

City of Linden

Union County, New Jersey
Department Of Police
City Hall - 301 North Wood Avenue
Linden, New Jersey 07036
(908) 474-8500



Salvatore G. Bivona CHIEF OF POLICE

RICHARD J. GERBOUNKA MAYOR

January 9, 2012

Dear Mir

My office has reviewed and fulfilled your OPRA Request. You requested document or documents indicating which vehicle was found to be at fault in the January 4, 2011 motor vehicle collision at the intersection of St. Georges Ave and Stiles Street. In response we have furnished you with a copy of the police report. You asked to obtain any copies of citations issued to either driver. There were no citations issued to either driver, you can refer to lines 137 and 139 on page 1 of the police report to confirm that information. Lastly, you asked that we assure that the documents provided indicate clearly the direction of movement of the vehicle whose driver was found to be at fault or cited, if you refer to page 3 you will find a depiction of the accident as well as a compass in the left hand corner to show direction of travel.

Good Day,

Jaysee Mojica

Clerk

Records Bureau

(908) -474-8555 (Phone)

(908) 474-8528 (Fax)

CC: City Clerk's Office

⁹⁶ 04	Page	1 of _	3		Fatal		New .	lerse	y Po	olice	Crasi	ı Inv	estig	ation R		Reportable	Non	-Reportable	Change Re	port
⁹⁷ 01	1 Case Nu	imber 1	1000	393	,		Crash curred Or	1:	W	ST	GEO	RGE	S AV	EN	11 Speed Limit 3 5	00	27		-1.[-[-]	118a 25
98 T	2 Police De	ept of EN, 1	T.		Code 01			At Ir		tion wit	n	oad N		Dir		12 Ro		Suffix 13 Mile	Speed Limit	118b
9801	3 Station/F							☐ Mile 15						19		Cross Road No			3 5] NB	119a
⁹⁹ 05	4 Date o		w	5 Day		\ /\res	6 Time e 2400 hi			nicipa lity ode		tal S	Total Injured	Ram	From: Latitude	20 Ro	ute/Name		SB WB	01
10001		0 4	11	Su M Th	F Sa	1	2 1	8	$\overline{}$	0 9	_		0 3	-1-			_			119b 02
¹⁰¹ 02	23 Veh No	24 Policy	No. B4	155		7					Code 26	- 1		54 Policy N	lo.			55	ns Code	
102	01 26 Driver's	Parke			Pedalc	ycilst	Resp	to Eme	ergenc	у□н	it & Run 29 Se)2 Driver's	Parked		Pedalcyclist	Resp	to Emergency	Hit & Run	- 01
01	ROBE 27 Number	RT						<u> </u>			M 30 Ey	1	YLV Number	IA					F 60 Eyes	121 01
01	and Street							· 			-	aı	nd Stree						2	101
¹⁰⁴ 02		DISO	N	···				State	N		0882	U		YAHWAY				NJ	^{Zip} 07065	5
105	31 State	32 Drivers	License	No				m	33 DC m dd		34 Expir	y I	State	62 Drivers	License No			mm dd yy	64 Expires mm yy	
04	35 Owner's	s First Nar	me		Initia	1	L	ast Nam	le.	L	1		J.J Owner	's First Nam	le l	Initial	1:	l l		123
	Same A	\s				•	_					2	Same Drive	As			-			
	36 Number and Street			Same									Numbe		SAMI	 2				124 03
106	37 City	SAME			 -	State			Zip				City	SAME		State		Zip		125
107 _	38 Make VOLVO		39 Mod 580	del	4 G	0 Color	41 Yea	12 P	late N	0	43 Sta		Make ONDA		69 Model	70 Colo		72 Plata No.	73 State	01
108 01	44 VIN	V1992	<u> </u>	3	-		110				NJ 45 Expire	es 74	VIN	JHLRDI	CRV	WT	97		75 Expires	1
109 01	46 Vehicle				Left a	Scene			47		07 1.4 Owne	r 78			To Driven	Left at Scene	Tower	77	04 11	-
110	IMPO	DND					Im Di		Autho	- 1	Driver Police	· I .	IMPC				Imp		Owner Driver Police	
