THE STATE UNIVERSITY OF NEW JERSEY

RUTGERS

NJTR-1 Form
Field Manual

Prepared by

Rutgers University
Police Technical Assistance Program

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Field Manual

Prepared by

Police Technical Assistance Program

Co-Sponsoring Agencies:

New Jersey Division of Highway Traffic Safety
New Jersey State Police
New Jersey Motor Vehicle Commission

THE STATE UNIVERSITY OF NEW JERSEY

RUTGERS

NJTR-1 Form Training

Table of Contents

NOTE: Items in green have language modified as of January 2009.

Locate Crash

In box (Page _____ of _____) located at the top left corner of the report, write the number(s) to identify the page number(s) on (Page ____) which are numbered consecutively on each additional page.

In (of _____), write the total number pages for the crash report.

Box
Reportable,
Non –
Reportable,
Change
Report

In the grouping of 3 boxes (Reportable, Non-Reportable, Change Report) located at the top center-right of the report, place an "X" in one of these boxes.

Box selection advises the processing agency to send specific data elements to NJDOT.   In the case of fatal crashes, follow the **State Police fatal accident protocol**. (Refer to NJTR-1 Protocol on page 65)

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.

Box
Fatal

In box (Fatal) located in the top center-left of the report, place an "X" if the crash involves a fatality.

If a person is killed, verify that code "01 - Killed" is written where column (box) 86 (Victim's Physical Condition) intersects with its corresponding row. Also, verify that a number written 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 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).

If the fatality occurs after the initial investigation report, submit a change report. Refer to the **NJSA 39: 5-30 (d)** Fatal Protocol.

Box 1

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

Case number shall be written on <u>all</u> additional pages and on any change reports that are sent to NJDOT.

Contract Law Enforcement (Mutual Aid): For your information and use in box 1 (Case Number), when investigating a crash in another jurisdiction use a case number from the reporting agency.

Identify the investigator's agency in box 135 (Crash Description).

DO NOT WRITE ANY OTHER INFORMATION IN THIS BOX.

Box 2

In **box 2 (Police Department of)**, write the name and one of the <u>type of police agency</u> codes for the police department that generated the case number:

01- Municipal Police
02 - State Police
03 - County Police
04 - Port Authority Police (new code)
99 - Other Police (new code)

Contract Law Enforcement (Mutual Aid): For your information and use in box 2 (Police Department of), when investigating a crash in another jurisdiction use a case number from the reporting agency.

Box 3

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

In **box 4 (Date of Crash)**, write the date that the crash occurred in (mm-dd-yy) format.

Fill in all boxes i.e.: 10-02-64.

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).

In **box 6 (Time)**, write the time of the crash.

If the time is unknown, write the time that the crash was reported to your agency.

Use <u>military time</u> (e.g., 0001 hours to 2400 hours).

In **box 7 (Municipality Code)**, write the 4-digit National Crime Information Center (NCIC) Municipality Code where the crash occurred.

For your information and use in box 7 (Municipality Code), the 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

In **box 8 (Total Killed)**, write the number of persons killed as a result of the crash. Use a two-digit code i.e. 01, 02, 03.

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

If a person is killed, they <u>cannot</u> be accounted for in Box 9 (Total Injured).

In box 8 (Total Killed), if a number is written, verify that code "01-Killed" is written where column Box 86 (Victim's Physical Condition) intersects with its corresponding row. Also, verify that an "X" is placed in <u>box – Fatal</u>, located in the top center-left of the report. 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 <u>(Names & Addresses of Occupants – If Deceased, Date & Time of Death)</u>.

Note: Notify the State Police within 24 hours of the fatal as per **NJSA 39: 5-30 (d)**

Box 9

In **box 9 (Total Injured)**, write 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 (--).

If a person is injured, they cannot be accounted for in box 8 (Total Killed). Never write "01 - Killed" in column (box) 86 (Victim's Physical Condition) for an injury crash.

If you write an entry other than dashes in box 9 (Total Injured), then write entries in columns boxes 86 (Victim's Physical Condition), 89 (Location of Most Severe Physical Injury), 90 (Type of Most Severe Physical injury), 91 (Refused Medical Treatment).

Boxes 10 through 22 identify the location where the crash occurred known as the first "harmful" event.

It is "important" that boxes 10 through 22 be filled out accurately and completely.

Boxes 10-22

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.

* In reference to **boxes 10 through 22** and throughout the report, the form was redesigned to take advantage of new technologies in crash data collection as well as to support existing manual methods.

* For example, Geographic Information Systems (GIS) technology may be used to pin-point the exact locations of crashes in box 21 (Latitude) and box 22 (Longitude).

Note: The box for the street address has been omitted. All crash locations that occurred on a street or highway will be identified using the nearest intersecting road method.

* On line (box) 10 (Crash Occurred On: Road Name, Direction), parking lot crashes will be identified by a street address followed by the phrase "parking lot" in parentheses, e.g. 101 Main Street (parking lot).

Box 10

On **line (box) 10 (Crash Occurred On: Road Name, Direction)**, write the road name where the crash occurred. If the crash occurred on an Interstate, US, state, toll, county highway, or local route, you shall write the route number in box 12 (Route Number) and also write the milepost in box 13 (Milepost).

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 and second by roadway names in alphabetical order, e.g.: 1st Street and Alpine Way.

.

On line (box) 10 (Crash Occurred On: Road Name, Direction), be as specific as possible for geo-coding purposes. Using the road name along with the information on line (box) 14 (Distance), 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.

* The name of a business or such phrases as "in front of," or "near" are not applicable, words/phrases may be documented in box 135 (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)

On line (box) 10 (Crash Occurred On/Road Name/Direction), 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

Box 10 (Cont)

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.

Note: Ramps and jug handles are identified utilizing a different method. Refer to boxes 19 (Ramp) and line (box) 20 (Route/Name) to identify these locations.

In **box 11 (Speed Limit)**, write the speed limit for the road identified on the line (box) 10 (Crash Occurred On: Road Name, Direction). Write the statutory NJSA 39:4-98 or posted speed limit and not the advisory speed limit. Advisory speeds are the speed limit signs with a yellow background and black letters and are used as a warning for a potential driving hazard ahead.

For **box 12 (Route Number)**, if the crash occurred on an Interstate, US, state, toll or county route, the route number shall be written in this box.

Boxes 12-13

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

* For **box 13 (Milepost)**, State and interstate roadways shall have milepost numbers written in this box. Write milepost location at the intersection designated in the straight line diagram.

ROUTE SUFFIX CODES

A - Alternate
B - Business
C - Freeway
M - Mercer Alignment (I-95 only)
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)

In box 13 (Milepost), the entry requires three digits to the left and two digits to the right.

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

Route Suffix Codes shall be written and not direction codes N, S, E and W.

Straight-line diagrams may be utilized to obtain the milepost numbers.

On **line (box) 17 (Cross Road Name)**, distance from the nearest cross road may be determined by writing the cross road name.

Write the distance to nearest cross road on line (box) 14 (Distance) and place an "X" in one of the boxes (Feet, Miles) located in box 15 (At Intersection with, Feet, Miles), place an "X" for direction in box 16 (comprised of 4 boxes; *Direction* N, S, E, W) which is in closest proximity from the crash location to the intersecting or non-intersecting cross road.

Boxes 14, 15, 16, 17

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 write 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 66)

On **line (box) 14 (Distance)**, write in the distance to 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.

Indicate the units of measurement to the nearest intersection on line (box) 14 (Distance).

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; e.g., a crash between two vehicles occurred on Route 22, 500 feet west of Rock Road.

Most engineering agencies use distance increments of 1/100 of a mile when determining locations for crashes.

Box 18

In **box 18 (Speed Limit)**, write 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 limit in box 18 (Speed Limit).

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

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:

Boxes 19-20

Box 10 Crash Occurred On/Road Name/Route #
Box 14 Distance "To" or "From" the secondary roadway
Box 19 Exits will be selected "To", Entrances will be selected "From".
Box 15 Select "Feet" or "Miles" *(never select "At Intersection with" for a ramp)*
Box 20 Exit, route, or secondary road name
Box 20 Code NB-Northbound SB-Southbound EB-Eastbound WB-Westbound

"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".

Reference Material: Ramp Crash Diagram on page 67.

The form fields shown include:

1 Case Number		10 Crash Occurred On:	11 Speed Limit	12 Route No.	Suffix	13 Milepost
2 Police Dept of	Code	☐ At Intersection with	Road Name	Dir		18 Speed Limit
3 Station/Precinct		☐ Feet ☐ Miles	☐ N ☐ E of: ☐ S ☐ W	19 ☐ To: 17 Cross Road Name	☐ NB ☐ EB
		14 15	16	Ramp ☐ From: _____ 20 Route Name	☐ SB ☐ WB
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	22 Longitude

When investigating a ramp crash, write the road name and route number for the primary roadway on line (box) 10 (Crash Occurred On: Road Name, Direction).

Place an "X" in either box (To) or box (From) located in (box) 19 (Ramp).

Write the route number and/or road name that the vehicle was traveling "to" or "from" on line (box) 20 (Route/Name).

Place an "X" in the appropriate box (NB, SB, EB, WB) that the vehicle was traveling to the right of line (box) 20 (Route/Name).

If any ramp or surface street has a road name, write the road name too.

Boxes 19-20 (Cont)

Ramp entries are made by first determining the appropriate road hierarchy. Road hierarchy involves determining which road is listed first on line (box) 10 (Crash Occurred On: Road Name, Direction).

The road hierarchy to the right is listed in descending order:

Interstate
State/Interstate Authority
State Highway
County
Municipal
U.S Government Property
State Park or Institution
County Authority, Park or Institution
Municipal Authority, Park or Institution
Private Property

On line (box) 10 (Crash Occurred On: Road Name, Direction), identify which road is primary in a ramp crash.

A ramp is an extension of the primary (main) roadway.

It is important to determine the primary and secondary roadway in order to write the appropriate name for the primary road in box 10 (Crash Occurred On: Road Name, Direction) or the secondary roadway name on line (box) 20 (Route/Name).

The secondary roadway will always be written on line (box) 20 (Route/Name).

Once again in a ramp crash, on line (box) 20 (Route/Name), write the secondary roadway name.

Box 19 (Ramp) will be used to describe if the crash occurred on a ramp "to" or "from" the secondary roadway. In some cases regarding ramps, orient location on the milepost number in proximity to the crash and from the milepost takeoff point.

Line (box) 14 (Distance) identifies the location and distance of the crash on the ramp.

A distance will be identified "to" or "from" the secondary roadway written on line (box) 20 (Route/Name).

Reference Material: Ramp Crash Diagram on page 67.

Ramp crash investigation:

Boxes 19-20 (Cont)

Box 10. Write the name or route number of the primary roadway, including direction of travel.

Box 11. Write 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 20. Write the secondary roadway and the direction to which the ramp connects.

Box 19. 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).

Box 14. Write the distance of the collision relative to or from the roadway listed on line (box) 20 (Route/Name).

For line (box) 10 (Crash Occurred On: Road Name, Direction), the lower numbered highway on the same hierarchy will be the primary highway.

If the crash did not occur on a ramp, enter a dash (-) on line (box) 20 (Route/Name).

Reference Material: Ramp Crash Diagram on page 67.

Boxes 21-22

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

If GPS receiver is available, take the GPS coordinates at the crash point of impact.

If you are not equipped with a GPS receiver, enter dashes (--) in box 21 (Latitude) and box 22 (Longitude).

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

Driver Identification

Box 23 and/or 53

* In **box 23 and/or 53 (Vehicle Number)**, write a sequential number for each category of event participant.

* Write the single-digit code for each vehicle starting with number "1".

* Write the code for pedalcyclist starting with "B," "P" for the pedestrian and "O" for other.

* Write the code for multiple pedalcyclists as B, B2, B3, pedestrians as P, P2, P3, and others as O, O2, O3, on additional pages using one case number.

* A multi incident-crash is a crash involving more than two event participants from any category (vehicles, pedalcyclists, pedestrians, other). Participants shall be listed in sequential order by event starting with the first harmful event. 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

In box 23 and/or box 53 (Vehicle Number), pedalcyclists/pedestrians will be identified throughout the report with the corresponding position that they are assigned in these boxes e.g., a pedalcyclists/pedestrians listed in the second position box 53 (Vehicle Number) would be further described or recognized in the boxes designated for vehicle #2 as depicted on the report overlay.

