

NEW JERSEY NJTR-1 CRASH REPORT MANUAL



STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION



DRAFT

2017 Edition

Version: 1.0

Created: 01-01-2017

Introduction

This comprehensive manual was created by a dedicated group of professionals to help you understand what the requirements are in filing the NJTR- 1. Each data element is explained in detail and provides you with information supported by law and expert opinion.

The most recent modifications to the NJTR-1 went into effect January 1, 2017. The NJTR-1 report form was changed from collecting data in 144 blocks to 149 blocks. **Major changes to the NJTR-1 report form are reflected throughout this manual and appear in GREEN.**

This manual can be considered a living document. New versions of this manual will be created as additional criteria need to be addressed or updated. The committee will be soliciting questions as well as general comments to be included in future editions. The edition number can be found on the cover page of this manual.

We gratefully acknowledge the following individuals for making this manual a reality

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NJTR-1 Crash Report Guidelines

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NJTR-1 – Front

Page of 		New Jersey Police Crash Investigation Report		<input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report										
96	1. Case Number					118a								
97	2. Police Dept. of Code 					118b								
98	3. Station/Precinct					119a								
99	10. Crash Occurred On: Road Name Dir 					119b								
100a	4. Date of Crash 5. Day of Week 6. Time (use 2400 hrs.) 7. Municipality Code 8. Total Killed 9. Total Injured 					120a								
100b	23. Veh. # 24. Policy No. 25. NJ Ins. Code 53. Veh. # 54. Policy No. 55. NJ Ins. Code 					120b								
101	26. Driver's First Name Initial Last Name 29. Sex 					121a								
102	27. Number & Street					121b								
103	28. City State Zip 													
104	30. Eyes DL Class Restrictions Endorsements 31. State 					122								
105	32. Driver's License Number 33. DOB 34. Expires 					123								
106	35. Owner's First Name Initial Last Name 					124								
107	36. Number & Street					125								
108	37. City State Zip 					126a								
109	38. Make 39. Model 40. Color 41. Year 42. Plate No. 43. State 					126b								
110	44. VIN 45. Expires 					126c								
111	46. Vehicle Removed to:					126d								
112	<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					126e								
113	47. Authority Owner Driver Police 					127a								
114	48. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. % <input type="checkbox"/> Pending					127b								
115	49. Hazardous Material None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class Placard No. 					127c								
116	50. Carrier No. 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.					127d								
117	52. Motor Carrier or Government Entity 					127e								
53. Motor Carrier or Government Entity 						128								
Number & Street 						129								
City State Zip 						130								
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No						131								
Oper. 136. Charge 137. Summons No. 						133								
Oper. 140. Charge 141. Summons No. 						134								
Oper. 142. Charge 143. Summons No. 														
Names & Addresses of Occupants If Deceased, Date & Time of Death														
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
B														
C														
D														

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NJTR-1 – Reverse

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)

145. Crash Description/Narrative

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete
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NJTR-1 (Rev. 01/17)

NJTR-1 – Overlay 1

PERFORATE

TRIM

96	Road Divided By 01 Barrier Median 02 Curbed Median 03 Grass Median 04 Painted Median 05 None				
97	Temporary Traffic Control Zone 01 None 02 Construction Zone 03 Maintenance Zone 04 Utility Zone 05 Incident Zone				
98	Light Condition 01 Daylight 03 Dusk 05 Dark (no street lights) 07 Dark (street lights on, spot) 02 Dawn 04 Dark (street lights off) 06 Dark (street lights on, continuous)				
99	Road System 01 Interstate 03 State/Interstate Authority 05 County 07 Municipal 09 Private Property 02 State Highway 04 State Park or Institution 06 Co Auth, Park or Inst 08 Mun Auth, Park or Inst 10 US Govt Property				
100a	Road Character - Horizontal Alignment 01 Straight 02 Curved Left 03 Curved Right				
100b	Road Character - Grade 04 Level 05 Down Hill 06 Up Hill 07 Hill Crest 08 Sag (Bottom)				
101	Road Surface Type 01 Concrete 02 Blacktop 03 Gravel 04 Steel Grid 05 Dirt				
102	Road Surface Condition 01 Dry 02 Wet 03 Snowy 04 Icy 05 Slush 06 Water (Standing/moving) 07 Sand 08 Oil/Fuel 09 Mud, Dirt, Gravel				
103	Environmental Condition 01 Clear 03 Snow 05 Overcast 07 Freezing Rain 09 Blowing Sand/Dirt 02 Rain 04 Fog/Smog/Smoke 06 Sleet/Hail 08 Blowing Snow 10 Severe Crosswinds				
104	Total Number of Motor Vehicles Involved in Crash				
105	Crash Type with Other MV as First Event with Below as First Event 01 Same Direction (Rear End) 07 Left Turn/U Turn 10 Overturned 15 Non-Fixed Object 02 Same Direction (Side Swipe) 08 Backing 11 Fixed Object 16 Railcar - Vehicle 03 Right Angle 09 Encroachment 12 Animal 13 Pedestrian 04 Opposite Direction (Head On, Angular) 14 Pedalcyclist 05 Opposite Direction (Side Swipe) 06 Struck Parked Vehicle				
106 Veh 1	Oversized/Overweight Permit? (Overweight Trucks Only) 01 Yes 02 No				Trucks (20-29) 20 Single Unit (2 axle) 21 Single Unit (3+ axle) 22 Truck 2 Axle w/Trailer 23 Truck 3+ Axle w/Trailer 24 Truck Tractor (Bobtail) 25 Tractor Semi-Trailer 26 Tractor Double 27 Tractor Triple 29 Other Truck*
107 Veh 2	Vehicle Type Passenger Vehicles (01-19) 01 Car/Station Wagon/Minivan 06 Recreational Vehicle 11 Moped 23 Truck 3+ Axle w/Trailer 02 Passenger Van (<9 Seats) 07 All Terrain Vehicle 12 Streetcar/Trolley 24 Truck Tractor (Bobtail) 03 Cargo Van (10K lbs or less) 08 Motorcycle 13 Pedalcycle 25 Tractor Semi-Trailer 04 Sport Utility Vehicle 09 (reserved) 14 Golf Cart 26 Tractor Double 05 Pick up 10 Any previous w/Trailer 15 Low Speed Vehicle 27 Tractor Triple 16 Snowmobile 29 Other Truck* 19 Other Pass Vehicle* Other Non Pass (40) 40 Equipment/Machinery Bus (30-31) 30 Bus/Large Van/Limo (9-15 Seats) 31 Bus (More than 15 Seats)				
108 Veh 1	Vehicle Use 01 Personal 03 Government 04 Responding to Emergency 02 Business/Commerce 05 Machinery in Use				
109 Veh 2	Special Function Vehicles 01 Work Equipment 06 Taxi/Limo 11 Tour Bus 16 Tow Truck 02 Police 07 Veh Used as School Bus 12 Shuttle Bus 17 Farm Equipment 03 Military 08 Veh Used as Other Bus 13 Intercity Bus 18 Farm Vehicle 04 Fire/Rescue 09 School Bus 14 Other Bus 19 Construction/Off Road Equip 05 Ambulance 10 Transit Bus 15 Veh Used as Snowplow 20 Rental Truck (Over 10,000 lbs)				
110 Veh 1	Cargo Body Type (Trucks & Buses Only) 01 Bus (9-15 seats) 07 Concrete Mixer 11 Pole/Log (Trailer) 02 Bus (> 15 seats) 08 Auto Transporter 12 Intermodal Chassis 03 Van/Enclosed Box 09 Garbage/Refuse 13 No Cargo Body 04 Cargo Tank 10 Hopper (grain, gravel, chips) 14 Veh Towing Another Veh				
111 Veh 2	Direction of Travel of Vehicle 01 North 02 East 03 South 04 West				Location of Most Severe Physical Injury 01 Head 05 Chest 09 Abdomen/Pelvis 02 Face 06 Back 10 Hip/Upper Leg 03 Eye 07 Shoulder/Upper Arm 11 Knee/Lower Leg/Foot 04 Neck 08 Elbow/Lower Arm/Hand 12 Entire Body
112 Veh 1	Which Vehicle Occupied 1 Vehicle 1 B Pedalcycle 2 Vehicle 2 P Pedestrian O Other*				Type of Most Severe Physical Injury 01 Amputation 05 Contusion/Bruise/Abrasion 02 Concussion 06 Burn 03 Internal 07 Fracture/Dislocation 04 Bleeding 08 Complaint of Pain
113 Veh 1	Position In/On Vehicle 01 Driver 02 thru 09 Passengers 10 Cargo Area 11 Riding/Hanging on Outside 12 Bus Seating				Safety Equipment 01 None 08 Helmet 02 Lap Belt 09 Unapproved Helmet 03 Harness 10 Airbag 04 Lap Belt & Harness 11 Airbag & Seatbelts 05 Child Restraint - Forward Facing 12 Safety Vest (Ped only) 06 Child Restraint - Rear Facing 07 Child Restraint - Booster
114 Veh 1	Ejection From Vehicle 01 Not Ejected 03 Ejected 02 Partial Ejection 04 Trapped				Airbag Deployment 01 Front 03 Other (Knee, Airbelt, etc)* 02 Side 04 Combination
115 Veh 1	Victim's Physical Condition 01 Killed 02 Incapacitated 03 Moderate Injury 04 Complaint of Pain				
116 Veh 1	Age Sex				
117 Veh 2	Refused Medical Treatment 01 Yes 02 No				
118 Veh 1	Avail Used Hosp Code				

State of New Jersey Police Crash Investigation Report NJTR-1

Use Code 00 for Unknown.

Use Code 99 for Other, except when Other Code already exists for field.

Explain Other in Crash Description

Also, Explain Items Marked with asterisk (*) in Crash Description

If an Item Does Not Apply, Enter a Dash (-)

NOTE:

Boxes 1 -7 must be completed for all pages of the report.

Boxes 8-22 and 96-105 are only required on page 1 of the report.

All other information is completed as necessary.

Websites for:

Crash References -
<http://www.nj.gov/transportation/refdata/accident/policies.shtml>

Insurance Codes -
5 digit NAIC - <http://www.nj.gov/dobi/data/inscomp.htm>
3 digit MVC - <http://www.nj.gov/mvc/vehicle/InsuranceCompanyCodes.htm>

Hospital Codes -
http://www.nj.gov/health/em/s/documents/special_services/hospital_information.pdf

Overlay Page 1 of 2

TRIM

NJTR-1 – Overlay 2

TRIM		PERFORATE		TRIM																																							
<p>State of New Jersey Police Crash Investigation Report NJTR-1</p> <p>Use Code 00 for Unknown.</p> <p>Use Code 99 for Other, except when Other Code already exists for field.</p> <p>Explain Other in Crash Description</p> <p>Also, Explain Items Marked with asterisk (*) in Crash Description</p> <p>Items marked with ** cannot be First Harmful or Most Harmful Event</p> <p>If an Item Does Not Apply, Enter a Dash (-)</p> <p>Vehicle Color Codes (box 40, 70)</p> <table border="0"> <tr><td>Beige</td><td>BG</td></tr> <tr><td>Black</td><td>BK</td></tr> <tr><td>Blue</td><td>BL</td></tr> <tr><td>Brown</td><td>BN</td></tr> <tr><td>Coral</td><td>CL</td></tr> <tr><td>Cream</td><td>CM</td></tr> <tr><td>Gold</td><td>GD</td></tr> <tr><td>Gray</td><td>GY</td></tr> <tr><td>Green</td><td>GN</td></tr> <tr><td>Maroon</td><td>MN</td></tr> <tr><td>Orange</td><td>OG</td></tr> <tr><td>Pink</td><td>PK</td></tr> <tr><td>Purple</td><td>PL</td></tr> <tr><td>Red</td><td>RD</td></tr> <tr><td>Silver</td><td>SL</td></tr> <tr><td>Tan</td><td>TN</td></tr> <tr><td>Turquoise</td><td>TQ</td></tr> <tr><td>White</td><td>WT</td></tr> <tr><td>Yellow</td><td>YL</td></tr> </table>		Beige	BG	Black	BK	Blue	BL	Brown	BN	Coral	CL	Cream	CM	Gold	GD	Gray	GY	Green	GN	Maroon	MN	Orange	OG	Pink	PK	Purple	PL	Red	RD	Silver	SL	Tan	TN	Turquoise	TQ	White	WT	Yellow	YL	<p>Driver/Pedalcyclist Actions (01-29)</p> <p>01 Unsafe Speed 02 Driver Inattention* 03 Failed to Obey Traffic Signal 04 Failed to Yield ROW to Vehicle/Pedes 05 Improper Lane Change 06 Improper Passing 07 Improper Use/Failed to Use Turn Signal 08 Improper Turning 09 Following Too Closely 10 Backing Unsafely 11 Improper Use/No Lights 12 Wrong Way 13 Improper Parking 14 Failure to Keep Right 15 Failure to Remove Snow/Ice 16 Failed to Obey Stop Sign 17 Distracted - Hand Held Electronic Dev* 18 Distracted - Hands Free Electronic Dev* 19 Distracted by Passenger** 20 Other Distraction Inside Veh* 21 Other Distraction Outside Veh*</p> <p>Apparent Contributing Circumstances</p> <p>25 None 29 Other Drive/Pedalcyclist Action* Vehicle Factors (31-49) 31 Defective Lights* 32 Brakes* 33 Steering* 34 Tires* 35 Wheels* 36 Windows/Windshield* 37 Mirrors* 38 Wipers* 39 Veh Coupling/Hitch/Safety Chains* 40 Separated Load/Spill 49 Other Vehicle Factors* Road/Environ Factors (51-69) 51 Road Surface Condition* 52 Obstruction/Debris in Road* 53 Ruts, Hdes, Bumps* 54 Control Device Defective or Missing* 55 Improper Work Zone* 56 Physical Obstructions (viewing, etc)* 57 Animals in Roadway*</p> <p>Apparent Physical Status</p> <p>01 Apparently Normal 02 Alcohol Use 03 Drug Use (Blicit)* 04 Medication 05 Alcohol & Drug Medication Use*</p> <p>58 Improper/Inadequate Lane Markings* 59 Sun glare* 60 Traffic Congestion - Prior Incident* 61 Traffic Congestion - Regular* 69 Other Roadway Factors* Pedestrian Factors (71-89) 71 Failed to Obey Traffic Control Device 72 Crossing Where Prohibited 73 Dark Clothing/Low Visibility to Drive 74 Inattentive* 75 Failure to Yield ROW 76 Walking on Wrong Side of Road 77 Walking in Road when Sidewalks Present 78 Running/Darting Across Traffic 85 None 89 Other Pedestrian Factors*</p>			
		Beige	BG																																								
Black	BK																																										
Blue	BL																																										
Brown	BN																																										
Coral	CL																																										
Cream	CM																																										
Gold	GD																																										
Gray	GY																																										
Green	GN																																										
Maroon	MN																																										
Orange	OG																																										
Pink	PK																																										
Purple	PL																																										
Red	RD																																										
Silver	SL																																										
Tan	TN																																										
Turquoise	TQ																																										
White	WT																																										
Yellow	YL																																										
<p>Vehicle/Pedalcyclist Action (01-29)</p> <p>01 Going Straight Ahead 02 Making Right Turn (not turn on red) 03 Making Left Turn 04 Making U-Turn 05 Starting From Parking 06 Starting in Traffic 07 Slowing or Stopping 08 Stopped in Traffic 09 Parking 10 Parked</p> <p>Pedestrian Action (31-49)</p> <p>31 Pedestrian off Road 32 Walking To/From School 33 Walking/Jogging With Traffic 34 Walking/Jogging Against Traffic 35 Playing in Road 36 Standing/Lying/Kneeling in Road 37 Getting On/Off Vehicle 38 Pushing/Working on Vehicle 39 Other Working in Roadway 40 Approaching/Leaving School Bus</p> <p>Pre-Crash Action</p> <p>41 Coming From Behind Parked Veh 42 Crossing/Jaywalking 43 Crossing at "Marked" Crosswalk at Intersection 44 Crossing at "Unmarked" Crosswalk at Intersection 45 Crossing at "Marked" Crosswalk at Mid-Block 46 Deliberate Action* 49 Other Pedestrian Action*</p> <p>Traffic Controls</p> <p>05 Channelization - Painted 06 Channelization - Physical 07 Warning Signal 08 Stop Sign 09 Yield Sign 10 Flagmen 11 No Control Present 12 Flashing Traffic Control 13 School Zone (Signs/Controls) 14 Adult Crossing Guard</p>																																											
<p>Sequence of Events — Most Harmful Event — First Harmful Event</p> <p>Non-Collision (01-19)</p> <p>01 Overturn/Rollover 02 Fire/Explosion 03 Immersion 04 Jackknife 05 Ran Off Road - Right** 06 Ran Off Road - Left** 07 Crossed Median** 08 Crossed Centerline** 09 Cargo/Equipment Loss or Shift 10 Separation of Units** 11 Fell/Jumped From Vehicle 12 Thrown/Fallen/Falling Object 13 Equipment Failure** 14 Downhill /Runaway** 15 Reentered Roadway** 19 Other Non-Collision*</p> <p>Collision w/Person, MV, or Non-Fixed Object (21-39)</p> <p>21 Pedalcyclist 22 Pedestrian 23 Train/Trolley/Other Railcar 24 Deer 25 Other Animal 26 MV in Transport 27 MV in Transport, Other Roadway 28 Parked MV 29 Work Zone or Maint Equipment 30 Struck by Object Set in Motion by MV 39 Other Non-Fixed Object*</p> <p>Collision w/Fixed Object (41-69)</p> <p>41 Impact Attenuator/Crash Cushion 42 Bridge Overhead Structure 43 Bridge Pier or Support 44 Bridge Parapet End 45 Bridge Rail 46 Guide Rail Face 47 Guide Rail End 48 Concrete Traffic Barrier 49 Other Traffic Barrier 50 Traffic Sign Support 51 Traffic Sign Standard 52 Utility Pole 53 Light Standard 54 Other Post, Pole, Support 55 Culvert 56 Curb 57 Ditch 58 Embankment 59 Fence 60 Tree 61 Mailbox 62 Fire Hydrant 69 Other Fixed Object*</p>		<p>Veh 1 Events</p> <p>1st 1268 2nd 1268 3rd 1268 4th 1268</p> <p>Veh 2 Events</p> <p>1st 1270 2nd 1270 3rd 1270 4th 1270</p> <p>Most Harmful Event</p> <p>1268</p> <p>First Harmful Event</p> <p>1268</p>																																									
		<p>Initial Impact</p> <p>Veh 1 129</p> <p>Principal Damage</p> <p>Veh 1 130</p> <p>Initial Impact</p> <p>Veh 2 131</p> <p>Principal Damage</p> <p>Veh 2 132</p>																																									
<p>Clockpoint Diagram</p> <p>Vehicle Impact Area</p> <p>13 Roof 14 Undercarriage 15 Overtumed 17 None Visible</p>		<p>Extent of Damage</p> <p>01 None 02 Minor 03 Moderate/Functional 04 Disabling</p> <p>Veh 1 133 Veh 2 134</p>																																									
		<p>Overlay Page 2 of 2</p>																																									

NJTR-1A

Page _____ of _____

<p>New Jersey Police Crash Investigation Report</p> <p>Motor Vehicle Crash Description</p>	<p>Police Dept: _____ Code: _____</p>
	<p>Station: _____ Case No: _____</p>

145 Crash Description

NJTR-1A (Rev. 01/17)

Officer's Signature

Badge Number

NJTR-1B

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<p align="center">New Jersey Police Crash Investigation Report</p> <p align="center">Motor Vehicle Crash Diagram</p>	Police Dept: _____	Code: _____
	Station: _____	Case No: _____

144 Crash Diagram (NOT TO SCALE)

☐ Indicate North

NJTR-1B (Rev. 01/17)

Officer's Signature

Badge Number

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New Jersey Police Crash Investigation Report	Police Dept: _____ Code: _____
Motor Vehicle Crash Description	Station: _____ Case No.: _____

[illegible]

NJTR-1M (Rev. 01/17)

Officer's Signature

Badge Number

History of Crash Reporting

Historically, most traffic crash reports were intended, and used, primarily as simple “Who, What, Where, When and maybe Why” chronicles. In this age of ever decreasing resources, and ever increasing needs, the ability to provide timely, accurate data to Highway Safety Officials becomes increasingly urgent, because it allows traffic safety officials to “do more with less”.

Each traffic Crash Report is a memorialization of a crash. The circumstances are rarely ideal as the officer must perform triage in attending to injured persons, minimize the impact and risk to surrounding traffic and then survey and analyze the crash scene.

Pursuant to the requirements of N.J.S.A. 39:4-131, an officer investigating a motor vehicle crash must submit to Motor Vehicle Commission a completed crash report within five (5) days. The reports are submitted by all law enforcement agencies in the State for any “reportable” motor vehicle traffic crash resulting in injury to or death of any person, or damage to property of any one person in excess of \$500.00. As a result, approximately 280,000 (2014) crash reports are produced annually.

The Division of Highway Traffic Safety (DHTS) and the New Jersey Department of Transportation (NJDOT) are responsible for allocating funds from the National Highway Traffic Safety Administration (NHTSA) and the Federal Highway Administration (FHWA) for the purpose of creating programs aimed at improving the safety of New Jersey roadways. Traffic crash analysis affects these and other agencies, as the crash report is the only source of their information. As such, crash reporting information is critical in the decision-making process of numerous agencies.

Included are:

AAA – American Automobile Association	FHWA – Federal Highway Administration	Business
FARS – Fatality Analysis Reporting System	MPO’s – Metropolitan Planning Organizations	Medical Community
DOH – Department of Health	NJDOT – NJ Department of Transportation	Government Agencies
USDOT - US Department of Transportation	NHTSA – National Highway Traffic Safety Administration	Local / State Governments
MVC – Motor Vehicle Commission	DHTS – NJ Division of Highway Traffic Safety	State / County Engineers
FMCSA – Federal Motor Carrier Safety Administration	Media	Universities
Police Departments	Professional Groups	Insurance Companies

For glossary of terms and definitions, see Appendix Page 104 for American National Standard Institutes (ANSI DIG. 1-2007) Manual on Classification of Motor Vehicle Traffic Crashes.

General NJTR-1 Protocols and Instructions

On July 16, 1997, The National Safety Council's Board of Directors passed a motion to eliminate the word **ACCIDENT** and replace it with the word **CRASH**. The reason for the motion was to change people's way of thinking about crashes. An accident is defined as "An unexpected or undesired event, chance or fortune" while a crash is "to cause a vehicle or aircraft to have a collision, to be involved in a crash." This reinforces the philosophy that crashes don't just happen; they have causes and can be prevented.

Note: Throughout this manual, **Accident** has been replaced with the word **Crash**.

Although Title 39 has not yet changed to reflect this new trend in terminology the changes have been made in this manual.

N.J.S.A. 39:4-131 states:

"Every law enforcement officer who investigates a vehicle crash of which report must be made as required in this Title, or who otherwise prepares a written report as a result of a crash or thereafter by interviewing the participants or witnesses, shall forward a written report of the crash to the division, on forms furnished by it, within five days after this investigation of the crash."

The investigation and reporting of motor vehicle crashes is a necessary duty of a police officer. Reports are intended to help reduce the number of crashes, deaths and injuries through the collection of data elements and study how they occur. You play a vital role in the collection of this data and it is imperative that you understand each piece of information that you enter.

- All 149 Boxes on the Crash Report must be completed, even if you only enter a dash.
- All reportable crash reports, including fatal crashes, must be submitted to the New Jersey Department of Transportation who administers the report on behalf of the Motor Vehicle Commission (MVC).
- Use a dash (-) to indicate non-applicable information in all Boxes.
- Use double zeros (00) to indicate the required information is Unknown in Boxes 96 -134.
- Use Code 99 for Other, except when Other Code already exists for field.
- If a Box calls for a two digit numeric answer be sure to fill in both digits, i.e. 01,02,03.
- The Straight-line Diagram is an excellent source of information to police officers. You can find jurisdiction, speed limit, milepost and ramp information. The link is <http://www.nj.gov/transportation/refdata/sldiag/>

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- **First Harmful Event:** The first injury or damage-producing event that characterizes the crash type.
- **Most Harmful Event:** Event that resulted in the most severe injury or, if no injury, the greatest property damage involving this motor vehicle.
- **Driver Distracted:** A driver is distracted when he/she chooses to divert their attention from the driving task to focus on some other activity instead. This usually involves using their hands, eyes or ears and includes talking on a cell phone, texting, using a GPS, watching videos or movies, eating, drinking, smoking, personal grooming, reading, adjusting the radio/CD, talking to passengers, reaching for an object, focusing on an insect in the vehicle, focusing on something outside of the vehicle or any other similar activity.
- **Driver Inattention:** A driver is inattentive when he/she loses focus on the task of driving. This includes things such as daydreaming, fatigue, drowsiness or other physical or emotional conditions of the driver.

Motor Vehicle and Traffic Laws Regarding Completion of Crash Reports

1. Requirements for drivers

- N.J.S.A. 39: 4-130 requires that any driver of a vehicle or street car involved in a crash which results in injury or death of any person or damage to property of any one person in excess of \$500 shall, by the quickest means of communication, notify the local police department or nearest office of the county police or state police of the crash.
- The driver is further required to forward a written report of such crash within 10 days to Motor Vehicle Services on forms (SR-1) furnished by it.
- A written report of a crash shall not be required by this section if a law enforcement officer submits a written report to Motor Vehicle Services pursuant to N.J.S.A. 39: 4- 131.

2. Requirement for police officers

- N.J.S.A. 39: 4-131 requires the following:
 - That Motor Vehicle Services shall prepare and supply to police departments forms for crash reports. These forms will contain detailed information about the motor vehicle crash, including the cause, the conditions then existing, and the persons and vehicles involved.

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- b. Every law enforcement officer who investigates a vehicle crash of which a report must be made or who otherwise prepares a written report as a result of a crash shall forward a written report of the crash to Motor Vehicle Services, on the forms furnished by it, within 5 days after his or her investigation of the crash.
- c. The written report required to be forwarded by law enforcement officers and the information contained therein shall not be privileged or held confidential. Every citizen of this state shall have the right, during business hours and under supervision, to inspect and copy such reports and shall also have the right to purchase copies of the reports at the fee established by law.
- d. Private property crashes are to be reported in the same manner as crashes occurring on public roadways. This includes crashes in parking lots, on private streets, and on any other location in the State.

Completing Crash Report Forms

1. NJTR-1

- A. The State of New Jersey Police Crash Report Form NJTR-1 is to be completed by a police officer for all investigations of motor vehicle crashes.
- B. In many instances, the police officer conducting a crash investigation will find that it is necessary to submit more than one NJTR-1 form, to correctly report the investigation.
- C. The need for an additional NJTR-1 report page will occur when the crash involves three or more vehicles, pedestrians or pedalcyclists.
- D. Pedestrians and pedalcyclists are identified in the “**Driver**” section of the NJTR-1 by listing name and address but not by including their driver’s license number.

2. Additional Report Pages

- A. Form **NJTR-1A** Motor Vehicle Crash Description is to be completed if additional space is needed for the description.
- B. Form **NJTR-1B** Motor Vehicle Crash Diagram, or other diagrams, shall be used in all crash cases involving serious injury or a fatality in lieu of Box 144 on form NJTR-1. When using an

Section 1	Section 2	Section 3	Section 4	Section 5	Section 6	Section 7	Appendix
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NJTR-1B or other diagram document write: SEE ATTACHED DIAGRAM in Box 144 on NJTR-1 Form.

- C. Form **NJTR-1M** (Motor Vehicle Crash Multi-Occupant), is to be completed if additional spaces are needed to capture additional occupants on buses or in other high occupancy vehicles.

3. Change Reports

- A. Whenever it is necessary to make a change in information on a report which has already been submitted to the Department of Transportation, a new report must be submitted showing the changes, with the Change Report box checked at the top of the report form.

Example: A hit-and-run crash in which a report is submitted before the offender is identified. An additional report would be required to show the offender's identity and other pertinent new information developed and not previously reported.

Example: An injured party from a motor vehicle crash dies from their injuries after the initial crash report is submitted.

- B. The bold black lines (Boxes 1-7) are always the minimum number of mandatory fields for an NJTR-1 Change Report. Names listed in Boxes 26 and 56 of the original report should also be included on the change report.
- C. When submitting a change report, police can either submit all fields or only submit the information that needs to be changed or added. Describe what has changed in Box 145.

4. Fatal Crashes – Refer to NJSA 39:5-30.d

- A. Local Police shall notify the State Police Fatal Accident Investigation Unit using NCIC2000, NLETS message, by fax, or by telephone, within 24 hours on all fatal crashes.
- B. Send a copy of NJTR-1 only, to Motor Vehicle Commission, to NJDOT and the NJSP within 72 hours (whether complete or not). Copies of reports should be sent to:

1. Motor Vehicle Commission	Phone 609-292-8018
Fatal Unit	Fax 609-341-3373
225 East State Street	
PO Box 173	
Trenton NJ 08666	

- C. State Police will review all fatal crash reports and prepare reports and recommendations required by the MVC Fatal Accident Review Board. A copy of these reports will also be provided to the County Prosecutor's Office.
- D. Motor Vehicle Commission and Fatal Accident Review Board determines if administrative action is warranted.

- A. Because of fraud and impacts on the crash records database, police departments SHALL NOT use a NJTR-1 form for reporting an uninvestigated, alleged crash report.
- B. If the officer does not investigate an alleged crash, the individual reporting the alleged crash shall be given a SR-1 form (Self Reporting Motor Vehicle Crash report) to fill out and submit to the agency indicated on the SR-1 form. The SR-1 form can be found at the following link: <http://www.state.nj.us/mvc/pdf/About/SR-1.pdf>
- C. Police personnel should make an entry in their watch log indicating the date and time the reporting individual reported the motor vehicle crash to the police department.
- D. It is suggested that the individual reporting the alleged crash provide a copy to the police department for its files. This is not required. Follow your departmental procedures in this matter.
- E. Police personnel should emphasize to the reporting individual that they should indicate in Box 20 on the report that the police did not investigate the crash.

6. Department of Insurance

To help you understand what an insurance company considers an “At-fault” crash, we have provided you with an excerpt from the New Jersey Department of Insurance, dated 8/18/97.

Title 11

11:3-34.3 Definition of “At Fault Crash”

An “At-fault crash” is any crash involving a driver insured under the policy which resulted in a payment by the insurer of at least \$500.00, and for which the driver is at least proportionately responsible based on the number of vehicles involved.

