New Jersey Police Crash Investigation Report

Page ____ of ____ ☐ Fatal ☐ Reportable ☐ Non-Reportable ☐ Change Report

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

23. Veh. # 24. Policy No. 25. NJ Ins. Code
☐ Parked ☐ Ped ☐ Pedalcylist ☐ Resp. to Emergency ☐ Hit & Run
26. Driver's First Name Initial Last Name 29. Sex
27. Number & Street
28. City State Zip
30. Eyes DL Class Restrictions Endorsements 31. State
32. Driver's License Number 33. DOB mm dd yy 34. Expires mm yy
35. Owner's First Name Initial Last Name
☐ Same as Driver
36. Number & Street
37. City State Zip
38. Make 39. Model 40. Color 41. Year 42. Plate No. 43. State
44. VIN 45. Expires
46. Vehicle Removed to:
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☐ Left at Scene ☐ Towed Impounded
47. Authority
☐ Owner ☐ Driver ☐ Police
48. Alcohol Drug Test
Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0.__ % ☐ Pending
49. Hazardous Material
☐ None ☐ On Board ☐ Spill
Hazard Class Placard No.
50. Carrier No.
☐ USDOT ☐ None
☐ MC/MX
51. GVWR / GCWR *(trucks & buses only)*
☐ ≤ 10,000 lbs.
☐ 10,001 - 26,000 lbs.
☐ ≥ 26,001 lbs.
52. Motor Carrier or Government Entity
Number & Street
City State Zip

53. Veh. # 54. Policy No. 55. NJ Ins. Code
☐ Parked ☐ Ped ☐ Pedalcylist ☐ Resp. to Emergency ☐ Hit & Run
56. Driver's First Name Initial Last Name 59. Sex
57. Number & Street
58. City State Zip
60. Eyes DL Class Restrictions Endorsements 61. State
62. Driver's License Number 63. DOB mm dd yy 64. Expires mm yy
65. Owner's First Name Initial Last Name
☐ Same as Driver
66. Number & Street
67. City State Zip
68. Make 69. Model 70. Color 71. Year 72. Plate No. 73. State
74. VIN 75. Expires
76. Vehicle Removed to:
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☐ Left at Scene ☐ Towed Impounded
77. Authority
☐ Owner ☐ Driver ☐ Police
78. Alcohol Drug Test
Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0.__ % ☐ Pending
79. Hazardous Material
☐ None ☐ On Board ☐ Spill
Hazard Class Placard No.
80. Carrier No.
☐ USDOT ☐ None
☐ MC/MX
81. GVWR / GCWR *(trucks & buses only)*
☐ ≤ 10,000 lbs.
☐ 10,001 - 26,000 lbs.
☐ ≥ 26,001 lbs.
82. Motor Carrier or Government Entity
Number & Street
City State Zip

135. Damage to Other Property ☐ Yes *(If Yes, describe)* ☐ No

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.

	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														

New Jersey Police Crash Investigation Report	Case Number	Page _____ of _____

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
E														
F														
G														
H														
I														
J														

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)

145. Crash Description/Narrative

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐Pending ☐Complete