

96	Page <u> </u> of <u> </u> <input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report												118a
97	1. Case Number			10. Crash Occurred On:			<div style="background-color: #2c5e8c; color: white; padding: 10px;"> <h2 style="text-align: center; margin: 0;">ACCIDENT LOCATION</h2> <p style="margin: 0;">This section lists the location of the crash, as well as the date and time that it occurred. The number of people killed and injured in the crash will also be listed here. A case number for the crash will also appear in this section.</p> </div>						118b
98	2. Police Dept. of <u> </u> Code <u> </u>			Road Name <u> </u>									119a
99	3. Station/Precinct <u> </u>			<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W of:									119b
100a	4. Date of Crash mm dd yy		5. Day of Week Su M Tu W Th F Sa		6. Time (use 2400 hrs.) 14 15 16								120a
100b	23. Veh. # 24. Policy No.		25. NJ Ins. Code		53. Veh. # 54. Policy No.		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						121a						
102	26. Driver's First Name Initial Last Name						29. Sex		121b				
103	<div style="background-color: #ffff00; padding: 5px;"> <h2 style="text-align: center; margin: 0;">DRIVER AND VEHICLE INFORMATION</h2> <p style="margin: 0;">The officer will use this section to write down information about the drivers involved in the crash. This includes names, addresses, phone numbers and driver license numbers. It will also include information about the vehicles involved, such as make, model, plate numbers and VIN numbers. The officer will also note whether an alcohol/drug test was given.</p> </div>						56. Driver's First Name Initial Last Name		59. Sex				
104							27. Number & Street		28. City State Zip		57. Number & Street		58. City State Zip
105	30. Eye Color		31. State		60. Eyes DL Class Restrictions Endorsements		61. State						
106	32. Driver's License Number		33. Expires mm yy		62. Driver's License Number		63. DOB mm dd yy						
107	35. Owner's First Name Initial Last Name		36. Number & Street		65. Owner's First Name Initial Last Name		64. Expires mm yy						
108	37. City State Zip		38. Make 39. Model 40. Color 41. Year 42. Plate No. 43. State		66. Number & Street		67. City State Zip						
109	44. VIN		45. Expires		68. Make 69. Model 70. Color 71. Year 72. Plate No. 73. State		74. VIN 75. Expires						
110	46. Vehicle Removed to:						76. Vehicle Removed to:						
111	<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						<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						
112	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police						77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police						
113	48. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused			49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill			78. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused						
114	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine			Hazard Class Placard No.			Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine						
115	Results: 0. <u> </u> % <input type="checkbox"/> Pending			Hazard Class Placard No.			Results: 0. <u> </u> % <input type="checkbox"/> Pending						
116	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX			51. GVWR / GCWR (trucks & buses only)			80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX						
117				<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.									
118	52. Motor Carrier or Government Entity						82. Motor Carrier or Government Entity						
119	Number & Street						Number & Street						
120	City State Zip						City State Zip						
121	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No						136. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No						
122	Oper. 136. Charge			137. Summons No.			Oper. 138. Charge						
123							139. Summons No.						
124	Oper. 140. Charge			141. Summons No.			Oper. 142. Charge						
125							143. Summons No.						
126	<div style="background-color: #ffff00; padding: 5px;"> <h2 style="text-align: center; margin: 0;">PERSONS INVOLVED IN THE CRASH</h2> <p style="margin: 0;">This section will have information about everyone who was involved in the crash. The officer will write down their names and addresses, whether they were drivers, passengers or pedestrians, whether or not they were injured, the type of injury and the hospital where they were taken.</p> </div>						Names & Addresses of Occupants If Deceased, Date & Time of Death						
127													
128													
129													

New Jersey Police Crash Investigation Report											Case Number			Page ___ of ___
	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)

DIAGRAM AND DESCRIPTION

In this section, the officer will explain how the accident happened. The officer will sketch a diagram that illustrates the accident. Below the sketch, the officer will write a description of the events leading to the crash.

145. Crash Description/Narrative

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete
--------------------------	--------------	---------------	---------	--