A driver is [considered] proportionately responsible if 50 percent responsible for a crash involving two drivers; if 33 1/3 percent responsible for a crash involving three drivers, etc.

An at-fault crash **SHALL NOT INCLUDE** the following:

- A. Involvement in a crash in which the motor vehicle owned or operated by the insured or other driver insured under the policy was lawfully parked.
- B. Involvement in a crash in which the motor vehicle was struck by a hit and run driver, if such a crash was reported to the proper authorities within 24 hours.
- C. Involvement in a crash in connection with which neither the named insured nor any other driver insured under the policy was convicted of a moving traffic violation and the owner or operator of another vehicle involved in such crash was so convicted.
- D. Physical damage losses other than collision.
- E. A crash in which the motor vehicle was struck in the rear by another vehicle and a driver insured under the policy has not been convicted of a moving violation in connection with the crash.
- F. A crash occurring as a result of operation of any motor vehicle in response to an emergency if the operator at the time of the crash was responding to the call to duty as a paid or volunteer member of any police or fire department, first aid squad, or any law enforcement agency.

* Statutory Language

Section 1	Section 2	Section 3	Section 4	Section 5	Section 6	Section 7	Appendix
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Section 1 – Crash Location – Boxes 1 - 22

Box
Page ____ of ____

96	Page ____ of ____		<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: _____										11. Speed Limit				118b
98	2. Police Dept. of _____		Code _____	Road Name _____ Dir _____										12. Route No. _____		Suffix _____	13. Milepost _____	119a
99	3. Station/Precinct			<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet _____ <input type="checkbox"/> Miles _____										<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		18. Speed Limit		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		7. Municipality Code	8. Total Killed	9. Total Injured	19. Ramp <input type="checkbox"/> To: _____		17. Cross Road Name/Route No.		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		22. Longitude	120a		
100b	100b			100b					21. Latitude		20. Route Name/Route No.					120b		

At the top left corner of each page of the report, there is a space: (Page ____ of ____). Make sure this area is filled in. It tells the reader how many pages of information there is for each report on (Page ____). Enter consecutive numbers of total pages of the report. In (of ____), enter the number of total pages for the crash report.
Example: Page 1 of 5, Page 2 of 5 etc.

Box
Fatal
Reportable
Non-Reportable
Change Report

96	Page ____ of ____		<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: _____										11. Speed Limit				118b
98	2. Police Dept. of _____		Code _____	Road Name _____ Dir _____										12. Route No. _____		Suffix _____	13. Milepost _____	119a
99	3. Station/Precinct			<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet _____ <input type="checkbox"/> Miles _____										<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		18. Speed Limit		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		7. Municipality Code	8. Total Killed	9. Total Injured	19. Ramp <input type="checkbox"/> To: _____		17. Cross Road Name/Route No.		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		22. Longitude	120a		
100b	100b			100b					21. Latitude		20. Route Name/Route No.					120b		

Located at the top left and right sides of the report are 4 small Boxes (Fatal, Reportable, Non-Reportable and Change Report), make sure that you place an "X" in at least ONE of these boxes. Box selection advises the processing agency to send specific data elements to NJDOT.

Reportable Crash: A crash that results in injury or death of any person or damage to property of any one person in excess of \$500.

Non-reportable: Crashes are not to be submitted to New Jersey Department of Transportation (NJDOT) for processing.

Change report: Shall be checked if information on the original report has changed or if there is additional information to be added to the original report that was not included in the initial submission. Only those fields affected by the additional or changed information need be filled out along with the location section of the report. See General Protocols Page 12 and Completing Crash Forms Page 15 for additional information.

Section 1 – Crash Location – Boxes 1 - 22

Box

Fatal

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: <u> </u>										11. Speed Limit <u> </u>										12. Route No. <u> </u> Suffix <u> </u> 13. Milepost <u> </u>										118b										
98	2. Police Dept. of <u> </u> Code <u> </u>										Road Name <u> </u> Dir <u> </u>										18. Speed Limit <u> </u>										19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <u> </u>										119a										
99	3. Station/Precinct <u> </u>										<input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Miles										20. Route Name/Route No. <u> </u>										21. Latitude <u> </u> 22. Longitude <u> </u>										119b										
100a	4. Date of Crash <u> </u> mm <u> </u> dd <u> </u> yy										5. Day of Week <u> </u> Su <u> </u> M <u> </u> Tu <u> </u> W <u> </u> Th <u> </u> F <u> </u> Sa <u> </u>										6. Time (use 2400 hrs.) <u> </u> 14 <u> </u> 15 <u> </u> 16										7. Municipality Code <u> </u>										8. Total Killed <u> </u> 9. Total Injured <u> </u>										120a

If the crash involves a fatality, place an "X" in **Box (Fatal)** located in the top left of the report. Refer to NJSA 39:5-30.d fatal protocol, and Protocols on Page 15.

In the event of a fatality, this Box needs to be checked even though it will be reported elsewhere in the report. If the fatality occurs after the initial investigation report (within 30 days of crash date), you must submit a **change report** indicating a person died due to a crash-related injury.

All fatal motor vehicle crashes shall be reported to the New Jersey State Police via NCIC 2000 within 24 hours of occurrence.

If a person is killed, verify that code "01 - Killed" is entered where column (Box) 86 (Victim's Physical Condition) intersects with its corresponding row. Also, verify that a number entered in Box 8 (Total Killed) corresponds with the number of persons killed as a result of the crash. Lastly, verify that the name/address/date and time of death is entered in the unnumbered Box to the right of Box 95 known as column box (Names & Addresses of Occupants – If Deceased, Date & Time of Death).

Box 1

Case Number

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: <u> </u>										11. Speed Limit <u> </u>										12. Route No. <u> </u> Suffix <u> </u> 13. Milepost <u> </u>										118b										
98	2. Police Dept. of <u> </u> Code <u> </u>										Road Name <u> </u> Dir <u> </u>										18. Speed Limit <u> </u>										19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. <u> </u>										119a										
99	3. Station/Precinct <u> </u>										<input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Miles										20. Route Name/Route No. <u> </u>										21. Latitude <u> </u> 22. Longitude <u> </u>										119b										
100a	4. Date of Crash <u> </u> mm <u> </u> dd <u> </u> yy										5. Day of Week <u> </u> Su <u> </u> M <u> </u> Tu <u> </u> W <u> </u> Th <u> </u> F <u> </u> Sa <u> </u>										6. Time (use 2400 hrs.) <u> </u> 14 <u> </u> 15 <u> </u> 16										7. Municipality Code <u> </u>										8. Total Killed <u> </u> 9. Total Injured <u> </u>										120a

In **Box 1 (Case Number)**, enter the "department" case number where the crash occurred.

Case number shall be entered on all additional pages and on any change reports that are sent to NJDOT.

Mutual Aid: If you are investigating a crash in another jurisdiction as part of mutual aid, then use a case number from either jurisdiction. Indicate the investigating officer's agency in Box 145. Municipalities who contract police services to other municipalities will regulate who is to be the custodian of records as part of that agreement.

DO NOT ENTER ANY OTHER INFORMATION IN THIS BOX OTHER THAN THE CASE NUMBER.

Section 1 – Crash Location – Boxes 1 - 22

Box 2

Police
Department
of

96	Page <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:										11. Speed Limit										118b
98	2. Police Dept. of										Code										Road Name										119a
99	3. Station/Precinct										14. <input type="checkbox"/> Feet <input type="checkbox"/> Miles										15. <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W										119b
100a	4. Date of Crash										5. Day of Week										6. Time (use 2400 hrs.)										120a
100b	mm dd yy										Su M Tu W Th F Sa										7. Municipality Code										120b

In **Box 2 (Police Department of)**, enter the name and one of the type of police agency codes for the police department that investigated the crash:

01 - Municipal Police 02 – State Police 03 – County Police 04 – Port Authority Police
05 – County Sheriff 99 – Other Police

Mutual Aid: If you are investigating a crash in another jurisdiction as part of mutual aid, then use a case number from either jurisdiction. Indicate the investigating officer's agency in Box 145. Municipalities who contract police services to other municipalities will regulate who is to be the custodian of records as part of that agreement.

Box 3

Station/
Precinct

96	Page <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:										11. Speed Limit										118b
98	2. Police Dept. of										Code										Road Name										119a
99	3. Station/Precinct										14. <input type="checkbox"/> Feet <input type="checkbox"/> Miles										15. <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W										119b
100a	4. Date of Crash										5. Day of Week										6. Time (use 2400 hrs.)										120a
100b	mm dd yy										Su M Tu W Th F Sa										7. Municipality Code										120b

In **Box 3 (Station/Precinct)**, enter the Station/Precinct if applicable for your department, otherwise, enter a dash (-).

Box 4

Date of Crash

96	Page <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:										11. Speed Limit										118b
98	2. Police Dept. of										Code										Road Name										119a
99	3. Station/Precinct										14. <input type="checkbox"/> Feet <input type="checkbox"/> Miles										15. <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W										119b
100a	4. Date of Crash										5. Day of Week										6. Time (use 2400 hrs.)										120a
100b	mm dd yy										Su M Tu W Th F Sa										7. Municipality Code										120b

In **Box 4 (Date of Crash)**, enter the date that the crash occurred in (MM/DD/YY) format. I.e. 07/06/16

Section 1 – Crash Location – Boxes 1 - 22

Box 5

Day of Week

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			
1. Case Number		10. Crash Occurred On:		Road Name		Dir		11. Speed Limit		12. Route No. Suffix		13. Milepost		118b	
2. Police Dept. of <u> </u> Code <u> </u>		<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		of:		18. Speed Limit		19. <input type="checkbox"/> To: <input type="checkbox"/> From:		17. Cross Road Name/Route No.		119a	
3. Station/Precinct		14. <u> </u> 15. <u> </u>		16. <u> </u>		19. <input type="checkbox"/> To: <input type="checkbox"/> From:		17. Cross Road Name/Route No.		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b		120a	
4. Date of Crash mm dd yy		5. Day of Week Su M Tu W Th F Sa		6. Time (use 2400 hrs.)		7. Municipality Code		8. Total Killed		9. Total Injured		21. Latitude		20. Route Name/Route No. 22. Longitude	

In **Box 5 (Day of Week)**, circle the appropriate day of the week that the crash occurred.

The day of week must correspond with the date of crash in Box 4 (Date of Crash).

Box 6

Time

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			
1. Case Number		10. Crash Occurred On:		Road Name		Dir		11. Speed Limit		12. Route No. Suffix		13. Milepost		118b	
2. Police Dept. of <u> </u> Code <u> </u>		<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		of:		18. Speed Limit		19. <input type="checkbox"/> To: <input type="checkbox"/> From:		17. Cross Road Name/Route No.		119a	
3. Station/Precinct		14. <u> </u> 15. <u> </u>		16. <u> </u>		19. <input type="checkbox"/> To: <input type="checkbox"/> From:		17. Cross Road Name/Route No.		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b		120a	
4. Date of Crash mm dd yy		5. Day of Week Su M Tu W Th F Sa		6. Time (use 2400 hrs.)		7. Municipality Code		8. Total Killed		9. Total Injured		21. Latitude		20. Route Name/Route No. 22. Longitude	

In **Box 6 (Time)**, enter the time of the crash. If the time is unknown, enter the time that the crash was reported to your agency. Use military time (e.g., 0001 hours to 2400 hours).

Box 7

Municipality Code

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			
1. Case Number		10. Crash Occurred On:		Road Name		Dir		11. Speed Limit		12. Route No. Suffix		13. Milepost		118b	
2. Police Dept. of <u> </u> Code <u> </u>		<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		of:		18. Speed Limit		19. <input type="checkbox"/> To: <input type="checkbox"/> From:		17. Cross Road Name/Route No.		119a	
3. Station/Precinct		14. <u> </u> 15. <u> </u>		16. <u> </u>		19. <input type="checkbox"/> To: <input type="checkbox"/> From:		17. Cross Road Name/Route No.		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		119b		120a	
4. Date of Crash mm dd yy		5. Day of Week Su M Tu W Th F Sa		6. Time (use 2400 hrs.)		7. Municipality Code		8. Total Killed		9. Total Injured		21. Latitude		20. Route Name/Route No. 22. Longitude	

In **Box 7 (Municipality Code)**, enter the 4-digit National Crime Information Center (NCIC) Municipality Code where the crash occurred. The municipality will be determined by the location where the first harmful event occurred. In circumstances where a vehicle travels beyond the trafficway and into another municipality before the first harmful event occurs, the municipality where the vehicle departed the roadway shall be used.

First Harmful Event - The first injury or damage-producing event that characterizes the crash type.

Most Harmful Event - Event that resulted in the most severe injury or, if no injury, the greatest property damage involving this motor vehicle.

Section 1 – Crash Location – Boxes 1 - 22

Fatal Accident Record System (FARS) must rely on location information in Box 2 (Police Department of) and Box 7 (Municipality Code) to locate point of impact.

Box 8

Total Killed

96	Page <input type="checkbox"/> of <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: _____										11. Speed Limit		118b
98	2. Police Dept. of _____ Code _____		Road Name _____ Dir _____										12. Route No. _____ 13. Milepost _____		119a
99	3. Station/Precinct		<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: _____										18. Speed Limit _____		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		7. Municipality Code		8. Total Killed		9. Total Injured		17. Cross Road Name/Route No. _____		120a
19. Ramp <input type="checkbox"/> To: _____ From: _____ 20. Route Name/Route No. _____ 21. Latitude _____ 22. Longitude _____															

In **Box 8 (Total Killed)**, enter the number of persons killed as a result of the crash. Use a two-digit code i.e. 01, 02, 03. Verify the “**Fatal**” box is checked at the top left of the report. Also verify that code “**01-Killed**” is entered in Box 86 (Victim’s Physical Condition) for each corresponding fatality.

If no one was killed as a result of this crash, enter dashes (--). If a person is killed, they **shall not** be accounted for in Box 9 (Total Injured).

Lastly, verify that the name/address/date and time of death is recorded in the unnumbered Box to the right of Box 95 known as column Box (Names & Addresses of Occupants – If Deceased, Date & Time of Death).

Note: Notify the State Police within 24 hours via NCIC 2000. Refer to NJSA 39:5-30.d fatal protocol, and Protocols on Page 15.

Box 9

Total Injured

96	Page <input type="checkbox"/> of <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: _____										11. Speed Limit		118b
98	2. Police Dept. of _____ Code _____		Road Name _____ Dir _____										12. Route No. _____ 13. Milepost _____		119a
99	3. Station/Precinct		<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: _____										18. Speed Limit _____		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		7. Municipality Code		8. Total Killed		9. Total Injured		17. Cross Road Name/Route No. _____		120a
19. Ramp <input type="checkbox"/> To: _____ From: _____ 20. Route Name/Route No. _____ 21. Latitude _____ 22. Longitude _____															

In **Box 9 (Total Injured)**, enter the number of persons injured as a result of the crash. Use a two-digit number, i.e. 01, 02, 03.

If no one was injured as a result of this crash, enter dashes (--).

Section 1 – Crash Location – Boxes 1 - 22

If a person is injured, they cannot be accounted for in Box 8 (Total Killed). Never enter “01 - Killed” in column (Box) 86 (Victim’s Physical Condition) for an injury crash.

If you enter an entry other than dashes in Box 9 (Total Injured), then enter entries in Boxes 86 (Victim’s Physical Condition), 89 (Location of Most Severe Physical Injury), 90 (Type of Most Severe Physical injury), 91 (Refused Medical Treatment).

Box 10 - 22

Crash Location

Page ____ of ____ <input type="checkbox"/> Fatal										New Jersey Police Crash Investigation Report <input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report													
1. Case Number										10. Crash Occurred On: _____										11. Speed Limit		118a	
2. Police Dept. of _____ Code _____										Road Name _____ Dir _____										12. Route No. _____ Suffix _____		118b	
3. Station/Precinct _____										<input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Miles										13. Milepost _____		119a	
4. Date of Crash mm dd yy										14. _____ 15. _____ 16. _____										18. Speed Limit		119b	
5. Day of Week Su M Tu W Th F Sa										19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. _____										<input type="checkbox"/> NB <input type="checkbox"/> EB		120a	
6. Time (use 2400 hrs.) _____										20. Route Name/Route No. _____										<input type="checkbox"/> SB <input type="checkbox"/> WB			
7. Municipality Code _____										21. Latitude _____										22. Longitude _____			
8. Total Killed _____										20. Route Name/Route No. _____													
9. Total Injured _____																							

Boxes 10 through 22 GENERAL NOTES:

It is important that Boxes 10 through 22 be filled out accurately and completely. Boxes 10 through 22 will explain the location in a uniform way which will allow for clearer comparability of motor vehicle traffic crash statistics and data.

This area of the report has been one of the most INCOMPLETE parts of the crash report and it becomes difficult, if not impossible, to provide accurate location data. You must remember that this data is not solely for insurance purposes. This data is available to many end users for the purposes of improving vehicular safety in New Jersey. This data is also available, free, to your agency, through the N.J.D.O.T.

This new form was redesigned to take advantage of new technologies in crash data collections as well as to support existing manual methods. Geographic Information System (GIS) is used by the Processing Agency and many end users of data to pinpoint the locations of crashes and provide other vital information to various agencies, in the interest of traffic safety and crash prevention.

Box 10

Crash Occurred On

Page ____ of ____ <input type="checkbox"/> Fatal										New Jersey Police Crash Investigation Report <input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report													
1. Case Number										10. Crash Occurred On: _____										11. Speed Limit		118a	
2. Police Dept. of _____ Code _____										Road Name _____ Dir _____										12. Route No. _____ Suffix _____		118b	
3. Station/Precinct _____										<input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Miles										13. Milepost _____		119a	
4. Date of Crash mm dd yy										14. _____ 15. _____ 16. _____										18. Speed Limit		119b	
5. Day of Week Su M Tu W Th F Sa										19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. _____										<input type="checkbox"/> NB <input type="checkbox"/> EB		120a	
6. Time (use 2400 hrs.) _____										20. Route Name/Route No. _____										<input type="checkbox"/> SB <input type="checkbox"/> WB			
7. Municipality Code _____										21. Latitude _____										22. Longitude _____			
8. Total Killed _____										20. Route Name/Route No. _____													
9. Total Injured _____																							

On **line (Box) 10 (Crash Occurred On: Road Name, Direction)**, be as specific as possible for geo-locating purposes. There are 2 methods of locating a crash:

Section 1	Section 2	Section 3	Section 4	Section 5	Section 6	Section 7	Appendix
-----------	-----------	-----------	-----------	-----------	-----------	-----------	----------

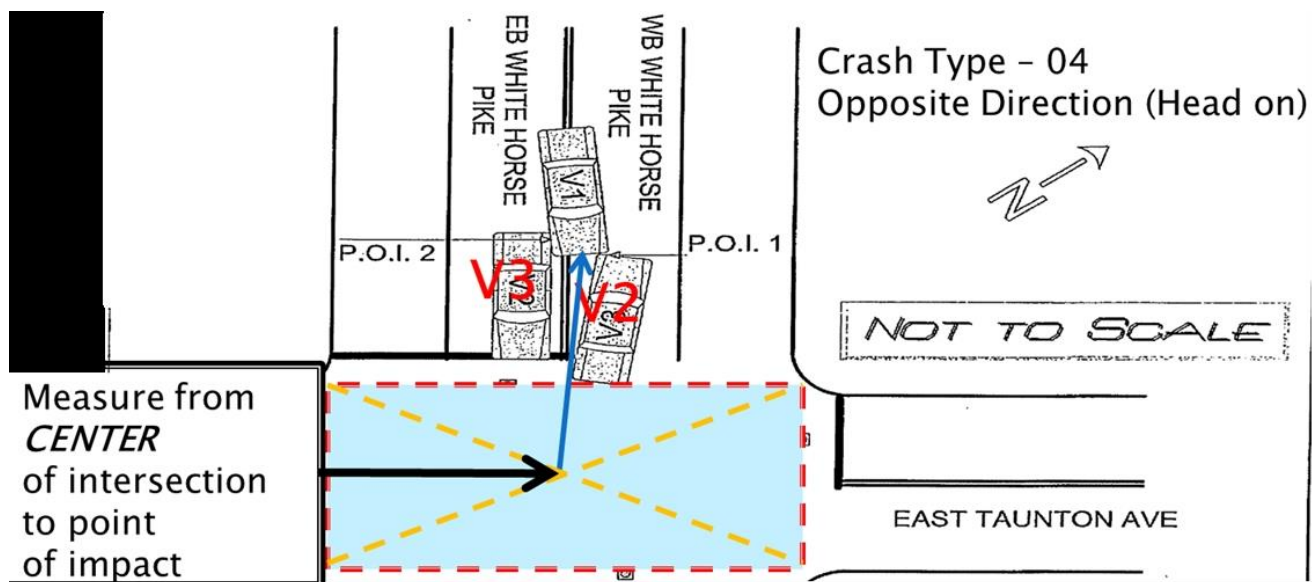
Section 1 – Crash Location – Boxes 1 - 22

There are 2 methods of locating a crash described below under Box 10

Method 1 - All crash locations that occurred “along a street or highway” (Not at an intersection or ramp) will use the nearest intersecting roadway, milepost or mile-posted feature method of plotting locations.

Using the **road name** (Box 10) along with the information on line (Box) 14 (Distance) to the center of the nearest intersection, Box 15 (comprised of a grouping of 3 Boxes; At Intersection with, Feet, Miles), Box 16 (comprised of a grouping of 4 Boxes; Direction N, S, E, W) and on line (Box) 17 (Cross Road Name) will result in an accurate location of the crash.

Locating Crash Outside of Intersection Diagram:



Enter the road name where the crash occurred. If the crash occurred on an Interstate, US, state or county route, the route number shall be entered in Box 12 (Route Number) and also enter the milepost in Box 13 (Milepost). For crashes on a Toll, Interstate and State roadways **MUST** have milepost numbers.

NOTE: The name of a business or such phrases as “in front of,” or “near” are not applicable, words/phrases. If such phrases are applicable to the investigation they may be documented in Box 145 (Crash Description).

NOTE: Parking lot crashes may be located by using the street address on line (Box) 10 with the phrase “Parking Lot” in parentheses, e.g.: 101 Main Street (Parking Lot). When a street address is not available you can use the common name e.g. Lebanon State Forest Trail or Indian Mills Campground. Verify that 09 is entered in Box 99 for “Private Property”.

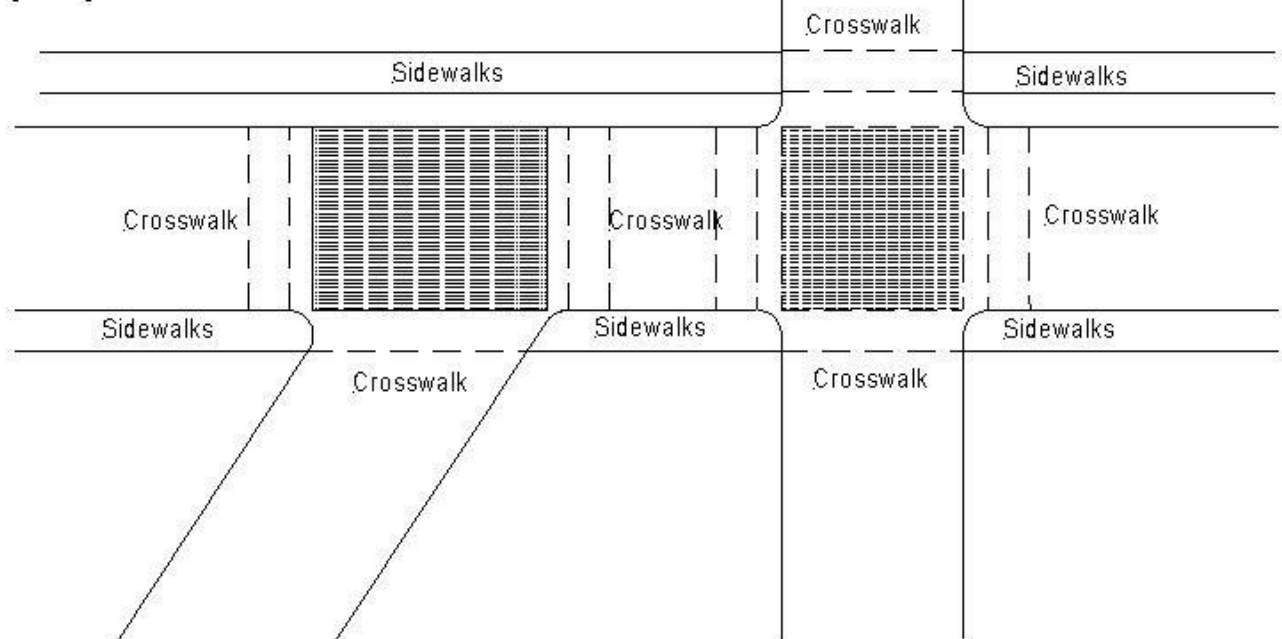
Section 1 – Crash Location – Boxes 1 - 22

Method 2 - All Crash locations that occurred “at an intersection or on a ramp” will use the roadway hierarchy method to determine which roadway is entered in Box 10.

Definition of an Intersection as per Title-39:1-1:

“**Intersection**” means the area embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of two or more highways that join one another at an angle, whether or not one such highway crosses another. The square in the center of the drawing below is an example of the area deemed to be an intersection. Any crash that occurs outside of the square of the intersection will have Boxes 10 through 22 (if applicable) completed at the top of the NJTR-1.

INTERSECTIONS: The box created by extending the curb lines on the sides of the intersecting roads. Pedestrians in the crosswalks are counted as in the intersection for reporting purposes.



Section 1 – Crash Location – Boxes 1 - 22

Identify the highest road authority on line (Box) 10 (Crash Occurred On). If there are two roadways of the same hierarchy, list in numeric order first (lowest to highest) and second by roadway names in alphabetical order, e.g. 1st Street and Alpine Way.

Note: For additional information on Ramps and Jug Handles, please refer to Boxes 19 (Ramp) and line (Box) 20 (Route/Name) to identify these locations.

Roadway Hierarchy

New Jersey Roadway Systems In Order of Hierarchy



Section 1 – Crash Location – Boxes 1 - 22

Box 10 Cont.

Crash
Occurred On

96	Page of <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:		11. Speed Limit		12. Route No.		13. Milepost		118b
98	2. Police Dept. of Code		Road Name		Dir		Suffix		18. Speed Limit		119a
99	3. Station/Precinct		At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		19. To: 17. Cross Road Name/Route No.		NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		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.)		7. Municipality Code		8. Total Killed		120a
100b	9. Total Injured		14		15		16		21. Latitude		22. Longitude

DIRECTION (Dir) - The direction of the road is identified to the right of road name on line (Box) 10 (Crash Occurred On/Road Name/Direction). The direction (N, S, E, W) is identified as the nominal direction for divided roadways and one-way streets.

A North-South road may actually run East-West for a segment; however the direction should not change from the nominal direction for reporting purposes. The nominal direction may be obtained from road signs, identified on maps or straight-line diagrams.

Box 11

Speed Limit

96	Page of <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:		11. Speed Limit		12. Route No.		13. Milepost		118b
98	2. Police Dept. of Code		Road Name		Dir		Suffix		18. Speed Limit		119a
99	3. Station/Precinct		At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		19. To: 17. Cross Road Name/Route No.		NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		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.)		7. Municipality Code		8. Total Killed		120a
100b	9. Total Injured		14		15		16		21. Latitude		22. Longitude

In **Box 11 (Speed Limit)**, enter the speed limit for the road identified on the line. Enter the statutory NJSA 39:4-98 OR posted speed limit and NOT the advisory speed limit. Advisory speeds are the maximum recommended operating speed displayed on signs with a yellow background and black letters. Unlike an enforceable Speed Limit Sign, advisory speeds are used as a warning for a potential driving hazard ahead.

Box 12-13

Route
Number

Suffix/Prefix

Milepost

96	Page of <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:		11. Speed Limit		12. Route No.		13. Milepost		118b
98	2. Police Dept. of Code		Road Name		Dir		Suffix		18. Speed Limit		119a
99	3. Station/Precinct		At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		19. To: 17. Cross Road Name/Route No.		NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		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.)		7. Municipality Code		8. Total Killed		120a
100b	9. Total Injured		14		15		16		21. Latitude		22. Longitude

For **Box 12 (Route Number)**, if the crash occurred on an Interstate, US, State or County route, the route number shall be written in this Box. For a crash on a Toll road, this Box shall be populated with all dashes. Interstate, State and Toll roadways **MUST** have milepost numbers.

Section 1 – Crash Location – Boxes 1 - 22

Although not required, county route mileposts would be helpful and can be found in the NJ Straight-Line Diagrams at <http://www.nj.gov/transportation/refdata/sldiag/>

The **Box (Suffix)** is located between Box 12 (Route Number) and Box 13 (Milepost). Route Suffix Codes shall be written and not directional codes N, S, E and W.

Route Suffix Codes	Route Prefix Codes
A - Alternate	IS – Interstate Roadway
B – Business	SH – State Highway
C – Freeway	US – United State Route
M – Mercer Alignment (I-95 Only)	CR – County Route
P – Pennsylvania Extension (NJ Turnpike Only)	
S – Spur (County Routes Only)	
T – Truck (Rt. 1 & 9 Only)	
U – Upper (State Route 139 Only)	
L – Lower (State Route 139 Only)	
W – Western Alignment (NJ Turnpike, Rt. 9, Rt. 173)	

For **Box 13 (Milepost)**, State and Interstate roadways shall have milepost numbers written in this Box. Enter milepost location at the intersection designated in the straight line diagram. The entry requires three digits to the left and two digits to the right. Straight-Line diagrams may be utilized to obtain the milepost numbers. <http://www.nj.gov/transportation/refdata/sldiag/>

Example: A crash occurred on the Spur of County Route 518 at milepost 1.1. Boxes 12 and 13 should look like this:

0	5	1	8	S	0	0	1	.	1	0
12 Route No.				Suffix	13 Milepost					

Box 14 - 17

Distance From
Nearest Cross
Street

New Jersey Police Crash Investigation Report										<input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report																			
1. Case Number										10. Crash Occurred On:										11. Speed Limit									
2. Police Dept. of										Road Name										12. Route No. Suffix 13. Milepost									
3. Station/Precinct										<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of:										18. Speed Limit									
4. Date of Crash										14. Distance										15. Direction									
5. Day of Week										16. Killed										17. Cross Road Name/Route No.									
6. Time										19. Ramp										20. Route Name/Route No.									
7. Day of Week										21. Latitude										22. Longitude									

On **line (Box) 14 (Distance)**, Enter in the distance to the **center of the** nearest cross road name for crashes that do not occur at intersections. Distances shall be measured from the center of the intersection to the point of impact for the crash.

Section 1 – Crash Location – Boxes 1 - 22

In **Box 15 (At Intersection with, Feet, Miles)**, place an “X” in the Box (At Intersection with) if the crash occurred at an intersection and enter the cross road name on line (Box) 17 (Cross Road Name).

NJSA 39: 1-1 - “Intersection” means the area embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of two or more highways which join one another at an angle, whether or not one such highway crosses another. (Refer to Intersection Diagram on page 25).

If the crash occurred along a roadway and **not** at an intersection, place an “X” in the box “Feet” or “Miles” that indicates the units of measurement to the center of the nearest intersection on line (Box) 14 (Distance).

In **Box 16 (comprised of 4 Boxes; Direction N, S, E, W)** place an “X” for direction which is in closest proximity from the crash location to the intersecting or non-intersecting cross road. The Direction is the nominal direction of the roadway.

On **line (Box) 17 (Cross Road Name)**, Enter the nearest cross road name from the crash location. It may be determined by writing the cross road name.

Note: The NJTR- 1 does not contain a space for a second intersecting street. The accuracy of identifying the name of, distance to and direction to the nearest cross road name is essential; Most engineering agencies use distance increments of 1/100 of a mile when determining locations for crashes.

Example - a crash between two vehicles occurred on Route 22, 500 feet West of Rock Road.

10. Crash Occurred On: Route 22		11. Speed Limit 25		12. Route No. 0022		Suffix -		13. Milepost 052.10	
<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet 0500 <input type="checkbox"/> Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W		of: Rock Road		18. Speed Limit 25		<input type="checkbox"/> NB <input type="checkbox"/> EB	
14. 0500		15. 15		16. 16		17. Cross Road Name/Route No.		19. <input type="checkbox"/> To: <input type="checkbox"/> From: Ramp	

Box 18

Speed Limit

Page of <input type="checkbox"/> Fatal		New Jersey Police Crash Investigation Report										<input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report					
1. Case Number		10. Crash Occurred On:		Road Name		Dir		11. Speed Limit		12. Route No.		Suffix		13. Milepost		18. Speed Limit	
2. Police Dept. of		Code		<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W		of:		17. Cross Road Name/Route No.		<input type="checkbox"/> NB <input type="checkbox"/> EB		<input type="checkbox"/> SB <input type="checkbox"/> WB		19. <input type="checkbox"/> To: <input type="checkbox"/> From: Ramp	
3. Station/Precinct		4. Date of Crash		5. Day of Week		6. Time (use 2400 hrs.)		7. Municipality Code		8. Total Killed		9. Total Injured		21. Latitude		22. Longitude	
100a		100b		100c		100d		100e		100f		100g		100h		100i	

In **Box 18 (Speed Limit)**, enter the speed limit for the road identified on line (Box) 17 (Cross Road Name).

Put the statutory (NJSA 39: 4-98) or posted speed limit and not the advisory speed in Box 18 (Speed Limit).

Section 1 – Crash Location – Boxes 1 - 22

Advisory speeds are the maximum recommended operating speed signs with a yellow background and black letters and are used as a warning for a potential driving hazard ahead.

Box 19, 20

Ramp Identification

96	Page <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:			11. Speed Limit		12. Route No. Suffix		13. Milepost	118b
98	2. Police Dept. of Code			Road Name Dir							18. Speed Limit	119a
99	3. Station/Precinct			<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			19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. Ramp <input type="checkbox"/> From:		<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB		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.)		7. Municipality Code		8. Total Killed		9. Total Injured	120a
100b	14. Distance to Crash Location 15. Direction of Travel 16. Direction of Travel 20. Route Name/Route No. 21. Latitude 22. Longitude											120b

For **Box 19 (Ramp)**, a ramp is defined as an auxiliary roadway used for entering or leaving through-traffic lanes. A jug-handle is also considered a ramp.

In Box 19 (Ramp), if the crash occurred on a ramp from one roadway (state, interstate, toll authority, county, or local) to another, the crash is considered occurring on the ramp and will be investigated in the following order:

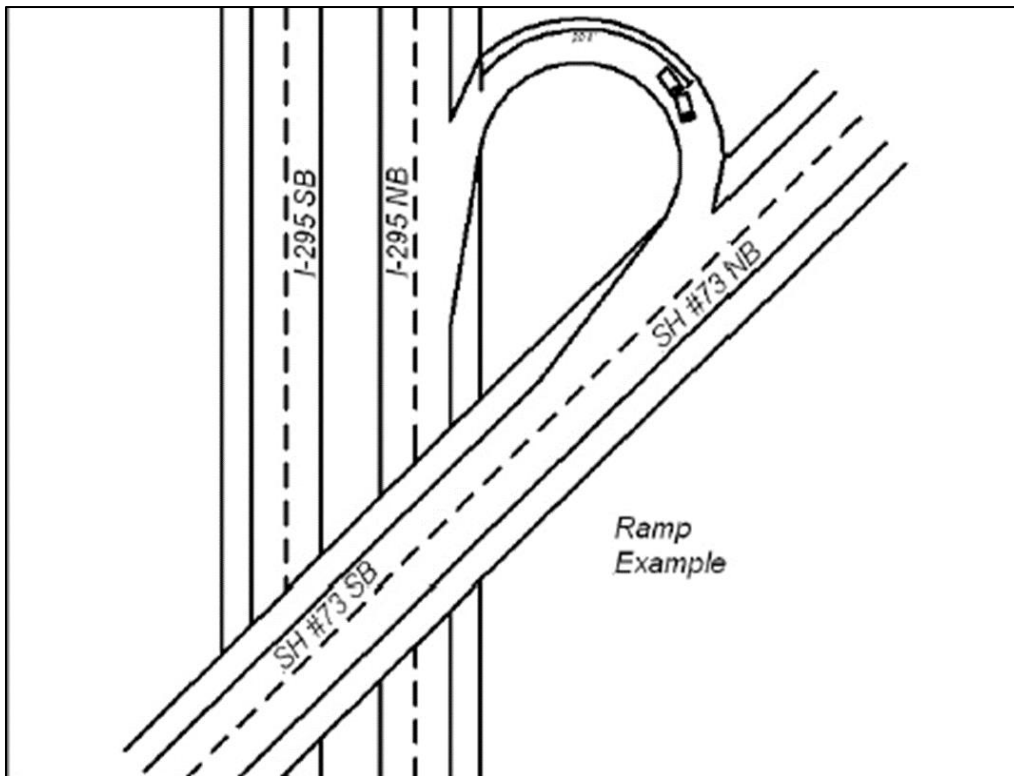
- **Box 10:** All Crash locations that occurred “at an intersection or on a ramp” will use the roadway hierarchy (see Page 77) method to determine which roadway is entered in Box 10. The roadway with the highest hierarchy will be entered on Box 10, Numerical first then alphabetically. The secondary roadway, where the ramp is going to or from, shall be entered in Box 20.
- **Box 11:** Enter Speed Limit of the primary roadway listed on line (Box) 10 (Crash Occurred On: Road Name, Direction).
- **Box 12:** Enter the route number of the Roadway listed on line (Box) 10 (Crash Occurred On: Road Name, Direction) and the suffix if applicable.
- **Box 14:** Enter the distance of the collision relative “to” or “from” the roadway listed on line (Box) 20 (Route/Name).
- **Box 15:** Select “Feet” or “Miles” (never select “At Intersection with” for a ramp) identifying units of measurement for distance (Box 14) to crash location.
- **Box 19:** Select whether the ramp, on which the crash occurred, is heading “to” or “from” the secondary roadway.
 - If the collision occurred on a ramp leading to the roadway listed on line (Box) 20 (Route/Name), place an “X” in the “To” Box in Box 19 (Ramp).
 - If the collision occurred on a ramp leading from the roadway listed in on line (Box) 20 (Route/Name), place an “X” in the “From” Box in Box 19 (Ramp).

Section 1 – Crash Location – Boxes 1 - 22

- **Box 20:** Enter the secondary roadway and the direction to which the ramp connects. If the crash did not occur on a ramp, enter a dash (-) on line (Box) 20 (Route/Name).

"The following is an example for coding a crash that occurred on a ramp leading from I-295 North to SH 73 South approximately 200 feet from SH 73".

10. Crash Occurred On: Route 295		N		11. Speed Limit 5 5		0 2 9 5 - 0 3 6 . 8 6		12. Route No. Suffix		13. Milepost		18. Speed Limit 2 5	
<input type="checkbox"/> At Intersection with <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		of:		19. <input checked="" type="checkbox"/> To: 17. Cross Road Name/Route No.		<input type="checkbox"/> NB <input type="checkbox"/> EB <input checked="" type="checkbox"/> SB <input type="checkbox"/> WB		21. Latitude		22. Longitude	
6. Time (use 2400 hrs.)		7. Municipality Code		8. Total Killed		9. Total Injured		20. Route Name/Route No. Route 73					



Section 1 – Crash Location – Boxes 1 - 22

Box 21, 22

Latitude and Longitude

Page of <input type="checkbox"/> Fatal										New Jersey Police Crash Investigation Report										<input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report									
1. Case Number										10. Crash Occurred On: _____										11. Speed Limit _____									
2. Police Dept. of _____ Code _____										Road Name _____ Dir _____										12. Route No. _____ Suffix _____ 13. Milepost _____									
3. Station/Precinct _____										<input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Miles										18. Speed Limit _____									
4. Date of Crash mm dd yy										5. Day of Week Su M Tu W Th F Sa										14. _____ 15. _____ 16. _____									
6. Time (use 2400 hrs.) _____										7. Municipality Code _____										8. Total Killed _____ 9. Total Injured _____									
19. _____ To: _____ 17. Cross Road Name/Route No. _____										<input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB										21. Latitude _____ 20. Route Name/Route No. _____ 22. Longitude _____									

For **Box 21 (Latitude)** and **Box 22 (Longitude)**, enter in the latitude and longitude coordinates of the crash location in the appropriate Boxes if your department has deployed a Global Positioning System (GPS).

When reading the coordinates directly from a vehicle based or hand held GPS receiver, take care that the receiver is as close to the initial point of impact of the crash as possible before recording the location coordinates.

If you are not equipped with a GPS receiver, obtain the GPS coordinates by entering the crash location into a computer search. If unable to obtain the GPS location, put dashes (--) in Boxes 21 and 22.

Note: This form is designed for the GPS readouts in decimal degrees, not hours, minutes and seconds.

Police Reference for determining Latitude and Longitude Coordinates can be found at the following free web link: <http://itouchmap.com/latlong.html>

Section 2 – Driver/Vehicle – Boxes 23 – 48, 53 - 78

Box 23 & 53

Vehicle #

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
105	32. Driver's License Number		33. DOB mm dd yy	34. Expires mm yy	62. Driver's License Number		123
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		

In **Box 23 and/or 53 (Vehicle Number)**, enter a sequential number for each crash participant starting with number 1. Motor Vehicles, 01, 02 etc... Pedestrians P1, P2 etc. and Pedalcyclist B1, B2 etc...

NOTE: Motor vehicles are NO LONGER listed first. A crash is not predicated upon who is "At Fault" but by sequence of events.

Each participant shall be listed in sequential order starting with the first harmful event. Each participant will be identified throughout the report in the corresponding position established by the sequence of events and will be further described or recognized in Boxes 83-128 on the NJTR-1 report overlay. Only one crash type shall be identified in Box 105.

Box 23 and 53 VEHICLE NUMBER

Code	Description
01	Vehicle 1
02	Vehicle 2
B1	Pedalcyclist 1
P1	Pedestrian 1

Box 24 & 54

Policy Number

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
105	32. Driver's License Number		33. DOB mm dd yy	34. Expires mm yy	62. Driver's License Number		123
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		

In **Box 24 and/or Box 54 (Policy Number)**, enter the motor vehicle's insurance policy number as it appears on the State of New Jersey Insurance Identification Card. If a New Jersey registered vehicle has no insurance, enter "uninsured".

For **out-of-state** registered vehicles, enter the policy number, as it appears on the Insurance Identification Card.

Section 2 – Driver/Vehicle – Boxes 23 – 48, 53 - 78

If a policy number is not available, place an asterisk (*) in Box 24 and/or Box 54 (Policy Number) and explain in Box 145 (Crash Description).

Box 25 & 55

Policy Number

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		123
105	32. Driver's License Number		33. DOB mm dd yy	34. Expires mm yy	62. Driver's License Number		
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		

In **Box 25 and/or Box 55 (Insurance Code)**, enter the motor vehicle's insurance code, as it appears on the **State of New Jersey** Insurance Identification Card.

If the New Jersey insurance code **cannot be determined**, place an asterisk (*) in Box 25 and/or Box 55 (Insurance Code) and explain in Box 145 (Crash Description). **If the New Jersey insurance code is missing from the insurance document the officer can look up the code from the link provided below.**

For **out-of-state registered vehicles**, place an asterisk (*) in Box 25 and/or Box 55 (Insurance Code) and enter the name of the insurance company in Box 145 (Crash Description).

DO NOT enter any out of state Codes in Boxes 25 and 55.

New Jersey Insurance card and code information is necessary to send an inquiry to the Insurance Company and verify coverage.

Look the New Jersey Insurance codes up on the following Motor Vehicle Commission links:

<http://www.nj.gov/mvc/Vehicle/InsuranceCompanyCodes.htm>

Section 2 – Driver/Vehicle – Boxes 23 – 48, 53 - 78

Box

Parked

Pedestrian

Pedalcyclist

Resp. to
Emergency

Hit & Run

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		123
105	32. Driver's License Number		33. DOB mm dd yy	34. Expires mm yy	62. Driver's License Number		
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		

In **Box (Parked, Ped, Pedalcyclist, Resp to Emergency, Hit & Run)** grouped beneath Box 24 (Policy Number) and Box 25 (Insurance Code) as well as Box 54 (Policy Number) and Box 55 (Insurance Code), respectively, place an "X" to ensure that first responders (Resp to Emergency), owner of a parked vehicle, a pedalcyclist, a pedestrian, or the victim of a hit and run does not have this crash charged to their driver record and insurance surcharges assessed.

In **Box (Responding to an Emergency)**, place an "X" for motor vehicles responding to an emergency which includes volunteer Fire/Ambulance personnel in their personal vehicles. See Page 17, Definition of "At Fault Crash".

If Responding to Emergency is selected in the Driver Identification section, you shall enter code "04 - Responding to Emergency" in Boxes 110 and/or 111 (Vehicle Use).

In **Box (Hit & Run)**, place an "X" in this Box for the **individual who fled the scene**.

Box 26 & 56

Driver's Name

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		123
105	32. Driver's License Number		33. DOB mm dd yy	34. Expires mm yy	62. Driver's License Number		
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		

In **Box 26 and/or Box 56 (Driver's Name)**, enter the first name, middle initial and last name of the driver as it appears on their driver's license. If driver/operator has an apostrophe in their surname (O'Conner), the "O" is part of the last name "NOT" the middle initial. If there is no middle initial, enter a dash (-).

Enter the same information for a pedalcyclist or pedestrian.

Section 2 – Driver/Vehicle – Boxes 23 – 48, 53 - 78

Box 27 & 57

Number and
Street

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
105	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		123
	32. Driver's License Number			33. DOB mm dd yy	34. Expires mm yy		
	<input type="text"/>			<input type="text"/>	<input type="text"/>		
	62. Driver's License Number			63. DOB mm dd yy	64. Expires mm yy		
	<input type="text"/>			<input type="text"/>	<input type="text"/>		

In **Box 27 and/or Box 57 (Number and Street)**, for the Driver, Pedalcyclist or Pedestrian, enter the street address as it appears on the driver's license. If there is an address change identified by NJ Motor Vehicle Commission documentation it will be entered in Box 27 and/or Box 57 in place of number and street shown on the driver license. If change of address is identified as the result of interview only without Motor Vehicle documentation, the number and street entered will be the number and street shown on the driver's license, and the number and street identified through the interview process will be explained in Box 145 (Crash Description).

For your information and use in Box 27 and/or Box 57 (Number and Street), if there is a Rural District (RD) or Rural Route (RR) number and/or a Post Office (PO) Box Number, interview for the street address, enter in brackets { } the actual name of the road adjacent to the RD, RR or PO Box Number or include this information in Box 145.

Box 28 & 58

City, State and
Zip Code

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
105	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		123
	32. Driver's License Number			33. DOB mm dd yy	34. Expires mm yy		
	<input type="text"/>			<input type="text"/>	<input type="text"/>		
	62. Driver's License Number			63. DOB mm dd yy	64. Expires mm yy		
	<input type="text"/>			<input type="text"/>	<input type="text"/>		

In **Box 28 and/or Box 58 (City, State, Zip)**, enter the City, State, Zip as it appears on the driver's license. If there is an address change identified by NJ Motor Vehicle Commission documentation it will be entered in Box 27 and/or Box 57 in place of number shown on the driver license. If change of address is identified as the result of interview only without Motor Vehicle documentation, the City, State, Zip entered will be the City, State, Zip shown on the driver's license, and the City, State, Zip identified through the interview process will be explained in Box 145 (Crash Description).

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Box 29 & 59

Sex

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
105	30. Eyes DL Class Restrictions Endorsements			60. Eyes DL Class Restrictions Endorsements			122
	31. State			61. State			123
	32. Driver's License Number			62. Driver's License Number			
	33. DOB mm dd yy			63. DOB mm dd yy			
	34. Expires mm yy			64. Expires mm yy			

In **Box 29 and/or Box 59 (Sex)**, enter the sex as it appears on the driver's license: **M = MALE F = FEMALE**

Box 30 & 60

Driver's
License Class

Restrictions

Endorsement

Eyes

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
105	30. Eyes DL Class Restrictions Endorsements			60. Eyes DL Class Restrictions Endorsements			122
	31. State			61. State			123
	32. Driver's License Number			62. Driver's License Number			
	33. DOB mm dd yy			63. DOB mm dd yy			
	34. Expires mm yy			64. Expires mm yy			

In **Box 30 and/or Box 60 (Eyes)**, enter the two-digit code for eye color for the driver EXACTLY as it appears on their New Jersey driver's license. For out of state drivers, Eye Color **MUST** be converted to New Jersey codes. DL Class, Restriction, and Endorsement codes must be entered as they appear on the out of state driver's license.

In **Box 30 and/or Box 60 (DL Class)**, enter the code for driver's license class as it appears on the driver's license.

In **Box 30 and/or Box 60 (Restrictions)**, enter the code for driver's license restrictions as it appears on the driver's license.

In **Box 30 and/or Box 60 (Endorsements)**, enter the code for driver's license endorsements as it appears on the driver's license.

Box 30, Box 60 NEW JERSEY EYE CODE CHART	
Code	Description
01	Black
02	Brown
03	Gray
04	Blue
05	Hazel
06	Green
07, 08, 09	Other

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Box 31 & 61

State

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	123
105	32. Driver's License Number			33. DOB mm dd yy	34. Expires mm yy		
	<input type="text"/>			<input type="text"/>	<input type="text"/>		

In **Box 31 and/or Box 61 (State)**, enter the standard abbreviation for the state as it appears on the driver's license.

Box 32 & 62

Driver's
License
Number

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	123
105	32. Driver's License Number			33. DOB mm dd yy	34. Expires mm yy		
	<input type="text"/>			<input type="text"/>	<input type="text"/>		

In **Box 32 and/or Box 62 (Driver's License Number)**, enter the number exactly as it appears on the driver's license.

If the driver is unlicensed, enter **"NONE"** in Box 32 and/or 62 (Driver's License Number). If needed, explain in Box 145 (Crash Description).

If the driver has a permit, enter the permit number in Box 32 and/or 62 (Driver's License Number). If needed explain in Box 145 (Crash Description).

For individuals issued a license by another country the officer is to use an Asterisk (*) in Boxes 31 & 32 or 61 & 62 and document the necessary information in Box 145

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Box 33 & 63

Date of Birth

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		123
105	32. Driver's License Number			62. Driver's License Number			
	33. DOB mm dd yy			63. DOB mm dd yy			
	<input type="text"/>			<input type="text"/>			
	34. Expires mm yy			64. Expires mm yy			
	<input type="text"/>			<input type="text"/>			

In **Box 33 and/or Box 63 (DOB)**, enter the date of birth of the person, listed in Boxes 26 & 56 (Driver's Name), using a two-digit code format for month, day and year (MM/DD/YY).

Use preceding zeros where applicable. For Example: the date of birth for September 14, 1970 is 09/14/70.

63 DOB		
mm	dd	yy
09	14	70

Box 34 & 64

Driver's
License
Expires

100b	23. Veh. #	24. Policy No.	25. NJ Ins. Code	53. Veh. #	54. Policy No.	55. NJ Ins. Code	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			<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			56. Driver's First Name Initial Last Name			121b
103	27. Number & Street			57. Number & Street			
104	28. City State Zip			58. City State Zip			
	30. Eyes	DL Class	Restrictions	Endorsements	31. State		122
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		123
105	32. Driver's License Number			62. Driver's License Number			
	33. DOB mm dd yy			63. DOB mm dd yy			
	<input type="text"/>			<input type="text"/>			
	34. Expires mm yy			64. Expires mm yy			
	<input type="text"/>			<input type="text"/>			

In **Box 34 and/or Box 64 (Expires)**, enter the driver's license expiration date as it appears on the operator's driver's license using a two-digit code format for the month and year (MM/YY).

Use preceding zeros where applicable. For Example: the expiration date for March 2019 is 03/19.

64 Expires	
MM	YY
03	19

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Box 35 & 65

Owner's
Name

106	35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										124
107	36. Number & Street										66. Number & Street										125
108	37. City State Zip										67. City State Zip										126a
109	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126b								
110	44. VIN					45. Expires	74. VIN					75. Expires	126c								
111	46. Vehicle Removed to:										76. Vehicle Removed to:										126d
112	<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										126e
113	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127a
114																					127b

In **Box 35 and/or Box 65 (Owner's Name)**, enter the vehicle owner's first name, middle initial and last name **EXACTLY** as it appears on the registration. If there is no middle initial, enter a dash (-).

If the driver is also the owner, and the license and registration documents contain identical information, place an "X" in the "Same As Driver" Box located in Box 35 and/or Box 65 (Owner's Name).

For a crash involving a combination vehicle (tractor-trailer/passenger car with trailer, etc.,) use Boxes 35 and/or 65 through 45 and/or 75 to record information for the motorized unit. Trailer information shall be entered in Box 145.

Box 36 & 66

Number and
Street

106	35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										124
107	36. Number & Street										66. Number & Street										125
108	37. City State Zip										67. City State Zip										126a
109	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126b								
110	44. VIN					45. Expires	74. VIN					75. Expires	126c								
111	46. Vehicle Removed to:										76. Vehicle Removed to:										126d
112	<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										126e
113	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127a
114																					127b

For your information and use in **Box 36 and/or Box 66 (Number and Street)**, enter the number and street as it appears on the registration. If there is an address change identified by NJ Motor Vehicle Commission documentation it will be entered in Box 36 and/or Box 66 in place of number and street shown on the vehicle registration. If change of address is identified as the result of interview only without Motor Vehicle documentation, the number and street entered will be the number and street shown in the registration, and the number and street identified through the interview process will be explain in Box 145 (Crash Description).

If there is a Rural District (RD) or Rural Route (RR) number and/or a Post Office (PO) Box Number, interview

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for the street address, enter in brackets { } the actual name of the road adjacent to the RD, RR or PO Box Number. Explain in Box 145 (Crash Description).

If you have selected the “**Same as Driver**” located in Box 35 and/or Box 65 (Owner's Name), then enter “**SAME**” in Box 36 and/or Box 66 (Number and Street).

Box 37 & 67 City State Zip Code	106	35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										124
	107	36. Number & Street										66. Number & Street										125
	108	37. City State Zip										67. City State Zip										126a
	109	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126b								
	110	44. VIN										74. VIN										126c
	111	46. Vehicle Removed to:										76. Vehicle Removed to:										126d
	112	<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										126e
	113	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127a
114																					127b	

In **Box 37 and/or Box 67 (City, State, Zip)**, Enter the City, State, Zip as it appears on the vehicle's registration card. If there is an address change identified by NJ Motor Vehicle Commission documentation it will be entered in Box 27 and/or Box 57 in place of number shown on the vehicle's registration card. If change of address is identified as the result of interview only without Motor Vehicle documentation, the City, State, Zip entered will be the City, State, Zip shown in the vehicle's registration card, and the City, State, Zip identified through the interview process will be explained in Box 145 (Crash Description).

If you have selected the “**Same as Driver**” Box located in Box 35 and/or Box 65 (Owner's Name), then enter “**SAME**” in Box 37 and/or Box 67 (City, State, Zip).

Box 38 & 68 Make	106	35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										124
	107	36. Number & Street										66. Number & Street										125
	108	37. City State Zip										67. City State Zip										126a
	109	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126b								
	110	44. VIN										74. VIN										126c
	111	46. Vehicle Removed to:										76. Vehicle Removed to:										126d
	112	<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										126e
	113	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127a
114																					127b	

In **Box 38 and/or Box 68 (Make)**, enter the vehicle manufacturer's name EXACTLY as it appears on the vehicle registration e.g., Honda, Chevy, BMW, etc.

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Box 39 & 69

Model

106	35. Owner's First Name Initial Last Name										65. Owner's First Name Initial Last Name										124
107	<input type="checkbox"/> Same as Driver										<input type="checkbox"/> Same as Driver										125
108	36. Number & Street										66. Number & Street										126a
109	37. City State Zip										67. City State Zip										126b
110	38. Make 39. Model 40. Color 41. Year 42. Plate No. 43. State										68. Make 69. Model 70. Color 71. Year 72. Plate No. 73. State										126c
111	44. VIN 45. Expires										74. VIN 75. Expires										126d
112	46. Vehicle Removed to:										76. Vehicle Removed to:										126e
113	<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										127a
114	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127b

In **Box 39 and/or Box 69 (Model)**, enter the vehicle's model as it appears on the registration e.g., Civic, Corvette, 525i, etc.

Do not identify by the model's style e.g., 4-door, sedan, etc.

Box 40 & 70

Color

106	35. Owner's First Name Initial Last Name										65. Owner's First Name Initial Last Name										124
107	<input type="checkbox"/> Same as Driver										<input type="checkbox"/> Same as Driver										125
108	36. Number & Street										66. Number & Street										126a
109	37. City State Zip										67. City State Zip										126b
110	38. Make 39. Model 40. Color 41. Year 42. Plate No. 43. State										68. Make 69. Model 70. Color 71. Year 72. Plate No. 73. State										126c
111	44. VIN 45. Expires										74. VIN 75. Expires										126d
112	46. Vehicle Removed to:										76. Vehicle Removed to:										126e
113	<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										127a
114	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127b

In **Box 40 and/or Box 70 (Color)**, enter the vehicle's color using the 2 digit code for vehicle's primary color as indicated on the NJTR-1 overlay. For Example: Red = RD, Black = BK

A list of Vehicle Color Codes can be found on Overlay Page 2.

Section 2 – Driver/Vehicle – Boxes 23 – 48, 53 - 78

Box 41 & 71

Year

106	35. Owner's First Name Initial Last Name				65. Owner's First Name Initial Last Name				124								
107	<input type="checkbox"/> Same as Driver				<input type="checkbox"/> Same as Driver				125								
108	36. Number & Street				66. Number & Street				126a								
109	37. City State Zip				67. City State Zip				126b								
110	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126b				
111	44. VIN				45. Expires				74. VIN				75. Expires				126c
112	46. Vehicle Removed to:				76. Vehicle Removed to:								126d				
113	<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								126e				
114	47. Authority				47. Authority								127a				
	<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police								127b				

In **Box 41 and/or Box 71 (Year)**, enter the vehicle's "year", as it appears on the registration in four digit year (YYYY) format.

Box 42 & 72

License Plate Number

106	35. Owner's First Name Initial Last Name				65. Owner's First Name Initial Last Name				124								
107	<input type="checkbox"/> Same as Driver				<input type="checkbox"/> Same as Driver				125								
108	36. Number & Street				66. Number & Street				126a								
109	37. City State Zip				67. City State Zip				126b								
110	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126b				
111	44. VIN				45. Expires				74. VIN				75. Expires				126c
112	46. Vehicle Removed to:				76. Vehicle Removed to:								126d				
113	<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								126e				
114	47. Authority				47. Authority								127a				
	<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police				<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police								127b				

In **Box 42 and/or Box 72 (Plate Number)**, enter the vehicle's license plate number in exactly as it appears on the registration, include temporary registration.

Do not enter unconfirmed or partial registration information in this box.

Explain unconfirmed, partial, or temporary registration in Box 145 (Crash Description).

Section 2 – Driver/Vehicle – Boxes 23 – 48, 53 - 78

Box 43 & 73

State

106	35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										124
107	36. Number & Street										66. Number & Street										125
108	37. City State Zip										67. City State Zip										126a
109	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126b								
110	44. VIN										74. VIN										126c
111	45. Expires										75. Expires										126d
112	46. Vehicle Removed to:										76. Vehicle Removed to:										126e
113	<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										127a
114	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127b

In **Box 43 and/or Box 73 (State)**, enter the standard abbreviation for state as it appears on the registration.

Box 44 & 74

VIN Number

106	35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										124
107	36. Number & Street										66. Number & Street										125
108	37. City State Zip										67. City State Zip										126a
109	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126b								
110	44. VIN										74. VIN										126c
111	45. Expires										75. Expires										126d
112	46. Vehicle Removed to:										76. Vehicle Removed to:										126e
113	<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										127a
114	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127b

In **Box 44 and/or Box 74 (VIN)**, enter the entire vehicle identification number (VIN) as it appears on the registration. Since 1968, a standard VIN is 17 characters. **Fill all spaces**

Verify the number on the VIN Plate, Vehicle Registration and Insurance Card all match.

