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State of New Jersey Police Crash Investigation Report NJTR-1

Use Code 00 for Unknown.

Use Code 99 for Other.

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.state.nj.us/transportation/refdata/accidents/policeres/shtm>

Insurance Codes -
5 digit NAIC - <http://www.nj.gov/dobi/data/inscomp.htm>
3 digit MVC - <http://www.state.nj.us/mvc/numeric.pdf>

Hospital Codes
- <http://www.state.nj.us/health/ems/jems.pdf>

Overlay Page 1 of 2

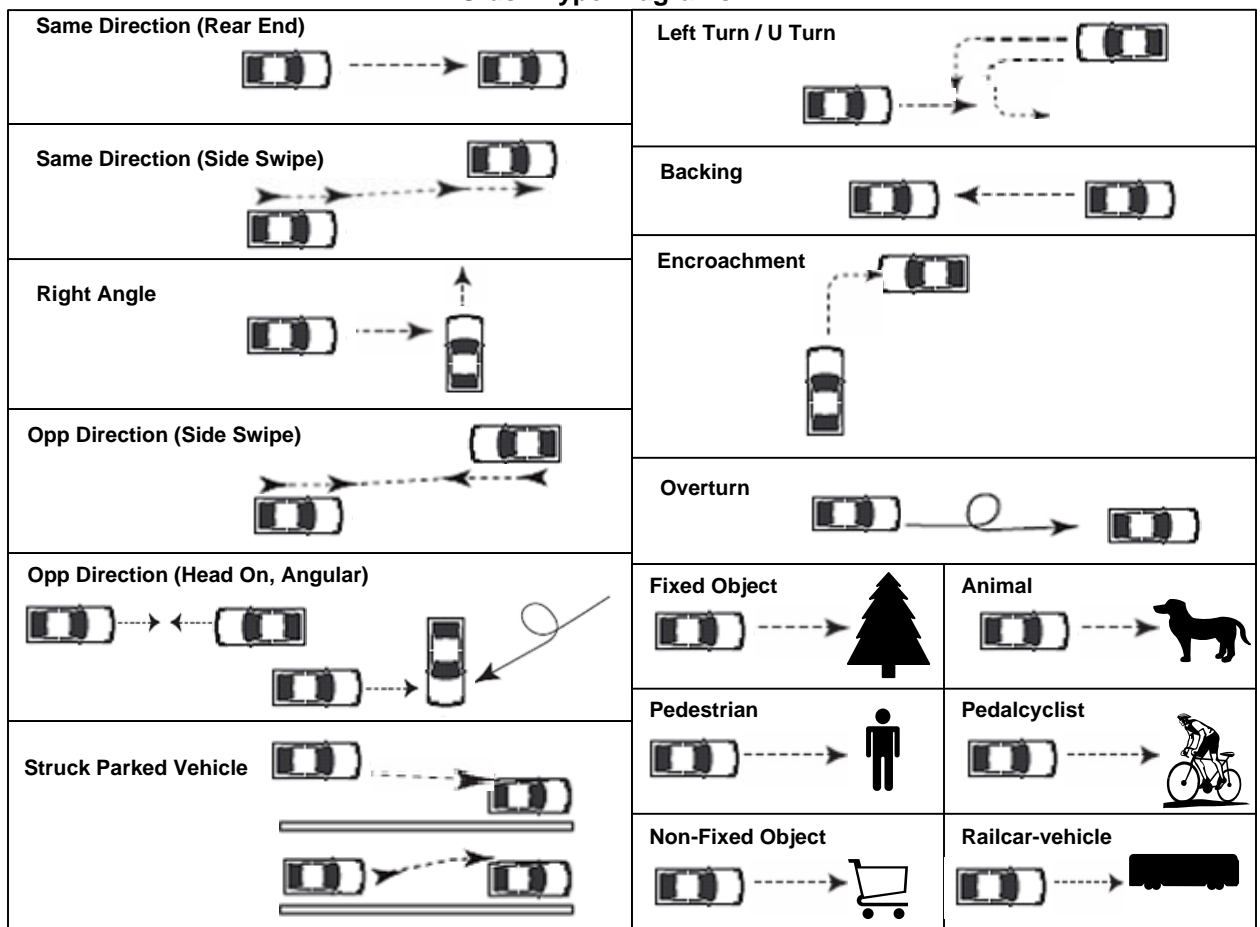
96	Road Divided By 01 Barrier Median 02 Curbed Median 03 Grass Median 04 Painted Median 05 None											
97	Temporary Traffic Control Zone 01 None 02 Construction Zone 03 Maintenance Zone 04 Utility Zone 05 Incident Zone											
98	Light Condition 01 Daylight 03 Dusk 05 Dark (no street lights) 07 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											
100	Road Character 01 Straight and Level 03 Straight at Hillcrest 05 Curve and Grade 02 Straight and Grade 04 Curve and Level 06 Curve at Hillcrest											
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, Mud, Dirt 08 Oil											
103	Environmental Condition 01 Clear 03 Snow 05 Overcast 07 Blowing Snow 09 Severe Crosswinds 02 Rain 04 Fog/Smog/Smoke 06 Sleet/Hail/Freezing Rain 08 Blowing Sand/Dirt											
104	Total Number of Motor Vehicles Involved in Crash											
105	Crash Type <i>with Below as First Event</i> 10 Overturned 11 Fixed Object 12 Animal 13 Pedestrian 14 Pedalcyclist 15 Non-fixed Object 16 Railcar -vehicle <i>with Other MV as First Event</i> 01 Same Direction (Rear End) 07 Left Turn / U Turn 02 Same Direction (Side Swipe) 08 Backing 03 Right Angle 09 Encroachment 04 Opposite Direction (Head On, Angular) 05 Opposite Direction (Side Swipe) 06 Struck Parked Vehicle											
106 Veh 1	Oversize/Overweight Permit ? (Comm Veh Only)	Trucks / Bus (20-30)										
107 Veh 2	01 Yes 02 No	20 Single Unit (2 axle) 21 Single Unit (3+ axle) 22 Light Truck w/Trailer 23 Single Unit Truck 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)										
109 Veh 2	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) 05 Pickup 10 any previous w/Trailer 19 Other Pass Vehicle											
