

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 _____					18. Speed Limit _____					119a																
99	3. Station/Precinct _____					<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W					of: _____					19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. _____ <input type="checkbox"/> NB <input type="checkbox"/> EB					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 _____			21. Latitude _____ 20 Route Name/Route No. _____ 22. Longitude _____					120a													
100b	23. Veh. # _____ 24. Policy No. _____					25. NJ Ins. Code _____					53. Veh. # _____ 54. Policy No. _____					55. NJ Ins. Code _____					120b																
101	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run					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					59. Sex _____					121a																
102	26. Driver's First Name Initial Last Name										27. Number & Street										57. Number & Street					121b											
103	28. City _____ State _____ Zip _____										58. City _____ State _____ Zip _____															122											
104	30. Eyes _____ DL Class _____ Restrictions _____					31. State _____					60. Eyes _____ DL Class _____ Restrictions _____					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					124						
106	35. Owner's First Name Initial Last Name										65. Owner's First Name Initial Last Name										<input type="checkbox"/> Same as Driver					125											
107	36. Number & Street										66. Number & Street															126a											
108	37. City _____ State _____ Zip _____										67. City _____ State _____ Zip _____															126b											
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 _____			126c
110	44. VIN _____					45. Expires _____					74. VIN _____					75. Expires _____					126d																
111	46. Vehicle Removed to:										76. Vehicle Removed to:															126e											
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															127a											
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															127b											
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					127c																
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					Results: 0. % <input type="checkbox"/> Pending					Results: 0. % <input type="checkbox"/> Pending					127d																
116	Results: 0. % <input type="checkbox"/> Pending					Hazard Class _____ Placard No. _____					Results: 0. % <input type="checkbox"/> Pending					Hazard Class _____ Placard No. _____					127e																
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.					128																
52. Motor Carrier or Government Entity															82. Motor Carrier or Government Entity															129							
Number & Street															Number & Street															130							
City _____ State _____ Zip _____															City _____ State _____ Zip _____															131							
135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No																														132							
Oper. _____					136. Charge _____					137. Summons No. _____					Oper. _____					138. Charge _____					139. Summons No. _____					133							
Oper. _____					140. Charge _____					141. Summons No. _____					Oper. _____					142. Charge _____					143. Summons No. _____					134							
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																																					

