THE PORT AUTHORITY OF NY & NJ

MOTOR VEHICLE CRASH REPORT

[redacted]

GENERAL

1. Case #	2. Crash Date (mm-dd-yyyy)	3. Time (2400)
[redacted]	01/13/2023	2045

4. Reporting Officer's Name (Print)	5. Shield #	6. Reporting Officer's Signature
[redacted]	[redacted]	[redacted]

7. Supervising Officer's Name (Print)	8. S[redacted]	9. [redacted]
[redacted]		

10. Day of Week	11. No. of Vehs	12. No. Killed	13. PA Property Damaged	14. Amended Report
Friday	2	0	☒ None ☐ PA Fixed Asset ☐ PA Veh	☐

15. Weather Condition	16. Road Condition	17. Light Condition	18. Crash Severity	19. Fixed Object Type
1 - Clear	1 - Dry	4 - Dark: Road	5 - No Apparent Inj	5 - Median Barrier

20. First Harmful Event	21. Are there injuries, or does damage exceed $500 in NJ, or $1,000 in NY?	22. Temp Traffic Control / Work Zone	23. Photos Attached
6 - Collision w/ Fixed [redacted]	☐ No ☒ Yes	☐	☐

LOCATION

24. Port Authority Facility	25. State	26. Port Authority Police Command	27. Beyond PA Limits	Page
OBX - Outerbridge C	☐ NY ☒ NJ	SIB	☐	1 of 2

28. Off the Public Roadway (e.g., gas station, car rental lot, hotel, tow yard, port operator yard, inside a building or hangar, loading dock, etc.) ☐

29. PA Grid Map No. (if within PA Limits): 042-192

30. Road Crash Occurred On: 440 east (Road Name or Route No., Lane Number, Mile Number, Ramp from and to) 31. E (Direction)

32. At Distance of: _____ (Feet) or ☐ At

33. ☐ North of ☐ East of ☐ Intersection With ☐ South of ☒ West of ☐ N/A

34. Cross Road: OBX Tolls (Cross Road Name, Light Pole (LP), Eng. Mark, Mile Post (MP), Structure (e.g., toll plaza), or other identifiable mapped feature)

35. Airside (airports) ☐

36. Latitude [redacted]

37. Longitude [redacted]

PERSON INVOLVED

38A. Unit #	39A. First Name	40A. Last Name
1	Becky	Scott

41A. Number and Street Name	42A. City	43A. State	44A. Zip Code
[redacted]	[redacted]	[redacted]	[redacted]

45A. DL State	46A. Driver's License No.	47A. Sex	48A. Date of Birth (mm-dd-yyyy)
[redacted]	[redacted]	F	[redacted]

49A. DL Expiration Date (mm-dd-yyyy)	50A. DL Class	51A. DL Restrictions	52A. DL Endorsements
[redacted]	D	None	None

53A. Safety Equipment	54A. Ejection	55A. Injury Severity	56A. Injury Area	57A. Taken By	58A. Hospital Code
2 - Shoulder and L	88 - Not	5 - No Apparen	88 - None	88 - Not Ta	

59A. Summons and/or Arrest No. (if applicable)	60A. Violation Code(s) (if applicable)
N/A	N/A

61A. Alcohol or Drug Test	62A. Date of Death (mm-dd-yyyy)
Given: ☒ No ☐ Yes ☐ Refused Result: ☐ Pending 0. ____% Type: ☐ Breath ☐ Blood ☐ Urine	

38B. Unit #	39B. First Name	40B. Last Name
2	[redacted]	[redacted]

41B. Number	42B. City	43B. State	44B. Zip Code
[redacted]	[redacted]	[redacted]	[redacted]

45B. DL State	46B. Driver's License No.	47B. Sex	48B. Date of Birth (mm-dd-yyyy)
[redacted]	[redacted]	M	[redacted]

49B. DL Expiration Date (mm-dd-yyyy)	50B. DL Class	51B. DL Restrictions	52B. DL Endorsements
[redacted]	A	None	None

53B. Safety Equipment	54B. Ejection	55B. Injury Severity	56B. Injury Area	57B. Taken By	58B. Hospital Code
2 - Shoulder and La	88 - Not	5 - No Apparen	88 - None	88 - Not Take	

