

**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.

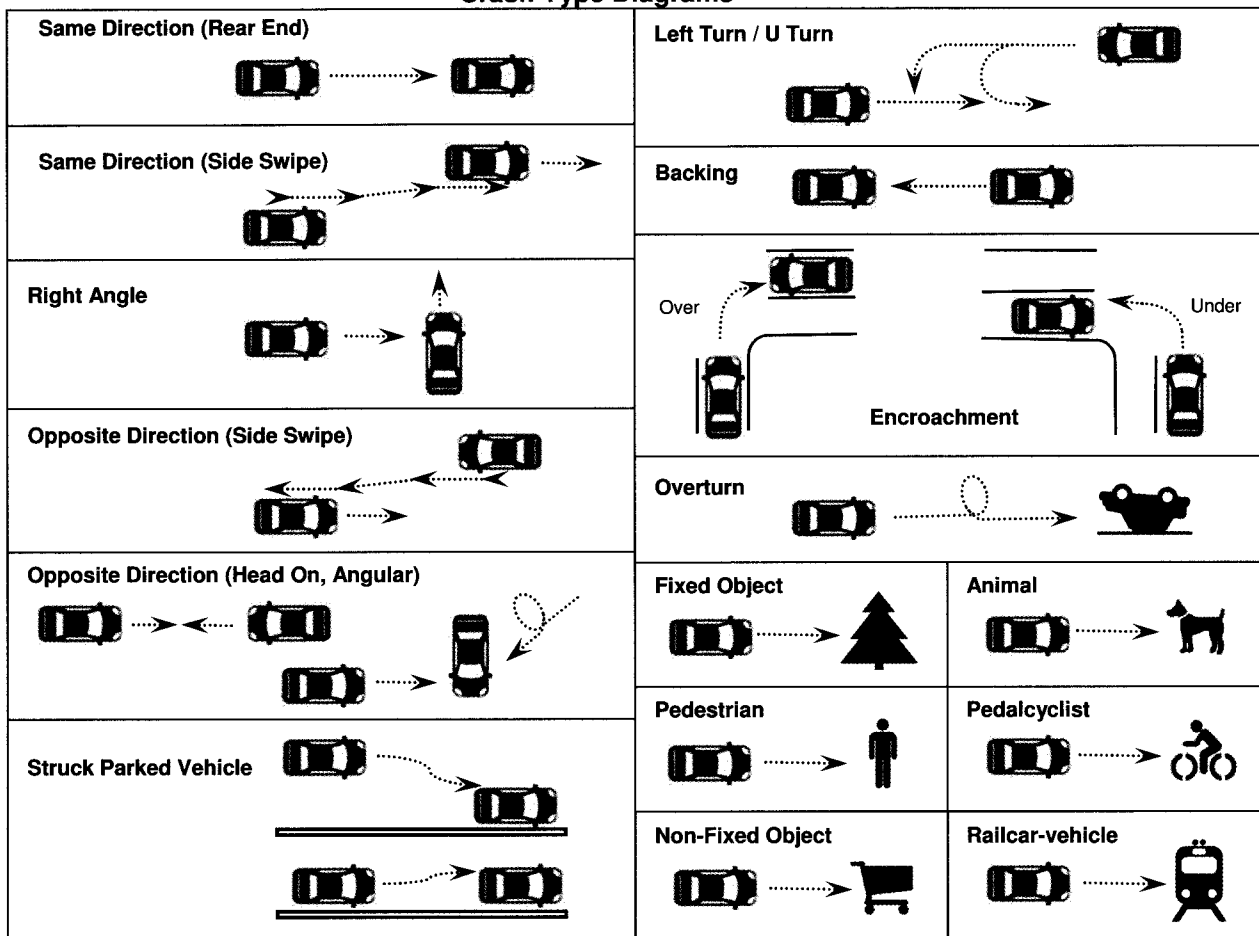
All other information is completed as necessary.

