the trailer hit the metal fence and damage it. The truck appeared to have made a last minute turn to avoid a railroad overpass immediately adjacent to the church property. The overpass had a low clearance height of only 11'06". It was clear that the driver knew that the fence was damaged because the trucks wheels (which caused the damage) stopped when the truck contacted the fence. There were no license plates visible on the trailer or the cab, but there was a visible U.S. D.O.T. number (230878) and an MCICC number as well (786529). A check of the DOT number yielded the following results;

American Brokers Service Inc  
 11500 NW So. River Drive # 8  
 Medley, FL 33178  
 305-805-8364  
 P. O. Box 160192  
 Hialeah, FL 33016

Nothing further.

146 Officer's Signature <b>MATTHEW GANZER</b>	147 Badge # <b>7295</b>	148 Reviewer <b>CALOGERO</b>	Badge # <b>5292</b>
			149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete

04	1 Case Number 23 NB08944										118a						
97	10 Crash Occurred On: GEORGES ROAD N 11 Speed Limit 25										-						
98	2 Police Dept of NEW BRUNSWICK PD					Code 01					118b						
06	3 Station/Precinct -										85						
99	<input type="checkbox"/> At Intersection With Road Name Dir <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: SANDFORD STREET <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W 12 Route No. Suffix 13 Milepost 18 Speed Limit 25										119a						
07	4 Date of Crash mm dd yy 10/ 19/ 23		5 Day Of Week THURSDAY		6 Time (use 2400 hrs) 2227		7 Municipality Code 1214		8 Total Killed --		9 Total Injured --		119b				
100a	21 Latitude - 22 Longitude -										-						
02	23 Veh # 24 Policy No. 25 NJ Ins. Code 53 Veh # 54 Policy No. 55 NJ Ins. Code										01						
04	1 0475389-B04-30Y					2 915216478					*32786		120b				
101	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input 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					121a						
102	ALVIN A GONZALES - M					EDUARDO - SORIANOROJAS - M					01						
01	27 Number & Street										121b						
103	13 OAK KNL										-						
01	28 City State Zip					58 City State Zip					-						
104	LN BEDMINSTER NJ 07921					LAKEWOOD NJ 08701					-						
2	30 Eyes DL Class Restrictions		Endorsements 31 State		60 Eyes DL Class Restrictions		Endorsements 61 State		122								
01	02 D 01 00		NJ		02 D 00		NJ		01								
105	32 Driver's License Number				33 DOB mm dd yyyy		34 Expires mm yy				123						
01	G64590356110732				10/ 01/ 1973		10 26				01						
106	35 Owner's First Name Initial Last Name					65 Owner's First Name Initial Last Name					124						
-	<input checked="" type="checkbox"/> Same As Driver ALVIN A GONZALES -					<input type="checkbox"/> Same As Driver JOHN A COTTO BLANCO -					-						
107	36 Number & Street					66 Number & Street					125						
-	13 OAK KNL					4201 CLARIDGE ST APT 1					-						
108	37 City State Zip					67 City State Zip					126a						
01	LN BEDMINSTER NJ 07921					PHILADELPHIA PA 19124					26						
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		126b				
01	ACU TLX		BK 2018 PT32LE		NJ		BMW 3 SERIES		BL 2013 LNF8870		PA		-				
110	44 VIN				45 Expires		74 VIN				75 Expires		126c				
01	19UUB3F6XJA006412				01 24		WBA3A5C51DF453090				12 23		-				
111	46 Vehicle Removed To										126d						
01	-										-						
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										126e						
-	-										26						
113	47 Authority					77 Authority					127a						
-	<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police					<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police					26						
114	48 Alcohol/Drug Test				49 Hazardous Material				79 Hazardous Material				127b				
-	Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused				<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill				-				
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				
-	Results: 0. - % <input type="checkbox"/> Pending				Hazard Class Placard No.				Results: 0. - % <input type="checkbox"/> Pending				-				
116	50 Carrier No.				51 GVWR/GCWR				80 Carrier No.				81 GVWR/GCWR				127d
01	<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				-
01	<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				-
-					<input type="checkbox"/> Weight >= 26,001 lbs								<input type="checkbox"/> Weight >= 26,001 lbs				26
117	52 Motor Carrier or Government Entity										128						
-	-										26						
118	Number & Street										129						
-	-										06						
119	City State Zip					City State Zip					130						
-	-					-					06						
120	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No										131						
-	-										12						
121	Oper. 136 Charge		137 Summons. No.		Oper. 138 Charge		139 Summons. No.		12								
-	-		-		-		-		-								
122	Oper. 140 Charge		141 Summons. No.		Oper. 142 Charge		143 Summons. No.		03								
-	-		-		-		-		-								