02	48 Alcohol Given : X			Refused	13	_	t I Diagram	(NOT	то sc	ALE)	1	ļ	1					OVDrug Test	Detect	03
11101	Type:				<u>,</u>) India Nort										-		XXNo □Yes □ Breath □ B		03
112 _	Results: 0	%	_ Pe	nding	\vdash											_			Pending	128a
113	49 Hazardo On			me or acard	_											_		dous Material	Name or Placard	26 128b
114	Board Sp	- \/	, ,	No. _	_												Dould	Spill	No.	
115	50 Carrier I		SDOT [Other	=												80 Carrie	r No. USDOT		128c
-																			☐ Other -	128d
¹¹⁶ 03	51 Commen	≤ 10,000	0 lbs		Γ											_	81 Comm		-	129a
117 01	_	≥ 26,00	26,000 II 1 lbs	DS	\bot											\dashv	- [10,001 - 26,00 ≥ 26,001 lbs	00 ibs	26
·	52 Carrier n	ame -				1		1	1	1	1	1	ı	1 1	1 1 1	–	82 Carrier	name _		129b -
	135 Crash													1						129c
	Vehic	le#1	was	mak	ing	a 1	eft	hand	i t	urn	tra	vel:	ing	west	on West	St. Ge	orge	s ave		129d
	headi	ng Es	ato l	N.St.	iles ck '	s st	reet	who	en '	Veh:	icle	2	trav	eling	in the	center	lan	and .		
	Both	drive	er ai	nd p	asse	nge	r of	vel	ic.	le#2	wei	re 1	wer	sport	ed to the	hway F	osni d	ound.		130 02
[Linder	n amb	oular	ace a	and	Rah	way	ambu	ılaı	nce.								via		131 02
	136 Damag		· .	•																132
	01 -	37 Charge	_	Viultiple C	Charges				138	Sumr	nons No.	Op	er. 02	139 Charge	Multiple Ci	narges		140 Su	nmons No.	12 133
	141 Officer	's Signatu	ire	E	BUNK	, 01	7F. 3	ROBE	:		···· · · · · · · · · · · · · · · · · ·		Badge 221	No.	143 Reviewed	By Badg		144 Case Status		12
	83	84	85	86	87	88	89	90	91	92	93	94	95	T				Pending Deceased, Date		uth
	A 01	01	01	04	75	м	05	08	2	04	04	01	-	ROE	BERT			NJ 08820		
	B 02	01	01	03	56	F	04	08	2	04	00	01	70	06 syı	VIA			07065		
	C 02	03	01	03	72	M	11	07	2	04	00	01	70	06 લા	ARLES CONTRACTOR			879		
	D																			
	E	<u> </u>	<u> </u>		<u> </u>			L							•			·		

	-9-															
	New Jersey Police Crash Investigation Report Police Dept: LINDEN, NJ Code: 01 Station: LINDEN Case No: 11000393															
	Motor Vehicle Crash Description Station: LINDEN Case No: 11000393															
L				lotoi	veni	de C	Jasn	Desc	cnpu	OH				- Citationii		_
	(Refer to vehicle by number)															
	(Rete															
		Occ	In/On	Eject	Phys Cond	Age	Sex	LOC Inj	iype Inj	Med	Equip Avail	Used	Depl	Code		
_ A		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupan	ts - If Deceased, Date & Time of Death
L																
											V					
N																
0		,		<u> </u>	<u> </u>							<u> </u>	 	 		
٧	1							 		-		ļ				
E D	Į			L	L	L	L	<u> </u>	L		l		<u> </u>	<u> </u>		
	135	35 Crash Description														
3		Driver of vehicle #1 was taken by his son to see his doctor. This officer														
		attempted to locate vehicle ones insurance card but was unable to locate at this														
	at	attempted to locate vehicle ones insurance card but was unable to locate at this time.														
	ti	me.														
															- -,	
				· · · · · · · · · · · · · · · · · · ·			 									
										,						,
															· · · · · · · · · · · · · · · · · · ·	
														· · · · · · · · · · · · · · · · · · ·		