59B. Summons and/or Arrest No. (if applicable)	60B. Violation Code(s) (if applicable)
N/A	N/A

61B. Alcohol or Drug Test	62B. Date of Death (mm-dd-yyyy)
Given: ☒ No ☐ Yes ☐ Refused Result: ☐ Pending 0. ____% Type: ☐ Breath ☐ Blood ☐ Urine	

VEHICLE OWNER

☐ Same as Driver (skip 63-68)	63A. First Name (or Business Name) of Vehicle Owner	64A. Last Name of Vehicle Owner
	County of Hudson	

65A. Number and Street Name	66A. City	67A. State	68A. Zip Code
567 Pavonia Ave	Jersey City	NJ	07306

☐ Same as Driver (skip 63-68)	63B. First Name (or Business Name) of Vehicle Owner	64B. Last Name of Vehicle Owner
	[redacted]	

65B. Number and Street Name	66B. City	67B. State	68B. Zip Code
[redacted]	[redacted]	[redacted]	[redacted]

VEHICLE

69A. Vehicle Year	70A. Vehicle Identification # (17-digit VIN)
2019	[redacted]

71A. Vehicle Make	72A. Vehicle Model Name	73A. State	74A. License Plate #
CHE	Wagon	NJ	[redacted]

75A. Ins. Code	76A. Insurance Policy #	77A. Ins. Exp. (mm-dd-yyyy)	78A. Towed Auth. By
JIF 30-09	SELF INSURED	01/01/2024	☐ N/A ☐ Driver ☐ Police ☐ Owner

79A. Veh Body Type	80A. Veh Use	81A. Factor	82A. Pre-Crash	83A. Traf Ctrl	84A. Imp Area	85A. Dmg Area	86A. Extent
4 - SUV	3 - Gov	99 - Un	1 - Going S	88 - No	9	16 - All A	3 - Disa

87A. Cargo Body Type	88A. Towed To (if applicable)
88 - None	OBX Admin lot

89A. Towed By (if applicable)
PAPD

90A. Vehicle's Initial Direction of Travel
☐ North ☐ South ☒ East ☐ West

91A. Commercial Permits (if applicable)
☐ Overweight ☐ Over-dimension

92A. Gross Vehicle Weight Rating (truck or bus)
☐ ≤ 10,000 lbs ☐ > 26,000 lbs ☐ 10,001-26,000 lbs

93A. Motor Carrier Name (for truck or bus)

94A. Motor Carrier ID# (for truck or bus)
☐ USDOT # ☐ Other #

69B. Vehicle Year	70B. Vehicle Identification # (17-digit VIN)
2013	[redacted]

71B. Vehicle Make	72B. Vehicle Model Name	73B. State	74B. License Plate #
FRE	TT	NJ	[redacted]

75B. Ins. Code	76B. Insurance Policy #	77B. Ins. Exp. (mm-dd-yyyy)	78B. Towed Auth. By
11410	02722718	11/16/2023	☒ N/A ☐ Driver ☐ Police ☐ Owner

79B. Veh Body Type	80B. Veh Use	81B. Factor	82B. Pre-Crash	83B. Traf Ctrl	84B. Imp Area	85B. Dmg Area	86B. Extent
15 - Truck Tra	2 - Co	88 - No	1 - Going S	88 - No	7	88 - Non	88 - Non

87B. Cargo Body Type	88B. Towed To (if applicable)
88 - None	N/A

89B. Towed By (if applicable)
N/A

90B. Vehicle's Initial Direction of Travel
☐ North ☐ South ☒ East ☐ West

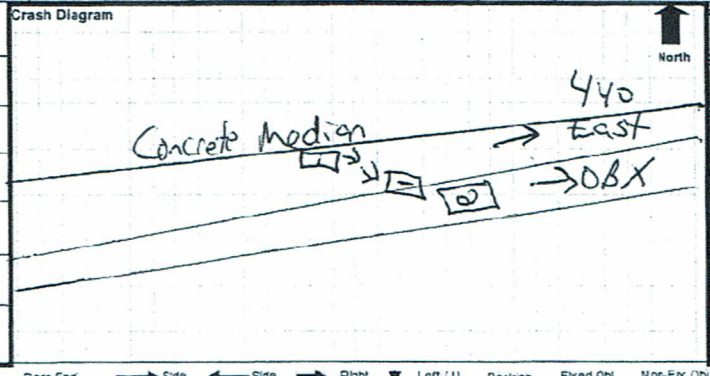
91B. Commercial Permits (if applicable)
☐ Overweight ☐ Over-dimension