110 Veh 1	Vehicle Use	03 Government 30 Bus / Large Van (9 or more Seats)										
111 Veh 2	01 Personal 04 Responding to Emergency 02 Business/Commerce 05 Machinery in Use											
112 Veh 1	Special Function Vehicles											
113 Veh 2	01 Work Equipment * 06 Taxi/Limo 11 Other Bus 02 Police 07 Veh Used as School Bus 12 Veh Used as Snowplow 03 Military 08 Veh Used as Other Bus 13 Vehicle Towing Another Veh 04 Fire/Rescue 09 School Bus 05 Ambulance 10 Transit Bus											
114 Veh 1	Cargo Body Type (Comm Veh Only)											
115 Veh 2	01 Bus (9-15 seats) 04 Cargo Tank 07 Concrete Mixer 11 Pole (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)											
116 Veh 1	Direction of Travel of Vehicle	Location of Most Severe Physical Injury										
117 Veh 2	01 North 02 East 03 South 04 West	01 Head 07 Shoulder / Upper Arm 02 Face 08 Elbow / Lower Arm / Hand 03 Eye 09 Abdomen / Pelvis 04 Neck 10 Hip / Upper Leg 05 Chest 11 Knee / Lower Leg / Foot 06 Back 12 Entire Body										
	Which Vehicle Occupied 1 Vehicle 1 B Pedalcycle 2 Vehicle 2 P Pedestrian O Other	Type of Most Severe Physical Injury										
	Position In/On Vehicle 01 Driver 02 thru 09 Passengers 10 Cargo Area 11 Riding/Hanging on Outside	01 Amputation 06 Burn 02 Concussion 07 Fracture / Dislocation 03 Internal 08 Complaint of Pain 04 Bleeding 05 Contusion/Bruise/Abrasion										
	Ejection From Vehicle 01 Not Ejected 03 Ejected 02 Partial Ejection 04 Trapped	Refused Medical Treatment 1 Yes 2 No										
	Victim's Physical Condition 01 Killed 02 Incapacitated 03 Moderate Injury 04 Complaint of Pain	Safety Equipment 01 None 07 (reserved) 02 Lap Belt 08 Airbag 03 Harness 09 Airbag & Seatbelts 04 Lap Belt 10 Safety Vest (Ped only) 05 Child Restraint 06 Helmet										
	Age Sex	Airbag Deployment 01 Front 07 Other 02 Side 08 Multiple										
83	84	85	86	87	88	89	90	91	92	93	94	95
									Avail	Used		Hosp Code

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Cutting at designated positions will permit arrows on each side to be displayed when the appropriate overlay is paged. It will also permit the first overlay to be slightly longer than the second for easy paging.