Section 2 – Driver/Vehicle – Boxes 23 – 48, 53 - 78

Box 45 & 75 Expires	106	35. Owner's First Name Initial Last Name												65. Owner's First Name Initial Last Name												124
	107	<input type="checkbox"/> Same as Driver												<input type="checkbox"/> Same as Driver												125
	108	36. Number & Street												66. Number & Street												126a
	109	37. City State Zip												67. City State Zip												126b
	110	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126c												
	111	44. VIN												74. VIN												126d
	112	45. Expires												75. Expires												126e
	113	46. Vehicle Removed to:												76. Vehicle Removed to:												127a
114	<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												127b	
115	47. Authority												47. Authority													
116	<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police													

In **Box 45 and/or Box 75 (Expires)**, enter the expiration in Month and abbreviated Year format (**MM/YY**) as it appears on the vehicle's registration.

Use a two-digit code for month and year. For Example: the code for March 2019 is 03/19.

Box 46 & 76 Vehicle Removed To	106	35. Owner's First Name Initial Last Name												65. Owner's First Name Initial Last Name												124
	107	<input type="checkbox"/> Same as Driver												<input type="checkbox"/> Same as Driver												125
	108	36. Number & Street												66. Number & Street												126a
	109	37. City State Zip												67. City State Zip												126b
	110	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126c												
	111	44. VIN												74. VIN												126d
	112	45. Expires												75. Expires												126e
	113	46. Vehicle Removed to:												76. Vehicle Removed to:												127a
114	<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												127b	
115	47. Authority												47. Authority													
116	<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police												<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police													

In **Box 46 and/or Box 76 (Vehicle Removed To)**, If vehicle was driven away, enter a dash (-). If the vehicle was towed enter the name of the tow company.

Place an "X" in the appropriate box to indicate if the vehicle was Driven, Left at Scene, Towed disabled, Towed Impounded or Towed Disabled and Impounded (**Check ONLY one Box**). Definitions are listed below.

The authority to remove a disabled vehicle from the roadway, whether involved in a crash or not, is NJSA 39:4-136

Driven - is used when the vehicle was driven from the scene of this crash. This option applies to a vehicle which is winched out of a ditch or snow bank and subsequently driven away. In addition, this option is used if a vehicle was driven from the scene and subsequently disabled.

Section 2 – Driver/Vehicle – Boxes 23 – 48, 53 - 78

Left at Scene - is used when the vehicle remained at the scene.

Towed - Disabled is used for any towing which is due to disabling damage caused by this crash which prohibits vehicle movement under its own power.

Towed – Impound is used when the vehicle has been towed but the towing results from other than disabling damage (e.g., abandoned vehicles, driver arrested, unlicensed, unregistered, uninsured, etc.).

Towed Disabled and Impound - If a vehicle was towed due to damage AND for other reasons such as driver arrest, unregistered vehicle, etc.

If the vehicle is a combination vehicle (power unit and at least one trailer), the power unit and/or trailer(s) are considered when determining tow status. If the power unit, or trailer of a combination unit, sustained enough damage to require towing, consider this vehicle as towed due to damage.

Box 47 & 77

Authority to
Remove
Vehicle

106	35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver										124
107	36. Number & Street										66. Number & Street										125
108	37. City State Zip										67. City State Zip										126a
109	38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State	68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State	126b								
110	44. VIN					45. Expires	74. VIN					75. Expires	126c								
111	46. Vehicle Removed to:										76. Vehicle Removed to:										126d
112	<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										126e
113	47. Authority										47. Authority										127a
114	<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police										127b

In **Box 47 and/or Box 77 (Authority)**, check the box for the authority that approved the vehicle's removal. (Check **ONLY** one block) The authority to remove a disabled vehicle from the roadway, involved in a crash, is NJS 39:4-136.

Section 2 – Driver/Vehicle – Boxes 23 – 48, 53 - 78

Box 48 & 78

Drug/Alcohol

115	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="text"/> % <input type="checkbox"/> Pending	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> Placard No. <input type="text"/>	78. 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="text"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> Placard No. <input type="text"/>	127c
116					127d

Box 48 and Box 78 (Alcohol/Drug Test) is for indicating if alcohol or drug tests were conducted. Complete this section for all drivers, pedalcyclists and pedestrians, whether the police agency or medical examiner (if fatality occurred) administered the test.

Box (Given): Place an “X” in one of the grouping of Boxes (No, Yes, Refused).

Box (Type): If you placed an “X” in Box (Yes) in Box (Given), then you must place an “X” in one of Type grouping of Boxes (Breath, Blood, Urine).

Box (Results): Enter the results on line Results (0.____ %) or If the specimen was sent to a lab place an “X” in Box (Pending).

Do not hold this report to await lab results. Submit this report as “**Pending**”, while waiting for results. Once the results are received from the lab, submit a change report that identifies the test results.

Section 3 – Commercial Vehicle – Boxes 49 – 52, 79 - 82

Box 49 & 79

Hazardous Material

115	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="text"/> % <input type="checkbox"/> Pending	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Placard No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	78. 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="text"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Placard No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	127c
116	50. Carrier No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> None <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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> None <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX	81. 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.	127d
117	52. Motor Carrier or Government Entity		82. Motor Carrier or Government Entity		127e
Number & Street			Number & Street		128
City State Zip			City State Zip		129
					130
					131

In **Box 49 and Box 79 (Hazardous Material)**, place an “X” in Box “None” if no hazardous materials are on board. Place an “X” in Box “On Board” if there is Hazmat on board and it did not spill. Place an “X” in Box “Spill” if Hazmat is on board and it spilled. This refers to hazardous cargo only.

Do not place an “X” in “On Board” or “Spill” if only engine fluids are spilled.

Placards are required on any vehicle that carries more than 1,000 pounds of Hazardous Material.

There are 9 Classes of Hazardous Material. For listing refer to Federal Motor Carrier Safety Administration website at: <http://www.fmcsa.dot.gov/safety-security/hazmat/complyhmregs.htm#hm>

Line (Box) (Hazard Class.): Identify the hazard class by the number in the bottom corner of the placard displayed on the vehicle and enter it on the “Hazard Class” line. The class number can be 1 or 2 digit number. If multiple hazmat materials are on board, list the lowest hazard in Box 49/79 and additional hazmat in Box 145 (Crash Description).

Line (Box) (Placard No.): The four digit number on the Placard identifies the hazardous material. Enter the 4-digit code in Box 49/79 in the “Placard No.” Box. If more than one placard is displayed, enter an asterisk in the Box and explain additional placard information in Box 145 (Crash Description).



Section 3 – Commercial Vehicle – Boxes 49 – 52, 79 - 82

Box 50 & 80

Carrier
Number

115	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="text"/> % <input type="checkbox"/> Pending	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> Placard No. <input type="text"/>	78. 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="text"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> Placard No. <input type="text"/>	127c
116	50. Carrier No. <input type="checkbox"/> USDOT <input type="text"/> <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="text"/>	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 type="checkbox"/> USDOT <input type="text"/> <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="text"/>	81. 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.	127d
117	52. Motor Carrier or Government Entity Number & Street City State Zip		82. Motor Carrier or Government Entity Number & Street City State Zip		127e
					128
					129
					130
					131

In **Box 50 and Box 80 (Carrier Number)**, you shall enter the number of the **MOTOR CARRIER THAT IS RESPONSIBLE FOR THE CARGO**. Enter the Carrier's USDOT number and the MC / MX number if applicable. If no DOT/MX numbers are present or applicable - check "**None**".

Accurate information on this report will identify and remove unsafe commercial vehicles on New Jersey roadways and may be used in determining State and Local Federal transportation safety funding levels.

Companies that operate commercial vehicles transporting passengers or hauling cargo in interstate (Across state lines) commerce must be registered with the FMCSA and must have a USDOT Number. Also, commercial intrastate (Within the state) hazardous materials carriers who haul quantities requiring a safety permit must have a USDOT Number.

No number documentation is needed if this is a rental vehicle over 10,000 lbs. GVWR/GCWR that is operated for personal use.

NOTE: The carrier and owner can be different entities. Be sure to check the accuracy of these entities for this entry. If additional owners and carriers are involved indicate the information in Box 145.

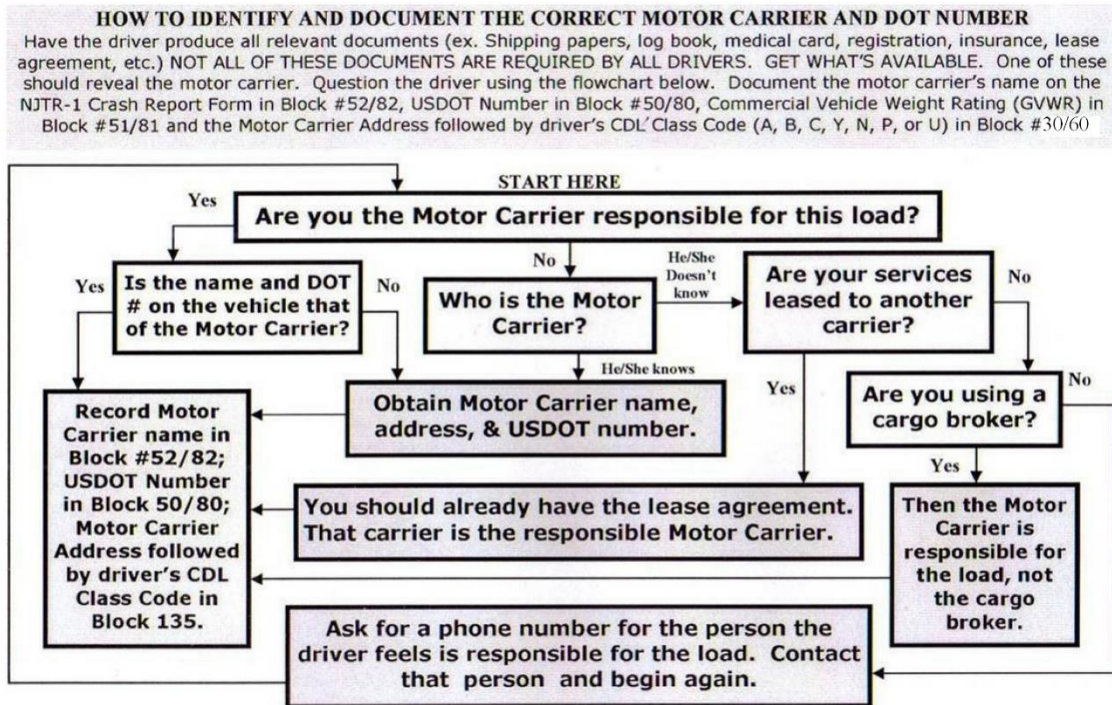
WARNING: It is important to correctly identify the right motor carrier USDOT number. The driver of the vehicle and the USDOT number on the driver or passenger side of the vehicle may not be that of the carrier responsible for the vehicle/load.

For your information and for use in Box 50 and/or Box 80 (Carrier Number), the Motor Carrier is the person(s) who has care, custody, and control of the load/vehicle, and/or is directing the movement of the vehicle whether loaded or empty. Identifying the Motor Carrier will entail a driver interview and/or possibly the examination of multiple sources of information, which may include: markings on the vehicle (Name and USDOT #), vehicle registration, shipping papers, trip or term lease documents, and the driver's log book (record of duty status). The driver interview is often the most important source of information. (See the sequence of questions to ask on the following page.)

Section 3 – Commercial Vehicle – Boxes 49 – 52, 79 - 82

The flow chart below will aid in your interviewing of the driver to determine the following:

1. Is the vehicle leased or rented?
2. Who is the motor carrier responsible for this load?
3. Who is directing & controlling the movement of the vehicle?
4. Where is the motor carrier's principal place of business?



Box 51 & 81

Commercial Vehicle Weight

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="text"/> % <input type="checkbox"/> Pending	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> Placard No. <input type="text"/>	78. 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="text"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> Placard No. <input type="text"/>
50. Carrier No. <input type="checkbox"/> USDOT <input type="text"/> <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="text"/>	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 type="checkbox"/> USDOT <input type="text"/> <input type="checkbox"/> None <input type="checkbox"/> MC/MX <input type="text"/>	81. 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.
52. Motor Carrier or Government Entity		82. Motor Carrier or Government Entity	
Number & Street		Number & Street	
City State Zip		City State Zip	

In **Box 51 and/or Box 81 (Commercial Vehicle Weight)**, place an "X" in one the appropriate boxes (≤ 10,000 lbs., 10,001 to 26,000 lbs., or ≥ 26,001 lbs.) If the commercial vehicle's GVWR (Gross Vehicle Weight Rating) /GCWR (Gross Combined Weight Rating) is:

- Box (≤ 10,000 lbs) - Weight is less than or equal to 10,000 lbs.

Section 3 – Commercial Vehicle – Boxes 49 – 52, 79 - 82

- **Box (10,001 to 26,000 lbs)** - *Weight is equal to or greater than 10,001 lbs but less than or equal to 26,000 lbs.*
- **Box (≥ 26,001 lbs)** - *Weight is equal to or greater than 26,001 lbs.*

For your information and for use, in Box 51 and/or Box 81 (Commercial Vehicle Weight), although a vehicle displays commercial plates, it does not necessarily mean that the vehicle will be considered a commercial vehicle for crash report purposes. A Commercial Motor Vehicle (CMV) is defined as any one of the following:

1. A vehicle that has a GVWR of 10,001 pounds or more.
2. A vehicle that carries hazardous material (HAZMAT) and is required to display or displays a placard.
3. A vehicle that carries 16 or more people, including the driver.
4. Any other vehicle that requires a Commercial Driver's License (CDL) For Example: livery/limo.

Box 52 & 82

Motor Carrier
or
Government
Entity

115	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="text"/> % <input type="checkbox"/> Pending	49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> Placard No. <input type="text"/>	78. 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="text"/> % <input type="checkbox"/> Pending	79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <input type="text"/> Placard No. <input type="text"/>	127c
116	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX <input type="checkbox"/> None	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 type="checkbox"/> USDOT <input type="checkbox"/> MC/MX <input type="checkbox"/> None	81. 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.	127d
117	52. Motor Carrier or Government Entity Number & Street City State Zip		82. Motor Carrier or Government Entity Number & Street City State Zip		127e
					128
					129
					130
					131

In **Box 52 and/or Box 82 (Motor Carrier or Government Entity)**, enter the Commercial Vehicle Motor Carrier Name **OR** Government entity, Street Address, City, State, and Zip Code for each commercial motor vehicle for each vehicle that corresponds with the USDOT Carrier number in Boxes 50 and 80.

NOTE: Commercial Vehicles owned by government entity may not have a DOT number but the information should be entered.

Section 4 – Persons Involved – Boxes 83 - 95

The “Persons Involved Data Table” table (shown below) is a matrix in the crash report that records important information about all persons involved in the crash.

Box 83 - 95

Persons
Involved

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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You will note that this section is labeled by rows and columns; Rows A thru D down the left side (Page 1) and E through J (Page 2), and columns across the top beginning in Box 83 through 95.

A thru J are sometimes mistaken as the entry for Box 83, **THEY ARE NOT**. These letters are associated with Vehicle # (Boxes 23 & 53) for each individual involved in the crash whether Vehicle Occupant, Pedalcyclist OR Pedestrian.

Entries must begin in Box 83 and continue through 95 for each individual entered in Boxes A thru J (and subsequent entries after J).

If there is an entry other than dashes in Box 8 & 9, make sure that there are entries in Boxes 86 (Victim’s Physical Condition); Box 89 (Location of Most Severe Physical Injury); Box 90 (Type of Most Severe Physical Injury) and Box 91 (Refused Medical Treatment).

You will note that there is room to enter only *four (4)* involved persons (one per line) *on page one and six (6) on page 2*. If more persons are involved then accommodated on the NJTR-1, use supplementary report form NJTR-1M for additional involved persons.

Reference Material: Sample Entries for Boxes 83-95 – Shown on page 64.

Section 4 – Persons Involved – Boxes 83 - 95

Box 83

Which
Vehicle
Occupied

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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Under **column (Box) 83 (Which Vehicle Occupied)**, all passengers shall be accounted for including the non-injured.

If a person was in vehicle #1, enter "01" in row A under column (Box) 83.

For additional persons in vehicle #1, enter "01" in rows B through E under column (Box) 83.

If vehicle #1 has no persons, start listing data about vehicle #2. For vehicles #3, #4, #5, enter "03," "04" and "05" in the appropriate row.

Box 83	
Which Vehicle Occupied	
Code	Description
01	Vehicle 1
02	Vehicle 2
B1	Pedalcycle
P1	Pedestrian
O1	Other

For your information and for use in column (Box) 83 (Which Vehicle Occupied), A person in a wheelchair, including electric or battery operated mobility devices are defined in NJSA 39: 1-1 as a pedestrian.

Enter the code for a pedalcyclist starting with "B1" and for a pedestrian, "P1".

Enter code for multiple pedalcyclists and pedestrians as B2, B3, P2, P3, etc., in column (Box) 83 in the appropriate row.

Section 4 – Persons Involved – Boxes 83 - 95

Box 84

Position
In/On
Vehicle

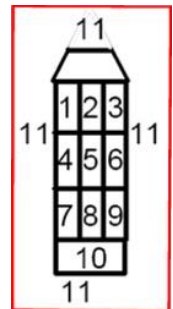
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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In **column (Box) 84 (Position In/On-Vehicle)**, use the diagram for each person inside or hanging onto the vehicle.

POSITION IN/ON VEHICLE DEFINITIONS

- 00 - Unknown
- 01- Driver
- 02 - through 09 – Passengers
- 10 – Pass. In Cargo Area
- 11 - Riding/Hanging on outside
- 12 – Bus Passenger



Common Scenarios:

- A person sitting on someone's lap has the same numbered position as that person.
- If there is a 4th person sitting in the front, middle or rear row, they are in the #2, #5 or #8 position along with the person in that position, if not sitting on someone's lap.
- A passenger on a motorcycle or pedalcycle is in the #4 position. If the motorcycle has a sidecar and then the motorcycle passenger would be in the #3 position.
- A person "Riding/Hanging on the Outside" of a vehicle would be in the #11 position.
- Passengers riding in the cargo area are #10 position.
- Bus Passengers:** Passengers in a bus are #12 position and should be listed in a "Bus Seating Arrangement" diagram and attached to the report as well as filling in Boxes 83 thru 95. The "Persons Involved" data table and "Bus Seating Arrangement" are required to complete the investigation.

Section 4 – Persons Involved – Boxes 83 - 95

- For Pedestrians, **ALWAYS** enter a dash (-).

All passengers must be accounted for in the “Persons Involved” data table [columns (Boxes) 83 through 95].

Reference Material: Bus Seating Arrangement on page 127.

Reference Material: School Bus Seating Diagram on page 128.

Box 85

Ejected
From the
Vehicle

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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Column (Box) 85 (Ejection From Vehicle), enter the code to identify if a driver or passenger was ejected from a vehicle e.g., car, motorcycle, etc. **This does not apply to pedestrians.**

- Partial Ejection:** When a portion of the person’s torso or head protrudes from the vehicle. Note: A passenger with his or her arms protruding out of a window is not a partial ejection.
- Trapped:** When mechanical force is used to free a person from the vehicle, such as a pry-bar or the Jaws of Life.

Box 86

Victim’s
Physical
Condition

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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For your information and use in **column (Box) 86 (Victim's Physical Condition)**, if there is an entry is made here, then the crash is "**reportable**". Enter the code to identify the level of severity of an injury.

Section 4 – Persons Involved – Boxes 83 - 95

If there is **no injury**, enter a dash (-) in Box 86 (Victim's Physical Condition). A dash (-) is also required in Box 8 (Total Killed) and Box 9 (Total Injured). Entries must correspond with numbers in Box 8, "**Total Killed**" & Box 9, "**Total Injured**".

If there is a dash (-) in column (Box) 86 (Victim's Physical Condition), enter a dash (-) in column (Box) 89 (Location of Most Severe Physical Injury), column (Box) 90 (Type of Most Severe Physical Injury) and column (Box) 91 (Refused Medical Treatment).

Definitions of Physical Condition:

- **KILLED** - If a person is killed, enter code "**01-Killed**" where column (Box) 86 (Victim's Physical Condition) intersects with its corresponding row. A fatal injury is any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification should be changed from the attribute previously assigned to the attribute "**Fatal Injury**."

Verify that an "X" is placed in the Box (Fatal) located at the top center-left of the report. Also, verify that a number entered in Box 8 (Total Killed) corresponds with the total number of persons killed as a result of the crash. Lastly, verify that the name/address/date and time of death is entered in the unnumbered Box to the right of Box 95 known as column Box (Names & Addresses of Occupants – If Deceased, Date & Time of Death).

NOTE: The "30 days" is typically calculated by a measure of 720 hours (i.e. 30, 24hr. periods) from the crash time.

- **INCAPACITATED** - Victim has a serious non-fatal injury which results in one or more of the following:
 - Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood
 - Broken or distorted extremity (arm or leg)
 - Crush injuries
 - Suspected skull, chest or abdominal injury other than bruises or minor lacerations
 - Significant burns (second and third degree burns over 10% or more of the body)
 - Unconsciousness when taken from the crash scene
 - Paralysis
- **MODERATE INJURY** - An evident injury, other than fatal and incapacitating. Examples include lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).

Section 4 – Persons Involved – Boxes 83 - 95

- **COMPLAINT OF PAIN** - A reported or claims of injury that is not fatal, incapacitating or moderate. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those which are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.

Box 87

Age

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

NJ TR-1 (Rev. 01/17)

Where **column (Box) 87 (Age)** intersects with its corresponding row, enter the age of each person. Use a two-digit code/number, e.g., 01, 02, 03, etc.

If victims are under 1 year old, enter the two-digit number of the month followed by an “M” for month, e.g., 01M through 11M. Enter 01M for all infants below the age of 2 months. 11M includes all days and weeks up to one year.

Box 88

Sex

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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Police Copy

Where **column (Box) 88 (Sex)** intersects with its corresponding row, enter the sex of each person.

M = Male F = Female

Section 4 – Persons Involved – Boxes 83 - 95

Box 89

Location of
Most Severe
Physical
Injury

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

NJ TR-1 (Rev. 01/17)

In **column (Box) 89 (Location of Most Severe Physical Injury)**, enter the code to identify the **location** on the body of the **most** severe physical injury resulting from the crash.

The investigator **must** ascertain the injuries at the scene of the crash, not from a doctor's diagnosis or hospital records.

Example: If the driver had a severe head injury, a broken arm and body contusions, the head injury is identified as the **most severe**, which is code "01 - Head Injury".

Box 89 LOCATION OF MOST SEVERE INJURY	
Code	Description
01	Head
02	Face
03	Eye
04	Neck
05	Chest
06	Back
07	Shoulder/Upper Arm
08	Elbow/Lower Arm/Hand
09	Abdomen/Pelvis
10	Hip/Upper Leg
11	Knee/Lower Leg/Foot
12	Entire Body

Note: If there is a dash (-) in column (Box) 86 (Victim's Physical Condition), enter a dash (-) in column (Box) 89 (Location of Most Severe Physical Injury), column (Box) 90 (Type of Most Severe Physical Injury) and column (Box) 91 (Refused Medical Treatment).

Section 4 – Persons Involved – Boxes 83 - 95

Box 90

Type of Most Severe Physical Injury

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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Where **column (Box) 90 (Type of Most Severe Physical Injury)** intersects with its corresponding row, enter the code to **describe** the **type** of the most severe physical injury that the person sustained as a result of the crash.

The investigator **must** ascertain the injuries at the scene of the crash, not from a doctor's diagnosis or hospital records.

Note: If there is a dash (-) in column (Box) 86 (Victim's Physical Condition), enter a dash (-) in column (Box) 89 (Location of Most Severe Physical Injury), column (Box) 90 (Type of Most Severe Physical Injury) and column (Box) 91 (Refused Medical Treatment).

Box 90 TYPE OF MOST SEVERE PHYSICAL INJURY		
Code	Description	Definition
01	Amputation	Severed parts
02	Concussion	Dazed condition as a result to a blow to the head
03	Internal	No visible injury but signs of anxiety, internal pain and thirst
04	Bleeding	Obvious discharge of blood
05	Contusion/Bruise/Abrasion	Discoloration of skin over a portion of the body
06	Burn	Reddening, blistering or charring of skin over a portion of the body
07	Fracture/Dislocation	Swelling or evidence of displaced bones
08	Complaint of Pain	No visible injury noted, but victim complains of pain

Section 4 – Persons Involved – Boxes 83 - 95

Box 91

Refused
Medical
Treatment

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

NJ TR-1 (Rev. 01/17)

Where **column (Box) 91 (Refused Medical Treatment)** intersects with its corresponding row, enter the **two-digit** code to identify if immediate medical treatment was refused.

- **01** - Yes if the person sustained or claimed an injury but refused immediate medical treatment.
- **02** - No if the person was treated and/or transported to a medical facility.
- Enter a dash (-) if the person claimed **no injuries**.

Note: If there is a dash (-) in column (Box) 86 (Victim's Physical Condition), enter a dash (-) in column (Box) 89 (Location of Most Severe Physical Injury), column (Box) 90 (Type of Most Severe Physical Injury) and column (Box) 91 (Refused Medical Treatment).

Section 4 – Persons Involved – Boxes 83 - 95

Box 92 & 93

Safety
Equipment
Available and
Used

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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Where **column (Box) 92 (Safety Equipment Available)** and where **column (Box) 93 (Safety Equipment Used)** intersect with their corresponding rows, enter the code(s) to identify the safety equipment **Available** and/or **Used** in both columns (Boxes) for each person in the crash, whether injured or not.

Most late model vehicles will be coded in column (Box) 92 as available (e.g. "11-Airbags and Seat Belts").

Although equipment may be available in some cases it might not have deployed or have been used (e.g. "11-Airbags and Seat Belts").

For your information and for use in column (Boxes) 92 and 93, if an airbag **does not deploy**, it is **not** considered **used** in column (Box) 94 (Airbag Deployment).

For pedestrians **WEARING** a Safety Vest, enter "**12 - Safety Vests**" in column (Box) 92 (Safety Equipment Available) and column (Box) 93 (Safety Equipment Used).

For Pedestrian **NOT WEARING** Safety Vest, Enter a dash (-) in column (Box) 92 (Safety Equipment Available) and column (Box) 93 (Safety Equipment Used).

"01-None Used" is an invalid entry for a pedestrian.

SAFETY EQUIPMENT

- 01 – None Used
- 02 – Lap Belt Only
- 03 – Harness Only
- 04 – Lap Belt & Harness
- 05 – Child Restraint – Forward Facing
- 06 – Child Restraint – Rear Facing
- 07 – Child Restraint - Booster
- 08 – Helmet
- 09 – Unapproved Helmet
- 10 – Airbag
- 11 – Airbag & Seat Belts
- 12 – Safety Vests (Ped Only)

Section 4 – Persons Involved – Boxes 83 - 95

Box 94

Air Bag
Deployed

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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Where **column (Box) 94 (Airbag Deployment)** intersects with its corresponding row, enter the code for the airbag type deployed for each person within the vehicle.

Airbag Deployment Codes are as follows:

01 – Front – Driver Seat air bag is out of its cover and protruding into driver compartment.

02 – Side – Air bag on driver side of motor vehicle is out of its cover and protruding into occupant compartment.

03 – Other (Knee, Airbelt, etc.)* – A knee air bag, air belt, or other new air bag technology is deployed.

04 – Combination – More than one air bag deploys, including front driver and front passenger, front and side, or front, side and other, etc.

Box 95

Hospital Code

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A														
B														
C														
D														

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In **column (Box) 95 (Hospital Code)** intersects with its corresponding row, enter the **Hospital Code Number** where the person is transported for treatment.

The hospital codes are listed on the NJ Department of Health and Senior Services webpage at www.nj.gov/health/ems/documents/special_services/hospital_information.pdf

Section 4 – Persons Involved – Boxes 83 - 95

Box	Name and Addresses of Occupants	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A															
B															
C															
D															

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In the **unnumbered column (Box) (Names & Addresses of Occupants – If Deceased, Date & Time of Death)** to the right of column (Box) 95 (Hospital Code Number) where it intersects with its corresponding row, enter the names and addresses for all drivers, passengers, pedalcyclists and pedestrians.

It is permissible to abbreviate names and addresses of occupants, **that have been documented in Boxes 23 & 53**, by writing "V1-Vehicle," "B1-Pedalcyclist" "P1-Pedestrian," and "O1-Other."

Verify that an "X" is placed in the Box (Fatal) located at the top center-left of the report. Also, verify that a number entered in Box 8 (Total Killed) corresponds with the number of persons killed as a result of the crash. Lastly, verify, that code "01-Killed" is entered in column (Box) 86 (Victim's Physical Condition).

SAMPLE ENTRY FOR COLUMNS 83 THROUGH 95

Crash involving 2 vehicles and 4 people:

Line A - shows the Driver of Vehicle #1(1), his position as the driver (1), trapped in the vehicle (4), that he is Dead (1), 29 years old (29), male (M), Chest Injury (05), Internal Injuries (3), Safety equipment available was airbag & seat belts (09), Safety equipment used was none (01), (Hospital Code-Overlook Hospital 7055).

Line B - shows the Passenger of Vehicle #1 (1), his position in the front of the vehicle passenger side (3), not ejected (01), moderate injury (3), 9 years old (09), male (M), Head injury (01), did not refuse medical treatment (02), Bleeding (4), Safety equipment available was airbag & seat belts (09), Safety equipment used was none (01), Ambulance Run Number (Hospital Code-Overlook Hospital 7055).

Line C - shows the Driver of Vehicle #2 (2), her position as the driver (1), not ejected (1), that she has no injuries (-), 62 years old (62) and female (F), no injuries (--), no injuries (-), she refused medical treatment (01),

Section 4 – Persons Involved – Boxes 83 - 95

Safety equipment available was airbag (08), Safety equipment used was none because airbag did not deploy (01), Ambulance Run Number is not applicable (-).

Line D - shows the Passenger of Vehicle #2 (2), her position in the front of the vehicle passenger side (3), not ejected (1), complaint of pain (4), 42 years old (42), female (F), complain of neck pain (04), complaint of pain (8), Did not refuse medical treatment, safety equipment available was harness (03), safety equipment used was harness (03), (hospital code-Overlook Hospital 7055).

Line E - shows the 2nd passenger of vehicle #2 (2), his position behind the driver in the back seat (4), not ejected (1), no injuries (-), 7 years old (7), male (M), no injuries (--), no injuries (-), refused medical treatment (01), safety equipment available was lap belt (02), Safety equipment used was lap belt (02).