Box 24 and/or 54

In **box 24 and/or box 54 (Policy Number)**, write 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, write "uninsured".

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

If a policy number is not available, place an asterisk (*) in box 24 and/or box 54 (Policy Number) and explain in box 135 (Crash Description).

23 Veh No	24 Policy No.				25 Ins Code	53 Veh No	54 Policy No.			55 Ins Code
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run						☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run			
26 Driver's First Name		Initial	Last Name		29 Sex	56 Driver's First Name		Initial Last Name		59 Sex
27 Number and Street					30 Eyes	57 Number and Street				60 Eyes
28 City			State	Zip		58 City			State Zip	
31 State	32 Drivers License No		33 DOB mm dd yy	34 Expires mm yy		61 State	62 Drivers License No		63 DOB mm dd yy	64 Expires mm yy

Box 25 and/or 55

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

If the insurance code is missing, place an asterisk (*) in box 25 and/or box 55 (Insurance Code) and explain in box 135 (Crash Description).

Insurance codes are necessary to send an inquiry to the Insurance Company and verify coverage.

Insurance card information is necessary to send an inquiry to the insurance company and to verify coverage.

The links for New Jersey Insurance codes:
5 digit code   www.nj.gov/dobi/data/inscomp.htm
3 digit code   www.state.nj.us/mvc/numeric.pdf

For <u>out-of-state registered vehicles</u>, place an asterisk (*) in box 25 and/or box 55 (Insurance Code) and write the name of the insurance company in box 135 (Crash Description).

23 Veh No	24 Policy No.				25 Ins Code	53 Veh No	54 Policy No.			55 Ins Code
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run						☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run			
26 Driver's First Name		Initial	Last Name		29 Sex	56 Driver's First Name		Initial Last Name		59 Sex
27 Number and Street					30 Eyes	57 Number and Street				60 Eyes
28 City			State	Zip		58 City			State Zip	
31 State	32 Drivers License No		33 DOB mm dd yy	34 Expires mm yy		61 State	62 Drivers License No		63 DOB mm dd yy	64 Expires mm yy

Box
Park, Ped, Pedalcyclist, Resp. to Emergency, Hit & Run

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 <u>hit and run</u> does not have this crash charged to their driver record and insurance surcharges assessed.

Circle the box (Resp to Emergency) when applicable.

In **box (Responding to an Emergency)**, place an "X" and circle this box <u>only</u> for motor vehicles responding to an emergency which includes volunteer Fire/Ambulance personnel in their personal vehicles.

If Responding to Emergency is selected in the Driver Identification section, you shall write in 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 "actor" never for the "victim."

Draw a diagonal line starting from box 23 through 47 or box 53 through 77 and write in the phrase "Hit & Run" on line (box) 26 and/or 56 to indicate that the driver/owner information is not available.

Box 26 and/or 56

23 Veh No	24 Policy No.			25 Ins Code	53 Veh No	54 Policy No.			55 Ins Code
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run					☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run			
26 Driver's First Name Initial Last Name				29 Sex	56 Driver's First Name Initial Last Name				59 Sex
27 Number and Street				30 Eyes	57 Number and Street				60 Eyes
28 City		State	Zip		58 City		State	Zip	
31 State	32 Drivers License No		33 DOB mm dd yy	34 Expires mm yy	61 State	62 Drivers License No		63 DOB mm dd yy	64 Expires mm yy

In box 26 and/or box 56 (Driver's Name), write the first name, middle initial and last name of the driver as it appears on the license.

Write the same information for a pedalcyclist or pedestrian.

If there is no middle initial, enter a dash (-).

If driver/operator has an apostrophe in their surname (O'Conner), the "O" is part of the last name "NOT" the middle initial.

Boxes 27 and/or 57

23 Veh No	24 Policy No.			25 Ins Code	53 Veh No	54 Policy No.			55 Ins Code
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run					☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run			
26 Driver's First Name Initial Last Name				29 Sex	56 Driver's First Name Initial Last Name				59 Sex
27 Number and Street				30 Eyes	57 Number and Street				60 Eyes
28 City		State	Zip		58 City		State	Zip	
31 State	32 Drivers License No		33 DOB mm dd yy	34 Expires mm yy	61 State	62 Drivers License No		63 DOB mm dd yy	64 Expires mm yy

In **box 27 and/or box 57 (Number and Street)**, write the street address as it appears on the driver's license.

Change of address may be used if identified on the driver's license.

If change of address is identified as the result of interview, explain in box 135 (Crash Description).

Write the number and street for a pedalcyclist or pedestrian as it appears on the driver's license or as the result of interview.

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

Explain in box 135 (Crash Description).

Box 28 and/or 58

23 Veh No	24 Policy No.			25 Ins Code	53 Veh No	54 Policy No.			55 Ins Code
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run					☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run			
26 Driver's First Name Initial Last Name				29 Sex	56 Driver's First Name Initial Last Name				59 Sex
27 Number and Street				30 Eyes	57 Number and Street				60 Eyes
28 City		State	Zip		58 City		State	Zip	
31 State	32 Drivers License No		33 DOB mm dd yy	34 Expires mm yy	61 State	62 Drivers License No		63 DOB mm dd yy	64 Expires mm yy

In **box 28 and/or box 58 (City, State, Zip)**, write the city, state and zip code, as it appears on the driver's license. Write the city, state and zip for a pedalcyclist or pedestrian as it appears on the driver's license or as the result of interview.

Box 29 and/or 59

23 Veh No	24 Policy No.		25 Ins Code	53 Veh No	54 Policy No.		55 Ins Code
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run				☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run			
26 Driver's First Name Initial Last Name			**29 Sex**	56 Driver's First Name Initial Last Name			**59 Sex**
27 Number and Street			30 Eyes	57 Number and Street			60 Eyes
28 City	State	Zip		58 City	State	Zip	
31 State	32 Drivers License No	33 DOB mm dd yy	34 Expires mm yy	61 State	62 Drivers License No	63 DOB mm dd yy	64 Expires mm yy

In **box 29 and/or box 59 (Sex)**, write "M" or "F" for the sex as it appears on the driver's license:

M = MALE   F = FEMALE

Box 30 and/or 60

23 Veh No	24 Policy No.		25 Ins Code	53 Veh No	54 Policy No.		55 Ins Code
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run				☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run			
26 Driver's First Name Initial Last Name			29 Sex	56 Driver's First Name Initial Last Name			59 Sex
27 Number and Street			**30 Eyes**	57 Number and Street			**60 Eyes**
28 City	State	Zip		58 City	State	Zip	
31 State	32 Drivers License No	33 DOB mm dd yy	34 Expires mm yy	61 State	62 Drivers License No	63 DOB mm dd yy	64 Expires mm yy

In **box 30 and/or box 60 (Eyes)**, write the N.J. eye color two-digit code for the driver as it appears on the driver's license.

Use the N.J. Eye Code Chart.

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**

Box 31 and/or 61

23 Veh No	24 Policy No.		25 Ins Code	53 Veh No	54 Policy No.		55 Ins Code
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run				☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run			
26 Driver's First Name Initial Last Name			29 Sex	56 Driver's First Name Initial Last Name			59 Sex
27 Number and Street			30 Eyes	57 Number and Street			60 Eyes
28 City	State	Zip		58 City	State	Zip	
31 State	32 Drivers License No	33 DOB mm dd yy	34 Expires mm yy	**61 State**	62 Drivers License No	63 DOB mm dd yy	64 Expires mm yy

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

Box
32
and/or
62

23 Veh No	24 Policy No.			25 Ins Code	53 Veh No	54 Policy No.			55 Ins Code
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run					☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run				
26 Driver's First Name	Initial	Last Name		29 Sex	56 Driver's First Name	Initial	Last Name		59 Sex
27 Number and Street				30 Eyes	57 Number and Street				60 Eyes
28 City		State	Zip		58 City		State	Zip	
31 State	32 Drivers License No		33 DOB mm dd yy	34 Expires mm yy	61 State	62 Drivers License No		63 DOB mm dd yy	64 Expires mm yy

In **box 32 and/or box 62 (Drivers License Number)**, write the number as it appears on the driver's license.

If the driver is unlicensed, write "NONE" in box 32 and/or 62 (Drivers License Number). Explain in box 135 (Crash Description).

If the driver has a permit, write the permit number followed by the word "PERMIT" in box 32 and/or 62 (Drivers License Number). Explain in box 135 (Crash Description).

23 Veh No	24 Policy No.			25 Ins Code	53 Veh No	54 Policy No.			55 Ins Code
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run					☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run				
26 Driver's First Name	Initial	Last Name		29 Sex	56 Driver's First Name	Initial	Last Name		59 Sex
27 Number and Street				30 Eyes	57 Number and Street				60 Eyes
28 City		State	Zip		58 City		State	Zip	
31 State	32 Drivers License No		33 DOB mm dd yy	34 Expires mm yy	61 State	62 Drivers License No		63 DOB mm dd yy	64 Expires mm yy

Box
33
and/or
63

In **box 33 and/or box 63 (DOB)**, write the date of birth using month, day and year (mm/dd/yy) format of the person listed in box 26 and/or box 56 (Driver's Name).

Use a two-digit code for month, date and year e.g., the date of birth for September 14, 1970 is 09/14/70.

```
           63 DOB
      mm     dd     yy

      09  |  14  |  70
```

Box 34 and/or 64

In **box 34 and/or box 64 (Expires)**, write the expiration date as it appears on the operator's driver's license using the month and year (mm/yy) format.

Use a two-digit code for month and year i.e., the expiration date for March 1996 is 03/96.

Sample License

Features of a New Driver License

Reading the Long Numbers

Middle Initial Codes

61 = A	71 = J	82 = S
62 = B	72 = K	83 = T
63 = C	73 = L	84 = U
64 = D	74 = M	85 = V
65 = E	75 = N	86 = W
66 = F	76 = O	87 = X
67 = G	77 = P	88 = Y
68 = H	78 = Q	89 = Z
69 = O	79 = R	00 = No Middle Initial

01-60, 70, 80, and 81 are invalid codes

The male month of birth code is normal

01 January	05 May	09 September
02 February	06 June	10 October
03 March	07 July	11 November
04 April	08 August	12 December

Month of Birth Code

Fifty (50) is added to the month of birth for females

51 January	55 May	59 September
52 February	56 June	60 October
53 March	57 July	61 November
54 April	58 August	62 December

Eye Color Codes

1= **Black**
2= **Brown**
3= **Gray**
4= **Blue**
5= **Hazel**
6= **Green**
7, 8, 9, and 0 are tie breakers

Reading a Transaction Number

AA · EB20010470400 (REN) 18.00

Initials of Clerk

Issuing DMV

Year of Issue

Julian Calendar Date

Sequential Number

Type of License
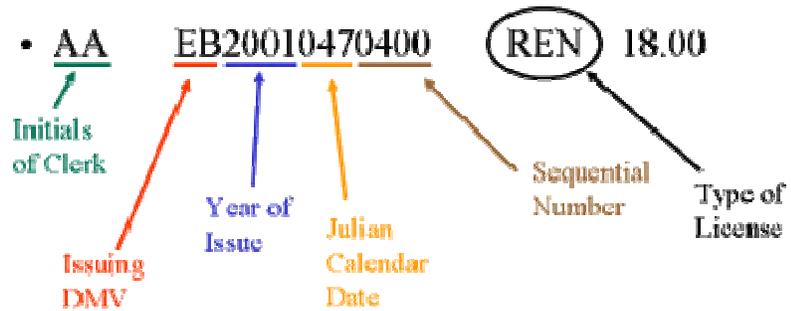
Other Security Features

- Under 21 licenses have a profile photo (Digital licenses will have a head on photo but the orientation of the license will be vertical)
- The plate number should be ½ on the picture
- All licenses expire at the end of the month regardless of when in the month they ere issued
- All writing is in capital letters
- All dates on license use a 4 digit year
- The eye color is always a contraction (BRN, BLK, GRY, BLU, HAZ, GRN)

The New Jersey Digital License

Protecting you with 22 advanced security features.