**Crash Report References:**

<http://www.nj.gov/transportation/refdata/accident/policers.shtml>

96	<b>Road Divided By</b> 01 Barrier Median    02 Curbed Median    03 Grass Median    04 Painted Median    05 None				
97	<b>Temporary Traffic Control Zone</b> 01 None    02 Construction Zone    03 Maintenance Zone    04 Utility Zone    05 Incident Zone				
98	<b>Light Condition</b> 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	<b>Road System</b> 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	<b>Road Character - Horizontal Alignment</b> 01 Straight    02 Curved Left    03 Curved Right				
100b	<b>Road Character - Grade</b> 04 Level    05 Down Hill    06 Up Hill    07 Hill Crest    08 Sag (Bottom)				
101	<b>Road Surface Type</b> 01 Concrete    02 Blacktop    03 Gravel    04 Steel Grid    05 Dirt				
102	<b>Road Surface Condition</b> 01 Dry    02 Wet    03 Snowy    04 Icy    05 Slush    06 Water (Standing/moving)    07 Sand    08 Oil/Fuel    09 Mud, Dirt, Gravel				
103	<b>Environmental Condition</b> 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	<b>Total Number of Motor Vehicles Involved in Crash</b>				
105	<b>Crash Type</b> <i>with Other MV 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    13 Pedestrian 04 Opposite Direction (Head On, Angular)    14 Pedalcyclist 05 Opposite Direction (Side Swipe) 06 Struck Parked Vehicle				
106 Veh 1	<b>Oversized/Overweight Permit?</b> (Overweight Trucks Only)		<b>Trucks (20-29)</b> 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*		
107 Veh 2	01 Yes    02 No		11 Motorized Bicycle (Moped) 12 Streetcar/Trolley 13 Pedalcycle 14 Golf Cart 15 Low Speed Vehicle 16 Snowmobile 17 Personal Conveyance 19 Other Pass Vehicle* Other Non-Pass (40) 40 Equipment/Machinery		
108 Veh 1	<b>Vehicle Type Passenger Vehicles (01-19)</b> 01 Car/Station Wagon/Minivan    06 Recreational Vehicle 02 Passenger Van (<9 Seats)    07 All Terrain Vehicle 03 Cargo Van (10K lbs or less)    08 Motorcycle 04 Sport Utility Vehicle    09 (reserved) 05 Pick up    10 Any previous w/Trailer		30 Bus/Large Van/Limo (9-15 Seats) 31 Bus (More than 15 Seats) 16 Tow Truck 17 Farm Equipment 18 Farm Vehicle 19 Construction/Off Road Equip 20 Rental Truck (Over 10,000 lbs) 21 Electronic Ride Share		
109 Veh 2	01 Personal    03 Government 02 Business/Commerce    04 Responding to Emergency 05 Machinery in Use		11 Tour Bus 12 Shuttle Bus 13 Intercity Bus 14 Other Bus 15 Veh Used as Snowplow		
110 Veh 1	<b>Special Function Vehicles</b> 01 Work Equipment    06 Taxi/Limo 02 Police    07 Veh Used as School Bus 03 Military    08 Veh Used as Other Bus		11 Pole/Log (Trailer) 12 Intermodal Chassis 13 No Cargo Body 14 Veh Towing Another Veh		
111 Veh 2	04 Fire/Rescue    09 School Bus 05 Ambulance    10 Transit Bus		11 Pole/Log (Trailer) 12 Intermodal Chassis 13 No Cargo Body 14 Veh Towing Another Veh		
112 Veh 1	<b>Cargo Body Type (Trucks &amp; Buses Only)</b> 01 Bus (9-15 seats)    04 Cargo Tank 02 Bus (> 15 seats)    05 Flatbed 03 Van/Enclosed Box    06 Dump		07 Concrete Mixer 08 Auto Transporter 09 Garbage/Refuse 10 Hopper (grain, gravel, chips)		
113 Veh 2	07 Concrete Mixer 08 Auto Transporter 09 Garbage/Refuse 10 Hopper (grain, gravel, chips)		11 Pole/Log (Trailer) 12 Intermodal Chassis 13 No Cargo Body 14 Veh Towing Another Veh		
114 Veh 1	<b>Direction of Travel of Vehicle</b> 01 North    02 East 03 South    04 West		<b>Location of Most Severe Physical Injury</b> 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		
115 Veh 2	<b>Which Vehicle Occupied</b> 1 Vehicle 1    B Pedalcycle 2 Vehicle 2    P Pedestrian    O Other*		<b>Type of Most Severe Physical Injury</b> 01 Amputation    05 Contusion/Bruise/Abrasion 02 Concussion    06 Burn 03 Internal    07 Fracture/Dislocation 04 Bleeding    08 Complaint of Pain		
116 Veh 1	<b>Position In/On Vehicle</b> 01 Driver    02 thru 09 Passengers 10 Cargo Area    11 Riding/Hanging on Outside 12 Bus Seating		<b>Safety Equipment</b> 01 None    08 Helmet 02 Lap Belt    09 Unapproved Helmet 03 Harness    10 Reserved 04 Lap Belt & Harness    11 Reserved 05 Child Restraint - Forward Facing    12 Safety Vest (Ped only) 06 Child Restraint - Rear Facing 07 Child Restraint - Booster		
117 Veh 2	<b>Ejection From Vehicle</b> 01 Not Ejected    03 Ejected 02 Partial Ejection    04 Trapped		<b>Airbag Deployment</b> 01 Front    04 Combination    06 Not Deployed 02 Side    05 Not Available 03 Other (Knee, Airbelt, etc.)*		
83	<b>Victim's Physical Condition</b> 01 Fatal Injury (K) 02 Suspected Serious Injury (A) 03 Suspected Minor Injury (B) 04 Possible Injury (C) 05 No Apparent Injury (O)		<b>Refused Medical Treatment</b> 01 Yes    02 No		
84	<b>Age</b>		<b>Avail</b>		
85	<b>Sex</b>		<b>Used</b>		
86			<b>Hosp Code</b>		
87					
88					
89					
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94					
95					