Printing should be done Portrait, Duplex, Flip on Short Edge

Crash Type Diagrams



1. **Same Direction (Rear-end)**- Two vehicles moving one behind the other and collide, regardless of what 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 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.
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**

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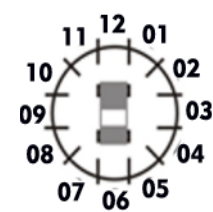
Eye Color (box 30, 60)

- 1 - Black 4 - Blue
- 2 - Brown 5 - Hazel
- 3 - Gray 6 - Green
- 7, 8, and 9 = Other

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

Overlay Page 2 of 2

Apparent Contributing Circumstances			
Driver/Pedalcyclist Actions (01 - 29) 01 Unsafe Speed 02 Driver Inattention * 03 Failed To Obey Traffic Control Device 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 25 None 29 Other Driver/Pedalcyclist Action	Vehicle Factors (31 - 49) 31 Defective Lights * 32 Brakes * 33 Steering * 34 Tires * 35 Wheels * 36 Windows/ Windshield * 37 Mirrors * 38 Wipers * 39 Veh Coupling/Hitch/Safety Chains * 49 Other Vehicle Factor Road / Environ. Factors (51 - 69) 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 * 69 Other Roadway Factors	Pedestrian Factors (71 - 89) 71 Failed To Obey Traffic Control Device 72 Crossing Where Prohibited 73 Dark Clothing/Low Visibility to Driver 74 Inattentive * 75 Failure to Yield ROW 76 Walking on Wrong Side of Road 77 Walking in Road When Sidewalk Present 78 Running/Darting Across Traffic 85 None 89 Other Pedestrian Factors	Veh 1 118a Veh 1 118b Veh 2 119a Veh 2 119b Veh 1 120 Veh 2 121 Veh 1 122 Veh 2 123 Veh 1 124 Veh 2 125 Veh 1 126 Veh 2 127 Veh 1 128a Veh 1 128b Veh 1 128c Veh 1 128d Veh 2 129a Veh 2 129b Veh 2 129c Veh 2 129d Veh 1 130 Veh 1 131 Veh 2 132 Veh 2 133
		Apparent Physical Status 01 Apparently Normal 02 Alcohol Use 03 Drug Use (Illicit) * 04 Medication * 05 Alcohol & Drug/Medication Use * 06 Physical Handicaps 07 Illness 08 Fatigue 09 Fell Asleep	
		Cell Phone In Use By Driver 01 Handheld 02 Hands Free	
Vehicle / Pedalcyclist Action (01-29) 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 11 Changing Lanes 12 Merging/Entering Traf Lane 13 Backing 14 Driverless / Moving 15 Passing 16 Negotiating Curve 17 Driving on Shoulder 18 Right Turn on Red 29 Other Veh/Cyclist Action *	Pedestrian Action (31-49) 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 Schoolbus 41 Coming From Behind Parked Veh. 42 (reserved)	Pre-Crash Action At Intersection 43 Crossing at "marked" Crosswalk 44 Crossing at "unmarked" Crosswalk At Mid-Block 45 Crossing at "marked" Crosswalk 46 Crossing / Jaywalking 49 Other Pedestrian Action *	
		Traffic Controls 05 Channelization - Painted 06 Channelization - Physical 07 Warning Signal 08 Stop Sign 09 Yield Sign 10 Flagman 11 No Control Present 12 Flashing Traffic Control 13 School Zone (Signs/Controls) 14 Adult Crossing Guard	
Non Collision (01 - 19) 01 Overturn / Rollover 02 Fire / Explosion 03 Immersion 04 Jackknife 05 Ran Off Road - Right 06 Ran Off Road - Left 07 Crossed Median / Centerline 08 Downhill Runaway 09 Cargo / Equipment Loss or Shift 10 Separation of Units 11 Fell / Jumped From Vehicle 12 Thrown / Falling Object 13 Equipment Failure 19 Other Non Collision	Sequence of Events (select up to 4 for each vehicle) Collision w/ Person, MV, or Non-Fixed Object (21 - 39) 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	Collision w/ Fixed Object (41 - 69) 41 Impact Attenuator / Crash Cushion 42 Bridge Overhead Structure 43 Bridge Pier or Support 44 Bridge Parapet End 45 Bridge Rail 46 Guardrail Face 47 Guardrail 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	
Clockpoint Diagram 		13 Roof 14 Undercarriage 15 Overturned 17 None Visible Vehicle Impact Area	Initial Impact Principal Damage Initial Impact Principal Damage

