

State of New Jersey Police Crash Investigation Report NJTR-1

Use Code 00 for Unknown.

Use Code 99 for Other, except when Other Code already exists for field.

Explain Other in Crash Description

Also, Explain Items Marked with asterisk (*) in Crash Description

If an Item Does Not Apply, Enter a Dash (-)

NOTE:

Boxes 1 -7 must be completed for all pages of the report.

Boxes 8-22 and 96-105 are only required on page 1 of the report.

All other information is completed as necessary.

Websites for:

Crash References -
<http://www.nj.gov/transportation/refdata/accident/policeres.shtm>

Insurance Codes -
 5 digit NAIC - <http://www.nj.gov/dobi/data/inscomp.htm>
 3 digit MVC - <http://www.nj.gov/mvc/Vehicle/InsuranceCompanyCodes.htm>

Hospital Codes -
http://www.nj.gov/health/ems/documents/special_services/hospital_information.pdf

Overlay Page 1 of 2

96	Road Divided By 01 Barrier Median 02 Curbed Median 03 Grass Median 04 Painted Median 05 None																												
97	Temporary Traffic Control Zone 01 None 02 Construction Zone 03 Maintenance Zone 04 Utility Zone 05 Incident Zone																												
98	Light Condition 01 Daylight 03 Dusk 05 Dark (no street lights) 07 Dark (street lights on, spot) 02 Dawn 04 Dark (street lights off) 06 Dark (street lights on, continuous)																												
99	Road System 01 Interstate 03 State/Interstate Authority 05 County 07 Municipal 09 Private Property 02 State Highway 04 State Park or Institution 06 Co Auth, Park or Inst 08 Mun Auth, Park or Inst 10 US Govt Property																												
100a	Road Character - Horizontal Alignment 01 Straight 02 Curved Left 03 Curved Right																												
100b	Road Character - Grade 04 Level 05 Down Hill 06 Up Hill 07 Hill Crest 08 Sag (Bottom)																												
101	Road Surface Type 01 Concrete 02 Blacktop 03 Gravel 04 Steel Grid 05 Dirt																												
102	Road Surface Condition 01 Dry 02 Wet 03 Snowy 04 Icy 05 Slush 06 Water (Standing/moving) 07 Sand 08 Oil/Fuel 09 Mud, Dirt, Gravel																												
103	Environmental Condition 01 Clear 03 Snow 05 Overcast 07 Freezing Rain 09 Blowing Sand/Dirt 02 Rain 04 Fog/Smog/Smoke 06 Sleet/Hail 08 Blowing Snow 10 Severe Crosswinds																												
104	Total Number of Motor Vehicles Involved in Crash																												
105	Crash Type <table border="0"> <tr> <td colspan="2"><i>with Other MV as First Event</i></td> <td colspan="2"><i>with Below as First Event</i></td> </tr> <tr> <td>01 Same Direction (Rear End)</td> <td>07 Left Turn/U Turn</td> <td>10 Overturned</td> <td>15 Non-Fixed Object</td> </tr> <tr> <td>02 Same Direction (Side Swipe)</td> <td>08 Backing</td> <td>11 Fixed Object</td> <td>16 Railcar - Vehicle</td> </tr> <tr> <td>03 Right Angle</td> <td>09 Encroachment</td> <td>12 Animal</td> <td></td> </tr> <tr> <td>04 Opposite Direction (Head On, Angular)</td> <td></td> <td>13 Pedestrian</td> <td></td> </tr> <tr> <td>05 Opposite Direction (Side Swipe)</td> <td></td> <td>14 Pedalcyclist</td> <td></td> </tr> <tr> <td>06 Struck Parked Vehicle</td> <td></td> <td></td> <td></td> </tr> </table>	<i>with Other MV as First Event</i>		<i>with Below as First Event</i>		01 Same Direction (Rear End)	07 Left Turn/U Turn	10 Overturned	15 Non-Fixed Object	02 Same Direction (Side Swipe)	08 Backing	11 Fixed Object	16 Railcar - Vehicle	03 Right Angle	09 Encroachment	12 Animal		04 Opposite Direction (Head On, Angular)		13 Pedestrian		05 Opposite Direction (Side Swipe)		14 Pedalcyclist		06 Struck Parked Vehicle			