## Crash Type Diagrams



1. **Same Direction (Rear-end)** - Two vehicles moving one behind the other and collide, regardless of what forward movements either vehicle was in the process of making. This would include a collision in which the leading vehicle spun out and became turned 180 degrees around such that the resulting same direction collision had it strike front end to front end with the following vehicle.
2. **Same Direction (Sideswipe)** - Two vehicles moving alongside each other and collide, with at least one of the vehicles being struck on the side. This type would include a collision resulting from one of the vehicles making an improper turn such as a left from the right lane or vice-versa or turning right from the appropriate outside lane and striking a vehicle passing on the right shoulder.
3. **Right Angle** - Two vehicles approaching from non-opposing angular directions collide, typically resulting as one vehicle failed to either stop or yield right of way from a Stop or Yield sign, ran a red light, or was not cleared from the intersection upon the onset of the conflicting movement's green signal.
4. **Opposite Direction (Head-on/Angular)** - Two vehicles approaching opposite directions and intending to continue in opposite directions collide in a frontal or angular manner as a result of one or both vehicles crossing the painted or unpainted centerline or divided median of the roadway. This includes a collision resulting from one vehicle traveling the wrong way down a divided highway.
5. **Opposite Direction (Sideswipe)** - Two vehicles approaching opposite directions and intending to continue in opposite directions collide in a sideswiping manner as a result of one or both vehicles crossing the painted or unpainted centerline or divided median of the roadway. This also includes a collision resulting from one vehicle traveling the wrong way down a divided highway.
6. **Parked Vehicle** - A crash involving a vehicle in transport moving forward and striking a parked vehicle within the roadway or in a parking lot.
7. **Left Turn/U Turn** - Two vehicles approaching from opposite directions collide as a result of at least one vehicle attempting to make a left or U turn in front of the opposing vehicle.
8. **Backing** - This type of crash, previously labeled as "Other" type, is defined as any multi-vehicle collision when at least one vehicle was in the act of backing. This includes backing into a parked vehicle.
9. **Encroachment** - Previously labeled as "Other" type crash, but frequently mislabeled as an angle crash due to the approach directions of one of the turning vehicles and a stopped, starting or slowing vehicle on an adjacent approach, this crash defines the collision of two adjacent approach vehicles whose paths are unintended to come in conflict, but collide as a result of one or both vehicles over- or under-turning.
10. **Overturned** - A crash in which a vehicle overturns on or off the roadway without first having been involved in some other type single or multiple vehicle crash. This includes motorcycle crashes in which the operator loses control of and drops bike, but had not initially struck another motor vehicle, fixed or non-fixed object, animal, pedalcyclist or pedestrian.
11. **Fixed Object** - A crash in which the primary collision involved a single vehicle and a fixed object.
12. **Animal** - A crash involving a vehicle striking any animal, including a deer. However, a deer crash could also be so-named for specific identification of this more common type animal crash within the appropriate box on the Police Crash Report form.
13. **Pedestrian** - A crash involving a vehicle and pedestrian in which the collision between the two is the first event and also took place within the road proper. This type includes a vehicle colliding with someone walking their bicycle in the roadway.
14. **Pedalcycle** - A crash involving a vehicle and a bicycle that is in the act of being ridden or stopped in the roadway, but currently mounted by the cyclist.
15. **Non-fixed object** - Excluding the single motor vehicle type crashes defined in numbers 10-14 above, this type implies any crash initially involving a single vehicle and object not considered a fixed or permanent condition of the highway like ruts, bumps, sink- or potholes or other miscellaneous stationary or airborne road debris such as garbage, tree limbs, fallen-off parts of other vehicles, broken and scattered signs/posts, etc.
16. **Railcar-vehicle** - Any crash involving a vehicle and a train, trolley, light transit or other type railcar that occurred within a roadway right-of-way or at an at-grade intersection.
99. **Other** - This category encompasses all other categories of single and multi-vehicle crashes that are not defined above. These include, but are not limited to, all other non-collision events such as immersion, cargo loss, separation of units, fire/explosion, and run-off road incidents (whereby damage is caused to the vehicle, but nothing else was physically struck during or following the act of leaving the highway).
00. **Unknown**

