PAGE _____ OF _____

NEW JERSEY POLICE ACCIDENT REPORT

☐ REPORTABLE ☐ NON-REPORTABLE

1

43 CASE NUMBER

44 POLICE DEPARTMENT OF CODE

45 STATION/PRECINCT

ACCIDENT OCCURRED ON: _____ ☐ 52 ROAD NAME ☐ STREET ADDRESS

☐ AT INTERSECTION WITH

☐ FEET ☐ MILES ☐ NORTH ☐ EAST

___ ___ ___ ☐ METERS ☐ Km ☐ SOUTH ☐ WEST OF: _____

55 56 57

53 ROUTE NO. SUFFIX 54 MILEPOST

58 ROAD NAME

RAMP? ☐ NO ☐ YES FROM: ☐ NB ☐ EB ☐ SB ☐ WB TO: ☐ NB ☐ EB ☐ SB ☐ WB

59 (ROUTE NO.) 60 61 (ROUTE NO.) 62

63 LATITUDE 64 LONGITUDE

2

46 DATE OF COLLISION MONTH DAY YEAR

47 DAY OF WEEK S M Tu W Th F S

48 TIME (USE 2400 HRS.)

49 MUNICIPALITY CODE

50 TOTAL KILLED

51 TOTAL INJURED

3

VEH. NO. 65 POLICY NO. 66 INS. CODE

☐ PARKED ☐ PED ☐ BICYCLIST ☐ RESPONDING TO AN EMERGENCY ☐ HIT & RUN

67 DRIVER'S FIRST NAME INITIAL LAST NAME

4

68 NUMBER AND STREET

69 CITY STATE ZIP EXPIRES

5

70 DRIVER'S LICENSE NUMBER 71 STATE 72 DOB MO. DAY YR. 73 EYES 74 SEX

75 OWNER'S FIRST NAME INITIAL LAST NAME

☐ SAME AS DRIVER

6

76 NUMBER AND STREET

7

77 CITY STATE ZIP EXPIRES

8

78 MAKE AND MODEL COLOR 79 YEAR 80 PLATE NO. 81 STATE

82 VIN NUMBER

9

83 VEHICLE REMOVED TO ☐ TOWED ☐ DRIVEN

84 AUTHORITY 1 OWNER 2 DRIVER 3 POLICE

10

CLOCKPOINT DIAGRAM

13 ROOF
14 UNDERCARRIAGE
15 OVERTURNED
16 TOTALLED
17 NONE 18 OTHER *

11

12

13

14

15

16

85 AREAS DAMAGED

	INITIAL IMPACT	PRINCIPAL IMPACT
VEH. 1		
VEH. 2		

87 ACCIDENT DIAGRAM

INDICATE NORTH

86 POSTED SPEED

VEH. NO. 88 POLICY NO. 89 INS. CODE

☐ PARKED ☐ PED ☐ BICYCLIST ☐ RESPONDING TO AN EMERGENCY ☐ HIT & RUN

90 DRIVER'S FIRST NAME INITIAL LAST NAME

91 NUMBER AND STREET

92 CITY STATE ZIP EXPIRES

93 DRIVER'S LICENSE NUMBER 94 STATE 95 DOB MO. DAY YR. 96 EYES 97 SEX

98 OWNER'S FIRST NAME INITIAL LAST NAME

☐ SAME AS DRIVER

99 NUMBER AND STREET

100 CITY STATE ZIP EXPIRES

101 MAKE AND MODEL COLOR 102 YEAR 103 PLATE NO. 104 STATE

105 VIN NUMBER

106 VEHICLE REMOVED TO ☐ TOWED ☐ DRIVEN

107 AUTHORITY 1 OWNER 2 DRIVER 3 POLICE

108 ALCOHOL DATA

	TEST GIVEN	
DRIV. 1	☐ NO ☐ YES ☐ REFUSED	☐ BREATH ☐ BLOOD ☐ URINE
	RESULTS 0.__ __%	
DRIV. 2	☐ NO ☐ YES ☐ REFUSED	☐ BREATH ☐ BLOOD ☐ URINE
	RESULTS 0.__ __%	
PED.	☐ NO ☐ YES ☐ REFUSED	☐ BREATH ☐ BLOOD ☐ URINE
	RESULTS 0.__ __%	

109 HAZARDOUS MATERIAL

	ON BOARD	SPILL	PLACARD NUMBER
V1	☐	☐	
V2	☐	☐	

110 USDOT CARRIER NO.

V1 _____

V2 _____

111 ICC CARRIER NO.

V1 _____

V2 _____

112 VEHICLE WEIGHT (GVW) V1 ___ ___ , ___ ___ lbs. V2 ___ ___ , ___ ___ lbs.

113 CARRIER NAME

V1 _____ V2 _____

114 ACCIDENT DESCRIPTION

115 DAMAGE TO OTHER PROPERTY

OPER. 116 CHARGE SUMMONS NUMBER

OPER. 117 CHARGE SUMMONS NUMBER

118 OFFICER'S SIGNATURE

119 BADGE NUMBER

120 REVIEWED BY BADGE NUMBER

121 STATUS ☐ PENDING ☐ COMPLETE

17	18	19	20	21	22	23	24	25	26	27	NAMES & ADDRESSES OF OCCUPANTS—IF DECEASED DATE & TIME OF DEATH
A											
B											
C											
D											
E											

PER CASE NUMBER