	83	84	85	86	87	88	89	90	91	92	93	94	95	
A	1	1	4	1	2 9	M	05	3	2	0 9	0 1	01	7055	Bill Beans 156 Truck Turn Lane, Cherry Hill, NJ 01/24/16 0723
B	1	3	1	3	0 9	M	01	4	2	11	0 1	--	7055	Tom Beans
C	2	1	1	-	6 2	F	- -	-	1	10	0 1	--	- -	Elaine Wrigley
D	2	3	1	4	4 2	F	04	8	2	0 3	0 3	01	7055	Michael Wrigley
E	2	4	1	-	0 7	M	- -	-	1	0 2	0 2	01	- -	

NOTE: For a fatality, you must also list the name, address, date and time of the death in the box next to Box 95.

Section 5 – Roadway System – Boxes 96 - 103

Box 96

Roadway
Divided By

In **Box 96 (Road Divided By)**, enter the code for the physical separation dividing the roadway.

01 - Barrier Median - Any physical separation that precludes the vehicle from traversing the median (i.e. guide rail, jersey barrier, wooded areas).

02 - Curbed Median - Any median that divides traffic lanes that has a sloped or vertically curbed edging along or around the median.

03 - Grass Median - Any traversable grass median.

04 - Painted Median - Any separation between active lanes that are painted with double yellow lines and cross-hatching. Painted center lines on the roadway alone are not considered medians.

05 - None - If no physical separation is present, or if the crash occurs in an intersection.

Box 96 ROAD DIVIDED BY	
Code	Description
01	Barrier Median
02	Curbed Median
03	Grass Median
04	Painted Median
05	None

96
97
98
99
100a
100b
101
102
103

Box 97

Temporary
Traffic Control
Zone

In **Box 97 (Temporary Traffic Control Zone)**, includes the entire section of the trafficway between the first advance warning sign or traffic control device through the last traffic control device, where traffic returns to its normal path and conditions. If the first harmful event occurs within the boundaries of the temporary traffic control zone, indicate the type of zone. If it occurred outside of the boundaries, indicate none, regardless of where the most harmful event occurred.

02 - Construction Zone - An area where highway construction is being done such as repaving, repairing a bridge, or adding travel lanes to the roadway.

03 - Maintenance Zone - Any short-term work zone set up for one day or less. This may include roadside grass mowing/landscaping, and pothole repair or striping the roadway.

04 - Utility Zone - A work zone established by any private or public utility within the traffic way for the purpose of repairing electric, gas, or water lines.

05 - Incident Zone - An area of the trafficway where temporary controls are imposed by officials in response to an incident such as a motor vehicle crash, natural disaster or special event.

TEMPORARY TRAFFIC CONTROL ZONE	
01 – No	
02 – Yes - Construction Zone	
03 – Yes - Maintenance Zone	
04 – Yes - Utility Zone	
05 – Yes - Incident Zone	

96
97
98
99
100a
100b
101
102
103

Section 5 – Roadway System – Boxes 96 - 103

Box 98

Light Condition

In **Box 98 (Light Condition)**, enter the light condition **at the immediate location of the crash and at the time of the crash**, which may be different from the time you conduct your investigation.

LIGHT CONDITION	
01 - Daylight	
02 - Dawn	
03 - Dusk	
04 - Dark, Street lights off	
05 - Dark, No Street lights	
06 - Dark, Street lights on, continuous lighting	
07 - Dark, Street lights on, spot lighting	

96
97
98
99
100a
100b
101
102
103

01 - Daylight - is used when “**natural**” light exists.

02 - Dawn - describes the transition period going from “**dark of night**” to a daylight condition. This is typically the 30-minute period before the sun rises.

03 - Dusk - describes the transition period going from a daylight condition to the “**dark of night**”. This is typically the 30 minute period after the sun sets.

04 - Dark – Street Lights Off - is used when no “**natural**” light exists and overhead “**man-made**” lighting is present but not illuminated.

05 - Dark – No Street Lights - is used when no “**natural**” light exists and no overhead “**man-made**” lighting is present on the roadway where the crash occurs.

06 - Dark – Street Lights On, Continuous lighting - is used when no “**natural**” light exists but there is overhead “**man-made**” lighting on the roadway where the crash occurs. Lighted areas will generally include streets within cities or towns and some interchange areas. This does not include lighting from store fronts, houses, parking lots, etc. Continuous lighting entails a roadway being fully lit along its length.

07 - Dark – Street Lights On, Spot lighting - is used when no “**natural**” light exists but there is overhead “**man-made**” lighting on the roadway where the crash occurs. Lighted areas will generally include streets within cities or towns and some interchange areas. This does not include lighting from store fronts, houses, parking lots, etc. Spot lighting may indicate a roadway where there is alternating dark spots and lit areas along the roadway.

Inoperable street lights are listed as **04 - Dark – Street Lights Off**

Section 5 – Roadway System – Boxes 96 - 103

Box 99

Road System

In **Box 99 (Road System)**, enter the code to identify the road system. The road system code must correlate with the entry on line (Box) 10 (Crash Occurred On/Road Name).

US Routes and NJ Routes are identified as "02 - State Highway." Hierarchy order dictates that US Routes are of a higher hierarchy than NJ Routes.

If codes "01 - Interstate," "02 - State Highway," or "03 - State/Interstate Authority" are used, enter the milepost number in Box 13 (Milepost).

School parking lots and driveways as well as any land owned and maintained by a governing body are to be coded. **Example:** an elementary school will be coded "08 - Municipal Authority Park or Institution," a county college will be coded "06 - County Authority, Park or Institution" and a State college will be coded "04 - State Park or Institution."

Box 99 ROAD SYSTEM	
Code	Description
01	Interstate
02	State Highway
03	State/Interstate Authority
04	State Park or Institution
05	County
06	County Authority Park or Institution
07	Municipal
08	Municipal Authority, Park or Institution
09	Private Property
10	US Government Property

96
97
98
99
100a
100b
101
102
103

Note: Toll roads, Palisades Interstate Parkway, and Interstate Bridges Commissions are coded as "03 - State/Interstate Authority".

Box 100a

Road Character – Horizontal Alignment

In **Box 100a (Road Character – Horizontal Alignment)**, enter the roadway character (Horizontal Alignment) that best describes the roadway at the location of the crash.

Road character data is used to determine sight distance from an engineering point of view and should describe the alignment of the road.

BOX 100a ROAD CHARACTER HORIZONTAL

01 - Straight
02 - Curved Left
03 - Curved Right

96
97
98
99
100a
100b
101
102
103

Box 100b

Road Character – Grade

In **Box 100b (Road Character - Grade)**, enter the roadway character (Grade) that best describes the roadway at the location of the crash.

04 - Level - is used when there is no roadway grade.

05 - Downhill - (see image on following page).

06 - Uphill - (see image to the right).

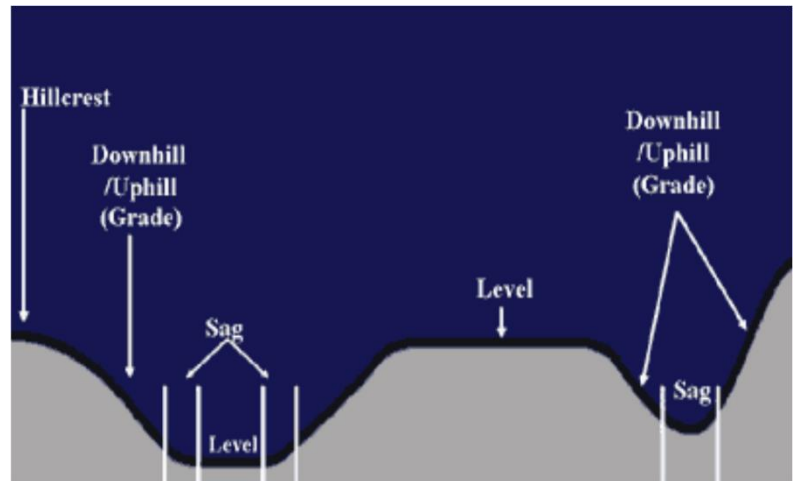
BOX 100b ROAD CHARACTER GRADE

04 - Level
05 - Down Hill
06 - Up Hill
07 - Hill Crest
08 - Sag (Bottom)

Section 5 – Roadway System – Boxes 96 - 103

07 – Hillcrest - refers to the area of transition between an uphill and a downhill grade as in the above illustration.

08 - Sag (Bottom) - is a designed transition feature between a change of grade at the bottom of a hill. A dip on the road is not the same as a sag. A sag is a design feature whereas a dip is a flaw. The minimum length of a sag is 100 feet.



Box 101

Road Surface
Type

Box 101 (Road Surface Type) refers to the physical makeup of the road at the location of the crash. Examples include:

01 - Concrete - Portland cement concrete

02 - Blacktop - Bituminous concrete (asphalt), including chip road sealing (oil and stone) and macadam

03 – Gravel – a loose aggregation of small stones

04 – Steel Grid – temporary or permanent surface cover in the form of a grille

05 – Dirt – unpaved roadway made from native material of land surface in which it passes

99 - Other - Must be explained in Box 145 (Crash Description); i.e.: cobblestones, wood (bridge decks), steel construction plates, etc.

Box 101 ROAD SURFACE TYPE	
Code	Description
01	Concrete
02	Blacktop
03	Gravel
04	Steel Grid
05	Dirt

96
97
98
99
100a
100b
101
102
103

Box 102

Road Surface
Condition

In **Box 102 (Road Surface Condition)**, enter the code to identify the road surface condition at the time and location of the crash.

Include foreign substances such as vehicle fluids that were present prior to the crash and explain as "other foreign substances" in Box 145 (Crash Description).

Section 5 – Roadway System – Boxes 96 - 103

Only choose one code. Definitions are as follows:

01 - Dry - describes a roadway surface that is dry. Also select this option if the road is made out of sand or dirt and is under normal conditions.

02 - Wet - describes a roadway surface that is covered with water from rain or melted snow.

03 - Snowy - describes a roadway surface that is covered with snow.

04 - Ice - includes a roadway covered with ice from freezing rain or water runoff that has pooled on the roadway and turned to ice.

05 - Slush - describes a roadway surface that is covered with melting snow.

06 - Water (Standing, Moving) - describes a roadway surface that is covered with water and typically localized.

07 - Sand - includes sand on the roadway as a result of sand blown by wind or sand discharged on the roadway by highway trucks.

08 - Oil/Fuel - includes petroleum products and fuel spilled on the roadway.

09 - Mud, Dirt, Gravel - indicates these substances present on the surface of the roadway at the crash location, NOT the surface type of the roadway by design.

ROAD SURFACE CONDITION

- 01 - Dry
- 02 - Wet
- 03 - Snowy
- 04 - Icy
- 05 - Slush
- 06 - Water (Standing/moving)
- 07 - Sand
- 08 - Oil/Fuel
- 09 - Mud, Dirt, Gravel

96
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100a
100b
101
102
103

Box 103

Environmental Conditions

In **Box 103 (Environmental Condition)**, enter the code for the weather condition at the time of the crash, which may be different from when you arrived at the scene.

Only choose one code.

01 - Clear - includes partial cloudiness if sunlight is not diminished. If no adverse conditions, use **01 - Clear**.

02 - Rain - refers to precipitation other than snow, hail or sleet, includes mist.

ENVIRONMENTAL CONDITION

- 01 - Clear
- 02 - Rain
- 03 - Snow
- 04 - Fog/Smog/Smoke
- 05 - Overcast
- 06 - Sleet/Hail
- 07 - Freezing Rain
- 08 - Blowing Snow
- 09 - Blowing Sand/Dirt
- 10 - Severe Crosswinds

96
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100a
100b
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Section 5 – Roadway System – Boxes 96 - 103

03 - Snow - is used when precipitation is falling as frozen flakes at the time of the crash.

04 - Fog, Smog, Smoke - refers to a natural or man-made condition that causes reduced visibility.

05 - Overcast - partial cloudiness if light is diminished.

06 - Sleet or Hail - would apply to conditions where precipitation is falling as ice.

07 - Freezing Rain - precipitation that falls as rain and freezes on contact with the surface.

08 - Blowing Snow – Wind-driven snow that reduces visibility. Blowing snow can be falling snow or snow that has already accumulated but is moved by strong winds.

09 – Blowing Sand/Dirt - refers to particulate matter set aloft by winds creating a condition of reduced visibility which constitutes a hazard for vehicles operating in the area.

10 - Severe Crosswinds - refers to winds traveling at an angle with respect to the travel lanes at velocities significant enough to create a risk that vehicles could be diverted from their path or high profile vehicles could be blown over. These are winds that are strong enough to affect vehicle stability.

Section 1	Section 2	Section 3	Section 4	Section 5	Section 6	Section 7	Appendix
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Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

Box 104

Total Number
of Vehicles
Involved in
Crash

In **Box 104 (Total Number of Motor Vehicles Involved in Crash)**, enter the two-digit code/number for the total number of motor vehicles involved in the crash.

The total vehicles involved in the crash shall correspond with the number entries in Box 35 and/or Box 65 (Owner's Name) that are identified on any pages in the NJTR-1 for the same crash.

Pedalcyclists or Pedestrians are not accounted for in Box 104 (Total Vehicles Involved in Crash).

104

105

106

107

108

Box 105

Crash Type

In **Box 105 (Crash Type)**, enter the code that describes the first event of the crash. **Attributes 01 – 09 involve two of more vehicles. Boxes 10 – 16 are used when action is the first event in the crash.**

01 – Same Direction (Rear-End) – Two vehicles moving one behind the other and collide, regardless of what forward movements either vehicle was in the process of making. This would include a collision in which the leading vehicle spun out and became turned 180 degrees around such that the resulting same direction collision had it strike front end to front end with the following vehicle.

02 – Same Direction (Side Swipe) – Two vehicles moving alongside each other and collide, with at least one of the vehicles being struck on the side. This would include a collision resulting from one of the vehicles making an improper turn such as a left turn from the right lane or vice-versa, or turning right from the appropriate outside lane and striking a vehicle passing on the shoulder.

03 – Right Angle – Two vehicles approaching from non-opposing angular directions collide, typically resulting as one vehicle failed to either stop or yield right of way

CRASH TYPE

With other MV as first event

- 01 - Same Direction (Rear-End)
- 02 - Same Direction (Side Swipe)
- 03 - Right Angle
- 04 - Opposite Direction (Head on, Angular)
- 05 - Opposite Direction (Side Swipe)
- 06 - Struck Parked Vehicle
- 07 - Left Turn/U-turn
- 08 - Backing
- 09 - Encroachment

With below as first event

- 10 - Overturn
- 11 - Fixed Object
- 12 - Animal
- 13 - Pedestrian
- 14 - Pedalcyclist
- 15 - Non-fixed Object
- 16 - Railcar Vehicle

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Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

from a Stop or Yield sign, ran a red light, or was not cleared from the intersection upon the onset of the conflicting movement's green signal.

04 – Opposite Direction (Head on, Angular) – Two vehicles approaching opposite directions and intending to continue in opposite directions collide in a frontal or angular manner as a result of one or both vehicles crossing the painted or un-painted centerline or divided median of the trafficway. This includes a collision resulting from one vehicle traveling the wrong way down a divided highway.

05 – Opposite Direction (Side Swipe) - Two vehicles approaching opposite directions and intending to continue in opposite directions collide in a sideswiping manner as a result of one or both vehicles crossing the painted or unpainted centerline or divided median of the roadway. This also includes a collision resulting from one vehicle traveling the wrong way down a divided highway.

06 – Struck Parked Vehicle - A parked motor vehicle is a motor vehicle not in-transport, other than a working motor vehicle, that is not in motion and not located on the roadway. In roadway lanes used for travel during some periods and for parking during other periods, a parked motor vehicle should be considered to be in-transport during periods when parking is forbidden. Any stopped motor vehicle where the entirety of the vehicle's primary outline as defined by the four sides of the vehicle (e.g., tires, bumpers, fenders) and load, if any, is not within the roadway is parked.

07 – Left Turn/U-Turn – A crash where two motor vehicles impact while one vehicle is performing a Left OR U-Turn. Not to be used in cases where Right Angle crash applies. Crash definition is aligned with vehicle movement.

08 – Backing – is defined as any multi-vehicle collision when at least one vehicle was in the act of backing. This includes backing into a parked vehicle.

09 - Encroachment - is a situation where a vehicles' lane of travel is entered by another vehicle while making a turn at an intersection

10 – Overturn - A motor vehicle that has overturned at least 90 degrees to its side.

11 – Fixed Object - A motor vehicle in transport strikes a an impact attenuator/crash cushion, bridge overhead structure, bridge pier or support, bridge rail, culvert, curb, ditch, embankment, guardrail face or end, concrete traffic barrier, standing tree, utility pole/light support, traffic sign or signal support, fence, mailbox, or other fixed object.

12 – Animal – a non-human living creature that was alive at the time of the crash.

13 – Pedestrian - A person who is not an occupant of a motor vehicle in transport OR a pedalcyclist. Includes a person who is adjacent to the motor vehicle regardless of their actions.

Section 1	Section 2	Section 3	Section 4	Section 5	Section 6	Section 7	Appendix
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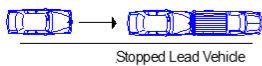
Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

14 – Pedalcyclist – Any rider of a pedalcycle

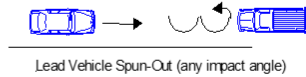
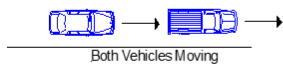
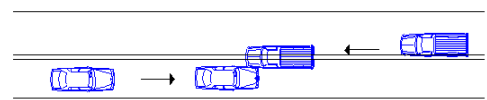
15 – Non-Fixed Object – A collision with an object other than a motor vehicle in-transport, a pedestrian, another road vehicle in transit, a parked motor vehicle, a railway vehicle, a pedalcycle, an animal, or a fixed object. **Example:** Fallen Tree.

16 – Railcar Vehicle - Any land vehicle (train, engine) that is (1) designed primarily for moving persons or property from one place to another on rails and (2) not in use on a land way other than a railway.

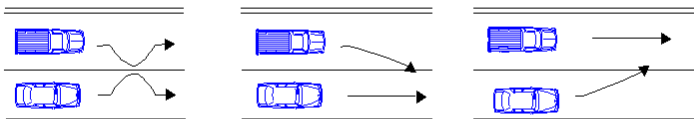
1) Same Direction, Rear End



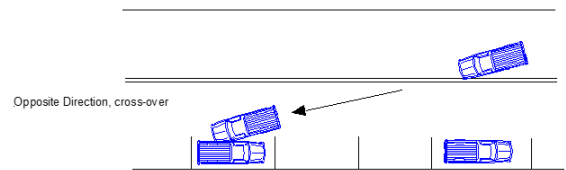
5) Opposite direction (side swipe)



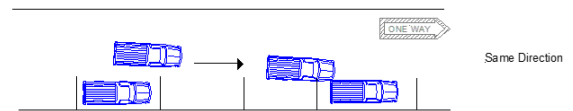
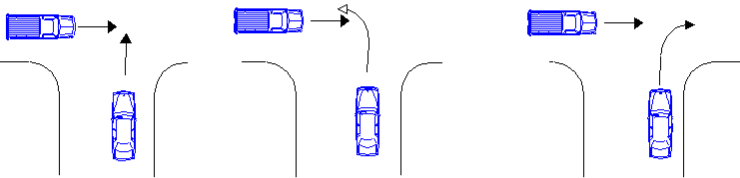
2) Side Swipe-Same Direction



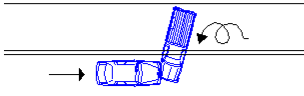
6) Parked Vehicle



3) Right Angle



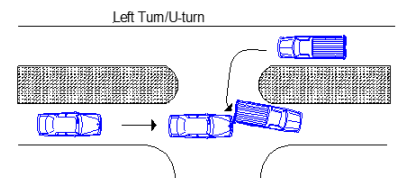
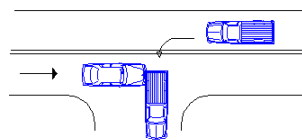
4) Opposite direction (head on/angular)



Opposite direction (head on)

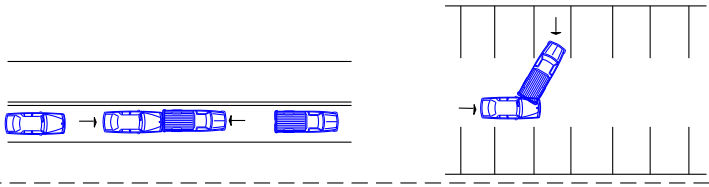


7) Left Turn/U-turn

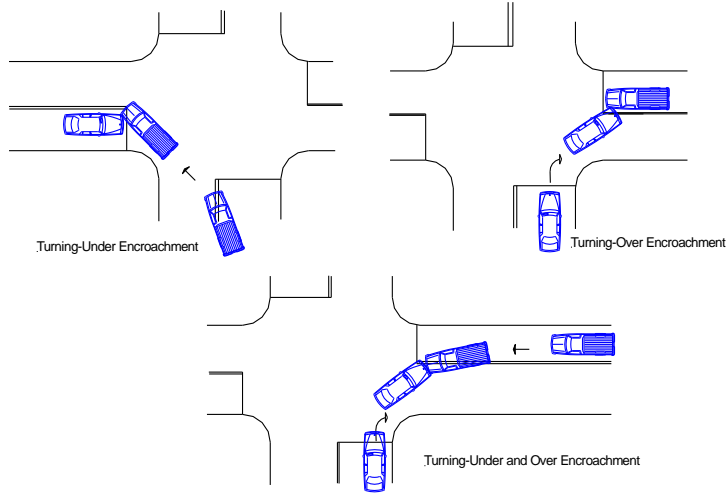


Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

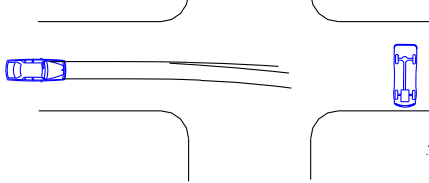
8) Backing



9) Encroachment



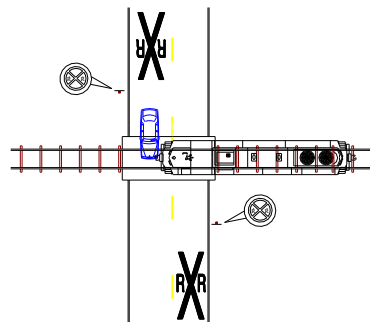
10) Overturned



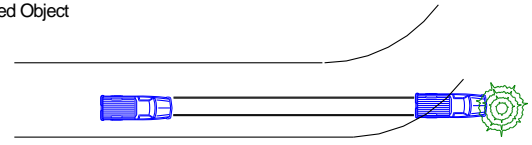
15) Non-Fixed Object



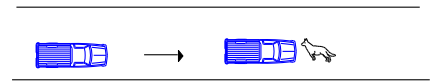
16) Railcar/Vehicle



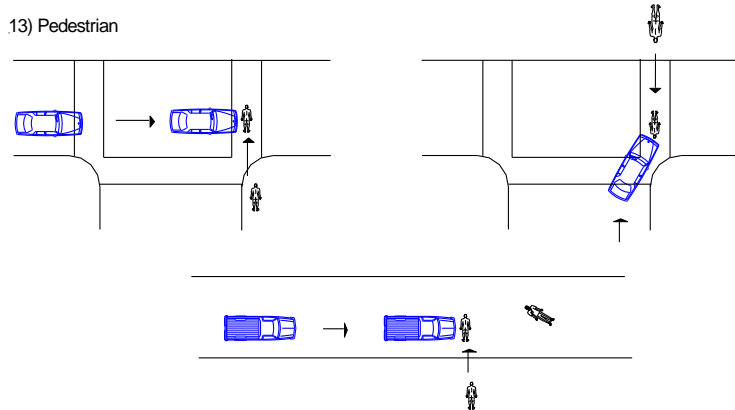
11) Fixed Object



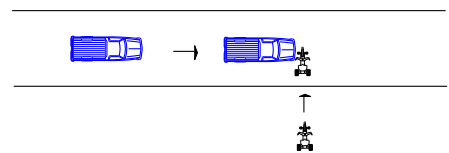
12) Animal



13) Pedestrian



14) Pedacycle



Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

Box 106 & 107

Oversized/
Overweight
Permit
(Overweight
Trucks Only)

Box 106 and Box 107 (Oversize/Overweight Permit) is for commercial vehicles and only to be used in commercial vehicle crashes.

All crashes that **do not** involve a commercial motor vehicle the Box will be dashed (-)

If a Commercial Vehicle is involved and **is not** oversized/overweight also use dash (-).

Box 106 and 107 OVERSIZE/ OVERWEIGHT PERMIT	
Code	Description
01	Yes
02	No

104
105
106
107
108

If Commercial Vehicle is involved and **IS** oversized/overweight, indicate if a NJDOT permit has been issued.

Box 108 & 109

Vehicle Type

In **Box 108 and/or Box 109 (Vehicle Type)** identify each vehicle involved by type.

The category indicating the general configuration or shape of a motor vehicle distinguished by characteristics such as number of doors, rows of seats, windows, or roof line. Personal conveyances such as skateboards, motorized toy cars, and wheelchairs are not considered motor vehicles.

01 – Passenger Car/Station Wagon/Minivan - Less than 10,001 lbs. GCWR, or seats less than 9 passengers (GCWR=Gross Combination Weight Rating) and are commonly used for transporting people from a family

02 – Passenger Van – Larger vans with passenger seats are commonly used for institutional purposes, such as transporting students.

03 – Cargo Van - Any van where the area behind the driver or cab is designed for transporting cargo or operated for general commercial use. Example: Step Van, Full-size van, FedEx.



Minivan

Passenger Van

Cargo Van

VEHICLE TYPE

Passenger Vehicles 01 – 18

- 01 - Pass Car/Station Wagon/Minivan
- 02 - Passenger Van (< 9 seats)
- 03 - Cargo Van (10,000 lbs or less)
- 04 - Sport Utility Vehicle
- 05 - Pickup
- 06 - Recreational Vehicle
- 07 - All Terrain Vehicle
- 08 - Motorcycle
- 09 - (Reserved)
- 10 - Any Previous w/Trailer
- 11 - Moped
- 12 - Street Car/ Trolley
- 13 - Pedalcycle
- 14 - Golf Cart
- 15 - Low Speed Vehicle
- 16 - Snow Mobile
- 19 - Other Passenger Vehicle*

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Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

04 - Sport Utility – A motor vehicle other than a motorcycle or bus designed for carrying ten (10) or fewer persons. Examples: Ford Explorer, Chevy Tahoe, BMW X5, Dodge Durango

05 – Pickup – Any utility vehicle identifiable by a body style consisting of an open cargo area bed. Includes open, rack body and pickup trucks

06 - Recreation Vehicle - Vehicles used for recreational purposes only. Example: travel trailers (Winnebago, Fleetwood, etc.)

07 - All-Terrain Vehicles (ATV's) - with either 3, 4, 6 or more tires

08 - Motorcycle - All motor-operated vehicles of the bicycle/tricycle type, **EXCEPT** Mopeds and ATVs

10 – Previous w/Trailer – Any vehicle types 01-09 that have a trailer attached to back.

11 - Moped - Pedal bicycle with helper motor (under 50cc, 1.5 HP or Electric Motor)

12 – Street Car/Trolley – a passenger vehicle powered by electricity obtained from an overhead cable by means of a trolley wheel.

13 – Pedalcycle – Pedal Bicycle, Tricycle

14 - Golf cart - A vehicle used to carry one or more people and may carry golf equipment to play golf.

15 - Low-speed vehicle - Any 4-wheeled motor vehicle whose top speed is greater than 20 miles per hour, but not greater than 25 miles per hour. This group includes neighborhood electric vehicles. See Page 115 for explanations and examples of LSVs.

16 - Snow Mobile - A motor vehicle, especially one with runners in the front and caterpillar tracks in the rear, for traveling over snow.

19 – Other Passenger Vehicle*

Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

40 – Equipment/Machinery

20 – Single Unit (2 axle) - A power unit that includes a permanently mounted cargo body (also called a straight truck) that has only two axles and a GVWR of over 10,000 lbs.

21 – Single Unit (3+ axle) – A power unit that includes a permanently mounted cargo body (also called a straight truck) that has three or more axles.

22 – Truck (2 axle) with Trailer

23 – Truck (3+ axle) with Trailer

24 – Truck Tractor (Bobtail) – A motor vehicle consisting of a single motorized transport device designed primarily for pulling semi-trailers.

25 – Truck Semi-Trailer – A truck tractor that is pulling a semi-trailer

26 – Tractor Double – A truck tractor that is pulling a single semi-trailer and one full-trailer.

27 – Tractor Triple – A truck tractor that is pulling a single semi-trailer and two full-trailers.

29 – Other Truck*

30 – Bus/Large Van/Limo (9-15 Seats) – A motor vehicle with seating for transporting nine (9) to fifteen (15) persons, including the driver.

31 – Bus (More than 15 Seats) – A motor vehicle with seating for transporting fifteen (15) or more persons, including the driver.

VEHICLE TYPE (Cont.)