# 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

Items marked with \*\* cannot be First Harmful or Most Harmful Event

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

### Vehicle Color Codes (box 40, 70)

Beige	BG
Black	BK
Blue	BL
Brown	BN
Coral	CL
Cream	CM
Gold	GD
Gray	GY
Green	GN
Maroon	MN
Orange	OG
Pink	PK
Purple	PL
Red	RD
Silver	SL
Tan	TN
Turquoise	TQ
White	WT
Yellow	YL

Apparent Contributing Circumstances		Veh 1 118a
<b>Driver/Pedalcyclist Actions (01 - 29)</b> 01 Unsafe Speed 02 Driver Inattention* 03 Failed to Obey Traffic Signal 04 Failed to Yield ROW to Vehicle/Pedes 05 Improper Lane Change 06 Improper Passing 07 Improper Use/Failed to Use Turn Signal 08 Improper Turning 09 Following Too Closely 10 Backing Unsafely 11 Improper Use/No Lights 12 Wrong Way 13 Improper Parking 14 Failure to Keep Right 15 Failure to Remove Snow/Ice 16 Failed to Obey Stop Sign 17 Distracted - Hand Held Electronic Dev* 18 Distracted - Hands Free Electronic Dev* 19 Distracted by Passenger* 20 Other Distraction Inside Veh* 21 Other Distraction Outside Veh*	<b>Apparent Contributing Circumstances</b> 25 None 29 Other Driver/Pedalcyclist Action* <b>Vehicle Factors (31-49)</b> 31 Defective Lights* 32 Brakes* 33 Steering* 34 Tires* 35 Wheels* 36 Windows/Windshield* 37 Mirrors* 38 Wipers* 39 Veh Coupling/Hitch/Safety Chains* 40 Separated Load/Spill 49 Other Vehicle Factors* <b>Road/Environ Factors (51-69)</b> 51 Road Surface Condition* 52 Obstruction/Debris in Road* 53 Ruts, Holes, Bumps* 54 Control Device Defective or Missing* 55 Improper Work Zone* 56 Physical Obstructions (viewing, etc)* 57 Animals in Roadway*	58 Improper/Inadequate Lane Markings* 59 Sun glare* 60 Traffic Congestion - Prior Incident* 61 Traffic Congestion - Regular* 69 Other Roadway Factors* <b>Pedestrian Factors (71-89)</b> 71 Failed to Obey Traffic Control Device 72 Crossing Where Prohibited 73 Dark Clothing/Low Visibility to Drive 74 Inattentive* 75 Failure to Yield ROW 76 Walking on Wrong Side of Road 77 Walking in Road when Sidewalks Present 78 Running/Darting Across Traffic 85 None 89 Other Pedestrian Factors*
<b>Vehicle/Pedalcyclist Action (01-29)</b> 01 Going Straight Ahead 02 Making Right Turn (not turn on red) 03 Making Left Turn 04 Making U-Turn 05 Starting From Parking 06 Starting in Traffic 07 Slowing or Stopping 08 Stopped in Traffic 09 Parking 10 Parked	<b>Pedestrian Action (31-49)</b> 31 Pedestrian off Road 32 Walking To/From School 33 Walking/Jogging With Traffic 34 Walking/Jogging Against Traffic 35 Playing in Road 36 Standing/Lying/Kneeling in Road 37 Getting On/Off Vehicle 38 Pushing/Working on Vehicle 39 Other Working in Roadway 40 Approaching/Leaving School Bus	<b>Pre-Crash Action</b> 41 Coming From Behind Parked Veh 42 Crossing/Jaywalking 43 Crossing at "Marked" Crosswalk at Intersection 44 Crossing at "Unmarked" Crosswalk at Intersection 45 Crossing at "Marked" Crosswalk at Mid-Block 46 Deliberate Action* 49 Other Pedestrian Action*