92B. Gross Vehicle Weight Rating (truck or bus)
☐ ≤ 10,000 lbs ☒ > 26,000 lbs ☐ 10,001-26,000 lbs

93B. Motor Carrier Name (for truck or bus)
[redacted]

94B. Motor Carrier ID# (for truck or bus)
[redacted] ☒ USDOT # ☐ Other #

Crash Diagram



Head On | Rear End | Side Swipe | Side Swipe | Right Angle | Left / U Turn | Backing | Fixed Obj. | Non-Fix. Obj. | Over Turn

95. Crash Description

Driver of vehicle #1 stated she was driving straight when a truck stopped short causing her to move left and hit the concrete barrier. She stated this caused vehicle #1 to spin and hit vehicle #2 in the rear. Driver of vehicle #2 stated vehicle #1 hit into the rear of vehicle #2. No injuries were reported.

THE PORT A[redacted]

MOTOR VEHICLE CRASH REPORT

1. Case # [redacted]		Page (if this page is not needed, do not include) 2 of 2

95. Crash Description (continued)

[redacted]

PASSENGER INFORMATION (DO NOT LIST DRIVERS)

	96. First Name of Passenger	97. Last Name of Passenger	98. Date of Death (mm-dd-yyyy)	99. Unit #	100. Sex (M/F)	101. Age	102. Safety Equipment	103. Ejection	104. Injury Severity	105. Injury Area	106. Taken By	107. Hospital Code	108. Position in Veh	109. Refused Medical
A							Choos	Cho	Cho	Ch	Choos		Cho	☐
B							Choos	Cho	Cho	Ch	Choos		Cho	☐
C							Choos	Cho	Cho	Ch	Choos		Cho	☐
D							Choos	Cho	Cho	Ch	Choos		Cho	☐
E							Choos	Cho	Cho	Ch	Choos		Cho	☐
F							Choos	Cho	Cho	Ch	Choos		Cho	☐
G							Choos	Cho	Cho	Ch	Choos		Cho	☐
H							Choos	Cho	Cho	Ch	Choos		Cho	☐
I							Choos	Cho	Cho	Ch	Choos		Cho	☐
J							Choos	Cho	Cho	Ch	Choos		Cho	☐
K							Choos	Cho	Cho	Ch	Choos		Cho	☐
L							Choos	Cho	Cho	Ch	Choos		Cho	☐

WITNESS INFORMATION

110A. Witness Name #1	111A. Address (Number, Street, City, State, Zip)	112A. Phone No. (xxx-xxx-xxxx)
110B. Witness Name #2	111B. Address (Number, Street, City, State, Zip)	112B. Phone No. (xxx-xxx-xxxx)
110C. Witness Name #3	111C. Address (Number, Street, City, State, Zip)	112C. Phone No. (xxx-xxx-xxxx)

[redacted]

38A. Unit #	113A. HazMat ☐ No ☐ On Board ☐ Spill	114A. HazMat Placard ☐	115A. Ha	[redacted]	zMat ☐ On Board ☐ Spill	114B. HazMat Placard ☐	115B. HazMat ID #	116B. HazMat Class #

ONLY

117A. Port Authority Vehicle # (as shown on side of vehicle)	118A. PONYA Plate #	117B. Port Authority Vehicle # (as shown on side of vehicle)	118B. PONYA Plate #
119A. Port Authority Employee #	120A. Driver's Org Unit #	119B. Port Authority Employee #	120B. Driver's Org Unit #

DATE: 01/15/23

OFFICER'S NAME: [redacted]

MVC NO.: [redacted]

OFFICER'S SHIELD: [redacted]

OFFICER'S SIGNATURE: [redacted]

N

Outerbridge Crossing

This map is not to scale, and is only a representation of the site. It is to be used solely for identifying the location of crash points. PA property lines are shown in their approximate location. For exact locations, contact the PA Law Department.

GRID NO.

042-192