									···		 -				· · · · · · · · · · · · · · · · · · ·	
								-						 		
									-						· · · · · · · · · · · · · · · · · · ·	
														***************************************		<u> </u>
								·							·	<u> </u>
											-				. · · · · · · · · · · · · · · · · · · ·	
				······											· · · · · · · · · · · · · · · · · · ·	
														-		
																•
										B	UNK,	OF	F. R	OBE		6221
NJT	R-1A	(rev. 07.	2005)		_	-				Office	r's Signa	ature				Badge Number

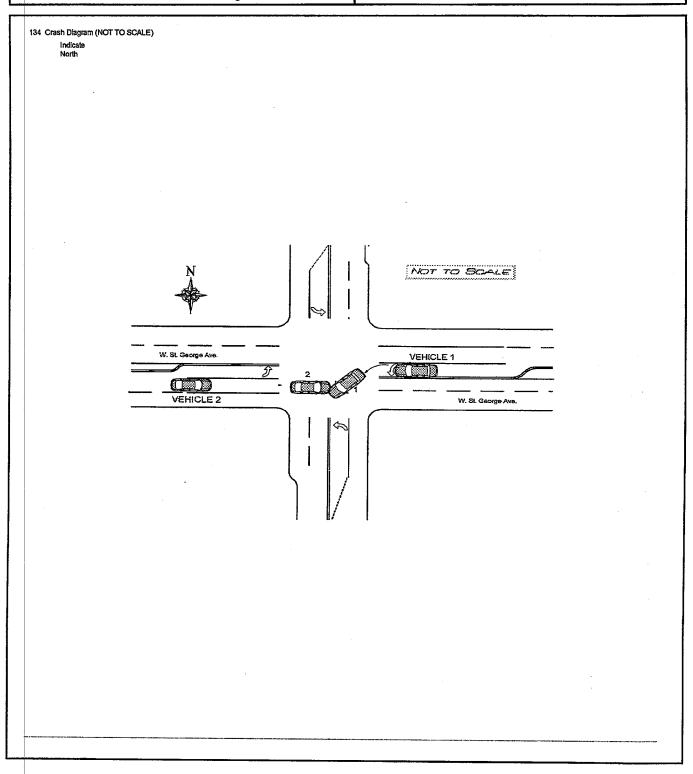
.1	3		3	
Page		of		

New Jersey Police Crash Investigation Report

Police Dept: LINDEN, NJ Code: 01

Motor Vehicle Crash Diagram

Station: LINDEN Case No: 11000393



BUNK, OFF. ROBE

6221

NJTR-1B (rev. 07/2005)

F	age	1	of	3																
		Ne	w Jer	sey l	Police	e Cra	sh Ir	vest	igatio	n R	epor	t		Police D	ept: LI	NDEN,	NJ	Code	:	
			N	lotor	Vehic	cle C	rash	Des	cripti	on				Station:	LIND	EN		Case	No: <u>11000</u>	393
														•						-
	(Refer to vehicle by number) Veh Pos Eject Cond Age Sex to the last Mad April Hand Dayl Code																			
	ſ	Occ 83	In/On 84	85	Cond 86	87	88	In] 89	Inj 90	Med 91	Avail 92	Used 93	Depi 94	Code 95	Name	es & Address	ses of Occupa	nts - If Deceas	ed, Date & Time of	Death
L															1		·			
1																			•	
N V																				
V						_		-	ļ	_					<u> </u>					
ō	Ĺ					l		<u> </u>	L			<u></u>	l		<u> </u>					
		135 Crash Description This officer called witness Michael 908-2000 who states he was																		
		behind vehicle#2 when the accident took place, according to Michaels statement to me vehicle#2 was traveling at a high rate of speed in the center lane of West																		
		Saint Georges ave when it struck vehicle#1 who according to Michael was already turning onto N. Stiles from West Saint George ave.																		
	tu	rnir	g on	to 1	1. S	tile	s f	rom	Wes	t S	ain	t Ge	orge	e ave.			· · · ·		*	
																				