01 Police Officer 02 RR Watchmen, Gates, etc 03 Traffic Signal 04 Lane Markings	<b>Traffic Controls</b> 05 Channelization - Painted 06 Channelization - Physical 07 Warning Signal 08 Stop Sign	09 Yield Sign 10 Flagnen 11 No Control Present 12 Flashing Traffic Control 13 School Zone (Signs/Controls) 14 Adult Crossing Guard
<b>Non-Collision (01-19)</b> 01 Overturn/Rollover 02 Fire/Explosion 03 Immersion 04 Jackknife 05 Ran Off Road - Right** 06 Ran Off Road - Left** 07 Crossed Median** 08 Crossed Centerline** 09 Cargo/Equipment Loss or Shift 10 Separation of Units** 11 Fell/Jumped From Vehicle 12 Thrown/Fallen/Falling Object 13 Equipment Failure** 14 Downhill /Runaway** 15 Reentered Roadway** 19 Other Non-Collision* ** Cannot Be Harmful Event	<b>Collision w/Person, MV, or Non-Fixed Object (21-39)</b> 21 Pedalcyclist 22 Pedestrian 23 Train/Trolley/Other Railcar 24 Deer 25 Other Animal 26 MV in Transport 27 MV in Transport, Other Roadway 28 Parked MV 29 Work Zone or Maint Equipment 30 Struck by Object Set in Motion by MV 39 Other Non-Fixed Object*	<b>Collision w/Fixed Object (41-69)</b> 41 Impact Attenuator/Crash Cushion 42 Bridge Overhead Structure 43 Bridge Pier or Support 44 Bridge Parapet End 45 Bridge Rail 46 Guide Rail Face 47 Guide Rail End 48 Concrete Traffic Barrier 49 Other Traffic Barrier 50 Traffic Sign Support 51 Traffic Signal Standard 52 Utility Pole 53 Light Standard 54 Other Post, Pole, Support 55 Culvert 56 Curb 57 Ditch 58 Embankment 59 Fence 60 Tree 61 Mailbox 62 Fire Hydrant 69 Other Fixed Object*
<p>Clockpoint Diagram</p>	13 Roof 14 Undercarriage 15 Overturned 17 None Visible	<b>Initial Impact</b> Veh 1 129 <b>Principal Damage</b> Veh 1 130 <b>Initial Impact</b> Veh 2 131 <b>Principal Damage</b> Veh 2 132
	<b>Extent of Damage</b> 01 None 02 Minor 03 Moderate/Functional 04 Disabling	<b>1st Events</b> Veh 1 126a <b>2nd Events</b> Veh 1 126b <b>3rd Events</b> Veh 1 126c <b>4th Events</b> Veh 1 126d <b>Most Harmful Event</b> Veh 1 126e <b>1st Events</b> Veh 2 127a <b>2nd Events</b> Veh 2 127b <b>3rd Events</b> Veh 2 127c <b>4th Events</b> Veh 2 127d <b>Most Harmful Event</b> Veh 2 127e <b>First Harmful Event</b> Veh 2 128
		<b>Veh 1 129a</b> <b>Veh 1 118b</b> <b>Veh 2 119a</b> <b>Veh 2 119b</b> <b>Veh 1 120a</b> <b>Veh 1 120b</b> <b>Veh 2 121a</b> <b>Veh 2 121b</b> <b>Veh 1 122</b> <b>Veh 2 123</b> <b>Veh 1 124</b> <b>Veh 2 125</b> <b>Veh 1 126a</b> <b>Veh 1 126b</b> <b>Veh 1 126c</b> <b>Veh 1 126d</b> <b>Veh 1 126e</b> <b>Veh 2 127a</b> <b>Veh 2 127b</b> <b>Veh 2 127c</b> <b>Veh 2 127d</b> <b>Veh 2 127e</b> <b>Veh 2 128</b> <b>Veh 1 129</b> <b>Veh 1 130</b> <b>Veh 2 131</b> <b>Veh 2 132</b> <b>Veh 1 133</b> <b>Veh 2 134</b>