Other Non-Passenger Vehicles – 40

40 – Equipment/Machinery

Trucks 20 – 29

20 - Single Unit (2 axle)

21 - Single Unit (3+ axle)

22 - Truck (2 axle) with Trailer

23 - Truck (3+ axle) with Trailer

24 - Truck Tractor (Bobtail)

25 - Tractor Semi-Trailer

26 - Tractor Double

27 - Tractor Triple

29 - Other Truck*

Busses 30-31

30 - Bus/Large Van/Limo (9-15 seats)

31 - Bus (more than 15 seats)

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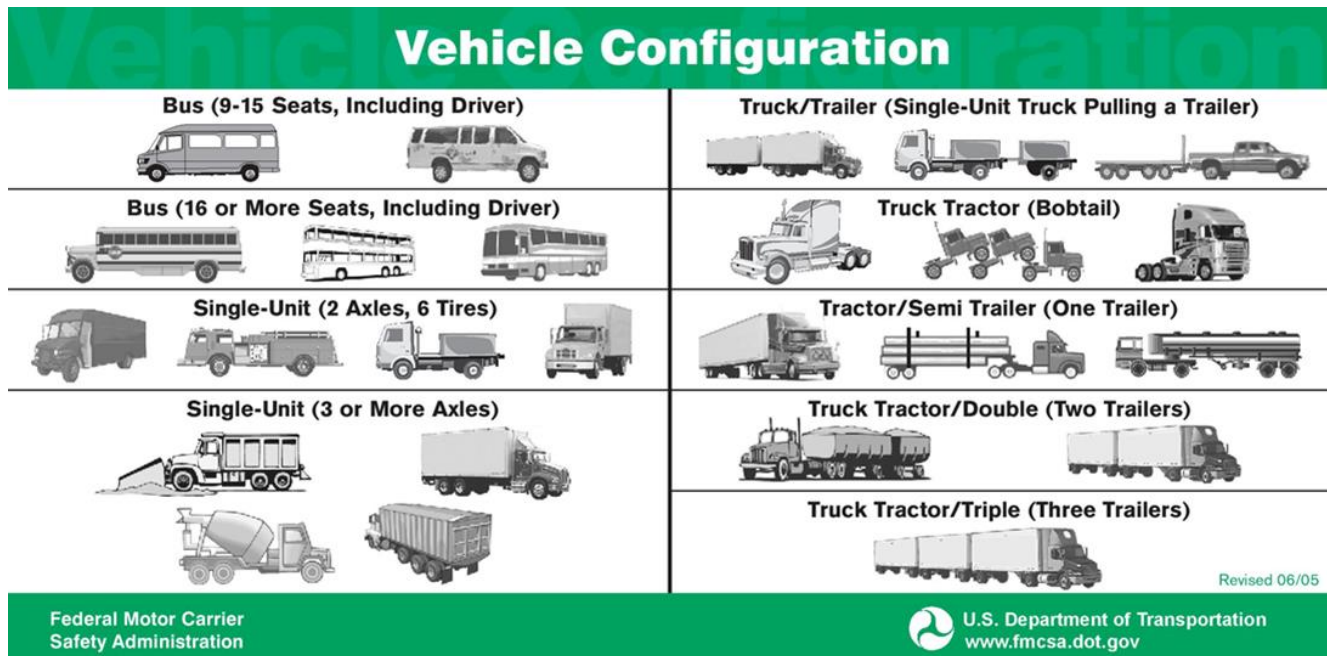
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Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

Reference Material: Vehicle Type



Box 110 & 111

Vehicle Use

In **Box 110 and/or Box 111 (Vehicle Use)**, enter the code for each vehicle involved.

If "04 - Responding to an Emergency" is selected, refer to New Jersey Administrative Code 11:3-34.3 Definitions. See General Protocols: 6. Department of Insurance Section F on Page 17 for full explanation

Box 110 and 111		
Vehicle Use		
Code	Description	Definition
01	Personal	Any vehicle being operated for personal use
02	Business/Commerce	Any vehicle being operated for private business, commerce or hire
03	Government	Any vehicle being operated for governmental use
04	Responding to Emergency	Operation of any motor vehicle in response to an emergency
05	Machinery in Use	E.G. Snow plow with the plow face down and actively engaged in the removal of snow; forklift with a load, or any motor vehicle not being utilized as a "vehicle in transport"

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Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

Box 112 & 113

Special Function Vehicles

In **Box 112 and/or Box 113 (Special Function Vehicles)**, enter the code to describe the special function or how the vehicle was being used at the time of the crash, otherwise enter a dash (-).

01 - Work Equipment - Any equipment not in transport, actively being used in its designed or intended purpose. *E.g. Generators, Pile Driver, Digital Display Boards*

02 - Police – Any vehicle marked or unmarked police vehicle.

03 - Military – Any vehicle which is owned by any of the Armed Forces regardless of body type.

04 - Fire/Rescue - Includes Mobile Intensive Care Units (non-transport) vehicles.

05 - Ambulance – Any vehicle used for victim transport.

06 - Taxicab/Limo - Any passenger vehicle used for transportation of passengers for hire (usually with “livery” or “taxicab” plates).

07 - Vehicle Used as school bus - A vehicle that is not a bus used to transport students or faculty to or from a school or school activity in an official capacity.

08 - Vehicle used as “other” bus - any other vehicle with non-bus configuration used to transport passengers.

09 - School Bus - Any bus used to transport students or faculty to or from a school or school activity in an official capacity.

10 - Transit Bus – is a bus used for passenger transportation over fixed, scheduled routes within primarily urban geographical areas (EX: NJ Transit).

11 - Tour Bus – bus providing contract service for group or tour outing, usually on a round-trip basis.

12 - Shuttle Bus – buses/nine-passenger vans for transporting people from airports, hotels, rental car companies, and business facility to facility.

13 - Intercity Bus- used for long-distance passenger transportation between cities over fixed routes with regular schedules. (Example: Greyhound, Martz, Lakeland)

SPECIAL FUNCTION VEHICLES

- 01 - Work Equipment
- 02 - Police
- 03 - Military
- 04 - Fire/Rescue
- 05 - Ambulance
- 06 - Taxi/Limo
- 07 - Vehicle used as school bus
- 08 - Vehicle used as other bus
- 09 - School bus
- 10 - Transit Bus
- 11 - Tour Bus
- 12 - Shuttle Bus
- 13 - Intercity Bus
- 14 - Other Bus
- 15 - Vehicle used as Snowplow
- 16 – Tow Truck
- 17 - Farm Equipment
- 18 - Farm Vehicle
- 19 - Construction / Off Road Equipment
- 20 - Rental Truck (Over 10,000 Lbs)

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Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

14 - Other Bus - is any bus used for transportation purposes other than School Bus, Transit bus, Tour Bus, Shuttle Bus or Intercity bus.

15 - Vehicle used as Snow Plow - The Plow blade must be down and the vehicle is actively being used to clear the roadway of snow or slush.

16 – Tow Truck - a motor vehicle, including Flatbed Tow Trucks, equipped for towing away wrecked or disabled vehicles.

17 - Farm Equipment - is any kind of machinery used on a farm to help with farming. Example, Tractor

18 - Farm Vehicle— Is operated by an owner or operator of a farm or ranch, or by a family member or employee of the owner or operator. A vehicle that transports agricultural commodities, livestock, machinery or supplies to or from a farm or ranch. A vehicle that has a license plate or some other means specified by the State that identifies it as a farm vehicle.

19 - Construction / Off Road Equipment - Heavy power machines which perform specific construction or demolition functions e.g. cranes, graders, bull dozers, steam rollers, etc.

20 - Rental Truck (Over 10,000 Lbs) - is a rental vehicle operated by a private individual for personal use. (e.g., U-Haul, Ryder, Penske over 10,000 lbs. GVWR/ GCWR).

Box 114 & 115

Cargo Body Type (Trucks and Buses Only)

In **Box 114 and/or Box 115 (Cargo Body Type - Commercial Vehicle Only)**, enter the code for cargo body type for commercial vehicles, otherwise enter a dash (-).

01 – Bus (9-15 Seats) – A motor vehicle with seating for transporting nine (9) to fifteen (15) persons, including the driver.

02 – Bus (More than 15 Seats) – A motor vehicle with seating for transporting fifteen (15) or more persons, including the driver.

03 - Van/enclosed box - includes any type of CMV, trailer or semi-trailer with an enclosed box.

04 - Cargo Tank – A single-unit truck, truck/trailer, or tractor semi-trailer having a cargo body designed to transport dry bulk (fly, ask, etc.), liquid bulk (gasoline, milk, water, etc.) or gas bulk (propane, etc.).

CARGO BODY TYPE

01 - Bus (9-15 seats)
02 - Bus greater than 15 seats
03 - Van/Enclosed Box
04 - Cargo Tank
05 - Flatbed
06 - Dump
07 - Concrete Mixer
08 - Auto Transporter
09 - Garbage/Refuse
10 - Hopper (grain/gravel/chips)
11 - Pole / Log Trailer
12 - Intermodal Chassis
13 - No Cargo Body
14 – Veh Towing Another Veh

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Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

05 - Flatbed (Truck/trailer) - An open truck bed or trailer with no sides, used to carry large objects. Not to include Flatbed Tow trucks.

06 – Dump – A cargo body type that can be tilted or otherwise manipulated to discharge its load by gravity.

07 - Concrete Mixer – A single-unit truck having a body specifically designed to mix or agitate concrete.

08 - Auto Transporter – Describes a cargo body type that is specifically designed to transport multiple, fully assembled automobiles. Single-unit flatbed tow trucks hauling cars **DO NOT** qualify. Auto Transporters are typically configured as truck-trailers.

09 - Garbage/Refuse – A single-unit truck having a body specifically designed to collect and transport garbage or refuse. This includes both conventional rear loading and over-the-top bucket loading garbage trucks.

10 - Hopper (grain/gravel/chips) – Describes a cargo body type used for hauling these or other similar bulk commodities. They may be referred to as “open hoppers” or “belly dumps”

11 - Pole/Log Trailer - a trailer designed to be attached to the towing road vehicle by means of reach or pole, or by being boomed or otherwise secured to the towing road vehicle, and ordinarily used for carrying long or irregular shape such as poles, pipes, logs or structural members that are generally capable of sustaining themselves as beams between the supporting connections.

12 - Intermodal Chassis - Marine, rail terminal equipment as well as over the road equipment where different size intermodal containers are securely placed upon the transport vehicle (i.e. chassis) for transportation to/from destinations. A chassis is the frame on wheels that an intermodal container is secured to for transport by a truck.

14 – Vehicle Towing Another Vehicle – a vehicle in the act of towing another vehicle. This includes conventional and flatbed tow trucks that are in the act of towing another vehicle. If vehicle is conventional or flatbed tow truck without vehicle in tow, **No Cargo Body** should be entered.

Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

Reference Material: Cargo Body Type

Cargo Body Type		
Bus (9-15 Seats, Including Driver) 	Dump 	Pole
Bus (16 or More Seats, Including Driver) 	Concrete Mixer 	Log
Van/Enclosed Box 	Auto Transporter 	Intermodal Chassis
Cargo Tank 	Garbage/Refuse 	Vehicle Towing Motor Vehicle
Flat Bed 	Grain, Chips, Gravel 	No Cargo Body

Federal Motor Carrier Safety Administration U.S. Department of Transportation
www.fmcsa.dot.gov

Box 116 & 117

Cargo Body Type (Trucks and Buses Only)

Box 116 and Box 117 (Direction of Travel of Vehicle) identifies the direction of travel entered as the nominal direction posted on road signs or identified on maps or straight-line diagram for the road where the crash occurred. Even though a north-south road may actually run east-west for a segment, the NOMINAL direction (North-South) shall not change for reporting purposes.

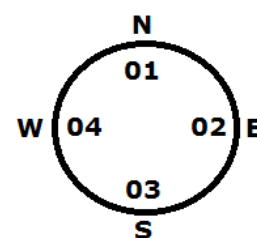
For intersection crashes, list the nominal direction of vehicle prior to entering the intersection.

Use a two-digit code i.e., "01"-N, "02"-E, "03"-S, "04"-W.

DO NOT USE THE ABBREVIATIONS (N., S., E., and W.)

NOTE: Use only one choice, e.g.: Using the two-digit code for northeast is "01" and not 0102.

If a vehicle is traveling in the wrong direction (e.g. northbound in a southbound lane), enter the actual direction of travel of the errant vehicle(s).



108
109
110
111
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114
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116
117

Section 6 – Crash/Vehicle Characteristics – Boxes 104 - 117

When a vehicle is **backing on a roadway**, its direction of travel is opposite the nominal direction. The direction it was actually moving, not necessarily the direction it was facing, is the nominal direction.

When a vehicle is **turning**, the nominal direction of travel prior to making the turn is the direction of travel.

When a vehicle is **parked**, identify the direction that the front of the vehicle was facing prior to the crash.

Section 1	Section 2	Section 3	Section 4	Section 5	Section 6	Section 7	Appendix
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Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

Box 118 & 119 (A&B)

Apparent Contributing Circumstances

In **Box 118 A&B and Box 119 A&B (Apparent Contributing Circumstances)**, A determination of the apparent contributing circumstances shall be made as a result of the crash investigation. The investigator will determine the most prominent factor(s)

contributing to the crash, even if a summons is not issued.

Every effort should be made to select up to two codes for contributing circumstances (Human/Driver Actions, Vehicle Factors, Road/Environmental Factors and Pedestrian Factors) for each driver, but only one code is required as a minimum.

Although it may seem that alcohol involvement would be included and contributed to the crash, other factors such as speed, failure to yield, road deficiencies, or other improper driving actions will be the **proximate (actual)** cause of the crash in Box 118 A&B and Box 119 A&B (Apparent Contributing Circumstances).

Apparent Contributing Circumstances

Human/ Driver Actions 01 – 29

- 01 - Unsafe Speed
- 02 - Driver Inattention*
- 03 - Failed to Obey Traffic Signal
- 04 - Failed to Yield ROW to Vehicle/Pedestrian
- 05 - Improper Lane Change
- 06 - Improper Passing
- 07 - Improper Use/Failed to Use turn signal
- 08 - Improper Turning
- 09 - Following Too Closely
- 10 - Backing Unsafely
- 11 - Improper use/no lights
- 12 - Wrong Way
- 13 - Improper Parking
- 14 - Failure to Keep Right
- 15 - Failure to remove Snow/Ice
- 16 - Failure to Obey Stop Sign
- 17 - Distracted – Hand Held Electronic Device*
- 18 - Distracted – Hands Free Electronic Device*
- 19 - Distracted by passenger*
- 20 - Other Distraction Inside Vehicle*
- 21 - Other Distraction Outside Vehicle*
- 25 - None
- 29 - Other Driver/Pedalcyclist Action*

118a

118b

119a

119b

120a

120b

121a

121b

Statistical data gathered from this part of the report is used to study the cause and effect of crashes. **For example**, if a vehicle was involved in a crash and the road or environmental conditions listed in Box 102 (Road Surface Condition) and Box 103 (Environmental Condition) were icy and/or snow covered, enter code “**01 - Unsafe Speed**,” even if a summons is not issued. This is different than a circumstance where water from a broken water main or snow melting from a hillside has run onto the roadway and froze. A crash caused by this should be attributed to **51- Road Surface Condition*** and explained in the narrative.

Do not use code “**25 - None**” for all vehicles. There is “**always**” an apparent contributing circumstance for one or both of the vehicles in a multi-vehicle crash.

Any code marked with an asterisk (*) under Apparent Contributing Circumstances and any selection using “other” must be further explained in Box 145.

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

01 – Unsafe Speed - When a motor vehicle is traveling above the posted/statutory speed limit on certain designated roadways and/or by certain types of vehicles; e.g., for trucks, buses, motorcycles, on bridge, at night, in school zone, etc.). Traveling at a speed that was unsafe for the road, weather, traffic or other environmental conditions at the time, or when two or more motor vehicles are engaged in a speed-related competition on the trafficway.

02 – Driver Inattention* - A driver is inattentive when he/she loses focus on the task of driving. This includes things such as daydreaming, fatigued, drowsiness, other physical or emotional conditions of the driver.

03 - Failing to Obey Traffic Signal – Driver fails to stop at a red traffic signal or stops and continues through the traffic signal.

04 - Failed to Yield ROW to Vehicle/Pedestrian - Driver failed to yield right-of-way to another motor vehicle or non-occupant as required.

05 – Improper Lane Change – Unsafe actions by driver while moving from one lane to another or changing lanes where prohibited.

06 - Improper Passing – Unsafe actions by motorist while trying to pass a vehicle. Includes passing where prohibited and passing on the right.

07 - Improper Use/Failed to Use turn signal – Unsafe action by motorist where failure to use turn signal resulted in collision.

08 - Improper Turning – Unsafe action by motorist where turning motion caused collision. Does not include where driver failed to yield to traffic control device or stop sign.

09 - Following Too Closely – Driver was positioned at a distance behind another motor vehicle or non-occupant that was too close to permit safe response to any change in movement or behavior by the other motor vehicle or non-occupant.

10 - Backing Unsafely – Unsafe action by motorist where backing of vehicle resulted in collision.

11 - Improper use/No lights – Collision caused by improper use of lighting system or non-use.

12 - Wrong Way – Where motorist was operating motor vehicle in the wrong direction intended for travel resulting in a crash.

13 - Improper Parking – Motorist parks vehicle in a manner as to impede the flow of traffic or parking where prohibited, resulting in a collision.

Section 1	Section 2	Section 3	Section 4	Section 5	Section 6	Section 7	Appendix
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Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

14 - Failure to Keep Right – Motorist failed to maintain appropriate lane of travel.

15 - Failure to remove Snow/Ice – Motorist failed to remove snow and/or ice from vehicle which resulted in a vehicular crash.

16 - Failure to Obey Stop Sign – Driver continues through Stop Sign without coming to complete and full stop, OR proceeds into the intersection and fails to yield to another vehicle's right of way.

17 - Distracted – Hand Held Electronic Device*

18 - Distracted – Hands Free Electronic Device*

19 - Distracted by passenger*

20 - Other Distraction Inside Vehicle*

21 - Other Distraction Outside Vehicle*

29 - Other Driver/Pedalcyclist Action* - should only be used to for actions not listed. **It does not mean that the crash was caused by the action of other driver or pedalcyclist.** An example would be a crash caused by failing to obey a traffic control device that cannot be classified as **03 – Failed to Obey Traffic Signal** or **16 – Failure to Obey Stop Sign**, e.g. Barrier, Temporary Construction Signs.

Contributing Circumstances – Vehicles - Pre-existing motor vehicle defects or maintenance conditions that may have contributed to the crash, such as:

31 - Defective Lights* - Defective/faulty/under-maintained as opposed to failure to use or misuse.

32 - Brakes* - Includes loss of brake fluid (or system error), faded brakes, or ineffective brakes due to a grossly overloaded vehicle. Excludes locked wheels.

33 - Steering* - Includes failure of manual or power steering mechanism, tie rod, kingpin, ball joint, etc.

34 - Tire * - Defective tires, tread separation, sidewall failure, excessively worn, bubbled, or bald tires. Tires improperly sized for vehicle.

35 - Wheels* - Includes wheels that have collapsed or split, or bolts that have sheared, allowing the wheel to detach from the vehicle. Also includes hub caps and multiple-piece rings.

For Contributing Circumstances 17-21

DRIVER DISTRACTED - A driver is distracted when he/she chooses to divert their attention from the driving task to focus on some other activity instead. This usually involves using their hands, eyes or ears and includes talking on a cell phone, texting, using a GPS, watching videos or movies, eating, drinking, smoking, personal grooming, reading, adjusting the radio/CD, talking to passengers, reaching for an object, focusing on an insect in the vehicle, focusing on something outside of the vehicle or any other similar activity.

Vehicle Factors

31 – 49

- 31 - Defective Lights
- 32 - Brakes*
- 33 - Steering*
- 34 - Tire *
- 35 - Wheels*
- 36 - Windows/Windshield*
- 37 - Mirrors
- 38 - Wipers
- 39 - Vehicle Coupling/Hitch/Safety Chains*
- 49 - Other Vehicle Factor*

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

36 - Windows/Windshield* - Includes window tinting that would obscure driver's vision.

37 – Mirrors* - Includes missing mirrors.

38 – Wipers* - Defective/faulty/under-maintained as opposed to failure to use.

39 - Vehicle Coupling/Hitch/Safety Chains* - Defective trailer hitch denotes improperly adjusted trailer hitch, lack of safety chain, 5th wheel hitch, etc. Improper towing denotes towing without a hitch, towing by cable, rope, chain, etc.

49 - Other Vehicle Factor*

Contributing Circumstances – Roadway/Environmental – Roadway and environmental conditions that had a contributing circumstance in the crash, such as:

51 - Road Surface Condition* - Wet, icy, snow, slush was a contributing circumstance in the collision.

52 - Obstruction/Debris on Road* - Object(s) in the roadway that may have contributed to the crash, such as cardboard boxes, trash, or vehicle parts or other materials that have fallen from another vehicle.

53 - Ruts, Holes, Bumps* - Irregular roadway surface, either concave in the case of ruts and holes, or convex in the case of bumps.

54 - Traffic Control Device Defective/Missing* - The traffic control device was inoperative, missing, or obscured from view.

55 - Improper Work Zone* - A work zone is an area of a trafficway where construction, maintenance, or utility work activities are identified by warning signs/signals/indicators, including those on transport devices (e.g., signs, flashing lights, channelizing devices, barriers, pavement markings, flagmen, warning signs and arrow boards mounted on the vehicles in a mobile maintenance activity) that mark the beginning and end of a construction, maintenance or utility work activity.

56 - Physical Obstruction(s) (viewing, etc)* - An object that blocked the driver's sight, contributing to the crash (such as a bush, tree, etc.).

Road/Environmental Factors 51 – 69

51 - Road Surface Condition*

52 - Obstruction/Debris on Road*

53 - Ruts, Holes, Bumps*

54 - Traffic Control Device
Defective/Missing*

55 - Improper Work Zone*

56 - Physical Obstruction(s) (viewing, etc)*

57 - Animal(s) in Roadway*

58 - Improper/Inadequate Lane Markings*

59 - Sun Glare*

60 - Traffic Congestion – Prior Incident*

61 - Traffic Congestion – Regular*

69 - Other Roadway Factors*

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

59 - Sun Glare* - A very harsh, bright, dazzling light that impairs vision.

60 - Traffic Congestion – Prior Incident* - An accumulation of traffic caused by vehicles slowing or stopping the traffic flow due to a Prior Incident.

61 - Traffic Congestion – Regular* - An accumulation of traffic caused by vehicles slowing or stopping the traffic flow due to typical traffic patterns.

The following actions/circumstances of the non-motorist that may have contributed to the crash.

71 - Failed to obey Traffic control Device – Non-motorist failed to observe and obey traffic control device.

72 - Crossing where prohibited – Non-motorist was crossing trafficway at location not designed/intended for crossing.

73 - Dark clothing/Low visibility to driver – Non-motorist was not wearing high-visibility clothing or reflective materials during low-light environs.

74 - Inattentive* - Non-motorist was not paying attention to trafficway environs.

75 - Failure to yield Right of Way – Non-motorist failed to yield right-of-way to another non-occupant as required.

76 - Walking on wrong side of road - Non-motorist walking or riding in a direction other than Walking required by statute.

77 - Walking in road when sidewalk is present - Non-motorist walking in trafficway when sidewalk was available to use.

78 - Running/Darting Across Traffic - Non-motorist entering from off the roadway, including running, jogging, or stumbling, etc.

Pedestrian Factors	71 - 89
71 - Failed to obey Traffic control Device	
72 - Crossing where prohibited	
73 - Dark clothing/Low visibility to driver	
74 - Inattentive*	
75 - Failure to yield Right of Way	
76 - Walking on wrong side of road	
77 - Walking in road when sidewalk is present	
78 - Running/Darting Across Traffic	
85 - None	
89 - Other Pedestrian Factors*	

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

Box 120 & 121 (A&B)

Apparent Physical Status

Box 120 and Box 121 (Apparent Physical Status), enter the code to identify the apparent physical status of each driver/operator, pedalcyclist, pedestrian immediately before the crash.

Select **up to two** choices for each driver, **one** is required as a minimum.

Code **06 - Physical Handicaps** - may include:

- Severe Vision or Hearing Impairments
- Deafness or Blindness
- Leg/Foot/Arm or Hand Amputation

When illicit "**03 – Drug Use**" or prescription drugs "**04 - Medication**" or combinations of alcohol and drugs "**05 - Alcohol and Drug Use**" are identified, describe by name or type of drug/medication use in Box 145 (Crash Description).

Any code marked with an asterisk (*) under Apparent Physical Status and any selection using "other" must be further explained in Box 145.

Box 120 and 121		118a
Apparent Physical Status		118b
Code	Description	
01	Apparently Normal	119a
02	Alcohol Use	119b
03	Drug Use (Illicit)*	120a
04	Medication*	120b
05	Alcohol and Drug Use*	121a
06	Physical Handicaps	121b
07	Illness	
08	Fatigued	
09	Fell Asleep	

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

Box 122 & 123

Pre-Crash Action

For your information and use in **Box 122 and 123 (Pre-Crash Action)**, these Boxes are used describe pre-crash actions for vehicles that contact with another vehicle, pedestrian, or pedalcyclist. **Pedalcyclists are considered vehicles.**

If a vehicle, pedalcycle and/or pedestrian contributed to the crash and did not have contact with a motor vehicle, explain Pre-Crash Action in Box 145 (Crash Description), including Driver Identification Section and Owner/Vehicle Identification Section and enter a dash (-) in Box 26 and/or Box 56 (Driver's Name).

If a pedestrian had contact and was an apparent contributing circumstance in the pre-crash action, enter the pedestrian name and information starting in the space provided for a drivers name which is located in Box 26 and/or Box 56 (Driver's Name). For a pedestrian, you **shall not** enter their driver's license number in Box 32 and/or Box 62 (Driver's License Number).

A motorized wheelchair is not as regulated as a motor vehicle, and shall be reported as a PEDESTRIAN.

01 - Going Straight Ahead – Vehicle's path of travel was straight ahead on the roadway without any attempted or intended changes.

02 - Making Right Turn (not turn on red) – Vehicle moving forward and turned right, maneuvering from one roadway to a different roadway or landway e.g., from or to a driveway, parking lot or intersection.

03 - Making Left Turn – Vehicle was moving forward and turned left, maneuvering from one roadway to a different roadway or landway e.g., from or to a driveway, parking lot or intersection.

04 - Making U Turn – Vehicle that is turning around to reverse direction on the same trafficway. It includes legal and illegal U-Turns.

Vehicle/Pedalcyclist Action (01-29)

- 01 - Going Straight Ahead
- 02 - Making Right Turn (not turn on red)
- 03 - Making Left Turn
- 04 - Making U Turn
- 05 - Starting From Parking
- 06 - Starting In Traffic
- 07 - Slowing or Stopping
- 08 - Stopped In Traffic
- 09 - Parking
- 10 - Parked
- 11 - Changing Lanes
- 12 - Merging/Entering Traffic Lane
- 13 - Backing
- 14 - Driverless/Moving
- 15 - Passing
- 16 - Negotiating Curve
- 17 - Driving on Shoulder
- 18 - Right Turn on Red Signal
- 19 - Deliberate Action*
- 29 - Other Veh/Cyclist Action*

Pedestrian Action (31-49)

- 31 - Pedestrian Off Road
- 32 - Walking To/From School
- 33 - Walking/Jogging On Road W/Traffic
- 34 - Walking/Jogging On Road Against Traffic
- 35 - Playing In Road
- 36 - Standing/Lying/Kneeling In Road
- 37 - Getting On or Off Vehicle
- 38 - Pushing or Working On Vehicle
- 39 - Other Working In Roadway
- 40 - Approaching or Leaving School Bus
- 41 - Coming From Behind Parked Vehicle
- 42 - Crossing / Jaywalking
- 43 - Crossing at "Marked" Crosswalk at intersection
- 44 - Crossing at "Unmarked" Crosswalk at intersection
- 45 - Crossing at "Marked" Crosswalk at Mid-Block
- 46 - Deliberate Action*
- 49 - Other Pedestrian Action*

122

123

124

125

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

05 - Starting From Parking – Applies to vehicles stopped alongside roadway or leaving on-street parking spot and entering the lane of travel.

07 - Slowing or Stopping – Vehicle was traveling straight ahead within the road portion of the trafficway and was decelerating.

08 - Stopped In Traffic – Applies to a vehicle that is stopped in the trafficway in an area normally used for vehicle travel (i.e. outside a parking lane). It includes, but is not limited to, motor vehicles legally stopped for a stop sign or signal, motor vehicles stopped to turn PRIOR to initiating a turn, motor vehicles stopped in traffic due to a slowdown in traffic ahead, and motor vehicles illegally stopped in a traffic lane. A vehicle stopped in traffic may or may NOT have a driver and the vehicle engine may or may NOT be running. Most “double parked” vehicles are actually stopped in traffic rather than parked.

09 - Parking – Applies to a vehicle that is in the process of parking, e.g. backing to parallel-park the vehicle.

10 – Parked - A parked motor vehicle is a motor vehicle that is not in-operation, other than a working motor vehicle, that is not in motion and not located on the roadway.

11 - Changing Lanes – Shift from one traffic lane to another traffic lane while moving in the same direction.

12 - Merging/Entering Traffic Lane - Crashes associated when two lanes merge into one, (i.e., acceleration or deceleration merges). This does not include “05-Starting From Parking”.

13 – Backing – A start from a parked or stopped position in the direction of the rear of the motor vehicle.

14 - Driverless/Moving – example: if a vehicle rolls out of a parking space, when a driver is ejected or exits, and the vehicle continues in motion

19 - Deliberate Action* - is the classification given to the cause of an event which occurs when a driver or pedalcyclist acts deliberately to cause the event.

15 – Passing – Motor vehicle that moves from behind another motor vehicle to in front of the same motor vehicle.

16 - Negotiating Curve – Motor vehicle in the process of moving along a curved travel lane. Includes the action or intended action of the driver. Example: A vehicle that unsuccessfully negotiates a curve and goes “straight” off the roadway would be “Negotiating a Curve” as the “straight” departure was an uncontrolled movement (Run Off Roadway) that would begin that vehicle’s Sequence of Events.

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Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

17 - Driving on Shoulder – Motor vehicle traveling in the paved or un-paved shoulder of the roadway.

18 - Right Turn on Red Signal – Motor vehicle performs a right turn upon completing a full and complete stop as a traffic signal.

31 - Pedestrian Off Road – Describes a non-motorist that was traveling alongside of roadway, either on or off sidewalk (if present).

32 - Walking To/From School – Describes a non-motorist traveling to or from school.

33 - Walking/Jogging On Road With Traffic – Non-motorist that was walking along roadway with traffic.

34 - Walking/Jogging On Road Against Traffic - Non-motorist that was walking along roadway against traffic.

35 - Playing In Road – Non-motorist in roadway, typically a child playing.

36 - Standing/Lying/Kneeling In Road – Non-motorist in roadway talking, working, etc.

37 - Getting On Or Off Vehicle – Non-motorist that was exiting or attempting to enter a parked motor vehicle.

38 - Pushing Or Working On Vehicle – Non-motorist pushing or working on vehicle in roadway.

39 - Other Working In Roadway

40 - Approaching or Leaving School Bus - Non-motorist that was exiting or attempting to enter a parked motor vehicle.

41 - Coming From Behind Parked Vehicle – Non-motorist that was entering roadway where parked vehicle was blocking view.

46 - Deliberate Action* - is the classification given to the cause of an event which occurs when a person acts deliberately to cause the event.

Definitions for crosswalks may be found in NJSA 39:1-1.

Marked Crosswalk – is any portion of the road outlined by painted markings on the roadway surface, which might be supplemented by contrasting texture, concrete or pavers. Designated for crossing by people on foot.

Unmarked Crosswalk – an extension of the road, sidewalk, curb or shoulder at an intersection for people on foot. All intersections of streets are normally represented as crosswalks.

