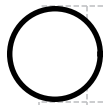


96	03	Page 1 of 3 <input type="checkbox"/> Fatal		New Jersey Police Crash Investigation Report										<input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report			118a	00									
97	01	1. Case Number 21014196			10. Crash Occurred On: RT 9			11. Speed Limit 55			12. Route No. 0009			13. Milepost 123.18			118b	-									
98	06	2. Police Dept. of OLD BRIDGE Code 01			30. At Intersection with 50			31. Road Name FERRY RD Dir			32. 18. Speed Limit 40			33. 18. Speed Limit 40			119a	25									
99	02	3. Station/Precinct -			34. <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles			35. <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W			36. 19. <input type="checkbox"/> To: 17. Cross Road Name/Route No.			37. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB			119b	-									
100a	01	4. Date of Crash mm dd yy 04 03 21			5. Day of Week Su M Tu W Th F Sa 6			6. Time (use 2400 hrs.) 0340			7. Municipality Code 1209			8. Total Killed 01			9. Total Injured -			120a	00						
100b	04	23. Veh. # 01			24. Policy No. 931616529			25. NJ Ins. Code 135			53. Veh. # 02			54. Policy No. A20B8960			55. NJ Ins. Code 40088			120b	-						
101	02	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run			26. Driver's First Name Initial Last Name MIGUEL P REIS			29. Sex M			<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run			56. Driver's First Name Initial Last Name FRANCISCO - SANTOS			59. Sex M			121a	01						
102	01	27. Number & Street 20 SCHINDLER DR N			28. City OLD BRIDGE State NJ Zip 08857			57. Number & Street 33 FISHER AVE Apt#5E			58. City WHITE PLAINS State NY Zip 10603			61. State NY			62. State NY			121b	-						
103	01	30. Eyes 04			31. DL Class D-			32. Restrictions - - - -			33. Endorsements - -			34. 60. Eyes 02			61. DL Class A-			62. Restrictions B - - -			63. Endorsements - -			122	01
104	02	32. Driver's License Number R2300			33. DOB mm dd yy 020699			34. Expires mm yy 0421			62. Driver's License Number 64265			63. DOB mm dd yy 071975			64. Expires mm yy 0727			123	01						
105	01	35. Owner's First Name Initial Last Name			<input checked="" type="checkbox"/> Same as Driver			65. Owner's First Name Initial Last Name			<input type="checkbox"/> Same as Driver WENDY TRANSPORT LLC			124			04										
106	-	36. Number & Street -			66. Number & Street 449 MOUNTAINVIEW AVE Apt#402			125			03																
107	-	37. City -			67. City ORANGE State NJ Zip 07050			126a			26																
108	01	38. Make BMW			39. Model 328			40. Color BK			41. Year 2008			42. Plate No. J30LSR			43. State NJ			126b	-						
109	23	44. VIN WBAAVA33568K054699			45. Expires 09/21			68. Make VOL			69. Model VNL			70. Color WT			71. Year 2005			72. Plate No. AW368X			73. State NJ			126c	-
110	01	46. Vehicle Removed to: LOGAN'S TOWING			<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input checked="" type="checkbox"/> Towed Disabled & Impounded			<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded			76. Vehicle Removed to: LOGAN'S TOWING			<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input checked="" type="checkbox"/> Towed Disabled & Impounded			<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded			126d	-						
111	02	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police			48. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - - % <input type="checkbox"/> Pending			49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.			77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police			78. Alcohol Drug Test Given: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. - - % <input checked="" type="checkbox"/> Pending			79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No.			126e	26						
112	-	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX			51. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.			80. Carrier No. <input checked="" type="checkbox"/> USDOT 3284331 <input type="checkbox"/> MC/MX 1038944			81. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input checked="" type="checkbox"/> ≥ 26,001 lbs.			127a	26												
113	-	52. Motor Carrier or Government Entity -			82. Motor Carrier or Government Entity DANNY TRUCKING 1 LLC			127b			-			127c	-												
114	-	Number & Street -			Number & Street 123 WEST HIGHLAND PKWY			127d			-			127e	26												
115	-	City -			City ROSELLE State NJ Zip 07203			128			26			129	05												
116	03	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No			131			06			132			06													
117	03	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	04						
		Names & Addresses of Occupants If Deceased, Date & Time of Death																									
A	01	01	01	01	22	M	01	03	-	11	11	04	-	MIGUEL P REIS 20 SCHINDLER DR N OLD BRIDGE NJ 08857 TOD: 04/03/2021 04:36													
B	02	01	01	05	45	M	-	-	-	11	04	-	-	FRANCISCO SANTOS 33 FISHER AVE Apt#5E WHITE PLAINS NY 10603													
C	02	05	01	05	17	M	-	-	-	01	01	-	-	EDREE S SANTOS 33 FISHER AVE Apt#5E WHITE PLAINS NY 10603													
D	02	03	01	05	24	M	-	-	-	11	04	-	-	KENNY J GARCIA 87 ELDER AVE BERGENFIELD NJ 07621													

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)

SEE NJTR-1B

145. Crash Description/Narrative

Veh.2 was stopped at the red light in the center lane, Rt.9 south Ferry Rd. when he was struck from behind by Veh.1.

