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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

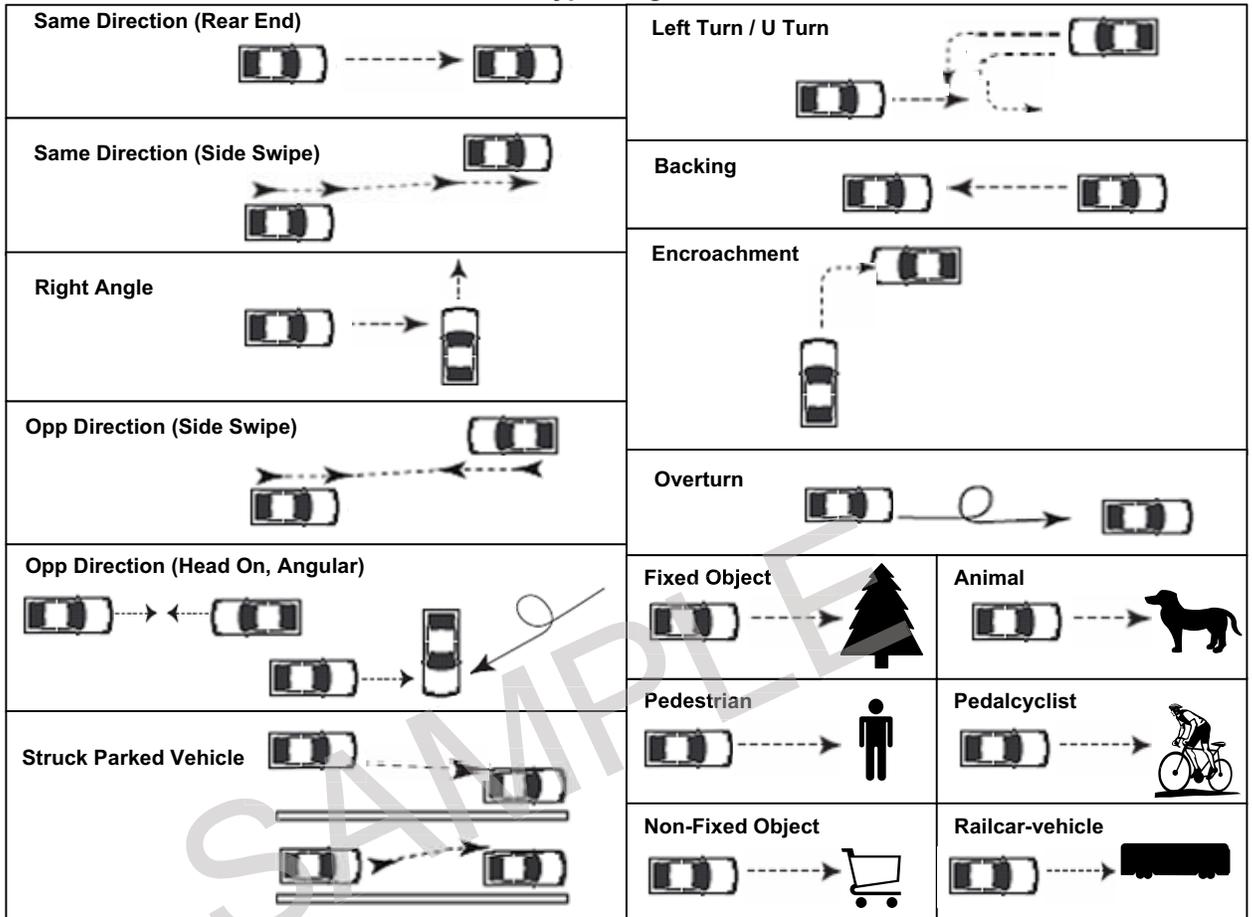
96	Road Divided By 01 Barrier Median 02 Curbed Median 03 Grass Median 04 Painted Median 05 None											
97	Temporary Traffic Control Zone 01 None 02 Construction Zone 03 Maintenance Zone 04 Utility Zone 05 Incident Zone											
98	Light Condition 01 Daylight 03 Dusk 05 Dark (no street lights) 07 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										
108 Veh 1	Vehicle Type	11 Moped 12 Streetcar/Trolley 13 Pedalcycle										
109 Veh 2	Passenger Vehicles (01-19) 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 Pickup 10 any previous w/Trailer 19 Other Pass Vehicle	29 Other Truck										
110 Veh 1	Vehicle Use	30 Bus / Large Van (9 or more Seats)										
111 Veh 2	01 Personal 03 Government 02 Business/Commerce 04 Responding to Emergency 05 Machinery in Use											
112 Veh 1	Special Function Vehicles	11 Other Bus										
113 Veh 2	01 Work Equipment * 06 Taxi/Limo 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)	07 Concrete Mixer 11 Pole (trailer) 08 Auto Transporter 12 Intermodal Chassis 09 Garbage/Refuse 13 No Cargo Body										
115 Veh 2	01 Bus (9-15 seats) 04 Cargo Tank 02 Bus (> 15 seats) 05 Flatbed 03 Van/Enclosed Box 06 Dump 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	Safety Equipment										
	Victim's Physical Condition 01 Killed 02 Incapacitated 03 Moderate Injury 04 Complaint of Pain	01 None 07 (reserved) 02 Lap Belt 08 Airbag 03 Harness 09 Airbag & Seatbelts 04 Lap Belt & Harness 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
								Refused Medical Treatment 1 Yes 2 No	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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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 (-)

