

Page      of       Fatal **New Jersey Police Crash Investigation Report**  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       
11. Speed Limit       
12. Route No.      Suffix      13. Milepost       
14.  At Intersection with  N  E  S  W  
15.  Feet  Miles  
16.       
17. Cross Road Name/Route No.       
18. Speed Limit       
19.  To:  From: Ramp       
20. Route Name/Route No.       
21. Latitude      22. Longitude       
23. Veh. #      24. Policy No.      25. NJ Ins. Code       
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:      %  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       
135. Damage to Other Property  Yes (If Yes, describe)  No  
Oper.      136. Charge      137. Summons No.       
Oper.      140. Charge      141. Summons No.       
Oper.      138. Charge      139. Summons No.       
Oper.      142. Charge      143. Summons No.     

VOID

VOID

	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														

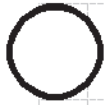
New Jersey Police  
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	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date &amp; Time of Death</i>		
E																
F																
G					VOID							VOID				
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

VOID

145. Crash Description/Narrative

VOID

VOID

146. Officer's Signature

147. Badge #

148. Reviewer

Badge #

149. Case Status

Pending  Complete