																Names & Addresses of Occupants - If Deceased, Date & Time of Death										
A	1	01	01	05	50	M	-	-	01	11	04	-	-	ALVIN - GONZALES										-		
B	2	01	01	05	29	M	-	-	01	11	04	-	-	13 OAK KNOLL LN BEDMINSTER NJ 07921 -										-		
C														EDUARDO - SORIANOROJAS										-		
D														748 NEW HAMPSHIRE LAKEWOOD NJ 08701 -										-		

New Jersey Police  
Crash Investigation Report

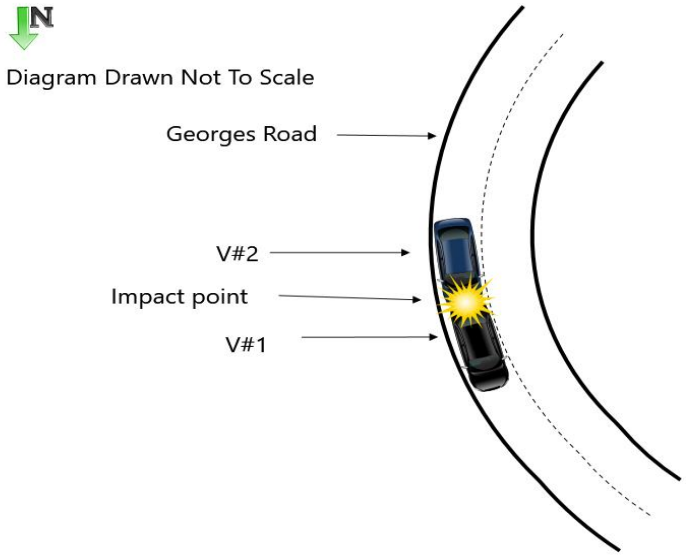
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB08944

(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														
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D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V# 1 stated he was driving down Georges Road when his vehicle was struck from behind by driver of V# 2. Driver of V# 1 suffered moderate damage to his rear bumper but the vehicle was functioning. Driver of V# 1 stated that he did not need medical attention at this time.

Driver of V# 2 said he was making a left hand turn onto Georges Road when he struck the back of V# 1 causing minor damage to his front bumper. Driver of V# 2 did not need medical attention at this time.

146 Officer's Signature CHRISTOPHER SISCO	147 Badge # 7371	148 Reviewer SALTER	Badge # 5300	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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New Jersey Police  
Crash Investigation Report