Driver of Veh.2 advised he was stopped at the red light. The light turned green and he took his foot off the brake to start to move forward. He was then struck from behind.

Veh.2 was pulling a trailer NJ reg.J30LSR.

Witness info. Mark Koltenuk, 01/28/1970. DL NC 000002884986. Cell #704-615-5807.

See P/O Connolly report for additional information and diagram.

Driver of Veh.1 was pronounced at 0436 by Dr. Purenchenko, RWJ Hospital. Medic #4330 Blizzard and #4008 Weber.

* I was unable to obtain insurance info for Veh.1.

146. Officer's Signature
HAMMEL, C

147. Badge #
230

148. Reviewer
BLAHOTA, M

Badge #
190

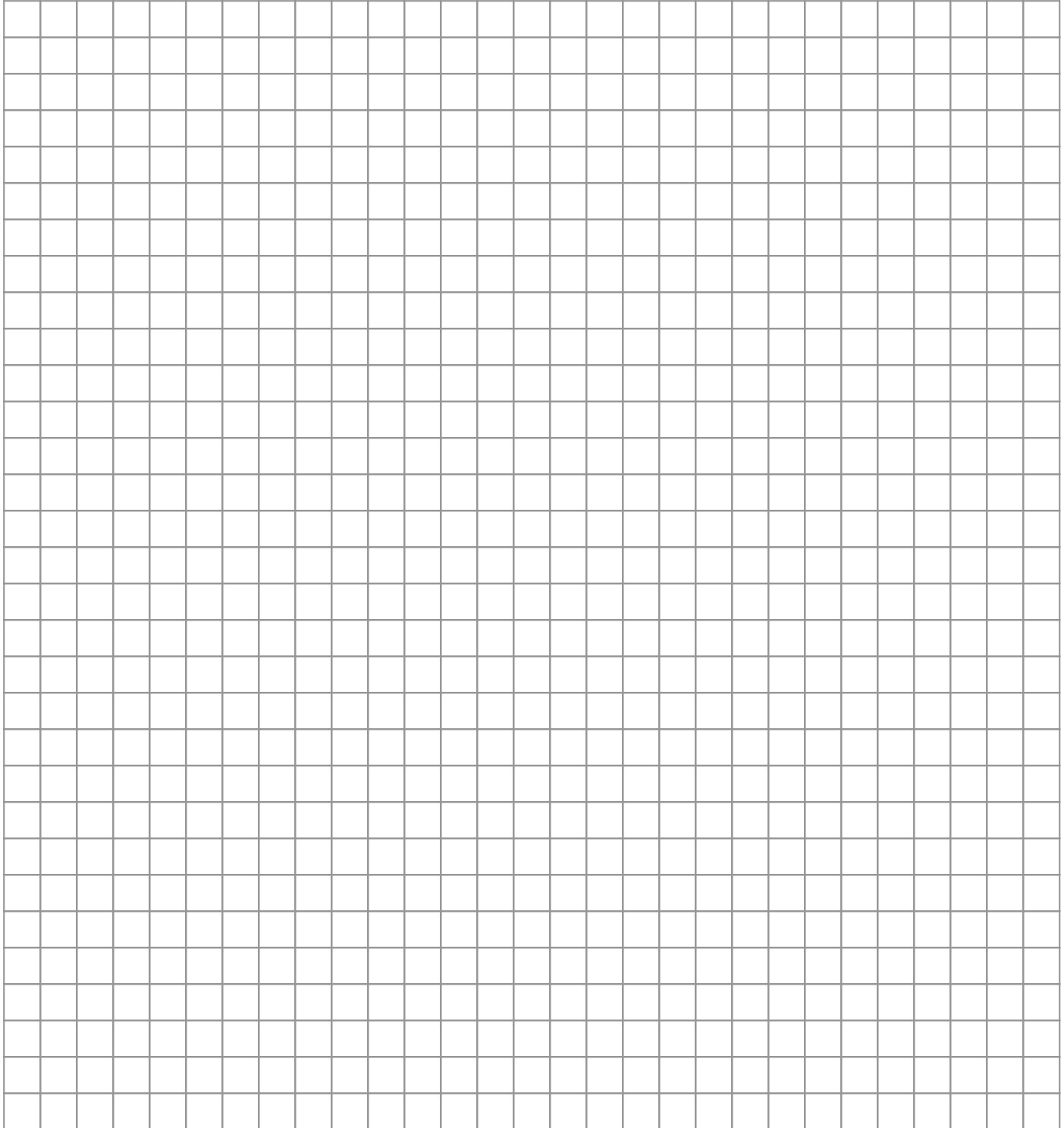
149. Case Status
 Pending Complete

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Diagram

Police Dept: OLD BRIDGE Code: 01
Station: - Case No: 21014196

144 Crash Diagram (NOT TO SCALE)

Indicate North



HAMMEL, C

230