# Vehicle Configuration

**Bus (9-15 Seats, Including Driver)**



**Bus (16 or More Seats, Including Driver)**



**Single-Unit (2 Axles, 6 Tires)**



**Single-Unit (3 or More Axles)**



**Truck/Trailer (Single-Unit Truck Pulling a Trailer)**



**Truck Tractor (Bobtail)**



**Tractor/Semi Trailer (One Trailer)**



**Truck Tractor/Double (Two Trailers)**



**Truck Tractor/Triple (Three Trailers)**



Revised 06/05

Federal Motor Carrier  
Safety Administration



U.S. Department of Transportation  
[www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)

# Cargo Body Type

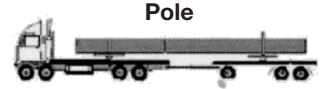
**Bus (9-15 Seats, Including Driver)**



**Dump**



**Pole**



**Bus (16 or More Seats, Including Driver)**



**Concrete Mixer**



**Log**



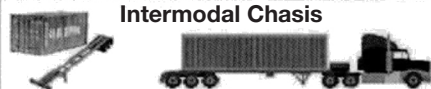
**Van/Enclosed Box**



**Auto Transporter**



**Intermodal Chassis**



**Cargo Tank**



**Garbage/Refuse**



**Vehicle Towing Motor Vehicle**



**Flat Bed**



**Grain, Chips, Gravel**



**No Cargo Body**



Federal Motor Carrier  
Safety Administration



U.S. Department of Transportation  
[www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)

