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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**

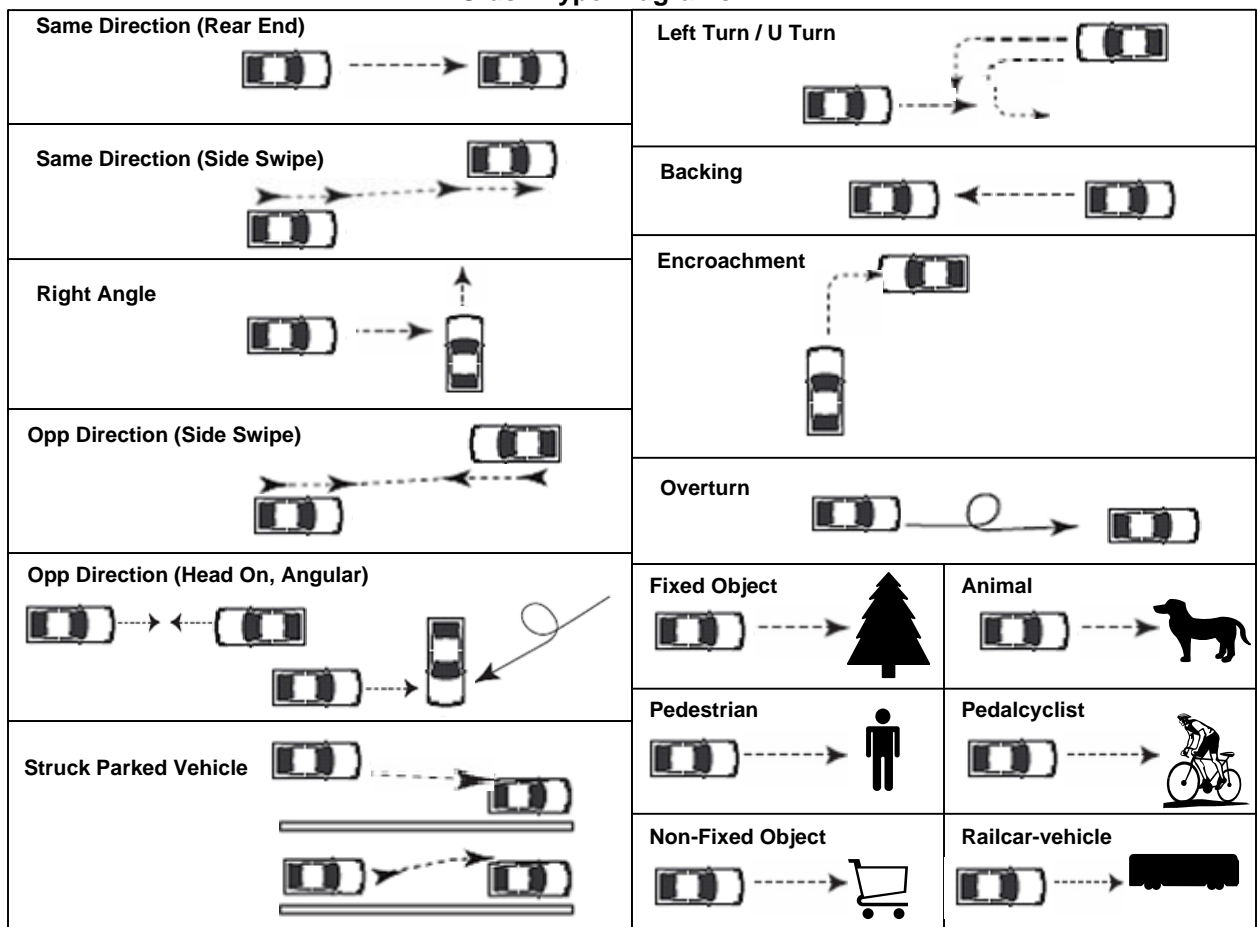
96	<b>Road Divided By</b> 01 Barrier Median 02 Curbed Median 03 Grass Median 04 Painted Median 05 None	
97	<b>Temporary Traffic Control Zone</b> 01 None 02 Construction Zone 03 Maintenance Zone 04 Utility Zone 05 Incident Zone	
98	<b>Light Condition</b> 01 Daylight 03 Dusk 05 Dark (no street lights) 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	
100	<b>Road Character</b> 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	<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, Mud, Dirt 08 Oil	
103	<b>Environmental Condition</b> 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	<b>Total Number of Motor Vehicles Involved in Crash</b>	
105	<b>Crash Type</b> <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	<b>Oversize/Overweight Permit ? (Comm Veh Only)</b>	<b>Trucks / Bus (20-30)</b>
107	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	<b>Vehicle Type</b>	<b>Passenger Vehicles (01-19)</b>
109	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	<b>Vehicle Use</b>	03 Government 30 Bus / Large Van (9 or more Seats)
111	01 Personal 04 Responding to Emergency 02 Business/Commerce 05 Machinery in Use	
112	<b>Special Function Vehicles</b>	
113	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	<b>Cargo Body Type (Comm Veh Only)</b>	
115	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	<b>Direction of Travel of Vehicle</b>	<b>Location of Most Severe Physical Injury</b>
117	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
<b>Which Vehicle Occupied</b> 1 Vehicle 1 B Pedalcycle 2 Vehicle 2 P Pedestrian O Other		
<b>Position In/On Vehicle</b> 01 Driver 02 thru 09 Passengers 10 Cargo Area 11 Riding/Hanging on Outside		
<b>Ejection From Vehicle</b> 01 Not Ejected 03 Ejected 02 Partial Ejection 04 Trapped		
<b>Victim's Physical Condition</b> 01 Killed 02 Incapacitated 03 Moderate Injury 04 Complaint of Pain		
<b>Refused Medical Treatment</b> 1 Yes 2 No		
<b>Safety Equipment</b> 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		
<b>Airbag Deployment</b> 01 Front 07 Other 02 Side 08 Multiple		
83	84	85
86	87	88
89	90	91
92	93	94
95	<b>Hosp Code</b>	