Gradient color with fine line background

Banner color shows license type

High-quality digital photo

Hidden UV text shows driver's name and DOB

NEW JERSEY Motor Vehicle Commission
AUTO DRIVER LICENSE
CLASS: D
X1234 12345 12345
DOB: 01-06-1969
ZACHARY A SAMPLE
1313 ANY STREET
GARDEN STATE NJ 08666-0000
ISSUED: 01-06-2004 EXPIRES: 01-06-2008
ENDR: P RESTR: 1
SEX HGT EYES
M 5-10 BRN
ORGAN DONOR

"Ghost" photo only visible in UV light

Hologram of state seal preprinted in overlay

- Being issued now at some MVC agencies
- Old style ceased being issued 07-01-2004
- The last of the old style will be valid until 2008
- No more non photo licenses will be issued
- All codes are the same as the old license

Owner/Vehicle Identification

Box 35 and/or 65

35 Owner's First Name	Initial	Last Name		65 Owner's First Name	Initial	Last Name	
☐ Same As Driver				☐ Same As Driver			
36 Number and Street				66 Number and Street			
37 City	State	Zip		67 City	State	Zip	
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
44 VIN				45 Expires	74 VIN			75 Expires
46 Vehicle Removed To ☐Driven ☐Left at Scene ☐Towed ☐Impound ☐Disabled	47 Authority	☐Owner ☐Driver ☐Police	76 Vehicle Removed To ☐Driven ☐Left at Scene ☐Towed ☐Impound ☐Disabled	77 Authority	☐Owner ☐Driver ☐Police

In **box 35 and/or box 65 (Owner's Name)**, write the vehicle owner's first name, middle initial and last name 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 recorded in Box 135.

Box 36 and/or 66

35 Owner's First Name	Initial	Last Name		65 Owner's First Name	Initial	Last Name	
☐ Same As Driver				☐ Same As Driver			
36 Number and Street				66 Number and Street			
37 City	State	Zip		67 City	State	Zip	
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
44 VIN				45 Expires	74 VIN			75 Expires
46 Vehicle Removed To ☐Driven ☐Left at Scene ☐Towed ☐Impound ☐Disabled	47 Authority	☐Owner ☐Driver ☐Police	76 Vehicle Removed To ☐Driven ☐Left at Scene ☐Towed ☐Impound ☐Disabled	77 Authority	☐Owner ☐Driver ☐Police

For your information and use in **box 36 and/or box 66 (Number and Street)**, write the number and street as it appears on the registration. If there is an Rural District (RD) or Rural Route (RR) number and/or a Post Office (PO) Box Number, interview for the street address, write in brackets { } the actual name of the road adjacent to the RD, RR or PO Box Number. Explain in box 135 (Crash Description).

If you have selected the "Same as Driver" located in box 35 and/or box 65 (Owner's Name), then write "SAME" in box 36 and/or box 66 (Number and Street).

Box 37 and/or 67

35 Owner's First Name	Initial	Last Name		65 Owner's First Name	Initial	Last Name	
☐ Same As Driver				☐ Same As Driver			
36 Number and Street				66 Number and Street			
37 City	State	Zip		67 City	State	Zip	
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
44 VIN				45 Expires	74 VIN			75 Expires
46 Vehicle Removed To ☐Driven ☐Left at Scene ☐Towed ☐Impound ☐Disabled	47 Authority	☐Owner ☐Driver ☐Police	76 Vehicle Removed To ☐Driven ☐Left at Scene ☐Towed ☐Impound ☐Disabled	77 Authority	☐Owner ☐Driver ☐Police

In **box 37 and/or box 67 (City, State, Zip)**, write the city, state and zip code as it appears on the registration.

If you have selected the "Same as Driver" box located in box 35 and/or box 65 (Owner's Name), then write "SAME" in box 37 and/or box 67 (City, State, Zip).

In **box 38 and/or box 68 (Make)**, write the vehicle manufacturer's name for <u>make</u> e.g., Ford, Chevy, BMW etc.

Box 38 and/or 68

35 Owner's First Name	Initial	Last Name				65 Owner's First Name	Initial	Last Name			
☐ Same As Driver						☐ Same As Driver					
36 Number and Street						66 Number and Street					
37 City	State	Zip				67 City	State	Zip			
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
44 VIN				45 Expires		74 VIN					75 Expires
46 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled			47 Authority	☐ Owner ☐ Driver ☐ Police		76 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled			77 Authority	☐ Owner ☐ Driver ☐ Police	

Box 39 and/or 69

35 Owner's First Name	Initial	Last Name				65 Owner's First Name	Initial	Last Name			
☐ Same As Driver						☐ Same As Driver					
36 Number and Street						66 Number and Street					
37 City	State	Zip				67 City	State	Zip			
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
44 VIN				45 Expires		74 VIN					75 Expires
46 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled			47 Authority	☐ Owner ☐ Driver ☐ Police		76 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled			77 Authority	☐ Owner ☐ Driver ☐ Police	

In **box 39 and/or 69 (Model)**, write the vehicle's <u>model</u> as it appears on the registration e.g., Escort, Corvette, 525i, etc.

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

Box 40 and/or 70

35 Owner's First Name	Initial	Last Name				65 Owner's First Name	Initial	Last Name			
☐ Same As Driver						☐ Same As Driver					
36 Number and Street						66 Number and Street					
37 City	State	Zip				67 City	State	Zip			
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
44 VIN				45 Expires		74 VIN					75 Expires
46 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled			47 Authority	☐ Owner ☐ Driver ☐ Police		76 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled			77 Authority	☐ Owner ☐ Driver ☐ Police	

In **box 40 and/or box 70 (Color)**, write vehicle's color spelled out completely e.g., red, blue, etc., although color appears as an abbreviation (RD, BL, etc.) on the registration.

Box 41 and/or 71

35 Owner's First Name	Initial	Last Name				65 Owner's First Name	Initial	Last Name			
☐ Same As Driver						☐ Same As Driver					
36 Number and Street						66 Number and Street					
37 City	State	Zip				67 City	State	Zip			
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
44 VIN				45 Expires		74 VIN					75 Expires
46 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled			47 Authority	☐ Owner ☐ Driver ☐ Police		76 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled			77 Authority	☐ Owner ☐ Driver ☐ Police	

* In **box 41 and/or box 71 (Year)**, write the vehicle's "year" in abbreviated year (yy) format.

Box 42 and/or 72

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

<u>Do not</u> write unconfirmed or partial registration information in this box.

Explain unconfirmed, partial, or temporary registration in box 135 (Crash Description).

Box 43 and/or 73

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

Box 44 and/or 74

In **box 44 and/or box 74 (VIN)**, write the <u>entire</u> vehicle identification number (VIN) as it appears on the registration. A traditional VIN is 17 characters.

Since 1968, most domestic passenger cars were assembled with a <u>Vin Plate</u> that is visible through the windshield on the left side of the dash. The VIN may also be found on the nomenclature plate located on the driver's door.

This number must match the registration and insurance card.

Box 45 and/or 75

* In **box 45 and/or box 75 (Expires)**, write the expiration in month and abbreviated year (mm/yy) format.
* Use a two-digit code for month and year.
* The code for March 2007 is 03/07.

Box 46 and/or 76

In **box 46 and/or box 76 (Vehicle Removed To)**, place an "X" in one of the boxes (Driven, Left at Scene, Towed) located if the vehicle was driven, left at the scene or towed. Write the name of the tow company if the vehicle was towed in box 46 and/or 76.

If vehicle was driven away, place an "X" in the box (Driven) and enter a dash (-) in box 46 and/or box 76 (Vehicle Removed To) in the space provided.

Place an "X" in one or both of the boxes (Impound, Disabled) to the right in boxes 46 and/or 76 (Vehicle Removed To) if the vehicle was impounded or disabled. The authority to remove a disabled vehicle from the roadway, whether involved in a crash or not, is NJSA 39: 4-136.

Box 47 and/or 77

In **box 47 and/or box 77 (Authority)**, place an "X" in the appropriate box (Owner, Driver, Police) located in box 47 and/or box 77 (Authority) for the authority that approved a vehicle's removal .

Registration Sample

Drug/Alcohol Test

Box 48 and/or 78

Box 48 and box 78 (Alcohol/Drug Test) identify if alcohol or drug tests were conducted. Complete this section for all drivers, pedalcyclists and pedestrians.

* 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 place an "X" in one of Type grouping of **boxes (Breath, Blood, Urine)**.

Box (Results): Write the results on **line box (__ %)** or place an "X" in **box (Pending)**.

If the specimen was sent to a lab, place an "X" in box (Pending).

Do not hold this report to await lab results. Once the results are received from the lab, submit a "change" report that identifies the test results.

HAZMAT/Commercial Vehicle Information

Box 49 and/or 79

Box 49 and box 79 (Hazardous Material) identify HAZMAT cargo.

In **boxes (On Board, Spill)** located in box 49 and box 79 (Hazardous Material), if hazardous materials are present, indicate if the material remained on board or spilled by placing an "X" in the appropriate box. This refers to hazardous cargo only.

Do not place an "X" in one of the boxes (On Board, Spill) if only engine fluids are spilled. This is done for NJDEP reporting purposes to clarify hazardous cargo.

Box 49 and/or 79 (Cont)

For your information and use in **box 49 and/or box 79 (Hazardous Material)**, if a placard is displayed on the vehicle signifying cargo is hazardous material, then information on that placard shall be used to fill in boxes 49 and/or 79

In **box (Diamond)** located in the center of box 49 and/or 79 (Hazardous Material) identify the one (1) digit number that is displayed at the bottom of the placard.

On **line (box) (Name or Placard Number)** identify the hazardous material by writing the 4-digit code in box 49/79 (Hazardous Material) from the placard displayed on the vehicle.

In box 49 and/or box 79 (Hazardous Material), write the name of the HAZMAT along the placard number line if a number is not available. If more than one placard is displayed, explain additional placard information in box 135 (Crash Description).

Box 50 and/or 80

In **box 50 and box 80 (Carrier Number)**, write the USDOT Carrier number of the commercial vehicle. All commercial vehicle carriers that are involved in interstate transport must have a USDOT number. Look for a number preceded by the letters "USDOT". NOTE: The carrier and owner can be different entities and must be verified.

If additional owners and carriers are involved, write the carrier number and name in box 135 (Crash Description).

WARNING: 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.

You shall write the number of the <u>MOTOR CARRIER THAT IS RESPONSIBLE FOR THE CARGO/VEHICLE.</u>

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 page 74.)

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.

Box 51 and/or 81

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, ≥ 26,001 lbs)** to identify the commercial vehicle's Gross Vehicle Weight Rating (GVWR)/Gross Combined Weight Rating (GCWR):

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

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

A) A vehicle that has a GVWR/GCWR of 10,001 pounds or more.
B) A vehicle that carries hazardous material (HAZMAT) and is required to display or displays a placard.
C) A vehicle that carries 9 or more people, including the driver.
D) Any other vehicle that requires a Commercial Drivers License (CDL) e.g., livery/limo.

Box 52 and/or 82

In **box 52 and/or box 82 (Carrier name)**, write the commercial vehicle carrier name for each vehicle that corresponds with the USDOT Carrier number in box 50 and/or box 80 (Carrier Number). Write carrier address in Box 135 followed by Driver License Class Code of the vehicle operator.

Occupant, Pedalcyclist or Pedestrian Information

Boxes 83-95

The **"Persons Involved Data"** table is a matrix in the crash report that records important information about all persons involved in the crash.

This table is labeled by rows and columns; rows A through E down the left side, beginning in column (box) 83; columns (boxes) 83 through 95 across the top.

Entries must begin in column (box) 83 using the appropriate codes listed for columns (boxes) 83, 84, 85, 86, 89, 90, 91, 92 and 93. Column box 87 (Sex) and column box 88 (Age) shall be written by investigator.

	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														
E														

Boxes 83-95 (Cont)

For your information and use in the **"Persons Involved Data"** table, if a code is written in box 8 (Total Killed) and/or box 9 (Total Injured), you <u>shall</u> write entries in the following column (boxes) to correspond with those entries in box 8 and/or 9:

- Column (box) 86 (Victim's Physical Condition),

- 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).

The "Persons Involved Data" table only allows room to write in five (*5*) persons (one per row).

If more than 5 persons are involved, use supplementary report form NJTR-1A for an additional 5 persons.

For more than *5* additional persons extend the lines on the NJTR-1A and write the information for the additional persons.

Reference Material: Sample Entries Box 83 – Unnumbered on page 68.
Reference Material: Form NJTR-1A page 69.

	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														
E														

Box 83

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

If a person was in vehicle #1, write "01" in row A under column (box) 83. For additional persons in vehicle #1, write "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, write "03," "04" and "05" in the appropriate row.