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

Box 124 & 125

Traffic Control

In **Box 124 and/or Box 125 (Traffic Controls)**, enter one code for each vehicle in the crash.

A particular traffic control device may be regulating the flow of traffic and be in proximity to the point of impact and not exactly at the point of impact.

A vehicle identified as first in line is controlled by the traffic control device. All others are controlled by the lane markings, etc.

Box 124 and 125		
Traffic Controls		
Code	Description	Definition
01	Police Officer	Includes special police, Fire/Police (anyone under Title 40 that is allowed to stop traffic)
02	Railroad, Watchman, Gates, Etc.	Includes all traffic control devices at railway grade
03	Traffic Signal	Includes any Red/Amber/Green type beacons or other signal device used for stop-and-go to include metering and pedestrian signals.
04	Lane Markings	Refers to lines separating the traveled portion from the shoulder, turning lanes and passing zones.
05	Channelization, Painted	A series of painted cross-hatching and lane lines, which indicate movement restrictions. Includes exit ramp markings.
06	Channelization, Physical	Includes "Jersey" barrier, traffic cones or similar devices such as construction barrels, physical curbing and concrete islands
07	Warning Signal	An Amber/Red flashing signal and any other electrically powered warning device
08	Stop Sign	An 8-sided Red sign to notify drivers that they must fully stop before proceeding
09	Yield Sign	Red and White Triangular sign to slow down, defer to oncoming or intersecting traffic, stop when necessary, proceed when safe
10	Flagman	Includes all traffic direction in work zones
11	No Controls Present	
12	Flashing Traffic Control	A traffic signal that is placed in work zones
13	School Zone Signs/Flashing	An area on a street near a school or near a crosswalk leading to a school that has a likely presence of younger pedestrians. School zones generally have a reduced speed limit during certain hours.
14	Adult School Crossing Guard	Does not include school safety guards

122
123
124
125

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

Box 126, 127 & 128

Sequence of Events

In **Boxes 126A-D and 127A-D (Sequence of Events)**, in boxes “a” through “d” enter the code(s) to identify the beginning of a crash and all subsequent actions. (Select **up to 4** for each vehicle “a” through “d”).

Determine the sequence of events by
answering the question
“What did the vehicle come in contact with?”

In **Boxes 126E and 127E (Sequence of Events)**, identify the event that was the **Most Harmful** event within the Sequence identified for each vehicle involved (Boxes 126A-D/ 127A-D).

Most Harmful Event - Event that resulted in the most severe injury or, if no injury, the greatest property damage involving this motor vehicle.

In **Box 128 (Sequence of Events)**, identify the event that was the **First Harmful** injury or damage-producing within the Sequence identified for the crash event.

First Harmful Event - The first injury or damage-producing event that characterizes the crash type.

Note: Events marked with ** CANNOT be used as MOST Harmful Event (Boxes 126 & 127) or FIRST Harmful event (Box 128).

Events marked with * MUST be explained in Box 145

If code “19 - Other Non-Collision” is used, or “39 - Other Non-Fixed Object” or “69-Other Fixed Object”, explain in Box 135.

Non-Collision Crashes – Boxes 01 – 19

01 - Overturn/Rollover - A motor vehicle that has overturned at least 90 degrees to its side.

02 - Fire/Explosion - A fire or explosion that was the cause or result of the crash. A fire/explosion is a non-collision harmful event.

SEQUENCE OF EVENTS

Non-Collision 01 – 19

- 01 - Overturn/Rollover
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 05 - Ran Off Road- Right**
- 06 - Ran Off Road- Left**
- 07 - Cross Median**
- 08 - Crossed Centerline**
- 09 - Cargo/Equip Loss or Shift
- 10 - Separation of Units**
- 11 - Fell/Jumped From Vehicle
- 12 - Thrown/Falling Object
- 13 - Equipment Failure (blown tire, brake failure etc.)**
- 14 - Downhill Runaway**
- 15 - Reentered Roadway**
- 19 - Other Non-Collision*

Collision w/Person, MV or Non-Fixed Object 21– 39

- 21 - Pedalcyclist
- 22 - Pedestrian
- 23 - Train/Trolley/Other Railcar
- 24 - Deer
- 25 - Other Animal
- 26 - MV in Transport
- 27 - MV in Transport, Other Roadway
- 28 - Parked MV
- 29 - Work Zone/Maintenance Equipment
- 30 - Struck By Object Set in Motion By MV
- 39 - Other Non-Fixed Object*

126a
126b
126c
126d
126e
127a
127b
127c
127d
127e
128

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

03 – Immersion - Entry of a vehicle into liquid so that it is completely covered or there is damage to the vehicle or harm to an occupant.

04 – Jackknife – An uncontrolled articulation between a tractor and trailer(s) that occurs at any time during the crash sequence.

05 - Ran Off Road- Right** - Failure of the driver to keep the motor vehicle on the roadway.

06 - Ran Off Road- Left** - Failure of the driver to keep the motor vehicle on the roadway.

07 - Cross Median** - Is used when a vehicle completely crosses the median and enters the shoulder or travel lanes on the opposite side of a divided highway. It also includes crossing over the center line of a two-way, undivided highway. This also includes unstabilized situations involving vehicles completely crossing over a continuous left-turn lane.

08 - Crossed Centerline** - Is used when crossing over the center line of a two-way, undivided highway.

09 - Cargo/Equip Loss or Shift - As a non-collision event in First Harmful Event or Most Harmful Event, the loss or shift would have to cause damage to the motor vehicle or occupants that is transporting the cargo/equipment or the cargo or equipment itself. If cargo/equipment is lost and strikes another vehicle that is a collision event. As a non-collision event in the Sequence of Events, a cargo/equipment loss or shift is not necessarily harmful. For example, the loss or release of the goods being transported from the cargo compartment of the truck, or the shifting off position of the load affecting its balance.

10 - Separation of Units - e.g., a trailer separating from the tractor, a vehicle disconnecting from a tow truck, a container separating from the intermodal chassis

11 - Fell/Jumped From Vehicle - Motor vehicle occupant either involuntarily fell or intentionally leapt from the vehicle.

12 - Thrown/Falling Object - An object striking a motor vehicle in transport. e.g., ice falling from a bridge, rocks falling from a ledge (Not “09-Cargo/Equipment Loss or Shift”)

13 - Equipment Failure (blown tire, brake failure etc.)** - Mechanical failures of a vehicle’s parts, such as a tire blowout, broken fan belt, or broken axle are not considered harmful events but can start the crash event and begin or occur as part of a vehicle’s Sequence of Events.

14 - Downhill Runaway** - Refers to any vehicle that cannot decelerate on a downhill grade.

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

15 - Reentered Roadway** - Vehicle that departed the roadway portion of the trafficway returns to the same roadway. Example: a motor vehicle in operation runs off the roadway right, strikes guardrail face, then re-enters the roadway and collides with another motor vehicle in operation.

19 - Other Non-Collision* - Example: Driving off a cliff where damage is not the result of an overturn or a collision with a fixed object.

Collision w/Person, MV or Non-Fixed Object - Boxes 21– 39

21 – Pedalcyclist – Includes bicycles, tricycles, unicycles, etc. Note: this is used only for occupied pedalcycles. A pedalcycle in the roadway without a rider would be **39 – Other Non-Fixed Object**.

22 – Pedestrian – A person who is not an occupant of a motor vehicle in operation or a pedalcyclist.

23 - Train/Trolley/Other Railcar (includes light rail, trains, and trolleys) - Where the train/trolley/railcar was involved in a crash with a motor vehicle, pedestrian or pedalcyclist while the Train/Trolley/Other Railcar is on rails within the right of way of the roadway and not situated on rails within its own right of way. This includes at-grade crossings and rail lines running in a roadway. It does not include crashes where a train strikes a motor vehicle, pedestrian or pedalcyclist entirely within the right of way of the rail line and not at an at-grade crossing.

25 - Other Animal – Other than a DEER, this attribute is used for collisions with live animals, wild or domestic.

26 - MV in Transport - Is the state or condition of a vehicle when it is in use primarily for moving persons or property (including the vehicle itself), from one place to another and it is in motion; or in readiness for motion; but not parked

27 - MV in Transport, Other Roadway - Use in cases where a motor vehicle leaves the road and strikes a vehicle on a second road e.g., a vehicle running off a bridge and striking another vehicle on the road below.

28 - Parked MV - A parked motor vehicle is a motor vehicle not in-transport, other than a working motor vehicle, that is not in motion and not located on the roadway. In roadway lanes used for travel during some periods and for parking during other periods, a parked motor vehicle should be considered to be in-transport during periods when parking is forbidden. Any stopped motor vehicle where the entirety of the vehicle's primary outline as defined by the four sides of the vehicle (e.g., tires, bumpers, fenders) and load, if any, is not within the roadway is parked.

29 - Work Zone/Maintenance Equipment - A vehicle not intended for highway transport being used for construction, maintenance or utility work related to the trafficway. The "work" may be located within open or closed portions of the trafficway, and the vehicle performing these activities can be within or outside the

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Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

trafficway. Examples of working vehicles include: asphalt/steam roller paving or flattening a roadway, a highway maintenance crew painting lane lines on the road or mowing grass, a street sweeping vehicle, and a utility truck performing maintenance on power lines along the roadway.

30 - Struck By Object Set in Motion By MV - Motor vehicle or non-motorist is struck by cargo or other object that was set in motion by a motor vehicle. Examples include logs falling off or coming loose from a truck and striking a vehicle behind the truck, or a motor vehicle striking a parked car and pushes it into a passing pedestrian.

39 - Other Non-Fixed Object* - A collision with an object other than a motor vehicle in-transport, a pedestrian, another road vehicle in transit, a parked motor vehicle, a railway vehicle, a pedalcycle, an animal, or a fixed object. Fallen trees are one example.

Collision w/ Fixed Object - Boxes 41– 69

41 - Impact Attenuator/Crash Cushion - A barrier at a spot location, less than 25 ft. (7.6 m) away, designed to prevent an errant motor vehicle from impacting a fixed object hazard by gradually decelerating the motor vehicle to a safe stop or by redirecting the motor vehicle away from the hazard.

42 - Bridge Overhead Structure - Any part of a bridge that is over the reference or subject roadway. In crash reporting, this typically refers to the beams or other structural elements supporting a bridge deck.

43 - Bridge Pier or Support - Support for a bridge

44 - Bridge Parapet End – Bridge rail end

45 - Bridge Rail - A barrier attached to a bridge deck or a bridge parapet to restrain motor vehicles, pedestrians or other users.

46 – Guide Rail Face - Surface area of the guide rail, other than the end.

47 – Guide Rail End - The end of the guide rail.

48 - Concrete Traffic Barrier - Refers to the longitudinal traffic barriers constructed of concrete and located on the outside of the road surface, in a median, or in gore areas. This includes all temporary concrete barriers regardless of location (i.e., temporary barrier on a bridge being used to control traffic during bridge repair/construction).

SEQUENCE OF EVENTS (Cont)

Collision w/Fixed Object 41 - 69

41 - Impact Attenuator/Crash Cushion
42 - Bridge Overhead Structure
43 - Bridge Pier or Support
44 - Bridge Parapet End
45 - Bridge Rail
46 – Guide Rail Face
47 – Guide Rail End
48 - Concrete Traffic Barrier
49 - Other Traffic Barrier
50 - Traffic Sign Support
51 - Traffic Signal Standard
52 - Utility Pole
53 - Light Standard
54 - Other Post, Pole, Support
55 - Culvert
56 - Curb
57 - Ditch
58 - Embankment
59 - Fence
60 - Tree
61 - Mailbox
62 - Fire Hydrant
69 - Other Fixed Object*

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

49 - Other Traffic Barrier - Longitudinal barriers other than guardrails, concrete traffic barriers, or cable barriers. They may be composed of material such as wood or rock.

50 - Traffic Sign Support - A pole, post or other type of support for a traffic sign.

51 - Traffic Signal Standard - A pole, post or other type of support for a traffic signal.

52 - Utility Pole - Constructed for the primary function of supporting an electric line, telephone line or other electrical-electronic transmission line or cable.

53 - Light Standard – A pole, post or other type of support for a lighting system.

54 - Other Post, Pole, Support - Post, pole or support that does not include a highway safety sign

55 – Culvert - An enclosed structure providing free passage of water under a roadway with a clear opening of less than twenty feet measured along the center of the roadway.

56 – Curb - A raised edge or border to a roadway. Curbs may be constructed of concrete, asphalt or wood typically have a face height of less than 9 inches.

58 – Embankment - Earthen structure used to support a channel or roadway

60 – Tree - Tree is upright and in the ground. A standing tree is a fixed object as opposed to a fallen tree that is a moveable object

69 - Other Fixed Object* - Other fixed objects include walls, buildings, tunnels, etc.

Sequence of Events Samples:

Example 1: If Vehicle 1 runs off the road, strikes a parked car (vehicle 2) and then a utility pole, the report should be filled out as follows:

Vehicle 1	Vehicle 2
126A – 05 (Ran Off Road – Right)	127A – 26 (MV in Transport)
126B – 28 (Parked MV)	127B – (-) (Blank)
126C – 52 (Utility Pole)	127C – (-) (Blank)
126D – (-) (Blank)	127D – (-) (Blank)
126E – 52 (Utility Pole)	127E – 26 (MV in Transport)
Box 128 – First Harmful Event – 28 (Parked MV)	

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

Example 2: If Vehicle 1 crosses the centerline and strikes Vehicle 2 coming in the opposite direction, then strikes a curb, then strikes a tree. After being struck by Vehicle 1, Vehicle 2 strikes a pedalcyclist, and then strikes a traffic sign support, the report should be filled out as follows:

Vehicle 1	Vehicle 2
126A – 26 (MV In Transport)	127A – 26 (MV in Transport)
126B – 56 (Curb)	127B – 21 (Pedalcyclist)
126C – 60 (Tree)	127C – 50 (Traffic Sign Support)
126D – (-) (Blank)	127D – (-) (Blank)
126E – 60 (Tree)	127E – 21 (Pedalcyclist)
Box 128 – First Harmful Event – 26 (MV In Transport)	

Box 129 - 132

Vehicle Impact
Area

In **Boxes 129 through 132 (Vehicle Impact Area)**, Use the clock point diagram to identify the **INITIAL POINT OF IMPACT**, and the **PRICIPAL DAMAGE**.

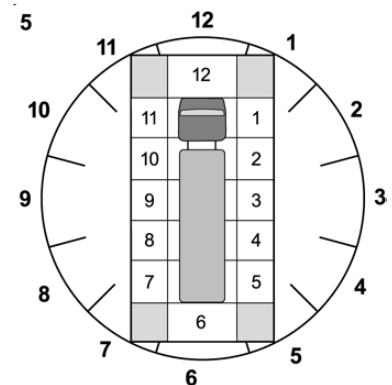
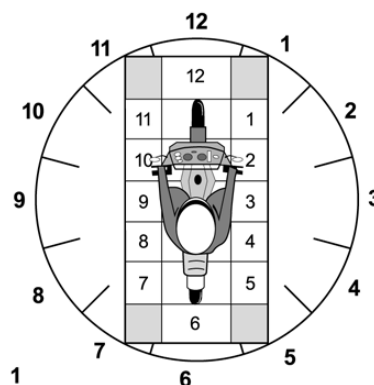
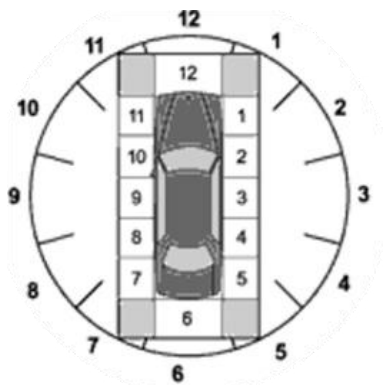
The **INITIAL POINT OF IMPACT** is the point where the contact first began between two vehicles, a vehicle and trees, a vehicle and a pedestrian, etc.

The area of **PRICIPAL DAMAGE** is the area that was most damaged.

EXAMPLE: Vehicle #1 struck the rear of Vehicle #2. Vehicle #1 sustained no damage. Vehicle #2 sustained damage to the rear of the vehicle.

- 13 - Roof
- 14 - Undercarriage
- 15 - Overturned
- 17 - None Visible

	Initial Impact	Principal Damage
Vehicle 1	Box 129 – 12	Box 131 – 17
Vehicle 2	Box 130 – 06	Box 132 - 06



129
130
131
132
133
134

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

Box 133 & 134

Extent of Damage

In **Boxes 133 and 134 (Extent of Damage)**, enter code to indicate the extent of damage. This field is to record an estimation of total damage to the motor vehicle **as a result of the crash**. If the vehicle is a combination vehicle (power unit and at least one trailer), the power unit and/or trailer(s) are considered when determining the extent of damage.

01 – None

02 – Minor - Damage that does not affect the operation of or disable the motor vehicle in transport.

03 – Moderate / Functional - Damage that is not disabling, but affects operation of the motor vehicle or its parts.

04 – Disabling - Damage that precludes departure of the motor vehicle from the scene of the crash in its usual daylight-operating manner after simple repairs. As a result, the motor vehicle had to be towed, or carried from crash scene, or assisted by an emergency motor vehicle.

129
130
131
132
133
134

Box 135

Damage to Other Property

135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No					
Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.

In **Box 135 (Damage to Other Property)**, if other property is damaged, Check Box “yes” and list all other property damage that occurred as a result of the crash not including the vehicles involved (i.e., fences, lawns, fire hydrants, etc.). List the property owner’s name and address, along with the description of the property that was damaged.

If none check “no” – nothing else should be written in the box

Box 136 - 143

Charges

135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No					
Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.

In the **Box (Operator)** located to the left of Box 136, 138, 140, 142 (Charge), enter the number from **Boxes 23/53** of the operator/person who received a summons and list the most serious charge by statute number.

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

List only the most serious charge first for each person. You can list up to 4 charges, for any one individual if no charges were levied against any of the other drivers. When there are multiple charges against a person, check the “Multiple Charges” Box and list all additional charges in Box 145.

Pedalcyclists and pedestrians are also associated with Box 23 and/or Box 53 (Driver's Name).

Box 144

Crash Diagram

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)

In **Box 144 (Crash Diagram)**, identify North by placing an arrow in the circle at the upper left corner of Box diagram.

Draw each vehicle and number accordingly to correspond with Box 23 and/or Box 53 (Vehicle Number). Identify the roadway boundaries, crossings, pavement markings, traffic controls, view obstructions and intersections related to the crash.

If any vehicles were moved prior to your arrival, draw a "representative" diagram based on your investigation and explain in Box 145 that the vehicles were moved prior to your arrival.

Identify the pre-crash, crash and post-crash positions of the vehicles in the diagram, if possible. This can be accomplished on one diagram by depicting the vehicles along their path or on separate diagrams, depending on the investigator’s preference.

Use form **NJTR-1B** (supplemental page) in lieu of Box 144 (Crash Diagram) on form NJTR-1 or in case of serious injury or fatalities, or if applicable. Enter “**See NJTR-1B**” in Box 144 (Crash Diagram) of the NJTR-1, if applicable.

**ALL REPORTS
REQUIRE A
DIAGRAM.**

**Electronic versions
are acceptable.**

Section 7 – Contributing Circumstance/Sequence of Events/Pre Action/Traffic Signals – Boxes 118 - 149

Box 145

Crash
Description/
Narrative

145. Crash Description/Narrative

In **Box 145 (Crash Description/Narrative)**, at a minimum, describe the following 3 basic elements:

- **First:** An outline of the physical facts involved in the crash
- **Second:** A summary of the accounts from all operators, pedestrians and witnesses
- **Third:** An objective evaluation statement by the investigator concerning his/her conclusions

Also explain any entries that had asterisk information identified throughout the form. Include pedestrian or pedalcyclist clothing worn at the time of the crash. Note any photos taken.

Box 146

Officer
Signature

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete
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In **Box 146 (Officer's Signature)**, the investigator is **required** to electronically or manually enter (sign) his/her name or the report is not valid.

Box 147

Badge
Number

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete
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In **Box 147 (Badge Number)**, the investigator is **required** to enter his/her badge number.

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Box 148

Reviewed By

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete
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In **Box 148 (Reviewed By)**, the supervisor who reviews the report **must** check it for completeness, accuracy and proper content; then electronically or manually enter (sign) their initials along with their badge number to the right of their initials.

After the report has been reviewed it should be forwarded to the police department's Custodian of Records.

All reportable crashes are to be submitted to NJDOT as required by statute or regulation.

Refer to the NJDOT webpage for the current mailing address, protocols and other relevant information.

<http://www.nj.gov/transportation/refdata/accident/policeres.shtm>

Box 149

Case Status

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete
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In **Box 149 (Case Status)**, place an “X” in either of the Boxes (Pending, Complete) located in Box 144 (Case Status) based on the department's standard/standing operating procedures.

All reports must be completed. A report that is **pending** shall be updated to complete status by submitting a change report. Several updates may be required before complete status.

NEW JERSEY NJTR-I CRASH REPORT MANUAL



APPENDIX

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GENERAL QUESTIONS

What are the criteria for classifying a reportable crash?

N.J.S. 39:4-129 & 39:4-130 require a police report for all crashes with damage in excess of \$500.00 to any vehicle, or injury or death to any person are classified as “Reportable Accidents*”. Crashes with less than \$500.00 in damages and no injuries or death are considered “Non-Reportable Accidents”, and may not necessitate a Motor Vehicle Crash Report (NJTR-1). Although these incidents need to be documented, please refer to your departmental policy as to how these incidents are to be recorded, such as NJTR-1, or incident report.

Fatal Crashes - Do we complete a crash report, NJTR-1, and a criminal investigation report for all fatal crashes?

Some police agencies complete all of the blocks on a NJTR-1 but include only the minimum information required. They then enter their investigative report on a separate investigation report form and submit a change report that includes the investigation report. This is done so the information can be forwarded to the appropriate state agencies in the required time period without the need for rushing an investigation. NJTR-1s need to be sent to the NJDOT within 72 hours. Investigation reports are not usually released until the lead agency (prosecutor’s office) releases the report at the completion of the investigation

Non-Reportable - Are crashes non-reportable for a police officer?

An NJTR-1 is submitted to the NJDOT if the criteria are met for a reportable crash. If the criteria are not met, then the PD would complete an NJTR-1 checking off the non-reportable box and retaining at the PD for record purposes.

Change Report - How do you handle if a crash report is made, then the next day one or more parties come to the PD and challenge what has been documented?

Providing the PD concurs that a change to the initial crash report is warranted, this situation would require the completion and submission of an NJTR-1 change report to the NJDOT. (i.e., change in vehicle information) If no change is warranted the PD may document the challenge on an internal level but the information would not be forwarded to the NJDOT (Ref. Police Guide for Preparing Reports of Motor Vehicle Crashes, page 6, Section A, Change Reports, 1 thru 3.)

GENERAL QUESTIONS

Intentional - Do we complete a crash report, NJTR-1, for crashes where the acts are intentional?

Motor vehicle crashes are defined as unintentional events. If a suspect intentionally strikes a motor vehicle or a person with a motor vehicle then it is classified as an assault with a motor vehicle, or vehicular homicide if the victim dies as a result of injuries inflicted in the assault. These are strictly criminal investigations, not motor vehicle crashes.

Where is the initial jurisdiction in a crash where a vehicle leaves the roadway in one jurisdiction and strikes an object or another vehicle in another jurisdiction?

The location where the crash occurred is generally deemed to be the location of the first harmful event. If a vehicle leaves the roadway in one jurisdiction and strikes another vehicle or object in another jurisdiction, it is generally assumed that the investigating jurisdiction will be the one where the vehicle first left the roadway.

SR-1 - What if someone comes into the PD and states they were hit in a parking lot 4 days ago and now they are making a report because their neck hurts?

This situation should be handled as an SR-1 report. (Ref. Police Guide for Preparing Reports of Motor Vehicle Crashes, page 7, Section 2, recommended procedures for handling motor vehicle crashes not investigated at the scene, part 1, a thru f.)

Person Entering/Exiting Vehicle - At what point does a vehicle occupant become a pedestrian when they are exiting a parked or stopped motor vehicle?

If the occupant is seated in the vehicle they are considered to be an occupant of that vehicle even though their feet are in contact with the ground. If they are not seated and are in the process of standing or sitting and they are half in or out of the vehicle then they are considered pedestrians. If they are standing on any part of the vehicle at the time of a crash, and their feet are not in contact with the ground then they are considered passengers of that vehicle.

One Vehicle, Two Crashes - Vehicle #1 leaves scene of crash, travels 2 city blocks, and is involved in a second crash. At what point do you make a 2nd crash report?

Once a vehicle(s) involved in a crash ceases being in motion, this situation is stabilized and events for the crash are terminated. An NJTR-1 report is generated.

If the same vehicle(s) involved leaves the scene and is involved in another crash, this requires a separate NJTR-1 crash report. Also note: Did the operator of the hit & run vehicle have the opportunity / ability to bring their vehicle under control and to a complete stop directly after the first crash?

Non-Reportable Crashes

Are crashes non-reportable for a police officer?

No, an NJTR-1 is required if the criteria are met for a reportable crash. If the criteria are not met, then the PD would complete an NJTR-1 checking off the non-reportable box and retaining at the PD for record purposes.

Box 10

Road Name

Direction - For the Box labeled “Dir” on line 10, do you only fill this in on interstate and divided highways?

The direction on line 10 is for divided roadways and one-way streets only. (Ref. Police Guide for Preparing Reports of Motor Vehicle Crashes, page 12, Box 10, “Crash Occurred On”.)

Road Name - What if the municipal or private parking lot is bound by several streets?

The parking lot should have a specific street address associated with it as defined within the tax map for the city / municipality or 9-1-1 data base. If no street address is known or available, then you can use a common name associated to the crash location, (i.e., Whiting Lake (parking lot)).

Box 17

Cross Road Name

Cross Road - Can you use an overpass as a nearest cross street to locate a crash?

Yes... underpass, overpass and railroad crossings can be utilized.

Box 21/22

Latitude/Longitude

Latitude/Longitude - Is NJDOT doing anything with “lat / long”?

Currently the NJDOT verification program is formulating lat / long data providing that accurate distance at / or to nearest intersecting cross road name is documented. It is important to note that

the NJTR-1 is designed for the GPS readouts in decimal degrees. These blocks should be completed if the PD has GPS capabilities: Hours, minutes, seconds & directions are not recorded. (Ref. Police Guide for Preparing Reports of Motor Vehicle Crashes, Page 15, boxes 21 & 22, “Latitude and Longitude”).

Box 23/53

Vehicle

Vehicle - Involved in crash while operating patrol vehicle. Is there insurance coverage?

You should be covered by the insurance carrier for your city / municipality.

Hit and Run

Are hit & run crashes always listed as pending?

Yes until the hit & run vehicle is identified. At this point you would complete and submit an NJTR-1 change report with the original case number to NJDOT. You will mark the case status at this time as complete.

Box 24/54

Policy Number

Involved in crash while operating patrol vehicle. Is there insurance coverage?

You should be covered by the insurance carrier for your city / municipality.

Box 32/62

Drivers Licenses

Drivers License - Does the driver’s license information of an emergency vehicle operator go into the NJTR-1? What about a volunteer responding to the scene in a personal vehicle?

Yes

Drivers License - Do we enter driver license numbers for pedestrian / pedalcyclist involved in crashes in box 32 / 62?

No.

Drivers License - How do you record a crash with a 16 year old driver under permit with a parent as the licensed driver?

The 16 year old driver & permit / DL # goes onto the NJTR-1 in the appropriate blocks, either 26 thru 34 or 56 thru 64. All information pertaining to the parent as the licensed driver goes into block 135, crash description.

Box 84

Position In/On Vehicle

How is a passenger riding in the bed of a pick-up truck, or someone who falls off the back of a trash truck listed in a crash report?

If there are riding in the cargo area they are listed in box 84 as a “10”. If they are riding or hanging on to the outside of the vehicle they are listed in box 84 as an “11”.

How do you list a crash where a person jumps onto the exterior of a vehicle and the vehicle drives away?

They are listed as a motor vehicle crash with a passenger riding on the outside of the vehicle and receives an “11” in box 84.

Box 97

Temporary Traffic Control Zone

Work Zone Crash - Does a work zone crash go on an NJTR-1?

A work zone is an area of a trafficway where construction, maintenance, or utility work activities are identified by warning signs/signals/indicators, including those on transport devices (e.g., signs, flashing lights, channelizing devices, barriers, pavement markings, flagmen, warning signs and arrow boards mounted on the vehicle in a mobile maintenance activity) that mark the beginning and end of a

construction, maintenance or utility work activity. It extends from the first warning sign, signal or flashing lights to the END ROAD WORK sign or the last control device pertinent for that work activity.

An NJTR-1 is completed for any crash in which the first harmful event occurs within the boundaries of a work zone or on approach to or exit from a work zone, resulting from an activity, behavior, or control related to the movement of the traveling public through the work zone. The rationale for the NJTR-1 in these cases is to assess the impact on traffic safety of various types of on-highway work activity, to evaluate Traffic Control Plans used at work zones, and to make adjustments to the Traffic Control Plans for the safety of workers and the traveling public.

A crash involving only work motor vehicles, personnel, work zone equipment, etc. actively engaged / associated with the construction, maintenance, or utility work to the trafficway within the work zone are not documented onto an NJTR-1. These crashes are considered work zone / OSHA incidents.

Box 112

Special Function Vehicles

Are incidents involving construction vehicles inside of an approved work zone considered motor vehicle crashes?

No, these incidents are considered work zone incidents or possibly OSHA incidents but not motor vehicle crashes. If a motor vehicle leaves a roadway and unintentionally enters a work zone and impacts anything within the work zone then that is classified as a motor vehicle crash.

Box 99

Road System

Private Property - For a private property crash, do you want a cross street listed?

No. Crashes occurring “off roadway” will be located by using the street address in block 10. If it is within a parking lot the address is followed by the phrase “parking lot”. (e.g., 101 Main Street (parking lot). (Ref. Police Guide for Preparing Reports of Motor Vehicle Crashes, page 12, Box 10, “Crash occurred On.”)

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Non- Fixed Object – Thrown/Fallen/Falling Object - What if a vehicle kicks up a rock in the roadway and it strikes another vehicle?

This requires an NJTR-1, either being reportable or non-reportable, centered on investigation and crash criteria.

Pedalcyclist - If an MV in transport runs a pedalcyclist off the roadway, but there is no contact, is this an NJTR-1?