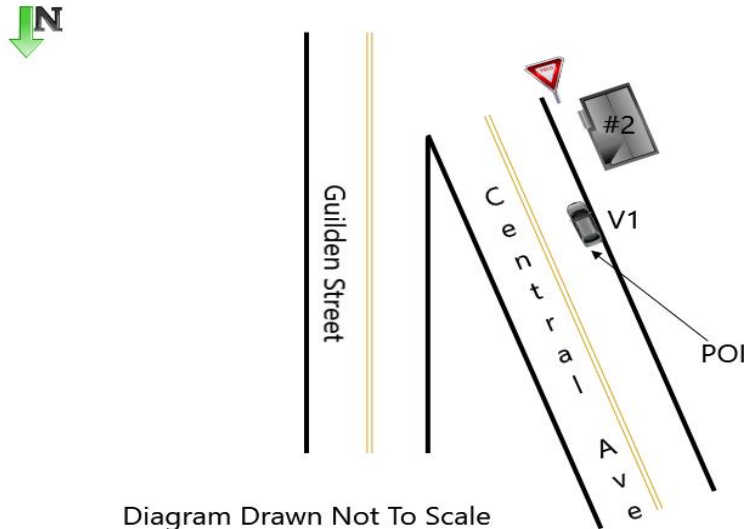
Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09268

(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														
V														
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L														
V														
E														
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D														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On 10/23/23 the undersigned (915) was dispatched to the area of 2 Central Ave for a motor vehicle hit & run crash. Upon arrival, I interviewed the driver of vehicle 1 Christian Rial. Rial stated that he parked vehicle 1 near 2 Central Ave on 10/22/23 at approximately 1600. Rial returned to vehicle 1 on 10/23/23 at approximately 1115 and observed that vehicle 1 was struck. Vehicle 1 had visible damage to the driver side rear bumper area. There are no suspects or witnesses at this time.

146 Officer's Signature  
ROBERT BOGDANSKI

147 Badge #  
7272

148 Reviewer  
MARTINEZ

Badge #  
5250

149 Case Status  
 Pending  Complete

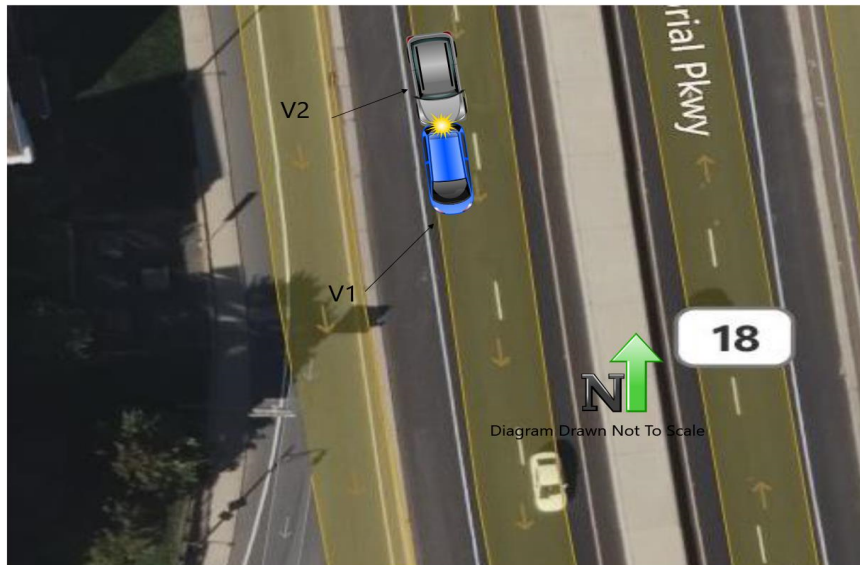


<b>New Jersey Police Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09098</u>
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(Refer to vehicle by number)

	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														
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V														
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H														
V														
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144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was driving south on Route 18 when he was struck from behind by a unidentified work van. After which, the van goes around him and continues driving south on Route 18. Driver 1 did not report any injuries at this time.

I advised Drive 1 that a report would be generated for him, and to follow up with his insurance company regarding this incident.

