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
04 Opposite Direction (Head On, Angular) 13 Pedestrian
05 Opposite Direction (Side Swipe) 14 Pedalcyclist
06 Struck Parked Vehicle

106 Veh 1 / 107 Veh 2 **Oversized/Overweight Permit?** *(Overweight Trucks Only)*
01 Yes 02 No

108 Veh 1 / 109 Veh 2 **Vehicle Type** **Passenger Vehicles (01-19)**
01 Car/Station Wagon/Minivan 06 Recreational Vehicle 11 Moped
02 Passenger Van (<9 Seats) 07 All Terrain Vehicle 12 Streetcar/Trolley
03 Cargo Van (10K lbs or less) 08 Motorcycle 13 Pedalcycle
04 Sport Utility Vehicle 09 (reserved) 14 Golf Cart
05 Pick up 10 Any previous w/Trailer 15 Low Speed Vehicle
16 Snowmobile
19 Other Pass Vehicle*
Other Non Pass (40)
40 Equipment/Machinery

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*

Bus (30-31)
30 Bus/Large Van/Limo (9-15 Seats)
31 Bus (More than 15 Seats)

110 Veh 1 / 111 Veh 2 **Vehicle Use**
01 Personal 03 Government
02 Business/Commerce 04 Responding to Emergency
05 Machinery in Use

112 Veh 1 / 113 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)

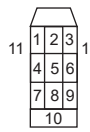
114 Veh 1 / 115 Veh 2 **Cargo Body Type** *(Trucks & Buses Only)*
01 Bus (9-15 seats) 04 Cargo Tank 07 Concrete Mixer 11 Pole/Log (Trailer)
02 Bus (> 15 seats) 05 Flatbed 08 Auto Transporter 12 Intermodal Chassis
03 Van/Enclosed Box 06 Dump 09 Garbage/Refuse 13 No Cargo Body
10 Hopper (grain, gravel, chips) 14 Veh Towing Another Veh

116 Veh 1 / 117 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

Which Vehicle Occupied
1 Vehicle 1 B Pedalcycle
2 Vehicle 2 P Pedestrian O Other*

Position In/On Vehicle
01 Driver 02 thru 09 Passengers
10 Cargo Area 11 Riding/Hanging on Outside
12 Bus Seating



Ejection From Vehicle
01 Not Ejected 03 Ejected
02 Partial Ejection 04 Trapped

Victim's Physical Condition
01 Killed
02 Incapacitated
03 Moderate Injury
04 Complaint of Pain

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

Refused Medical Treatment 01 Yes 02 No

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

Airbag Deployment
01 Front 03 Other (Knee, Airbelt, etc)*
02 Side 04 Combination

83 Age 84 Sex 85 Ejection 86 Victim's Physical Condition 87 Refused Medical Treatment 88 Safety Equipment 89 Airbag Deployment 90 Avail 91 Used 92 Hosp Code

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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/policeres.shtm

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/ems/documents/special_services/hospital_information.pdf

Overlay Page 1 of 2

TRIM