97	1. Case Number	10. Crash Occurred On:	11. Speed Limit		12. Route No.	13. Milepost	18. Speed Limit	118b	
98	2. Police Dept. of _____ Code _____	Road Name _____ Dir _____	<input type="checkbox"/> At Intersection with <input type="checkbox"/> Feet <input type="checkbox"/> Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		19. Ramp <input type="checkbox"/> To: 17. Cross Road Name/Route No. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> From: <input type="checkbox"/> SB <input type="checkbox"/> WB	119a	
99	3. Station/Precinct _____	14 _____ 15 _____	16 _____	20. Route Name/Route No. _____		22. Longitude _____		119b	
100a	4. Date of Crash mm dd yy	5. Day of Week Sun M Tu W Th F Sa	6. Time (use 2400 hrs.) mm dd	7. Municipality Code _____	8. Total Killed _____	9. Total Injured _____	21. Latitude _____	120a	
100b	23. Veh.# _____	24. Policy No. _____	25. NJ Ins. Code _____	53. Veh.# _____	54. Policy No. _____	55. NJ Ins. Code _____			
101	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run			<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 _____			29. Sex _____		58. Driver's First Name Initial Last Name _____			121b
103	27. Number & Street _____			57. Number & Street _____					122
104	28. City _____ State _____ Zip _____			58. City _____ State _____ Zip _____					123
105	30. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____			31. State _____		60. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____			124
106	32. Driver's License Number _____			33. DOB mm dd yy		62. Driver's License Number _____			125
107	35. Owner's First Name Initial Last Name _____			36. DOB mm dd yy		65. Owner's First Name Initial Last Name _____			126a
108	36. Number & Street _____			66. Number & Street _____					126b
109	37. City _____ State _____ Zip _____			67. City _____ State _____ Zip _____					126c
110	38. Make _____ 39. Model _____ 40. Color _____ 41. Year _____			42. No. _____		43. State _____ 44. VIN _____			126d
111	46. Vehicle Removed to: _____			76. Vehicle Removed to: _____					126e
112	<input type="checkbox"/> Driven <input type="checkbox"/> Towed _____ <input type="checkbox"/> Towed Disabled & Impounded			<input type="checkbox"/> Driven <input type="checkbox"/> Towed _____ <input type="checkbox"/> Towed Disabled & 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			127c
115	Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine			Hazard Class _____ Placard No. _____		Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine			127d
116	Results: 0. _____ % <input type="checkbox"/> Pending			Hazard Class _____ Placard No. _____		Results: 0. _____ % <input type="checkbox"/> Pending			127e
117	50. Carrier No. _____			51. GVWR / GCWR (trucks & buses only)		80. Carrier No. _____			128
117	<input type="checkbox"/> USDOT _____ <input type="checkbox"/> None <input type="checkbox"/> MC/MX _____			<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		<input type="checkbox"/> USDOT _____ <input type="checkbox"/> None <input type="checkbox"/> MC/MX _____			129
117	52. Motor Carrier or Government Entity _____			82. Motor Carrier or Government Entity _____					130
117	Number & Street _____			Number & Street _____					131
117	City _____ State _____ Zip _____			City _____ State _____ Zip _____					132
117	Level of Autonomy 150 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown			Level of Autonomy 151 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown		Level of Autonomy 152 - AVAILABLE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown			133
117	Level of Autonomy 153 - ENGAGED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown			135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No					134
117	Oper. _____	136. Charge _____		137. Summons No. _____	Oper. _____	138. Charge _____		139. Summons No. _____	
117	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

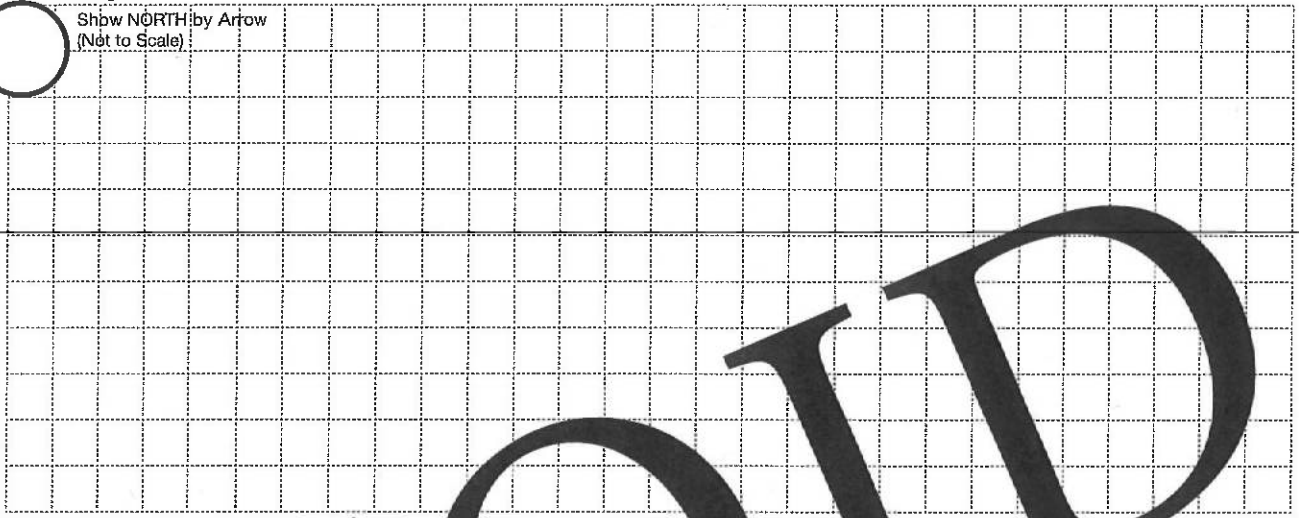
Page \_\_\_\_ of \_\_\_\_

	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

**VOID**

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete
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