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.

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

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

Box 83 WHICH VEHICLE OCCUPIED	
Code	Description
01	Vehicle 1
02	Vehicle 2
B1	Pedalcycle
P1	Pedestrian
01	Other

Box 84

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

A person sitting on someone's lap has the same numbered position as that person.

If there are 4 persons in a vehicle sitting in front seat, the 4th person is listed in the #2 position as an additional #2 person adjacent to the appropriate row, which will reveal that the person was the fourth person sitting in the front seat.

In column (box) 84 (Position In/On-Vehicle), if the 4th person in the vehicle is sitting in the rear seat, they are in the #5 position along with the 5th person in the rear seat.

A passenger on a motorcycle is in the #4 position, except 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.

For Pedalcyclists and Pedestrians, always enter a dash (-)

In column (box) 84 (Position In/On-Vehicle), passengers in a bus are in the located in #10 position. Additional passengers should be listed in a "Bus Seating Arrangement" diagram and attached to the report. The "Persons Involved Data" table and "Bus Seating Arrangement" are required to complete the investigation.

All passengers must be accounted for in the "Persons Involved Data" table [columns (boxes) 83 through 95].
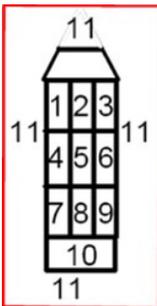
Reference Material: Bus Seating Arrangement on page 70.
Reference Material: School Bus Seating Diagram on page 71.

Box 85

Column (box) 85 (Ejection From Vehicle) write the code to identify if a driver or passenger was ejected from a vehicle e.g., car, motorcycle, etc.

Column (box) 85 (Ejection From Vehicle) does not apply to a pedalcyclist.

Box 85 (Cont)

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

	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														
E														

For your information and use in **column (box) 86 (Victim's Physical Condition)**, if there is an injury then the crash is "reportable."

In column (box) 86 (Victim's Physical Condition), write the code to identify the level of severity of an injury.

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).

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).

For your information and use in column (box) 86 (Victim's Physical Condition), KILLED IS NOT INJURED.

If a person is killed, write code "01-Killed" where column (box) 86 (Victim's Physical Condition) intersects with its corresponding row.

Verify that an "X" is placed in the box (Fatal) located at the top center-left of the report. Also, verify that a number written 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 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).

Reference Material: NJTR-1 Protocol on page 65.

Box 86 VICTIM'S PHYSICAL CONDITION		
Code	**Description**	**Definition**
01	**Killed**	Victim is deceased.
02	**Incapacitated**	Victim has a non-fatal injury. Cannot walk, drive or normally continue the activities that they could perform before the motor vehicle crash.
03	**Moderate Injury**	An evident injury, other than fatal and incapacitating. Injury is visible, such as a lump on head, abrasion, bleeding or lacerations.
04	**Complaint of Pain**	A reported or claims of injury that is not fatal, incapacitating or moderate. Injury is not visible to the investigating officer.

	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														
E														

Box 87

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

If victims are under 1 year old, write the two-digit number of the month followed by an "M" for month, e.g., 01M through 11M.

Write 01M for all infants below the age of 2 months.

11M includes all days and weeks up to one year.

Reference Material: NJTR -1A on page 69.

	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														
E														

Box 88

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

M=Male   F=Female

Reference Material: NJTR -1A on page 69.

Box 89

In **column (box) 89 (Location of Most Severe Physical Injury)**, write the code to identify the location on the body of the most severe physical injury 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."

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).

Reference Material: NJTR -1A on page 69.

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

Box 90

	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														
E														

Where **column (box) 90 (Type of Most Severe Physical Injury)** intersects with is corresponding row, write the code to <u>describe</u> the <u>type</u> of the most severe physical injury that the person sustained as a result of the crash.

The investigator <u>must</u> 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).

Reference Material: NJTR -1A on page 69.

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

Box 91

	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														
E														

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

* Write code "1"-Yes if the person sustained or claimed an injury but refused immediate medical treatment.

* Write code "2"-No if the person was treated and/or transported to a medical facility.

Box 91 (Cont)

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).

Reference Material: NJTR -1A on page 69.

	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														
E														

Boxes 92 and 93

Where column (box) 92 (Safety Equipment Available and Used) and where column (box) 93 (Safety Equipment Available and Used) intersect with their corresponding rows, write the code(s) in both columns (boxes) for each person in the crash, whether injured or not.

Where **column (box) 92 (Safety Equipment Available and Used)** intersects with its corresponding row, write the code to identify the safety equipment AVAILABLE.

Most late model cars will be coded in column (box) 92 as available (e.g. "09-Airbags and Seat Belts").

Where **column (box) 93 (Safety Equipment Available and Used)** intersects with its corresponding row, write the code to identify the safety equipment USED.

Although equipment may be available in some cases it might not have deployed or have been used (e.g. "09-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).

If helmet is not NJDOT approved, explain in box 135 (Crash Description).

Enter a dash (-) in column (box) 92 (Safety Equipment Available and Used) and column (box) 93 (Safety Equipment Available and Used) for pedestrians. Where code "10-Safety Vests" is applicable, "01-None Used" is an invalid entry in these boxes.

Reference Material: NJTR -1A on page 69.

Box 92 and 93 SAFETY EQUIPMENT	
Code	**Description**
01	**None Used**
02	**Lap Belt only**
03	**Harness only**
04	**Lap Belt & Harness**
05	**Child Restraint**
06	**Helmet**
07	**Reserved**
08	**Airbag**
09	**Airbag & Seat Belts**
10	**Safety Vests (Ped Only)**

Box 94

	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														
E														

Where **column (box) 94 (Airbag Deployment)** intersects with its corresponding row, write the code for the airbag type deployed for each person

01 - Front
02 - Side
07 - Other
08 – Multiple

Reference Material: NJTR -1A on page 69.

Box 95

	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														
E														

In **column (box) 95 (Hospital Code)** intersects with its corresponding row, write the **HOSPITAL CODE NUMBER** where the person is taken for treatment.

The hospital codes are listed on the NJ Department of Health and Senior Services webpage at http://www.state.nj.us/health/ems/jems.pdf .

Reference Material: NJTR -1A on page 69.

Box Un-Numbered

	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														
E														

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, write the names and addresses for all drivers, passengers, pedalcyclists and pedestrians.

It is permissible to abbreviate names and addresses of occupants by writing "0(zero)1-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 written 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 written in column (box) 86 (Victim's Physical Condition).

Reference Material: Sample Entries For Columns 83 through 95 page 68.
Reference Material: NJTR -1A on page 69.

Roadway System

Box 96

| 96 |
| 97 |
| 98 |
| 99 |
| 100 |
| 101 |
| 102 |
| 103 |

In **box 96 (Road Divided By)**, write 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 live lanes that is painted with double yellow lines and cross-hatching. Painted center lines on the roadway alone are not considered medians, "05-None" in column (box) 96 (Road Divided By).

"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

Box 98

For your information and use in **box 98 (Light Condition)**, write the code for the light condition at the time of the crash, which may be different from the time you conduct your investigation.

Continuous lighting means that a roadway is fully lit along its length.

Spot lighting indicates a roadway where there is alternating dark spots and lighted areas along the roadway.

When street lights are inoperable, write code "04 - Dark, Street Lights Off" in box 98 (Light Condition).

LIGHT CONDITION

- 01 Daylight
- 02 Dawn
- 03 Dusk
- 04 Dark (street lights off)
- 05 Dark (no street lights)
- 06 Dark (street lights on, continuous)
- 07 Dark (street lights on, spot)

Box 99

| 96 |
| 97 |
| 98 |
| 99 |
| 100 |
| 101 |
| 102 |
| 103 |

In **box 99 (Road System)**, write the code to identify the road system.

US Routes are identified as "02 - State Highway."

The road system code must correlate with the entry on line (box) 10 (Crash Occurred On/Road Name).

If codes "01 - Interstate," "02 – State Highway," or "03 – State/Interstate Authority" are used, write 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."

Note: Toll roads, Palisades Interstate Parkway, Interstate Bridges Commissions are coded as "03 – State/Interstate Authority" (code change).

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

Box
100

| 96 |
| 97 |
| 98 |
| 99 |
| 100 |
| 101 |
| 102 |
| 103 |

In **box 100 (Road Character)**, write the code that best describes the roadway at the location of the first event.

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

Box 100 **ROAD CHARACTER**	
Code	Description
01	Straight and Level
02	Straight and Grade
03	Straight at Hillcrest
04	Curve and Level
05	Curve and Grade
06	Curve and Hillcrest

Box
101

| 96 |
| 97 |
| 98 |
| 99 |
| 100 |
| 101 |
| 102 |
| 103 |

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

Concrete - Portland cement concrete

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

Other - Must be explained in box 135 (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

Box
102

| 96 |
| 97 |
| 98 |
| 99 |
| 100 |
| 101 |
| 102 |
| 103 |

In **box 102 (Road Surface Condition)**, write the code to identify the road surface at the <u>time and location</u> 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 135 (Crash Description).

Oil includes all petroleum products.

Only choose one code .

Box 102 ROAD SURFACE CONDITION	
Code	Description
01	Dry
02	Wet
03	Snowy
04	Icy
05	Slush
06	Water (Standing/moving)
07	Sand
08	Oil

Box
103

| 96 |
| 97 |
| 98 |
| 99 |
| 100 |
| 101 |
| 102 |
| 103 |

In **box 103 (Environmental Condition)**, write the code for the weather condition at the <u>time</u> of the crash.

Only choose one code.

Additional comments should be explained in box 135 (Crash Description).

Box 103 ENVIRONMENTAL CONDITIONS	
Code	Description
01	Clear
02	Rain
03	Snow
04	Fog/Smog/Smoke
05	Overcast
06	Sleet/Hail/Freezing Rain
07	Blowing Snow/Sand/Dirt
08	Severe Crosswinds

Vehicles Involved In Crash

Box 104

In **box 104 (Total Number of Motor Vehicles Involved in Crash)**, write 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 of owners in box 35 and/or box 65 (Owner's Name) that are identified in the NJTR-1.

Pedalcyclists or pedestrians are not accounted for (identified) in box 104 (Total Vehicles Involved in Crash).

Box 105

In **box 105 (Crash Type)**, write the code that most accurately describes the crash type.

This box describes the first event of the crash.

Encroachment is a situation where a vehicles' lane of travel is entered by another vehicle

Reference Material: NJTR 1 Overlay, Page 2 "Crash Type Examples on page 72.

Box 105 CRASH TYPE	
Code	**Description**
With other MV as first event	
01	Same Direction (Read-End)
02	Same Direction (Sideswipe)
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	Pedalcycle
15	Non-fixed Object
16	Railcar/vehicle

Boxes 106 and 107

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

All other types of vehicles enter a dash (-).

Write code "01 - Yes" if oversize/overweight permit issued by NJDOT.

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

Boxes 108 and 109

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

Codes "01-19 Passenger Vehicles" - A GVWR less than or equal to 10,001 pounds or seats less than 9 passengers (GCWR=Gross Combination Weight Rating)

Code "03 – Cargo Van" - Step Van, Full-size van. Example: FedEx

Code "04 - Sport Utility" - utility vehicles. Examples: Ford Explorer, Chevy Blazer, GMC Envoy, Dodge Durango

Code "05 – Pickup"- Includes open, rack body and pickup trucks

Code "06 - Recreation Vehicle" - Vehicles used for recreational purposes only, e.g. travel trailers (Winnebago, Fleetwood, etc.)