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

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 *

- 01 Police Officer
- 02 RR Watchman, Gates, etc
- 03 Traffic Signal
- 04 Lane Markings

- 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

Traffic Controls

- 13 School Zone (Signs/Controls)
- 14 Adult Crossing Guard

Sequence of Events (select up to 4 for each vehicle)

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

Collision w/ Person, MV, or Non-Fixed Object (21 - 39)

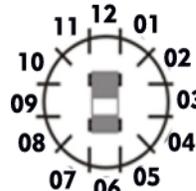
- 21 Pedalcyclist
- 22 Pedestrian
- 23 Train / Trolley / Other Railcar
- 24 Deer
- 25 Other Animal
- 26 MV in Transport
- 27 MV in Transport, Other Roadway
- 28 Parked MV
- 29 Work Zone or Maint. Equipment
- 30 Struck By Object Set In Motion By MV

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 Veh 1 130
- Principal Damage Veh 1 131
- Initial Impact Veh 2 132
- Principal Damage Veh 2 133

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Vehicle Type / Cargo Body Type



Cargo Van



Recreational Vehicle



Single Unit (2 Axle)



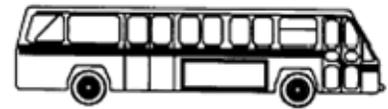
Truck Tractor



Tractor Double



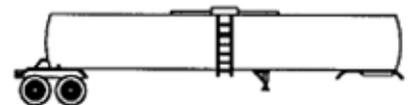
Tractor Semi-Trailer



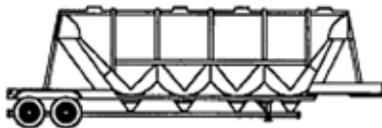
Bus (> 15 seats)



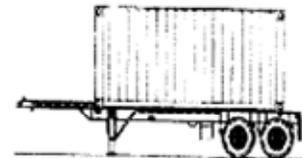
Flatbed



Cargo Tank



Hopper (grain/gravel)



Intermodal Chassis



Garbage/Refuse



Snowplow



Concrete Mixer

96	Page ___ of ___		<input type="checkbox"/> Fatal		New Jersey Police Crash Investigation Report										<input type="checkbox"/> Reportable		<input type="checkbox"/> Non-Reportable		<input type="checkbox"/> Change Report																																																																																																																																																				
97	1 Case Number			10 Crash Occurred On : _____										11 Speed Limit		12 Route No.		13 Milepost		18 Speed Limit																																																																																																																																																			
98	2 Police Dept of _____ Code _____			<input type="checkbox"/> At Intersection with _____ Road Name _____ Dir _____ <input type="checkbox"/> Feet _____ of : _____ <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 _____		<input type="checkbox"/> NB <input type="checkbox"/> EB		<input type="checkbox"/> SB <input type="checkbox"/> WB																																																																																																																																																			
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100	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		23 Veh No		24 Policy No.		25 Ins Code		53 Veh No		54 Policy No.		55 Ins Code																																																																																																																																																
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102	26 Driver's First Name Initial Last Name										29 Sex		56 Driver's First Name Initial Last Name										59 Sex																																																																																																																																																
103	27 Number and Street										30 Eyes		57 Number and Street										60 Eyes																																																																																																																																																
104	28 City State Zip										58 City State Zip																																																																																																																																																												
105	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																																																																																																																																																								
106	35 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver										65 Owner's First Name Initial Last Name <input type="checkbox"/> Same As Driver																																																																																																																																																												
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112	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) <input type="radio"/> 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																																																																																																																																																								
113	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"/>																																																																																																																																																								
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136 Damage To Other Property																																																																																																																																																																							
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td> <td colspan="10">Names & Addresses of Occupants - If Deceased, Date & Time of Death</td> </tr> <tr> <td>A</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td colspan="10"></td> </tr> <tr> <td>B</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td colspan="10"></td> </tr> <tr> <td>C</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td colspan="10"></td> </tr> <tr> <td>D</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td colspan="10"></td> </tr> <tr> <td>E</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td colspan="10"></td> </tr> </table>																									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																							
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SAMPLE

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: _____ Code: _____

Station: _____ Case No: _____

134 Crash Diagram (NOT TO SCALE)

○ Indicate North