P/ O Tiongson-Cradic # 7379

146 Officer's Signature <b>TAYLOR TIONGSON-CRADIC</b>	147 Badge # <b>7379</b>	148 Reviewer <b>EVANS</b>	Badge # <b>5275</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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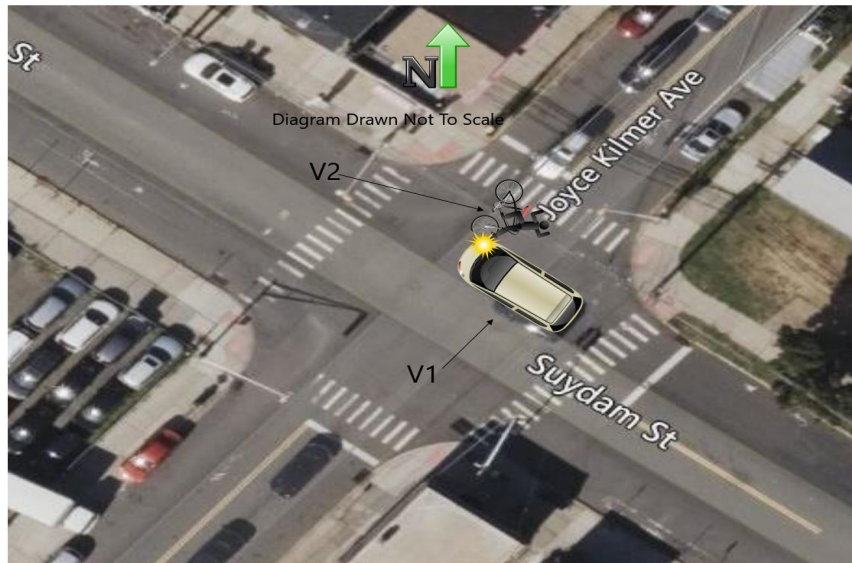


<b>New Jersey Police Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09179</u>
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(Refer to vehicle by number)

	Veh Oce	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
A L L  I F  N V O L H  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

A pedestrian walked up to a Police Officer on a road job and reported that he was struck by Vehicle 1. Emergency Medical Services was already notified and transported Driver 2 prior to my arrival.

Upon arrival at Robert Wood Johnson University Hospital, Driver 2 stated he was riding his bicycle on the street, delivering food, when he was struck by Vehicle 1. Afterward, he walked over to deliver his food on Hale Street, and then walked back to report the accident to a Police Officer. Driver 2 was unable to see Driver 1; however, he was able to obtain a picture of Vehicle 1 from a witness that left the scene shortly afterward. Driver 2's bicycle had no damage. Driver 2 complained of pain to his entire body on the left side.

Driver 2 was advised that a report would be generated for him, and to follow up with his insurance company regarding this incident.

Summonses were issued to the registered owner of Vehicle 1 for the following: Careless Driving, Leaving the Scene of an Accident, and Failure to Report an Accident.

