

96	Page <u> </u> of <u> </u> <input type="checkbox"/> Fatal New Jersey Police Crash Investigation Report <input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report										118a														
97	1. Case Number					10. Crash Occurred On: _____					11. Speed Limit _____					118b									
98	2. Police Dept. of _____ Code _____					Road Name _____ Dir _____					12. Route No. _____ Suffix _____ 13. Milepost _____					119a									
99	3. Station/Precinct _____					<input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W					18. Speed Limit _____					119b									
100a	4. Date of Crash mm dd yy			5. Day of Week Su M Tu W Th F Sa			6. Time (use 2400 hrs.) 14 15 16		7. Municipality Code		8. Total Killed		9. Total Injured			120a									
100b	23. Veh. # _____ 24. Policy No. _____					25. NJ Ins. Code _____					53. Veh. # _____ 54. Policy No. _____					120b									
101	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run					29. Sex _____					<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run					121a									
102	26. Driver's First Name _____ Initial _____ Last Name _____					27. Number & Street _____					56. Driver's First Name _____ Initial _____ Last Name _____					121b									
103	28. City _____ State _____ Zip _____					57. Number & Street _____					58. City _____ State _____ Zip _____														
104	30. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____					31. State _____					60. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____					122									
											61. State _____					123									
105	32. Driver's License Number _____					33. DOB mm dd yy			34. Expires mm yy		62. Driver's License Number _____					63. DOB mm dd yy	64. Expires mm yy								
106	35. Owner's First Name _____ Initial _____ Last Name _____					65. Owner's First Name _____ Initial _____ Last Name _____					124														
	<input type="checkbox"/> Same as Driver					<input type="checkbox"/> Same as Driver																			
107	36. Number & Street _____					66. Number & Street _____					125														
108	37. City _____ State _____ Zip _____					67. City _____ State _____ Zip _____					126a														
109	38. Make _____		39. Model _____		40. Color _____		41. Year _____		42. Plate No. _____		43. State _____		68. Make _____		69. Model _____		70. Color _____		71. Year _____		72. Plate No. _____		73. State _____		126b
110	44. VIN _____					45. Expires _____					74. VIN _____					75. Expires _____					126c				
111	46. Vehicle Removed to:					76. Vehicle Removed to:					126d														
112	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded					<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded					126e														
113	47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police					77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police					127a														
114	48. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused					49. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill					78. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused					79. Hazardous Material <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill									
115	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine					Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine					Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine					Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine									
116	Results: 0. % <input type="checkbox"/> Pending					Hazard Class _____ Placard No. _____					Results: 0. % <input type="checkbox"/> Pending					Hazard Class _____ Placard No. _____									
117	50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX					51. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥26,001 lbs.					80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX					81. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥26,001 lbs.									
	52. Motor Carrier or Government Entity					82. Motor Carrier or Government Entity					128														
	Number & Street _____					Number & Street _____					129														
	City _____ State _____ Zip _____					City _____ State _____ Zip _____					130														
	135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No										131														
											132														
	Oper. _____ 136. Charge _____					137. Summons No. _____					Oper. _____ 138. Charge _____					139. Summons No. _____									
	Oper. _____ 140. Charge _____					141. Summons No. _____					Oper. _____ 142. Charge _____					143. Summons No. _____									
A	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death											
B																									
C																									
D																									