No. This is not a crash; no contact was made with the MV in transport

Pedalcyclist - How do you list a bicyclist who reaches out and grabs a vehicle in transport for a tow but falls and is injured?

They are listed as a pedalcyclist. Be sure to include in the narrative the information about their hanging onto the vehicle and whether the vehicle operator knew of their improper actions.

Animal – Animal in Roadway - What report is used when a vehicle hits a dog?

A crash involving an animal is a collision crash in which the first harmful event is the collision of an animal, other than an animal powering another road vehicle. (i.e., horse & buggy) An NJTR-1 is always completed when a crash involves an animal and is submitted to the NJDOT if the criteria are met for a reportable crash only. If the criteria are not met, then the PD would complete an NJTR-1 checking off the non-reportable box and retaining at the PD for record purposes. (Ref. Police Guide for Preparing Reports of Motor Vehicle Crashes, page 5, Section 1A, 1-3., & Apparent Contributing Circumstances, Road / Environ. 57-Animal in Roadway*, & Sequence of Events 24-Deer & 25-other animal.)

Snowmobile - A snowmobile collides into a parked car. NJTR-1?

Yes. "The operator of any snowmobile , all-terrain vehicle or dirt bike involved in a crash resulting in injuries, death of any person or property damage shall comply with the procedures in RS 39:4-129 and RS 39:4-130. (Ref. 39:3C-21. Report of accidents)

Machinery/Equipment - A riding mower collides with an MV in transport. A riding mower collides with a fixed object. NJTR-1's?

Riding mower / MV in transport, yes. Riding mower / fixed object, no.

Responding to Emergency - If a patrol vehicle is parked at a crash scene and struck by another vehicle do you check off Responding to Emergency box?

No. Once the patrol vehicle is positioned at the crash scene your response to the emergency is considered terminated.

Responding to Emergency - What if you are responding to an emergency call and the nature of the call necessitates "no lights / no siren" response and you are involved in a crash?

You are still in response to a legitimate emergency call. The investigating officer of the crash would check off the Responding to Emergency box and document in the narrative the specific circumstances for the response. (i.e.) Officer engaged in tactical response / approach to call for emergency service.

Responding to Emergency - Does the driver's license information of an emergency vehicle operator go onto the NJTR-1? What about a volunteer responding to the scene in a personal vehicle?

Yes

Responding to Emergency - If a patrol vehicle is parked at a crash scene and struck by another vehicle do you check off Responding to Emergency box?

No. Once the patrol vehicle is positioned at the crash scene your response to the emergency is considered terminated.

Responding to Emergency - What if you are responding to an emergency call and the nature of the call necessitates “no lights / no siren” response and you are involved in a crash?

You are still in response to a legitimate emergency call. The investigating officer of the crash would check off the Responding to Emergency box and document in the narrative the specific circumstances for the response. (i.e.) Officer engaged in tactical response / approach to call for emergency service.

Box 112/113

Special Function Vehicles

Construction/Off Road Equipment - A backhoe is involved in a crash while driving on the roadway. NJTR-1?

A backhoe is not classified as a vehicle designed to transport passengers. (i.e., if the backhoe runs off the roadway and strikes a tree it is not a crash. However, if the backhoe collided with an MV in transport (designed to transport passengers) it is an NJTR-1 report since an MV in transport is involved as the other vehicle.

Forklift - When is an incident involving a forklift that strikes a pedestrian a crash?

When a forklift is in a building and is involved in an incident with a pedestrian it is considered a work incident, not a motor vehicle crash. In all other incidents where the forklift is “in transport” and not picking up or setting down a load, then it would be considered a motor vehicle for the purposes of this report.

Snowplow - How is a report completed when a snowplow strikes a parked motor vehicle or a fixed object while in the act of actively plowing a roadway?

If the snowplow strikes *another* vehicle while actively plowing on a roadway then a crash report is acceptable. N.J.S. 39:4-1 states that a vehicle actively working on a road surface is exempt from the provisions of Chapter 4. The incident becomes a crash because there is damage to another vehicle and not the snowplow. The other vehicle is the justification for the crash report. Place all of the information in the blocks of the NJTR-1 for the snowplow as you would for any other vehicle and NJDOT will disseminate the information of the crash as required.

Snowplow - A snowplow hurls ice and snow that strikes another MV in transport. NJTR-1?

Yes.

Snowplow - When is a snowplow considered work equipment?

A snowplow is not considered work equipment. Commonly, pick-up trucks, dump trucks, garbage trucks etc. with plow attachments are mv's in transport and only defined as snowplows when the plow is down and the vehicle is actively being used to clear the roadway of snow or slush. Work equipment is any equipment not in transport, actively being used in its design or intended purpose. (i.e., utility vehicle on roadway shoulder and worker is in bucket performing overhead work.)

Box 118/119

Apparent Contributing Circumstances

Ruts, Holes, Bumps - Why would we use an NJTR-1 for MV in transport striking potholes and manhole covers if it is just a temporary condition?

These situations are classified as non-collision crashes. The rationale to document these crashes is important to determine roadway maintenance and possible traffic engineering needs.

Box 126/127

Sequence of Events

Vehicle Fire - To use an NJTR-1 in the case of a vehicle fire, must the MV be moving?

Yes. A fire starting within an MV in transport is classified as a non-collision crash. (Ref. Police Guide for Preparing Reports of Motor Vehicle Crashes, page 59, sec. 2.6.2 non-collision accident.)

Ran Off Road - An MV in transport leaves the roadway onto a center island and needs towing. NJTR-1?

Yes. Reportable to NJDOT if criteria are met. Non-reportable and not sent to NJDOT if criteria are not met.

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Curb - An MV in transport strikes a curb. Is this private property?

No. Curbing is considered part of the roadway system unless the crash location is strictly within the confines of private or other “off roadway” property.

Falling Object - How do I report an incident where an object or part of a load comes off a vehicle and strikes another vehicle?

An incident where an object or part of a load falls off of one vehicle and strikes a second or subsequent vehicle is to be considered a two-vehicle or multi-vehicle non-collision crash.

Fixed and Non-Fixed Objects - What if an object strikes a motor vehicle while in transport, is it classified as a crash for reporting purposes?

Yes NJTR-1 - Tree branches, golf balls, baseballs, etc. striking a motor vehicle in transport can be classified as one vehicle, non-collision crashes.

Pothole damage, strikes against raised manhole covers, etc., are considered fixed object crashes.

Box 126/127/128 – Other Non-fixed Object

Trailer - Question 22:

A parked, unhitched, registered trailer is struck by an MV in transport.

NJTR-1?

A: Yes.

LOW SPEED VEHICLES

Crash Reporting Purposes:

For crash reporting purposes, motorized vehicles used for personal conveyance, but not considered motor vehicles for reporting purposes due to lack of power (less than 20 mph) or not designed for highway travel, such as golf carts, ATV, motorized wheelchairs, motorized skateboards, etc., are to be reported on an Investigation Report.

If the crash involves a conventional motor vehicle, then the crash will be reported on a NJTR1, with the motorized vehicle and its operator being listed in the narrative of the report.

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NOTE: If the crash involves motorized skateboard, scooters, wheelchairs, hoverboards, etc. the occupant will be listed on the NJTR1 as a pedestrian.

IF the crash with a conventional motor vehicle involves a golf cart, pocket bike or ATV, then these vehicles will be listed in **boxes 38-47 or 68-77** of the NJTR1.

EXAMPLE ATV: *An individual riding an ATV attempts to cross a roadway and is struck by a motor vehicle. The ATV and its rider will be entered on the NJTR1 as Driver #1 and Vehicle #1.*

If a single ATV rider struck a tree, overturned in the roadway or crashed in any other manner that did not involve a conventional motor vehicle, than the incident will be reported on an Investigation Report.

EXAMPLE HOVERBOARD: *An individual operating a hoverboard is struck by a conventional motor vehicle. The crash will be captured on a NJTR1 with the operator of the hoverboard listed as a pedestrian. The information for the hoverboard will be described in the narrative.*

What is a “Vehicle”, as defined in 39:1-1:

Vehicle – Means every device in, upon or by which a person or property is or may be transported upon a highway, excepting devices moved by human power or used exclusively upon stationary rails or tracks or motorized bicycles.

Non-Conventional Motor Vehicle - A non-conventional vehicle is one that is not primarily used for transporting people or property and is only incidentally operated or moved over public roads.

Highway – Means the entire width between the boundary lines of every way publicly maintained when any part thereof is open to the use of the public for purposes of vehicular travel.

What is a low-speed vehicle?

39:1-1 Words and Phrases Defined:

Low-speed vehicle - means a four-wheeled low-speed vehicle whose attainable speed is more than 20 miles per hour but not more than 25 miles per hour on a paved level surface and which is not powered by gasoline or diesel fuel and complies with federal safety standards as set forth in 49 CFR s. 571.500. If a vehicle can attain a speed greater than 25 miles per hour, then it is to be classified as a motor vehicle.

Should an NJTR-1 be completed for a crash involving a low-speed vehicle?

Yes

Do you need a valid driver’s license to operate a low-speed vehicle?

Yes - 39:4-31.3. Driver’s License Required

Any person operating a low-speed vehicle in this State pursuant to 39:4-31.1 shall be in possession of a valid driver’s license pursuant to the applicable provisions of R.S.39:3-10.

Does a low-speed vehicle need to be registered and insured?

Yes - 39:4-31.3b. Registration, Insurance; requirements

Low-speed vehicles operated on the roads and highways of this State shall be properly registered and insured in accordance with the provisions of R.S.39:3-4. The operator of the vehicle shall be in possession of the registration and insurance card at all times while in charge of the low-speed vehicles on the highways of this State.

Does a low-speed vehicle need to display a license plate?

Yes - 39:4-31.3b. Display of license

All low-speed vehicles operated on the roads and highways of this State shall properly display a license plate issued by the New Jersey Motor Vehicle Commission or issued pursuant to the laws of another state.

Do you need to have your low-speed vehicle inspected?

No – 39:4-31.5 Low-speed vehicle exempt from inspection

No low-speed vehicle shall be subject to a motor vehicle inspection by the New Jersey Motor Vehicle Commission. The registered owner of a low-speed vehicle shall be required to maintain the vehicle in proper condition as required by section 3 of this act.

39:4-31.2. Requirements for low-speed vehicles operated on public road, highway

Low-speed vehicles operated upon any public road or highway in this State shall be equipped with the following additional equipment:

- (1) Brakes adequate to control the movement of and to stop such vehicle;
- (2) An odometer
- (3) A speedometer;

- (4) The original manufacturer’s vehicle identification number die stamped upon the body, or frame, or either or both of them, of the vehicle or the original manufacturer’s vehicle identification number die stamped upon the engine or motor of the vehicle.

What roadways can a low-speed vehicle be operated on?

39:4-31.1a. Operation of low-speed vehicles on public roads; conditions A low-speed vehicle may be operated upon any public road or highway under the jurisdiction of the Department of Transportation with a posted speed limit of 25 miles per hour or less.

39:4-31.1b. A municipality or county may, through ordinance or resolution, as deemed appropriate, permit a low-speed vehicle to operate on any street within the municipality or county where the posted speed limit is greater than 25 miles per hour, but not greater than 35 miles per hour.

A municipality or county may, through ordinance or resolution, as deemed appropriate, prohibit a low-speed vehicle to operate on any street within the municipality or county where the municipality or county determines that the operation of low-speed vehicles would constitute a hazard.

Can a low-speed vehicle be issued a motor vehicle summons?

Yes – 39:4-31.3c Regulations relative to low-speed vehicles

Every person operating a low-speed vehicle upon a public road, street or highway shall be subject to the provisions of Chapter 4 of Title 39 of the Revised Statutes, and Chapter 11 and Chapter 12 of Title 2C of the New Jersey Statutes applicable to the drivers of motor vehicles.

Is a golf cart a low-speed vehicle?

No - 39:1-1 Words and Phrases Defined

Since conventional golf carts, as presently manufactured, have a top speed of less than 20 miles per hour, they are not included in the low-speed vehicle classification.

39:1-1b. All low-speed vehicles shall have a safety information decal as provided by the manufacturer affixed in a conspicuous place on the rear of the vehicle which shall display in prominent lettering “25 MPH Vehicle”.

Motorized Bicycles

What is a motorized bicycle?

Motorized Bicycle – Means a pedal bicycle having a helper motor characterized in that either the maximum piston displacement is less than 50 cc. or said motor is rated at no more than 1.5 brake horsepower or is powered by an electric drive motor and said bicycle is capable of a maximum speed of no more than 25 miles per hour on a flat surface.

Do you need a license to operate a motorized bicycle?

Yes and No – See Below (d)

How old to you need to be to operate a motorized bicycle?

15 years old - See Below

Can a motorized bicycle be issued a motor vehicle summons?

Yes - See Below

39:4-14.3 Regulations relative to motorized bicycles.

2a. - Motorized bicycles shall not be operated upon interstate highways or upon public highways divided by a grass or concrete median or highways with posted speed limits in excess of 50 miles per hour or upon the railroad or right-of-way of an operating railroad within the State of New Jersey or upon any public land where expressly prohibited by the governing body, department or agency having jurisdiction thereof.

The commissioner is authorized to adopt regulations either prohibiting the operation of motorized bicycles on any public road or highway with a speed limit in excess of 40 miles per hour, which in his discretion are hazardous for the operation of motorized bicycles or permitting the operation of motorized bicycles on any public road or highway, upon which the operation of motorized bicycles is otherwise prohibited by the provisions of this section, which in his discretion are safe for the operation of motorized bicycles. In no case, however, shall the commissioner adopt a regulation permitting motorized bicycles to be operated on any highway with a posted speed in excess of 50 miles per hour.

2b. - No municipality shall limit or otherwise restrict the operation of motorized bicycles on any public roads or highways under its jurisdiction in contravention of the provisions of this act or any regulations adopted by the director pursuant thereto.

2c. - Motorized bicycles shall not be operated by a person under 15 years of age.

2d. - No person shall operate a motorized bicycle unless he is in possession of a valid driver's license of any class or a motorized bicycle license, which shall be issued by the commission to any person 15 years of age or older, upon proof of identity and date of birth, and after he has passed a satisfactory examination as to his ability as an operator. Such examination shall include a test of the applicant's knowledge of such portions of the mechanism of motorized bicycles as is necessary to insure their safe operation and of the laws and ordinary usages of the road and a demonstration of his ability to operate a motorized bicycle.

The demonstration of an applicant's ability to operate a motorized bicycle shall be administered at such municipalities that the commission shall designate, under the supervision of the commission, or an officer, employee, or authorized agent of the commission, in accordance with rules and regulations promulgated by the commission.

The administrator may, in his discretion, issue a learner's permit to a person 15 years of age or older, upon proof of identity and date of birth, allowing such person, for the purpose of fitting himself to become a motorized bicycle driver, to operate a motorized bicycle during daylight hours without supervision for a period not to exceed 45 days. The permit shall be sufficient license for the person to operate a motorized bicycle. No permit shall be issued unless the person applying therefore shall pay the sum of \$5.00 to the commission, or an officer, employee or agent of the commission.

2e. - The valid driver's license, the insurance identification card, and the registration certificate shall be in the possession of the operator at all times when he is operating a motorized bicycle with motor engaged on the highways of this State. The operator shall exhibit his driver's license when requested to do so by any police officer or magistrate, while in the performance of the duties of his office and shall write his name in the presence of the officer, so that the officer may thereby determine the identity of the licensee and at the same time determine the correctness of the registration certificate, as it relates to the registration number and number plates of the motorized bicycle for which it was issued and the correctness of the evidence of a policy of insurance, as it relates to the coverage of the motorized bicycle for which it was issued. Any person violating this subsection shall be subject to a fine not exceeding \$50.00.

If a person charged with a violation of this subsection can exhibit his valid driver's license, insurance identification card, and registration certificate, which were valid on the day he was charged, to the judge of the municipal court before whom he is summoned to answer to the charge, the judge may dismiss the charge; however, the judge may impose court costs.

2f. - Unless otherwise determined by the commissioner, statutes, rules and regulations applicable to bicycles shall apply whenever a motorized bicycle is operated upon any highway or upon any public land.

Every person operating a motorized bicycle upon a public road or highway shall be subject to all of the duties applicable to the driver of a vehicle by chapter 4 of Title 39 and N.J.S.2C:11-5 and all amendments and supplements thereto.

Do you have to wear a helmet is you are operating a motorized bicycle?

Yes - 39:4-14.3q. Helmet Requirement No person shall operate a motorized bicycle unless he wears a protective helmet of a type approved by the director.

Should an NJTR-1 be completed for a crash involving a motorized bicycle?

Yes - 39:4-14.3f. Accident reports

Article 15 of chapter 4 of Title 39 of the Revised Statutes pertaining to accidents and reports shall be applicable to all accidents involving motorized bicycles. Any law enforcement officer investigating an accident in which a motorized bicycle is involved shall report the accident to the Division of Motor Vehicles. Said report shall include information relating to the cause of the accident and extent of injury, if any, to the operator and such other information as may be required.

Does a motorized bicycle need to be registered?

Yes - 39:4-14.3i. Registration; requirements; form and content of certificate; expiration; renewal

In addition to the requirements of section 2 of P.L.1975, c. 250 (C. 39:4-14.3) and P.L.1977, c. 267 (C. 39:4-14.3a et seq.), no motorized bicycle as defined by R.S. 39:1-1 shall be operated on the public highways or on public lands of this State unless registered by the owner thereof as provided by this act. The Director of the Division of Motor Vehicles in the Department of Law and Public Safety is authorized to grant a registration to the owner of a motorized bicycle who is at least 15 years of age, provided that the application for registration has been properly made, the registration fee has been paid, and the motorized bicycle is of a type approved by the director.

Do you need insurance on a motorized bicycle?

Yes - 39:4-14.3e. Compulsory liability insurance coverage

Every owner of a motorized bicycle principally garaged or operated in this State and every person in the business of renting motorized bicycles shall maintain liability insurance coverage, under provisions approved by the Commissioner of Insurance, insuring against loss resulting from liability imposed by law for bodily injury, death and property damage sustained by any person arising out of the ownership, operation or use of a motorized bicycle. The Commissioner of Insurance, in consultation with the

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Director of the Division of Motor Vehicles, shall by regulation fix the amounts and limits of coverage of, and requirements for, such insurance.

Can you be convicted of DWI while operating a motorized bicycle?

Yes - 39:4-14.3g. Operation by person under influence of liquor or drugs; penalty

It is unlawful for any person to operate a motorized bicycle while under the influence of intoxicating liquor, or a narcotic, hallucinogenic or habit-producing drug. Any person who violates the provisions of this act shall be subject to the same penalties as provided in R.S. 39:4-50 for conviction of operating a motor vehicle while under the influence of any such substance. In any prosecution for a violation of this act, the presumptions, consent and procedures set forth in P.L.1951, c. 23, s. 30 (C. 39:4-50.1) and P.L.1966, c. 142, ss. 2-5 (C. 39:4-50.2 to 39:4-50.5) shall be applicable

Other motorized vehicles NOT classified as vehicles when completing NJTR-1 (39:1-1)

Non-Conventional Motor Vehicle - A non-conventional vehicle is one that is not primarily used for transporting people or property and is only incidentally operated or moved over public roads.

Motorized Scooter – Means a miniature motor vehicle and includes, but is not limited to pocket bikes, super pocket bikes, scooters, mini-scooters, sport scooters, mini choppers, mini motorcycles, motorized skateboards and other vehicles with motors not manufactured in compliance with Federal Motor Vehicle Safety Standards and which have no permanent Federal Safety Certification stickers affixed to the vehicle by the original manufacturer. This term does not include: electric personal assistive mobility devices, motorized bicycles or low-speed vehicle.

39:4-14.12 Motorized scooter, prohibited from operation on public street, highway, sidewalk; exceptions.

- a. No person, except for an operator with a mobility-related disability, as authorized by section 2 of P.L.2007, c.21 (C.39:4-14.15), shall operate a motorized scooter upon any public street, highway or sidewalk.
- b. Except as otherwise provided in section 4 of P.L.2005, c.159 (C.39:4-14.14), no person, except for an operator with a mobility-related disability, as authorized by section 2 of P.L.2007, c.21 (C.39:4-14.15), shall operate a motorized scooter upon any public property or lands.
- c. No person shall operate a motorized scooter on the property of another without the consent of the owner of that property or the person who has a contractual right to the use of that property.

L.2005, c.159, s.2; amended 2007, c.21, s.1.

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Motorized Skateboard – Means a skateboard that is propelled otherwise than by muscular power.

Motorized Wheelchair – Means any motor-driven wheelchair utilized to increase the independent mobility, in the activities of daily living, of an individual who has limited or no ambulation abilities, and includes mobility scooters manufactured specifically for such purposes designed primarily for indoor use.

All-Terrain Vehicle: is defined by the American National Standards Institute (ANSI) as a vehicle that travels on low-pressure tires, with a seat that is straddled by the operator, along with handlebars for steering control. As the name implies, it is designed to handle a wider variety of terrain than most other vehicles.

- Operator must be at least 14 years old
- Vehicle must be registered and insured
- ATV are for off road purposes ONLY
- If under 18 years old, one must enroll in ATV Safety Institute Course
- No license or permit required to operate ATV

Hoverboards

39:4-14.10. Electric personal assistive mobility device defined; regulations concerning

- a. As used in this act, "electric personal assistive mobility device" means a self- balancing non-tandem two wheeled device designed to transport one person which uses an electric propulsion system with average power of 750 watts (one horsepower), whose maximum speed on a paved level surface, when powered solely by such a propulsion system while operated by a person weighing 170 pounds is less than 20 miles per hour. The device shall not be considered a motorized wheelchair, motorized bicycle, motorcycle, motorized scooter, motorized skateboard, vehicle or motor vehicle.
- b. An electric personal assistive mobility device may be operated on the public highways, sidewalks and bicycle paths of the State. Every person operating such a device shall be granted all of the rights and be subject to all of the duties applicable to the driver of a bicycle by chapter four of Title 39 of the Revised Statutes except as to those provisions thereof which by their nature can have no application. An electric personal assistive mobility device shall be subject to the safety and equipment requirements applicable to the bicycle provisions of chapter 4 of Title 39 of the Revised Statutes, except as to those provisions thereof which by their nature can have no application.
- c. The operator of an electric personal assistive mobility device shall not be required to obtain a driver's license therefore to register the device. The operator shall not be required to furnish proof of having liability insurance for the device or other proof of financial responsibility.

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- d. The governing body of any municipality may, by ordinance, regulate the operation of electric personal assistive mobility devices upon the roadways and public properties under municipal jurisdiction. The State or the governing body of any county or municipality may prohibit or regulate their operation on any public highway under its jurisdiction.
- e. Notwithstanding the other provisions of this section, an operator of an electric personal assistive mobility device shall:
 1. Wear a helmet while operating that device; and
 2. Be 16 years of age or older, except for an operator with a mobility-related disability.

L.2001, c.430,s.1; amended 2003, c.88.

39:4-14.11 Non-compliance with regulations on electric personal assistive mobility device operation, warning, fine.

An operator who fails to comply with the requirements of this act shall receive a warning for the first offense. For a second offense, the operator shall be fined \$10. For a subsequent offense, the device shall be impounded for not more than 30 days. A person who fails to comply with the requirements governing warning notices shall be fined not more than \$100 for each violation.

L.2001, c.430,s.3.

Autocycle (Three-wheeled motorcycle)

Senate Bill 1155 P.L. 2016, c. 35

A new law regarding three wheeled motorcycles, which affects several sections of Title 39, went into effect August 31, 2016

A brief synopsis:

- New definition – Autocycle (three wheeled motorcycle)
- It must be registered (but not in effect yet)
- It must be insured
- Operators do not need a motorcycle license or endorsement if they have a driver license
- Operators / Riders must be seated and seat belted
- Operators / Riders need a helmet unless it is fully enclosed
- Operators / Riders do not need goggles or face shield if it has a wind screen (windshield)

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- No children are permitted if they are required to be in a child restraint

New parts to existing statutes are underlined; bracketed parts are deletions. Please note that there is also an entire new section (Section 2, a through f).

R.S.39:1-1 is amended to read as follows:

Autocycle - a three-wheeled motorcycle designed to be controlled with a steering wheel and pedals in which the operator and passenger may ride in a completely or partially enclosed seating area that is equipped with a roll cage or roll hoops, safety seat belts for each occupant, and anti-lock brakes.

Motorcycle - includes motorcycles, autocycles, motor bikes, bicycles with motor attached and all motor-operated vehicles of the bicycle or tricycle type, except motorized bicycles as defined in this section, whether the motive power be a part thereof or attached thereto and having a saddle or seat with driver sitting astride or upon it or a platform on which the driver stands.

- a. An autocycle shall be registered as a motorcycle pursuant to R.S.39:3-4.
- b. A person shall not be required to hold a motorcycle license or a motorcycle endorsement to operate an autocycle if the person holds a basic driver's license to operate a motor vehicle pursuant to R.S.39:3-10.
- c. A person shall not drive, operate, or ride as a passenger in an autocycle without: (1) sitting on a seat; (2) properly using a safety seat belt; and (3) wearing a securely fitted protective helmet pursuant to section 6 of P.L.1967, c.237 (C.39:3-76.7) if required.
- d. A person operating an autocycle shall not permit a child to be a passenger in the autocycle if the child would be required to be secured in a child passenger restraint system, pursuant to section 1 of P.L.1983, c.128 (C.39:3-76.2a).
- e. An owner or registered owner of an autocycle registered or principally garaged in this State shall maintain motor vehicle liability insurance coverage pursuant to section 1 of P.L.1972, c.197 (C.39:6B-1), personal injury protection coverage pursuant to section 4 of P.L.1972, c.70 (C.39:6A-4), and uninsured motorist coverage pursuant to section 14 of P.L.1972, c.70 (C.39:6A-14).
- f. The chief administrator shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as are necessary to implement this act. The chief administrator may include information on autocycles in the commission's driver's manual and on its Internet website.

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39:3-76.3 is amended to read as follows:

No person shall operate on a public highway a motorcycle on which the handle bar grips are higher than the shoulder height of the operator when seated. For the purposes of this section, a motorcycle shall not include an autocycle.

39:3-76.7 is amended to read as follows:

[No] A person shall not operate or ride upon a motorcycle unless [he wears] the person is wearing a securely fitted protective helmet of a size proper for that person and of a type approved by the [director] chief administrator. [Such a] A helmet [must] shall be equipped with either a neck or chin strap and be reflectorized on both sides thereof. The [director] chief administrator is authorized and empowered to adopt rules and regulations covering the types of helmets and the specifications therefor and to establish and maintain a list of approved helmets which meet the specifications as established hereunder. For the purposes of this section, a motorcycle shall not include an autocycle that is completely enclosed or any three-wheeled motor vehicle equipped with a single cab with glazing enclosing the occupant, seats similar to those of a passenger vehicle or truck, seat belts and automotive steering.

39:3-76.9 is amended to read as follows:

The provisions of section 7 with respect to goggles and face shields shall not apply to the operator of a motorcycle equipped with a wind screen [meeting] or an autocycle that meets the specifications established by the [director] chief administrator.

39:6A-14 is amended to read as follows:

Every owner or registrant of an automobile or autocycle registered or principally garaged in this State shall maintain uninsured motorist coverage as provided in P.L.1968, c.385 (C.17:28-1.1). (cf: P.L. 1972, C.70, s.14)

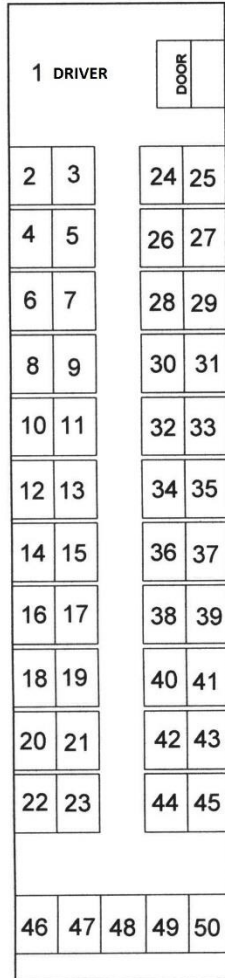
This act shall take effect immediately, except that subsection a. of section 2 shall remain inoperative until six months following the date of enactment, provided, however, that the Chief Administrator of the New Jersey Motor Vehicle Commission may take such anticipatory actions as may be necessary for the timely implementation of the provisions of that subsection

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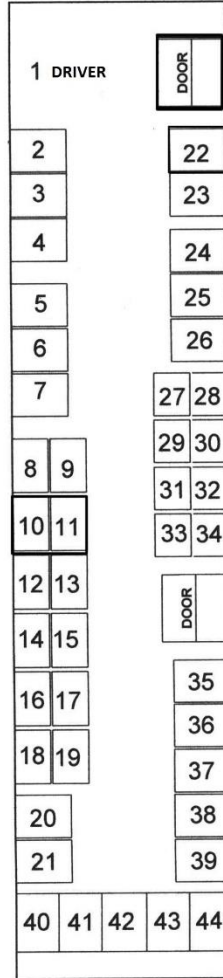
BUS SEATING ARRANGEMENT

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MCI-9, EAGLE & FLXIBLE

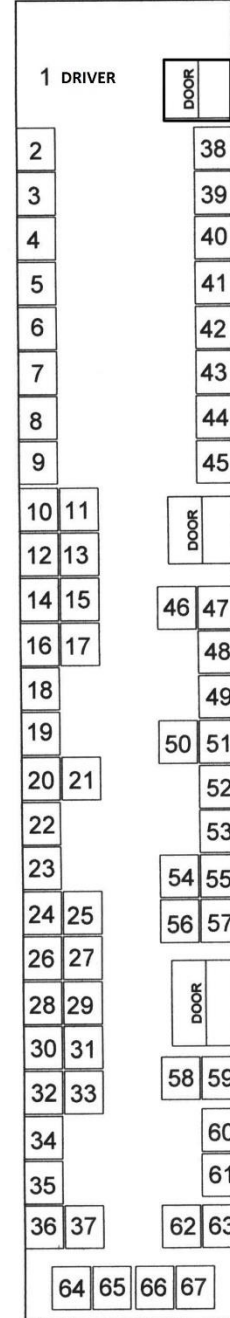


FLXIBLE TRANSIT & NOVA 06



REAR

VOLVO ARTIC



Police Agency _____

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency _____

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SCHOOL BUS
(full size)

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MINIBUS

● DRIVER			DOOR →	
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9	10		11	12
13	14		15	16