P/ O Tiongson-Cradic # 7379

146 Officer's Signature <b>TAYLOR TIONGSON-CRADIC</b>	147 Badge # <b>7379</b>	148 Reviewer <b>EVANS</b>	Badge # <b>5275</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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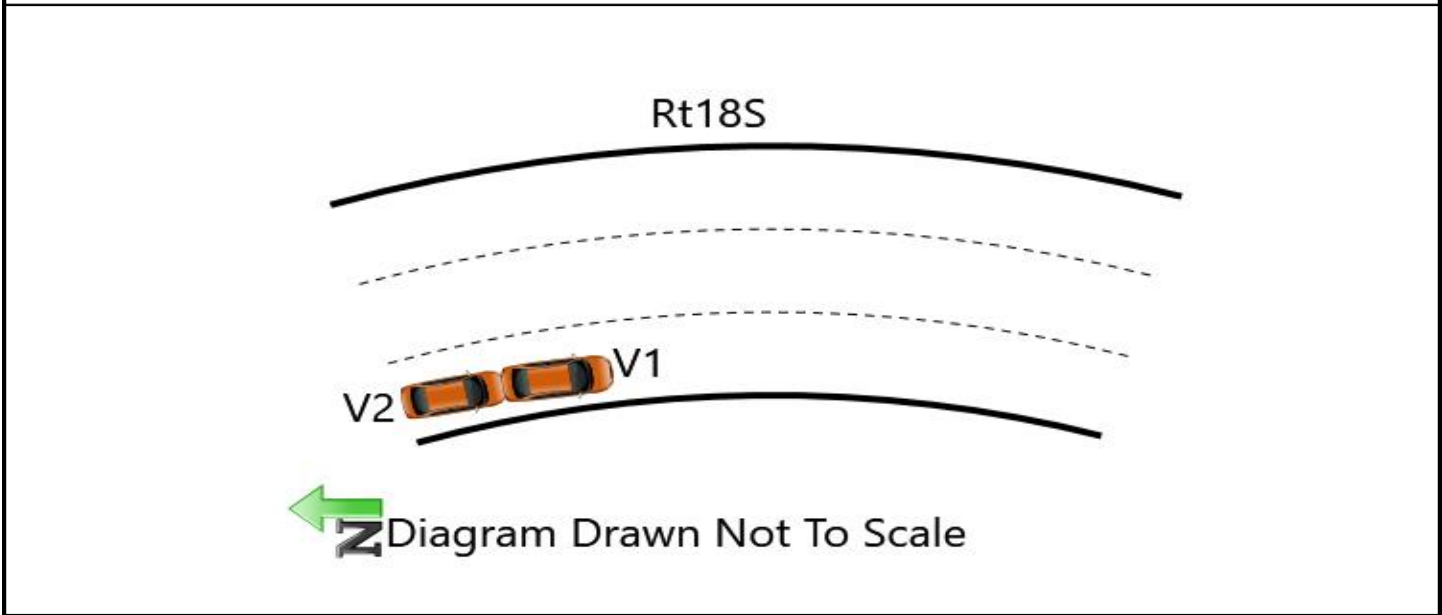


<b>New Jersey Police</b> <b>Crash Investigation Report</b>	Police Dept: <u>NEW BRUNSWICK PD</u> Code: <u>01</u> Station: <u>-</u> Case No: <u>23NB09188</u>
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(Refer to vehicle by number)

	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
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	

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 stated that he was in thick stop and go traffic (common for that area and time of day). He said he was almost stopped when V2 abruptly struck him from behind.

D2 said she saw that V1 had accelerated and there was a sizable gap between V1 and V2. D2 said that she accelerated, but just then V1 began to stop again. D2 said that she applied her brakes but that she skidded on the wet roadway. D2 said that she then accidentally struck V1.

Neither driver claimed any injuries at the scene. I observed minor damage to the rear of V1 and more significant damage to the front of V2. Both vehicles were still drivable. D2 is at fault in this crash.

Nothing further.

146 Officer's Signature <b>MATTHEW GANZER</b>	147 Badge # <b>7295</b>	148 Reviewer <b>CALOGERO</b>	Badge # <b>5292</b>	149 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
--	----------------------------	---------------------------------	------------------------	--