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Vehicle Type / Cargo Body Type



Cargo Van



Recreational Vehicle



Single Unit (2 Axle)



Truck Tractor



Tractor Double



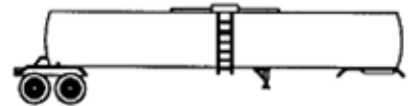
Tractor Semi-Trailer



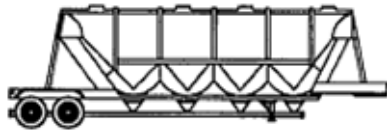
Bus (> 15 seats)



Flatbed



Cargo Tank



Hopper (grain/gravel)



Intermodal Chassis



Garbage/Refuse



Snowplow



Concrete Mixer

1 Case Number 2 Police Dept of _____ Code _____ 3 Station/Precinct _____	10 Crash Occurred On : _____ <input type="checkbox"/> At Intersection with Road Name _____ Dir _____ <input type="checkbox"/> Feet _____ <input type="checkbox"/> Miles _____ 14 _____ 15 _____	11 Speed Limit _____ 12 Route No. _____ Suffix _____ 13 Milepost _____ 16 _____ 17 Cross Road Name _____ 19 Ramp _____ To: _____ From: _____ 20 Route/Name _____	118a 118b 119a 119b
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 _____ 21 Latitude _____ 22 Longitude _____	119a 119b

23 Veh No 24 Policy No. _____ <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run	25 Ins Code _____	53 Veh No 54 Policy No. _____ <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run	55 Ins Code _____
26 Driver's First Name Initial Last Name _____ 29 Sex _____		56 Driver's First Name Initial Last Name _____ 59 Sex _____	
27 Number and Street _____ 28 City _____ State _____ Zip _____		57 Number and Street _____ 58 City _____ State _____ Zip _____	
31 State _____	32 Drivers License No _____	33 DOB mm dd yy _____	34 Expires mm yy _____
61 State _____	62 Drivers License No _____	63 DOB mm dd yy _____	64 Expires mm yy _____

35 Owner's First Name Initial Last Name _____ <input type="checkbox"/> Same As Driver	55 Owner's First Name Initial Last Name _____ <input type="checkbox"/> Same As Driver
36 Number and Street _____ 37 City _____ State _____ Zip _____	66 Number and Street _____ 67 City _____ State _____ Zip _____
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 _____
44 VIN _____ 45 Expires _____	74 VIN _____ 75 Expires _____
46 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled 47 Authority _____	76 Vehicle Removed To <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled 77 Authority _____

48 Alcohol/Drug Test Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0.____% <input type="checkbox"/> Pending	134 Crash Diagram (NOT TO SCALE) Indicate North	78 Alcohol/Drug Test Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0.____% <input type="checkbox"/> Pending	126 127 128a 128b 128c 128d 129a 129b 129c
49 Hazardous Material Name or Placard No. _____ On Board <input type="checkbox"/> Spill <input type="checkbox"/>		79 Hazardous Material Name or Placard No. _____ On Board <input type="checkbox"/> Spill <input type="checkbox"/>	
50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *		80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *	
51 Commercial Vehicle Weight <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs		81 Commercial Vehicle Weight <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs	
52 Carrier name _____		82 Carrier name _____	

135 Crash Description _____ _____ _____ _____				129d 130 131
136 Damage To Other Property _____ _____				132
Oper. 137 Charge <input type="checkbox"/> Multiple Charges	138 Summons No. _____	Oper. 139 Charge <input type="checkbox"/> Multiple Charges	140 Summons No. _____	133
141 Officer's Signature _____		142 Badge No. _____	143 Reviewed By _____ Badge No. _____	144 Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete

	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														
E														

New Jersey Police Crash Investigation Report

Police Dept: _____ Code: _____

Motor Vehicle Crash Diagram

Station: _____ Case No: _____

134 Crash Diagram (NOT TO SCALE)

Indicate North