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06 Struck Parked Vehicle																													
106 Veh 1	Oversized/Overweight Permit? (Overweight Trucks Only) 01 Yes 02 No																												
107 Veh 2	Trucks (20-29) 20 Single Unit (2 axle) 21 Single Unit (3+ axle) 22 Truck 2 Axle w/Trailer 23 Truck 3+ Axle w/Trailer 24 Truck Tractor (Bobtail) 25 Tractor Semi-Trailer 26 Tractor Double 27 Tractor Triple 29 Other Truck*																												
108 Veh 1	Vehicle Type Passenger Vehicles (01-19) 01 Car/Station Wagon/Minivan 06 Recreational Vehicle 11 Moped 02 Passenger Van (<9 Seats) 07 All Terrain Vehicle 12 Streetcar/Trolley 03 Cargo Van (10K lbs or less) 08 Motorcycle 13 Pedalcycle 04 Sport Utility Vehicle 09 (reserved) 14 Golf Cart 05 Pick up 10 Any previous w/Trailer 15 Low Speed Vehicle 16 Snowmobile																												
109 Veh 2	Other Non Pass (40) 19 Other Pass Vehicle* 40 Equipment/Machinery																												
110 Veh 1	Vehicle Use 01 Personal 03 Government 02 Business/Commerce 04 Responding to Emergency 05 Machinery in Use																												
111 Veh 2	Bus (30-31) 30 Bus/Large Van/Limo (9-15 Seats) 31 Bus (More than 15 Seats)																												
112 Veh 1	Special Function Vehicles 01 Work Equipment 06 Taxi/Limo 11 Tour Bus 16 Tow Truck 02 Police 07 Veh Used as School Bus 12 Shuttle Bus 17 Farm Equipment 03 Military 08 Veh Used as Other Bus 13 Intercity Bus 18 Farm Vehicle 04 Fire/Rescue 09 School Bus 14 Other Bus 19 Construction/Off Road Equip 05 Ambulance 10 Transit Bus 15 Veh Used as Snowplow 20 Rental Truck (Over 10,000 lbs)																												
114 Veh 1	Cargo Body Type (Trucks & Buses Only) 01 Bus (9-15 seats) 04 Cargo Tank 07 Concrete Mixer 11 Pole/Log (Trailer) 02 Bus (> 15 seats) 05 Flatbed 08 Auto Transporter 12 Intermodal Chassis 03 Van/Enclosed Box 06 Dump 09 Garbage/Refuse 13 No Cargo Body 10 Hopper (grain, gravel, chips) 14 Veh Towing Another Veh																												
116 Veh 1	Direction of Travel of Vehicle 01 North 02 East 03 South 04 West																												
117 Veh 2	Location of Most Severe Physical Injury 01 Head 05 Chest 09 Abdomen/Pelvis 02 Face 06 Back 10 Hip/Upper Leg 03 Eye 07 Shoulder/Upper Arm 11 Knee/Lower Leg/Foot 04 Neck 08 Elbow/Lower Arm/Hand 12 Entire Body																												
	Which Vehicle Occupied 1 Vehicle 1 B Pedalcycle 2 Vehicle 2 P Pedestrian O Other*																												
	Position In/On Vehicle 01 Driver 02 thru 09 Passengers 10 Cargo Area 11 Riding/Hanging on Outside 12 Bus Seating																												
	Ejection From Vehicle 01 Not Ejected 03 Ejected 02 Partial Ejection 04 Trapped																												
	Victim's Physical Condition 01 Fatal Injury 02 Suspected Serious Injury 03 Suspected Minor Injury 04 Possible Injury 05 No Apparent Injury																												
	Age Sex																												
	Type of Most Severe Physical Injury 01 Amputation 05 Contusion/Bruise/Abrasion 02 Concussion 06 Burn 03 Internal 07 Fracture/Dislocation 04 Bleeding 08 Complaint of Pain																												
	Safety Equipment 01 None 08 Helmet 02 Lap Belt 09 Unapproved Helmet 03 Harness 10 Airbag 04 Lap Belt & Harness 11 Airbag & Seatbelts 05 Child Restraint - Forward Facing 12 Safety Vest (Ped only) 06 Child Restraint - Rear Facing 07 Child Restraint - Booster																												
	Airbag Deployment 01 Front 03 Other (Knee, Airbelt, etc)* 02 Side 04 Combination																												
	Refused Medical Treatment 01 Yes 02 No																												
	Avail Used Hosp Code																												