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

Code "08 – Motorcycle" - All motor-operated vehicles of the bicycle/tricycle type, except MOPED, ATVs

Code "11 – Moped" - Pedal bicycle with helper motor (under *50cc*)

Box
108
and
109
(Cont)

	Box 108 and 109 **PASSENGER VEHICLES**	
Code	**Description**	**Definition**
Passenger Vehicles: Less than 10,001 lbs. GCWR, or seats less than 9 passengers (GCWR=Gross Combination Weight Rating)		
01	**Pass Car/Station Wagon/Minivan**	
02	**Passenger Van (< 9 seats)**	
03	**Cargo Van (10,000 lbs or less)**	Step Van, Full-size van. Example: FedEx
04	**Sport Utility Vehicle**	Utility vehicles. Examples: For, Explorer, Chevy Blazer, GMC Enovy, Dodge Durango
05	**Pickup**	Includes open, rack body and pickup trucks.
06	**Recreational Vehicle**	Vehicles used for recreational purposes only, e.g., travel trailers (Winnebago, Fleetwood, etc.)
07	**All Terrain Vehicle**	AT's with either 3, 4, 6, or more tires
08	**Motorcycle**	All motor-operated vehicles of the bicycle/tricycle type, except MOPED, ATVs
09	**(Reserved)**	
10	**Any Previous w/Trailer**	
11	**Moped**	Pedal bicycle with helper motor (Under 50cc)
12	**Street Car/Trolley**	
13	**Pedacycle**	
19	**Other Passenger Vehicle**	

	Box 108 and 109 **TRUCKS**
Code	**Description**
20	**Single Unit (2 axle)**
21	**Single Unit (3+ axle)**
22	**Light Truck with Trailer**
23	**Single Unit Truck with Trailer**
24	**Truck Tractor (Bobtail)**
25	**Tractor Semi-Trailer**
26	**Tractor Double**
27	**Tractor Triple**
	(Reserved)
29	**Other Truck**
30	**Bus/Large Van (seats 9 or more)**

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

If "04 - Responding to an Emergency" is selected, refer to Title 11 (For an accident* occurring as a result of operation of any motor vehicle in response to an emergency if the operator at the time of the accident* 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

Boxes 110 and 111

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. (See note on page 8 of Crash Manual)
05	Machinery in Use	e.g., Snow plow with the plow 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."

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

Boxes 112 and 113

Box 112 and 113 SPECIAL FUNCTION VEHICLES		
Code	Description	Definition
01	Work Equipment	Any equipment not in transport, actively being used in its designed or intended purpose.
02	Police	Any vehicle marked or unmarked police vehicle.
03	Military	
04	Fire/Rescue	Includes Mobile Intensive Care Units (non-transport) vehicles.
05	Ambulance	Any vehicle used for victim transport.
06	Taxi/Limo	Any passenger vehicle used for transportation of passengers for hire (usually with "livery" or "taxicab" plates)
07	Vehicle used as school bus	vehicle used to/from transport students and/or faculty to a 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 school vehicle: passenger car, minibus (8-16 passenger) or full size bus with school registration S-I or S-2 type plates.
10	Transit Bus	Commercial Vehicle used for transport of passengers (non-school). Includes vehicles registered as an "Omnibus"
11	Other Bus	special use vehicles, i.e. private coaches
12	Vehicle Used As Snowplow	Plow is down and the vehicle is actively being used to clear the roadway of snow or slush.
13	Vehicle Towing Another	Includes but not limited to tow trucks

Boxes 114 and 115

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

Box 114 and 115		
CARGO BODY TYPE		
Code	Description	Definition
01	**Bus (9-15 seats)**	
02	**Bus greater than 15 seats**	
03	**Van/Enclosed Box**	Any type of CMV, trailer or semi-trailer with an enclosed box.
04	**Cargo Tank**	
05	**Flatbed Truck/Trailer**	
06	**Dump**	
07	**Concrete Mixer**	
08	**Auto Transporter**	
09	**Garbage/Refuse**	
10	**Hopper (grain/gravel/chips)**	
11	**Pole Trailer**	
12	**Intermodal Chassis**	Marine , rail terminal equipment as well as over-the-road equipment where different sized 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.
13	**No Cargo Body**	

Reference Material: Vehicle Type – Cargo Body Type 0n page 73.

Boxes 116 and 117

Box 116 and box 117 (Direction of Travel of Vehicle) identifies the direction of travel recorded as the nominal direction posted on road signs or identified on maps or straight-line diagram for the road where the crash occurred.

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

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

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

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

* For your information and use in box 116 and box 117 (Direction of Travel of Vehicle), the direction of travel of the vehicle(s) is recorded as the nominal direction (as posted on road signs or identified on maps, e.g..: straight-line diagrams for the street where the crash occurred.) Even though a north-south road may actually run east-west for a segment, the direction shall not change for reporting.

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

* 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.
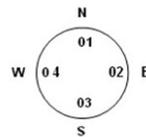
Apparent Contributing Circumstances

Boxes 118 a&b and 119 a&b

In **box 118a&b and box 119a&b (Apparent Contributing Circumstances)**, the investigator will determine the most prominent factor(s) contributing to the crash, even if a summons is not issued.

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.

For your information and use in box 118a&b and box 119a&b (Apparent Contributing Circumstances), 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 <u>will be</u> the proximate (actual) cause of the crash in box 118a&b and box 119a&b (Apparent Contributing Circumstances).

In box 118a&b and box 119a&b (Apparent Contributing Circumstances), a determination of the apparent contributing circumstances shall be made as a result of the crash investigation.

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, write code "01 - Unsafe Speed," even if a summons is not issued.

Do not 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 <u>Apparent Contributing Circumstances</u> and any selection using "other" must be further explained in box 135.

Box 118a – 118b
HUMAN/DRIVER ACTIONS 01-29

Code	Description
01	Unsafe Speed
02	Driver Inattention*
03	Driver Failed to Obey Traffic Control Device
04	Driver Failed to Yield Right of Way to Vehicle/Pedestrian
05	Improper Lane Change
06	Improper Passing
07	Improper Use/Failed to Use
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
25	None
29	Other Driver/Pedalcyclist Action

Box 118a – 118b
ROAD/ENVIRONMENTAL FACTORS 51-69

Code	Description
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*
69	Other Roadway Defects

Box 118a – 118b
PEDESTRIAN FACTORS 71-89

Code	Description
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

Boxes 120 and 121

118a

118b

119a

119b

120
121

122

123

124

125

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

If apparent physical status is unknown, write code "00."

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 135 (Crash Description).

Any code marked with an asterisk (*) under <u>Apparent Physical Status</u> and any selection using "other" must be further explained in box 135.

Box 120 and 121 APPARENT PHYSICAL STATUS	
Code	**Description**
00	Unknown
01	Apparently Normal
02	Alcohol Use
03	Drug Use (Illicit)*
04	Medication*
05	Alcohol and Drug Use*
06	Physical Handicaps
07	Illness
08	Fatigued
09	Fell Asleep

Boxes 122 and 123

118a

118b

119a

119b

120

121

122
123

124

125

In **box 122 and box 123 (Cell Phone in Use)** write the code to identify if each driver/operator, pedalcyclist and/or pedestrian was using a cell phone at the time of the crash.

Write code "01 - Handheld" or code "02 - Hands Free" to identify cell phone use.

Enter a dash (-) in box 122 and/or box 123 (Cell Phone in Use) if cell phone use is not applicable.

Boxes 124 and 125

For your information and use in **box 124 and box 125 (Pre-Crash Action)**, pedalcycles are considered vehicles.

If a vehicle, pedacycle and/or pedestrian contributed to the crash and <u>did not</u> have contact with a motor vehicle, explain the <u>Pre-Crash Action</u> in box 135 (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).

Box 124 and box 125 (Pre-Crash Action) are used for vehicle, pedacyclists and/or pedestrians that <u>made</u> contact during the crash sequence.

In reference to box 124 and box 125 (Pre-Crash Action), if a pedestrian was an apparent contributing circumstance in the pre-crash action, write 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 <u>shall not</u> write 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 <u>pedestrian</u>.

In **box 124 and box 125 (Pre-Crash Action)**:

Code "12 - Merging/Entering Traffic Lane" - crashes associated when two lanes merge into one (e.g., acceleration or deceleration merges). This does not include "05 - Starting From Parking."

Code "14 - Driverless/Moving": e.g., a vehicle rolls out of a parking space, when a driver is ejected or exits and the vehicle continues in motion.

Codes "43- Crossing at 'Marked' Crosswalk" - at Intersection, "44 – Crossing at 'Unmarked' Crosswalk" - at Intersection, "45 – Crossing at 'Marked' Crosswalk" - at Mid-Block. Definitions for crosswalks are found in **NJSA 39: 1-1.**

Any selection marked with an asterisk (*) under <u>Pre-Crash Action</u> and any selection using "other" must be further explained in box 135.

| 118a |
| 118b |
| 119a |
| 119b |
| 120 |
| 121 |
| 122 |
| 123 |
| 124 |
| 125 |

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
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
41Coming From Behind Parked Vehicle
42 (reserved)

At Intersection

43 Crossing At "Marked" Crosswalk
44 Crossing At "Unmarked" Crosswalk

At Mid-Block

| 126 |
| 127 |
| 128a |
| 128b |
| 128c |
| 128d |
| 129a |
| 129b |
| 129c |
| 129d |

In **box 126 and/or box 127 (Traffic Controls)**, write 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 126 & 127 **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**	
09	**Yield Sign**	
10	**Flagman**	Includes all traffic directors in work zones.
11	**No Control Present**	
12	**Flashing Traffic Control**	A traffic signal that is placed into the flash mode
13	**School Zone Signs/Flashing**	
14	**Adult School Crossing Guards**	Does not include school safety patrols

**Boxes
128 a-d
and
129 a-d**

In **boxes 128a-d and 129a-d (Sequence of Events)**, write the code(s) to identify the beginning of a crash and all subsequent actions.

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

These details will describe what happened.

| 126 |
| 127 |
| 128a |
| 128b |
| 128c |
| 128d |
| 129a |
| 129b |
| 129c |
| 129d |

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

Vehicle 1	Vehicle 2
128a - 05	129a - 26
128b - 28	129b - (-)
128c - 52	129c - (-)
128d - (-)	129d - (-)

Example 2: If Vehicle 1 hits Vehicle 2 coming in the opposite direction, then hits a curb, then hits a tree. Vehicle 2 is hit by vehicle 1, hits pedalcyclist, and then hits a traffic sign support, the report should be filled out as follows:

Vehicle 1	Vehicle 2
128a - 26	129a - 26
128b - 56	129b - 21
128c - 60	129c - 50
128d - (-)	129d - (-)

If code "19 - Other non-collision" is used or "39 - Other Non-Fixed Object" or "69-Other Fixed Object", explain in box 135.

See next Page for box codes for 128a-d and 129a-d.

Box 128a-d & 129a-d
SEQUENCE OF EVENTS
Non-Collision, Codes 01 – 19

Code	Description	Definition
01	Overturn/Rollover	
02	Fire/Explosion	
03	Immersion	
04	Jackknife	
05	Ran Off Road- Right	
06	Ran Off Road- Left	
07	Cross Median/Centerline	
08	Downhill Runaway	
09	Cargo/Equip Loss or Shift	
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 MV	
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.)	
19	Other Non-Collision	

Box 128a-d & 129a-d
SEQUENCE OF EVENTS
Collision w/Fixed Object, Codes 41 – 59

Code	Description
41	Impact Attenuator/Crash Cushion
42	Bridge Overhead Structure
43	Bridge Pier or Support
44	Bridge Parapet End
45	Bridge Rail
46	Guardrail Face
47	Guardrail 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

Box 128a-d & 129a-d
SEQUENCE OF EVENTS
Collision w/person, MV or non-fixed object, Codes 21 – 39

Code	Description	Definition
21	Pedalcyclist	
22	Pedestrian	
23	Train/Trolley/Other Railcar	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 it's 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.
24	Deer	
25	Other Animal	
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	
29	Work Zone/Maintenance Equipment	
30	Struck by Object Set in Motion By MV	
39	Other Non-Fixed Object	

Boxes 130 - 133
130
131
132
133

In **boxes 130-133 (Vehicle Impact Area)**, write the code to identify the point where the contact first began between two vehicles, a vehicle and trees, a vehicle and a pedestrian, etc.

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

Use the Clockpoint Diagram to identify the area of initial impact and principal damage (area that was most damaged).

*
Clockpoint Diagram

```
      11  12  01
   10            02
  09              03
   08            04
      07  06  05
```
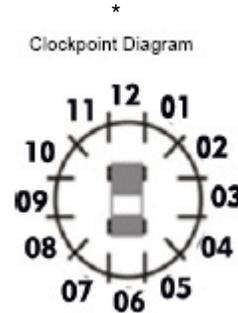
Box 130-133 Example: Vehicle #1 was struck in the rear by Vehicle #2. Vehicle #1 sustained no damage. Vehicle #2 sustained damage to the front of the vehicle.

	INITIAL IMPACT 130	PRINCIPAL DAMAGE 131
VEH. 1	06	17
	132	133
VEH. 2	12	12

Refer to NJTR-1 Overlay, pg. 2.

Crash Diagram

Box 134

**ALL REPORTS
REQUIRE A
DIAGRAM.**

**Electronic versions
are acceptable.**

In **box 134 (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 135 that the vehicles were moved prior to your arrival.

In box 134 (Crash Diagram), 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 134 (Crash Diagram) on form NJTR-1 or in case of serious injury or fatalities, or if applicable.

Write "See NJTR-1B" in box 134 (Crash Diagram) of the NJTR-1, if applicable.

Crash Description and Damage To Other Property

Box 135

In box 135 (Crash Description), describe these 3 basic elements at a minimum:

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 require asterisk (*) information identified throughout the form. Include pedestrian or pedalcyclist clothing worn at the time of the crash. Note: List any photos taken. Use form NJTR-1A (supplemental page) if applicable.

Box 136

In **box 136 (Damage To Other Property)**, write the code(s) for all other property damage that occurred as a result of the crash not including the vehicles involved (i.e., "59 - Fence," "62 - Fire Hydrant," "58 - Embankment," etc.).

Write the property owner's name and address, along with the description of the property that was damaged.

Use codes from boxes 128a-d and 129a-d (Sequence of Events) where applicable.

Enforcement Action

Box Oper

In the **box (Operator)** located to the left of box 137 and 139 (Charge), write the code to identify the driver/operator by chronological number correlated with box 26 and/or box 56 (Driver's Name).

The driver in box 26 (Driver's Name) is known as Operator "01" and in box 56 (Driver's Name) the driver is known as Operator "02."

Pedalcyclists and pedestrians are also associated with box 26 and/or box 56 (Driver's Name).

Boxes 137 and/or 139

In **box 137 and/or 139 (Charge)**, write only the most serious charge.

When there are multiple charges against a person, place an "X" in the box (Multiple Charges) located in box 137 and/or 139 (Charge) and write additional charges in box 135 (Crash Description).

Boxes 138 and/or 140

In **box 138 and/or box 140 (Summons Number)**, write the summons number for the charge written in box 137 and/or box 139 (Charge).

When there are multiple summonses issued, write the summons numbers and multiple charges in box 135 (Crash Description).

Investigator Identification and Case Status

Box 141

In **box 141 (Officer's Signature)**, the investigator is required to electronically or manually write (sign) his/her name or the report is not valid.

Box 142

In **box 142 (Badge Number)**, the investigator is required to write his/her badge number.

141 Officer's Signature		142 Badge No.	143 Reviewed By	Badge No.	144 Case Status ☐ Pending ☐ Complete

Box 143

In **box 143 (Reviewed By**), the supervisor who reviews the report <u>must</u> check it for completeness, accuracy and proper content; then electronically or manually write (<u>sign</u>) 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.state.nj.us/transportation/refdata/accident/policeres.shtm

Reference Material: NJTR-1 Protocol on page 65.

141 Officer's Signature		142 Badge No.	143 Reviewed By	Badge No.	144 Case Status ☐ Pending ☐ Complete

Box 144

In **box 144 (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 <u>pending</u> shall be updated to complete status by submitting a change report. Several updates may be required before complete status.

Police Guide for Preparing

Reports of

Motor Vehicle Crashes

New Jersey Department of Transportation

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.

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

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

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.

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

* Statutory Language

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 "reportable" 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 320,000 (2003) crash reports are produced annually.

The Division of Highway Traffic Safety (DHTS) and the New Jersey Department of Transportation 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.

Some of them are:

<div align="center">

Division of Highway Traffic Safety

Motor Vehicles Commission

Division of State Police

Department of Transportation

Department of the Treasury

Department of Insurance

Department of Education

Department of Human Services

Office of Emergency Management Services

County and Municipal Traffic Engineers

County and Municipal Traffic Officers

</div>

Preliminary Instruction Guide

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.

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

The most recent NJTR-I went into effect on January 1, 2006. The report was renumbered through input from officers to assist you in the completion of the form. Some changes throughout the new report should be noted:
The report was changed from 124 blocks to 144 blocks.

Important points

- All 144 boxes on the Crash Report must be completed, even if you only enter a dash.

- Be very specific when entering the location of the crash. This information must be completed in order to pinpoint the exact location of the crash for geo-code processing.

- All reportable crash reports, including fatals, must be forwarded to the New Jersey Department of Transportation through the New Jersey Motor Vehicle Commission.

- Use a dash **(-)** to indicate non-applicable information in all blocks.

- Use double zeros (00) to indicate the required information is unknown in blocks 96 -133.

- 99 "Other" is no longer shown in each category. Write in "99" in the boxes where no choices for "Other" apply and you will explain in the narrative.

- If a box calls for a two digit numeric answer be sure to fill in both digits, i.e. 01,02,03

- List and number occupied vehicles first, then unoccupied vehicles, then bicyclists and pedestrians on the report

- When entering intersecting municipal street names, enter the numeric streets first and then the alpha streets in alphabetical order.

- A pedalcycle is considered a vehicle for purposes of crash reporting, except when coding ejection from vehicle (box 85). A pedalcyclist is not coded as being ejected from the cycle if involved in a crash.

- A person sitting behind the wheel of a parked vehicle should not have their information listed in the operator boxes (26-34, 56-64) but listed that information in the narrative (box 135)

- If a vehicle or a pedestrian caused the crash and DID NOT have any contact with a motor vehicle, explain the pedestrian information box 135 and enter a dash **(-)** in boxes 26 and/or 56.

- Write the pedestrian's identification in boxes 26 and 56. Do not list the driver's license number in boxes 32 and 62 for pedestrians.

1. Motor vehicle and traffic laws regarding taking of crash reports

A. Requirements for drivers

1. N.J.S.A.39: 4-130 requires that any driver of a vehicle or street car involved in an accident 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 accident.

2. The driver is further required to forward a written report of such accident within 10 days to Motor Vehicle Services on forms furnished by it.

3. A written report of an accident 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.

B. Requirement for police officers

1. N.J.S.A.39: 4-131 requires the following:

a. That Motor Vehicle Services shall prepare and supply to police departments forms for accident* reports. These forms will contain detailed information about the motor vehicle accident*, including the cause, the conditions then existing, and the persons and vehicles involved.

b. Every law enforcement officer who investigates a vehicle accident* of which report must be made or who otherwise prepares a written report as a result of an accident* shall forward a written report of the accident* to Motor Vehicle Services, on the forms furnished by it, within 5 days after his or her investigation of the accident*

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.

2. 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.

C. Completing Accident* Report Form NJTR-1

I. The State of New Jersey Police Accident* Report Form NJTR-I is to be completed by the police officer for all investigations of motor vehicle crashes.

2. Form NJTR-1 A Motor Vehicle Accident* Description is to be completed if more than five people were involved in the crash or if additional space is needed for the description.

3. Form NJTR-I B Motor Vehicle Accident* Diagram, or other diagrams, shall be used in all crash cases involving serious injury or a fatality in lieu of block 134 on form NJTR-I. When using an NJTR-1B or other diagram write: SEE ATTACHED DIAGRAM" in block 135.

- Statutory Language

D.NJTR-1A Motor Vehicle Accident* Description

1. Use this form if more room is needed for the Accident* Description Box 135 and/or if there were more than five passengers in the vehicle(s).

E. Additional Report Pages

1. 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.

2. The need for an additional NJTR-1 report page would occur when the crash involved three or more cars, three or more pedestrians or pedalcyclists, or five or more vehicle occupants. This is necessary because an NJTR- 1 has space for only two vehicles and five occupants. Pedestrians and pedalcyclists are identified in the "Driver" parts of the NJTR-1 by listing name and address but not by including their driver's license.

3. When an additional form page is needed, the minimum entries required for the additional report are boxes 1 through 7, as outlined in the sections with the bold black lines.

   a. For example, if an additional report page is submitted because there were more than two vehicles, pedestrians, or pedalcyclists in the crash, the additional report pages need only reflect items 1 through 7 and all other items relating to the additional vehicles, pedestrians, or pedalcyclists covered in boxes 106-133.

A. Change Reports

1) Whenever it is necessary to make a change in information set out on a report which has already been submitted to Department of Transportation, a new report must be submitted showing the changes, with the change box checked at the top of the report form. One example would be 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. Another instance where a "Change Report" is required is when an injured party from a motor vehicle crash dies from their injuries after the initial crash report is submitted. Note that the NJSP & NJMVC are notified via the NLETS teletype and the NJDOT is to be notified via fax as per NJTR1 protocol information sheet.

2) The bold black lines (blocks 1-7) are always the minimum number of mandatory fields for additional NJTR-1s in the change report along with the names of Driver 1 and Driver 2 on the original report should be carefully printed in boxes 26 and 56, "Driver's Name", of the Change Report.

3) When submitting a change report only submit the information that needs to be changed or added. Do not fill in all of the blocks if there is no change in the original report.

.

B. Fatal Crashes

1. All fatal motor vehicle crashes shall be reported to the New Jersey State   Police via N.L.E.T.S. within 24 hours of occurrence. It is requested of all municipal police departments that they follow the standard format for reporting fatal motor vehicle crashes as it appears on their N.L.E.T.S. (NCIC) terminals. Refer to the NJTR-1 Protocol in the appendix.

2. In addition, a photocopy of the initial investigation report shall be submitted, in a special envelope, to the MVC Fatal Accident Review Board within 72 hours (N.J. Statute *39:5-30).* This should NOT be one of the two copies marked as "State Copy".

3. Upon completion of the investigation, a photocopy of the completed report shall be mailed to:

> Division of State Police
> Fatal Accident Investigation Unit
> PO Box 7068
> West Trenton, New Jersey 08628-7068

II. Recommended Procedures for the Handling of Motor Vehicle Crashes Not Investigated at the Scene.

1. The Department of Transportation has submitted the following recommended procedure for a late report of a motor vehicle crash that is not investigated at the scene.

   a. 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.

   b. The department should then provide the reporting individual with an SR1 form (Motor Vehicle Accident Report)

   c. The reporting individual shall complete the form for reportable crashes. It is suggested that the reporting individual provide a copy to the police department for its files but follow your departmental procedures in this matter.

   d. The reporting individual shall mail a copy of the report to the agency indicated on the SR1 form.

   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.

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.

<u>Department of Insurance</u>

Title 11

11:3-34.3 Definition of "At Fault Accident*"

"At-fault accident" is any accident 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 an accident* involving two drivers; if 33 1/3 percent responsible for an accident* involving three drivers, etc.

An at-fault accident* <u>SHALL NOT INCLUDE</u> the following:

1) Involvement in an accident* in which the motor vehicle owned or operated by the insured or other driver insured under the policy was lawfully parked.

2) Involvement in an accident* in which the motor vehicle was struck by a hit and run driver, if such accident* was reported to the proper authorities within 24 hours.

3) Involvement in an accident* 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 accident* was so convicted.

4) For physical damage losses other than collision.

5) For an accident* 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 accident*.

6) For an accident* occurring as a result of operation of any motor vehicle in response to an emergency if the operator at the time of the accident* 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

NJTR-1   PROTOCOL

Non- Fatal Crash Reporting

A non-Fatal reportable crash (NJTR-1) needs only to be mailed to NJDOT (See address below) within 5 days in accordance with State Statue Title 39. None to Motor Vehicle Commission or State Police.

Fatal Crash Reporting

1. Police Dept & medical examiner do preliminary crash investigation.

2. Local Police Send NLETS Teletype Message (Incident report) to State Police Fatal Unit within 24 hours **on all** Fatal crashes-

3. Mail a copy of NJTR-1 only to, Motor Vehicle Commission, Fatal Accident Review Board and to NJDOT within 72 hours   (whether complete or not):

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

B.   NJTR-1 State copy ⟶   New Jersey Department of Transportation
1035 Parkway Avenue, CN 600
Trenton NJ 08625
Atten: Bureau of Safety Programs – Crash Records Unit

Phone   609-530-3474   Fax 609-530-3496

NOTES:
  I.   If crash appears prosecutable and there is concern about filling in Contributing Circumstances (Blks 28 & 29) the form can be submitted without filling in blks 28 & 29
  II.   Once the investigation is complete then submit NJTR-1 change report with copy of Investigation report to Motor Vehicle Commission, NJDOT and State Police.