															_		······································			
	_								•											
																				•
																				
																				
														····				· · · · · · · · · · · · · · · · · · ·		
									·····											
	-																			
				 .										····						
																			·	
								 , <u></u>												
		<u></u>					~~ ~~~~													
						<u>-</u> -	·													
_				···						<u> </u>		·								
										В	UNK,	OF	F. F	ROBERT	;			6221	L	
KI I	TD 44	/rev 07	MUDE)		_					Office	r's Sian	nti mo						Do-1	Maria	

F	age	2	of	3														
		Ne	w Jer	sey f	Police	e Cra	sh Ir	vest	igatio	n R	epor	t		Police D	ept: LINDEN, N	J	Code:	
			M	lotor	Vehi	cle C	rash	Des	criptic	on				Station:	LINDEN		Case No: 11000393	_
														<u> </u>		· · · · · · · · · · · · · · · · · · ·		_
	(Refe	(Refer to vehicle by number) Veh Pos Flort Phys Are Say Loc Type Ref Equip Equip Bag Hosp																
	ſ	Occ 83	In/On 84	Eject 85	Cond 86	Age 87	Sex 88	inj 89	inj 90	Med 91	Avail 92	Used 93	Depl	Code 95	Names & Address at a	Occupants 1	Special Date & Tree of Date	_,
A L			54	60	- 60	01		09	90	91	92	93	94	90	Names & Addresses of	Occupants - 11	Deceased, Date & Time of Death	
L																		
N V																		
0 - 2									ļ									
D	Į																	
	135	Crash De	escription															
															fter reviewing			
															conclusion that		*	
							leo	of t	he	acc	ide	nt w	as I	placed	as evidence a	nd subm	itted to	
	th	e re	cord	ls bi	ırea	u.											·····	
															·			
						•												
																		
																<u></u>		
																		
		···-																
																		
														····				
																		
_																		
										BU	JNK,	OF	f. R	OBERT ;	•		6221	

Officer's Signature

Badge Number

NJTR-1A (rev. 07/2005)

F	age		of													
	New Jersey Police Crash Investigation Report Police Dept: LINDEN, NJ Code: Station: LINDEN Case No: 1100039:															Code:
																Case No: 11000393
	(Defects which by number)															
	(ree	(Refer to vehicle by number) Veh Pos Eject Phys Age Sex Loc Type Ref Equip Equip Bag Hosp Occ In/On Eject Cond Age Sex Inj Inj Med Avail Used Dept Code														
	[Occ 83	In/On 84	85	Gond 86	87	88	Inj 89	Inj 90	Med 91	Avail 92	Used 93	Depl 94	Code 95	Names & Addresses of Occurs	nto If Decembed Data & Time of Death
Į.		83 84 85 86 87 88 89 90 91 92 93 94 95 Names & Addresses of Occupants - If Deceased, Date & Time of Death														
L																
N V																
۸ ۲																
Ë																
		135 Crash Description On January 26, 2011, I submitted to the records bureau Officer one tagged CD-R														
		disc containing a video of this collision.														
		disc containing a video of this collision.														
	-															
				····												
					··										<u> </u>	
			···					···								
	-						·									
																
																
!			-					*						·····		
						·										
																
														 		
															· · · · · · · · · · · · · · · · · · ·	
	<u> </u>						-		<u>. </u>						**	
				····.												
	<u> </u>															
										ĸ	AHAN	A, 1	INV.	MARK;		1116
דנא	R-1A	(rev. 07	/2005)		_						's Signa					Badge Number

Badge Number