96	PAGE 1 OF 2 <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report										New Jersey Police Crash Investigation Report																																																	
05	1 Case Number 23NB09278										10 Crash Occurred On: 401 JERSEY AVE.										11 Speed Limit 25																																							
01	2 Police Dept of NEW BRUNSWICK PD										Code 01										12 Route No. -										13 Milepost -																													
98	3 Station/Precinct -										14 -										15 -										16 -																													
01	4 Date of Crash mm dd yy 10/23/23										5 Day Of Week MONDAY										6 Time (use 2400 hrs) 1644										7 Municipality Code 1214										8 Total Killed --										9 Total Injured --									
100a	23 Veh # 1										24 Policy No. 4037238567										25 NJ Ins. Code 100										53 Veh # 2										54 Policy No. 4117721334										55 NJ Ins. Code 148									
04	<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 type="checkbox"/> Hit & Run																																																	
02	26 Driver's First Name Initial Last Name -										29 Sex -										56 Driver's First Name Initial Last Name ERIN T COMOLLO										59 Sex F																													
01	27 Number & Street -										57 Number & Street 7 HIRAM SQ.																																																	
01	28 City State Zip -										58 City State Zip NEW BRUNSWICK NJ 08901																																																	
2	30 Eyes DL Class Restrictions Endorsements 31 State -										60 Eyes DL Class Restrictions Endorsements 61 State 02 D - NJ																																																	
105	32 Driver's License Number -										33 DOB mm dd yyyy -										34 Expires mm yy -										62 Driver's License Number C63582338352842										63 DOB mm dd yyyy 02/16/1984										64 Expires mm yy 02 25									
06	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver KIARA M HARRIS										65 Owner's First Name Initial Last Name <input checked="" type="checkbox"/> Same As Driver ERIN T COMOLLO																																																	
106	36 Number & Street 74 GALLOP LN.										66 Number & Street 7 HIRAM SQ.																																																	
107	37 City State Zip SOMERSET NJ 08873										67 City State Zip NEW BRUNSWICK NJ 08901																																																	
01	38 Make 39 Model 40 Color 41 Year 42 Plate No. 43 State JEEP WRANGLER BK 2020 Y57FYH NJ										68 Make 69 Model 70 Color 71 Year 72 Plate No. 73 State JEEP UNKNOWN WT 2014 W41JJZ NJ																																																	
09	44 VIN 1C4GJXAN5LW228611										45 Expires 10 23										74 VIN 1C4RJFBG7EC505721										75 Expires 10 24																													
110	46 Vehicle Removed To -										76 Vehicle Removed To -																																																	
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																																																	
112	47 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										77 Authority <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police																																																	
113	48 Alcohol/Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - % <input type="checkbox"/> Pending										49 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.										78 Alcohol/Drug Test Given: <input 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										79 Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.																													
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																													
117	52 Motor Carrier or Government Entity -										82 Motor Carrier or Government Entity -																																																	
-	Number & Street -										83 Number & Street -																																																	
-	City State Zip -										84 City State Zip -																																																	
-	135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No																																																											
115	Oper. 136 Charge -										137 Summons. No. -										Oper. 138 Charge -										139 Summons. No. -																													
01	Oper. 140 Charge -										141 Summons. No. -										Oper. 142 Charge -										143 Summons. No. -																													
02																																																												
02	83 84 85 86 87 88 89 90 91 92 93 94 95										Names & Addresses of Occupants - If Deceased, Date & Time of Death																																																	
A	01 01 - - 33 F - - - - -										SAME A OWNER OF VEH. 1 - - - - -																																																	
B	02 01 - - 39 F - - - - -										SAME AS DRIVER OF VEH. 2 - - - - -																																																	
C																																																												
D																																																												

New Jersey Police  
Crash Investigation Report

Police Dept: NEW BRUNSWICK PD Code: 01

Station: - Case No: 23NB09278

(Refer to vehicle by number)

	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	
	Occ	In/On		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	Names & Addresses of Occupants - If Deceased, Date & Time of Death

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Owner of veh. 1 stated that she was parked in the parking lot of 401 Jersey Ave. She stated that she was sitting in the driver seat when veh. 2 entered the parking lot and attempted to park in the parking stall next to her vehicle. She stated that as veh. 2 began to enter the stall, it struck her vehicle. She was not injured.

Driver of veh 2 stated that she entered the parking lot of 401 Jersey Ave. and attempted to park her vehicle in an open parking stall. As she did so, she stated that veh. 1 was parked at an angle in the adjoining parking stall and struck the front right side of it's fender. Driver of veh. 2 was not injured.

146 Officer's Signature  
MIGUEL CHANG

147 Badge #  
7244

148 Reviewer  
REGAN

Badge #  
7313

149 Case Status  
 Pending  Complete