C. Photo Copy   ⟶   NJSP – Division Headquarters   **State Police Fatal Unit**
FAI Unit   Phone 609-882-2000 Ext 2240
PO Box 7068   Fax 609-883-0237
West Trenton 08628

State Police do their investigation   A. State Police send report to DMV & Prosecutors.
                                        B. Fatal Accident Review Board determines if administrative action is warranted.

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 blocks 10 thru 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.

Crosswalk

Sidewalks   Sidewalks

Crosswalk   Crosswalk   Crosswalk

Sidewalks   Sidewalks   Sidewalks

Crosswalk   Crosswalk
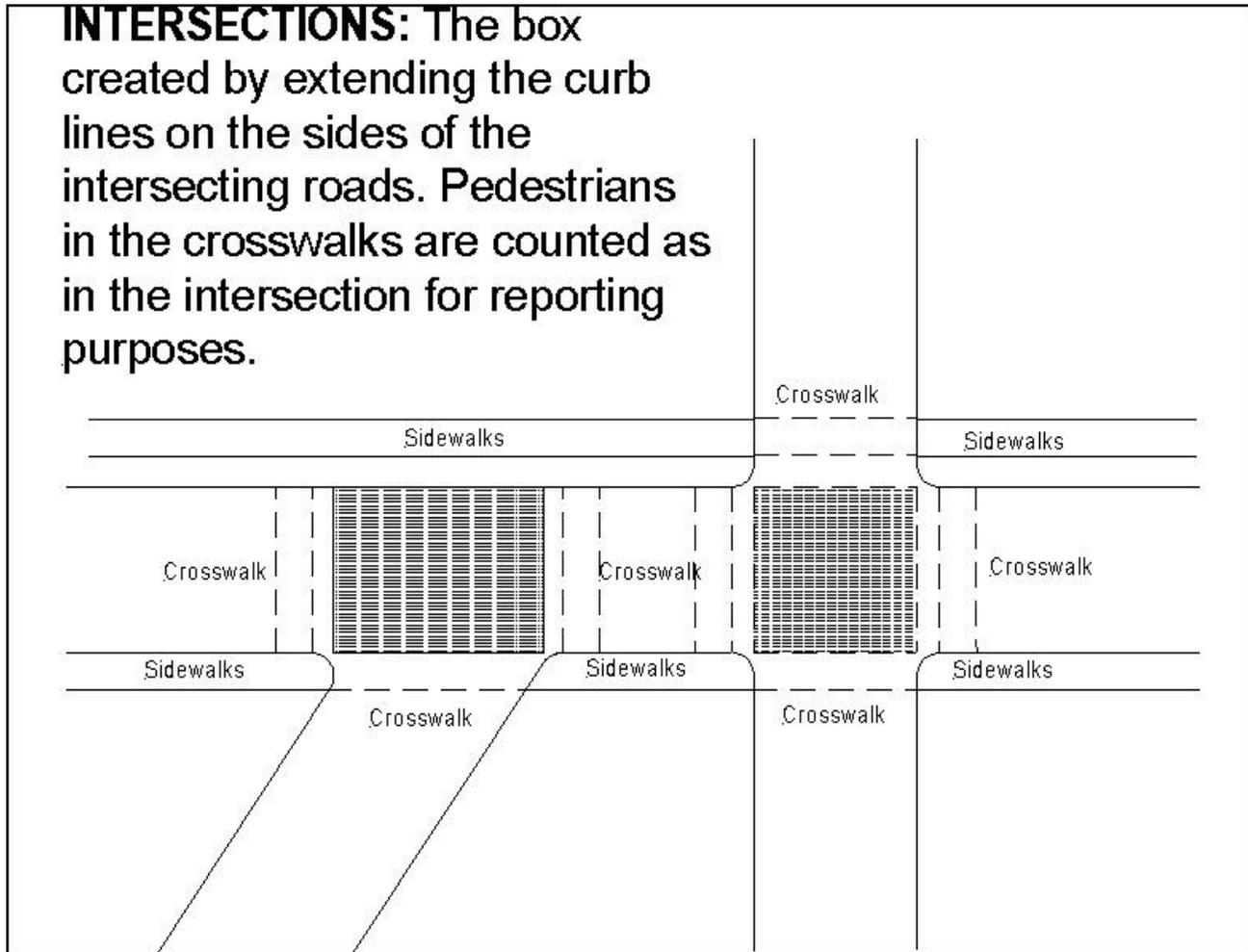
Ramp
Example
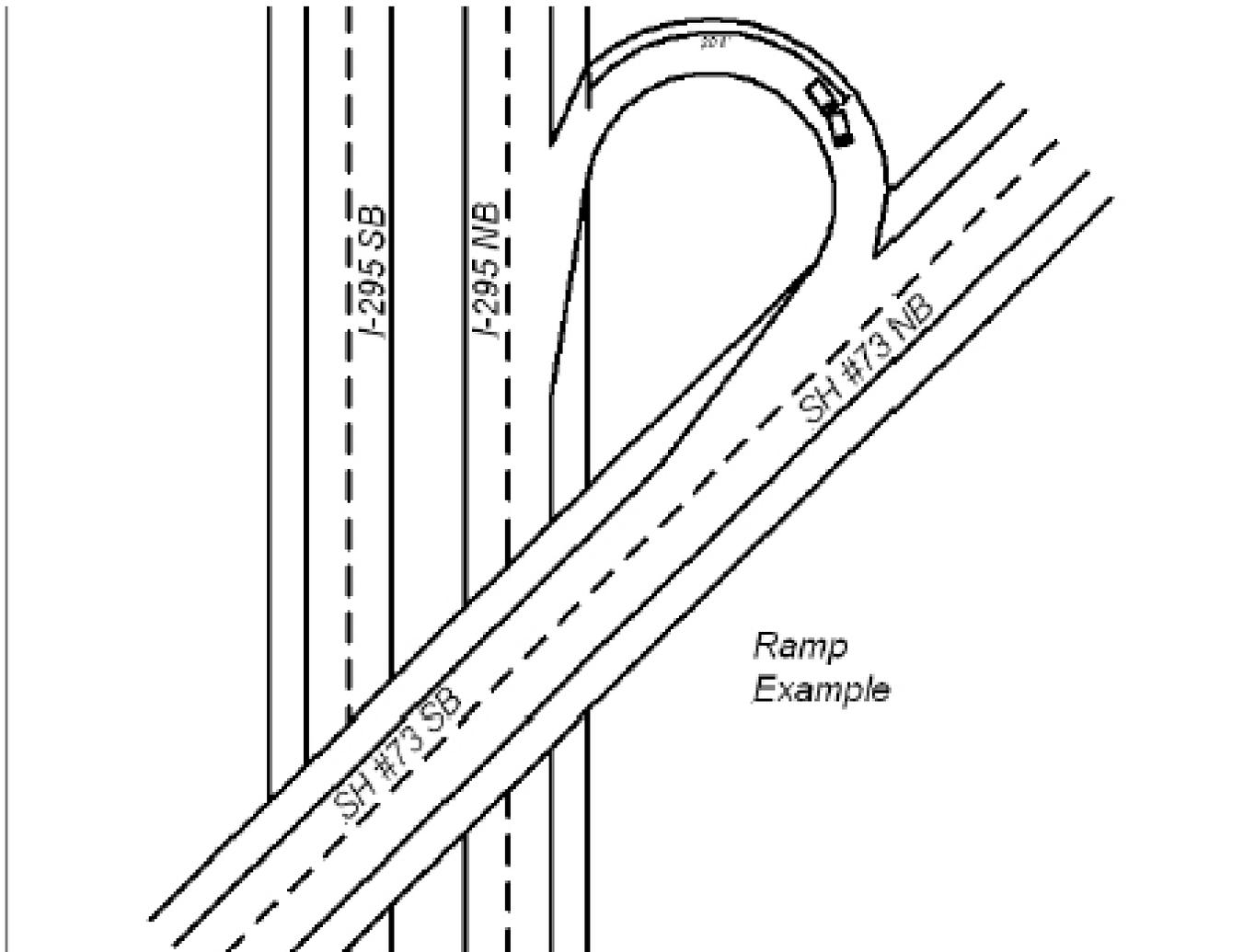
SAMPLE ENTRIES FOR COLUMNS 83 THROUGH 95

Crash involving 2 vehicles and 5 people:

Line A shows the Driver of Vehicle #1(1), his position as the driver (1), that he is Dead (1), trapped in the vehicle (4), 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), moderate injury (3), not ejected (01), 9 years old (09), male (M), Head injury (01), Bleeding (4), Safety equipment available was airbag & seat belts (09), Safety equipment used was none (O1), Ambulance Run Number (hospital code-Overlook Hospital 7055*).*

Line C shows the Driver of Vehicle #2 (2), her position as the driver (1), that she has no injuries (-), not ejected (1), 62 years old (62) and female (F), no injuries (--), no injuries (-), 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), complaint of pain (4), not ejected (1), 42 years old (42), female (F), complain of neck pain (04), complaint of pain (8), 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), no injuries (-), not ejected (1), 7 years old (7), male (M), no injuries (--), no injuries (-)**,** 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	2	1	2	9	M	0 5	3	2	0 9	0	1	01	70 55	**Bill Beans 156 Truck Turn Lane, Cherry Hill, NJ 01/24/05 0723**
B 1	3	3	3	0	9	F	0 1	4	2	0 9	0	1	01	70 55	**Tom Beans**
C 2	1	-	-	6	2	F	- -	-	1	0 8	0	1	01	- -	
D 2	3	4	3	4	2	F	0 4	8	2	0 3	0	3	01	70 55	**Elaine Wrigley**
E 2	4	-	-	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.

Page _____ of _____

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

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Sped	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dep'l	Hosp 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 L L I N V O L V E D	F														
	G														
	H														
	I														
	J														

96 Crash Description

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NJTR-1A (rev. 03/2006)   Officer's Signature   Badge Number

BUS SEATING ARRANGEMENT

MCI-9, EAGLE & FLXIBLE

FLXIBLE TRANSIT & NOVA 06

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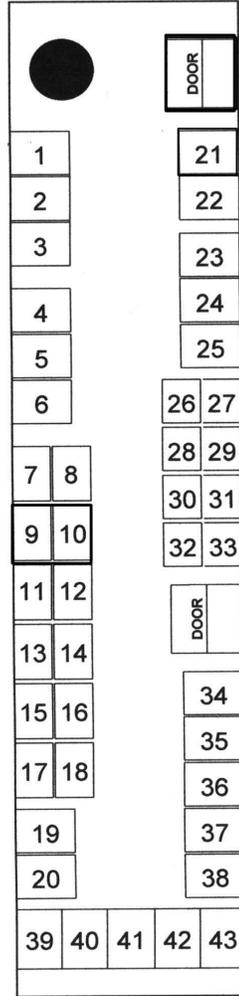
REAR

Police Agency _____

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency_____

Station_____ , Case No. _____
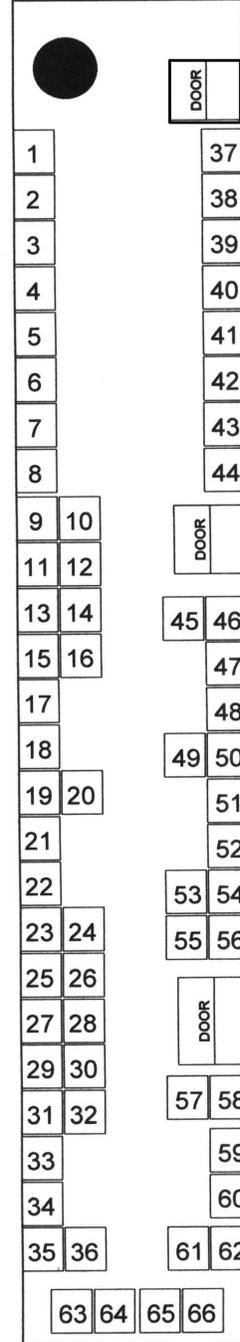
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SCHOOL BUS
(full size)

● DRIVER			DOOR →	
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11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52		53	54

MINIBUS

● DRIVER			DOOR →	
1	2		3	4
5	6		7	8
9	10		11	12
13	14		15	16

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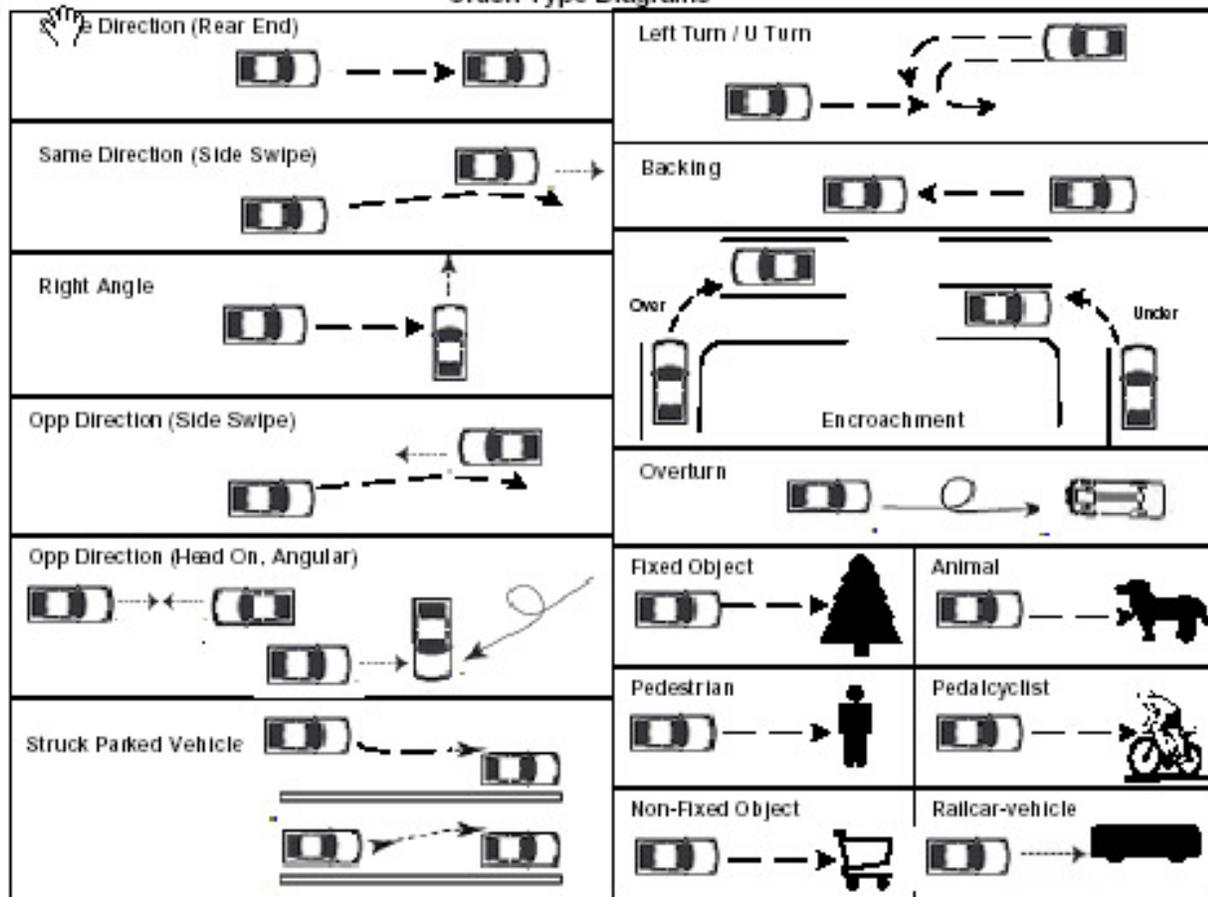
1. Same Direction (Rear-end)- Two vehicles moving one behind the other and collide, regardless of what movements either vehicle was in the process of making. This would include a collision in which the leading vehicle spun out and became turned 180 degrees around such that the resulting same direction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

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

3. 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 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.

4. 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 unpainted centerline or divided median of the roadway. This includes a collision resulting from one vehicle traveling the wrong way down a divided highway.

5. Opposite Direction (Sideswipe)- 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.

6. Parked Vehicle- A crash involving a vehicle in transport striking a parked vehicle within the roadway or in a parking lot.

7. Left Turn/U Turn- Two vehicles approaching from opposite directions collide as a result of at least one vehicle attempting to make a left or U turn in front of the opposing vehicle.

8. Backing- This type of crash, previously labeled as "Other" type, is defined as any multi-vehicle collision when at least one vehicle was in the act of backing.

9. Encroachment- Previously labeled as "Other" type crash, but frequently mislabeled as an angle crash due to the approach directions of one of the turning vehicles and a stopped, starting or slowing vehicle on an adjacent approach, this crash defines the collision of two adjacent approach vehicles whose paths are unintended to come in conflict, but collide as a result of one or both vehicles over- or under-turning.

10. Overturned- A crash in which a vehicle overturns on or off the roadway without first having been involved in some other type single or multiple vehicle crash. This includes motorcycle crashes in which the operator loses control of and drops bike, but had not initially struck another motor vehicle, fixed or non-fixed object, animal, pedacyclist or pedestrian.

11. Fixed Object- A crash in which the primary collision involved a single vehicle and a fixed object.

12. Animal- A crash involving a vehicle striking any animal, including a deer. However, a deer crash could also be so-named for specific identification of this more common type animal crash within the appropriate box on the Police Crash Report form.

13. Pedestrian- A crash involving a vehicle and pedestrian in which the collision between the two is the first event and also took place within the road proper. This type includes a vehicle colliding with someone walking their bicycle in the roadway.

14. Pedalcycle- A crash involving a vehicle and a bicycle that is in the act of being ridden or stopped in the roadway, but currently mounted by the cyclist.

15. Non-fixed object- Excluding the single motor vehicle type crashes defined in numbers 10-14 above, this type implies any crash initially involving a single vehicle and object not considered a fixed or permanent condition of the highway like ruts, bumps, sink- or potholes or other miscellaneous stationary or airborne road debris such as garbage, tree limbs, fallen-off parts of other vehicles, broken and scattered signs/posts, etc.

16. Railcar-vehicle- Any crash involving a vehicle and a train, trolley, light transit or other type railcar that occurred within a roadway right-of-way or at an at-grade inter section.

99. Other- This category encompasses all other categories of single and multi-vehicle crashes that are not defined above. These include, but are not limited to, all other non-collision events such as immersion, cargo loss, separation of units, fire/explosion, and run-off road incidents (whereby damage is caused to the vehicle, but nothing else was physically struck during or following the act of leaving the highway).

00. Unknown

Vehicle **Type**/Cargo Body **Type**
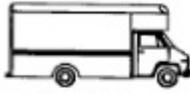
Cargo Van

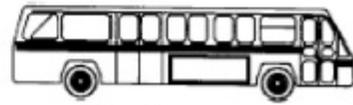Recreational Vehicle

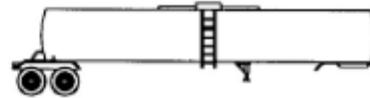Single Unit (2 Axle)

Truck Tractor

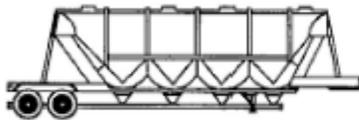Tractor Double

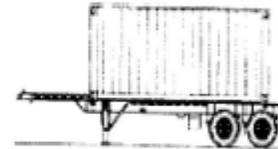Tractor Semi-Trailer

Bus (> 15 seats)

Flatbed

Cargo Tank

Hopper (grain/gravel)
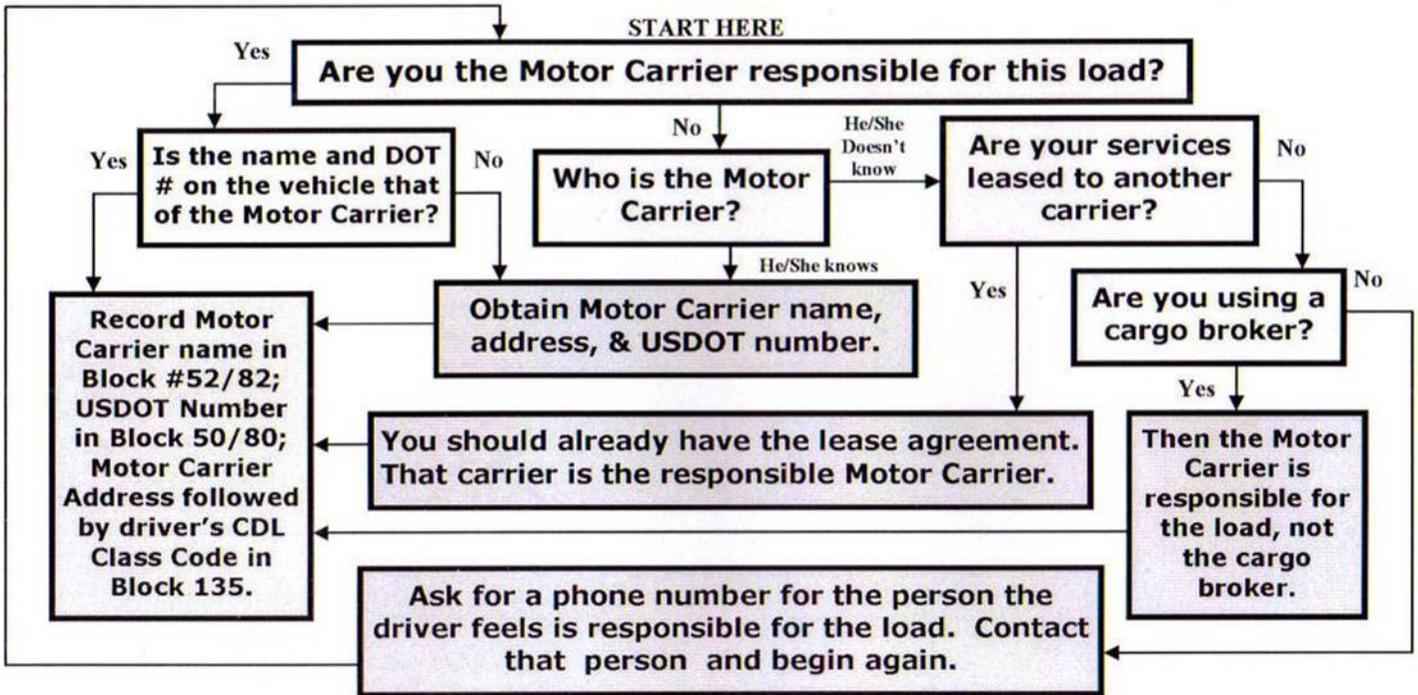
Intermodal Chassis

Garbage/Refuse

Snowplow

Concrete Mixer

HOW TO IDENTIFY AND DOCUMENT THE CORRECT MOTOR CARRIER AND DOT NUMBER

Have the driver produce all relevant documents (ex. Shipping papers, log book, medical card, registration, insurance, lease agreement, etc.) NOT ALL OF THESE DOCUMENTS ARE REQUIRED BY ALL DRIVERS. GET WHAT'S AVAILABLE. One of these should reveal the motor carrier. Question the driver using the flowchart below. Document the motor carrier's name on the NJTR-1 Crash Report Form in Block #52/82, USDOT Number in Block #50/80, Commercial Vehicle Weight Rating (GVWR) in Block #51/81 and the Motor Carrier Address followed by driver's CDL Class Code (A, B, C, Y, N, P, or U) in Block #135.

START HERE

Are you the Motor Carrier responsible for this load?

Yes → **Is the name and DOT # on the vehicle that of the Motor Carrier?**

No → **Who is the Motor Carrier?**

He/She Doesn't know → **Are your services leased to another carrier?**

Yes → (from Is the name and DOT #) → **Record Motor Carrier name in Block #52/82; USDOT Number in Block 50/80; Motor Carrier Address followed by driver's CDL Class Code in Block 135.**

No (from Is the name and DOT #) →

He/She knows → **Obtain Motor Carrier name, address, & USDOT number.**

No (from Are your services leased) → **Are you using a cargo broker?**

Yes (from Are your services leased) → **You should already have the lease agreement. That carrier is the responsible Motor Carrier.**

Yes (from Are you using a cargo broker) → **Then the Motor Carrier is responsible for the load, not the cargo broker.**

No (from Are you using a cargo broker) →

Ask for a phone number for the person the driver feels is responsible for the load. Contact that person and begin again.

DRIVER LICENSE CLASS CODES

A - Class A CDL
B - Class B CDL
C - Class C CDL
Y - CDL, yes, with no class identified
N - No CDL (other license class or not licensed)
P - Driverless/Parked vehicle
U - Data unavailable