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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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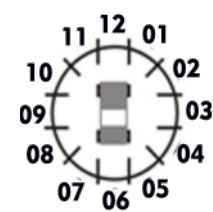
### Eye Color (box 30, 60)

- 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			
<b>Driver/Pedalcyclist Actions ( 01 - 29 )</b> 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	<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 * 49 Other Vehicle Factor 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	<b>Pedestrian Factors ( 71 - 89 )</b> 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
		<b>Apparent Physical Status</b> 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	
		<b>Cell Phone In Use By Driver</b> 01 Handheld 02 Hands Free	
<b>Vehicle / Pedalcyclist Action (01-29)</b>		<b>Pedestrian Action (31-49)</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 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 *	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)	<b>Pre-Crash Action</b> <b>At Intersection</b> 43 Crossing at "marked" Crosswalk <b>At Mid-Block</b> 44 Crossing at "unmarked" Crosswalk 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		<b>Traffic Controls</b> 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	
<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 / 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		<b>Sequence of Events (select up to 4 for each vehicle)</b> <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 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			
<b>Clockpoint Diagram</b> 		<b>Vehicle Impact Area</b> 13 Roof 14 Undercarriage 15 Overturned 17 None Visible	
		<b>Initial Impact</b> <b>Principal Damage</b> <b>Initial Impact</b> <b>Principal Damage</b>	

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# Vehicle Type / Cargo Body Type



Cargo Van



Recreational Vehicle



Single Unit (2 Axle)



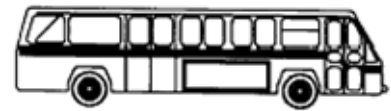
Truck Tractor



Tractor Double



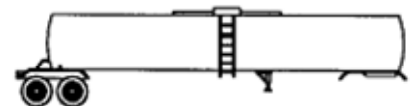
Tractor Semi-Trailer



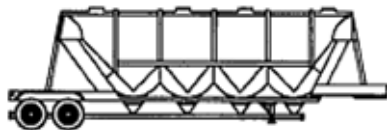
Bus (> 15 seats)



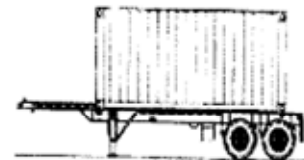
Flatbed



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"/> N <input type="checkbox"/> E of: <input type="checkbox"/> Miles <input type="checkbox"/> S <input type="checkbox"/> W 14 _____ 15 _____	11 Speed Limit 12 Route No. Suffix 13 Milepost 16 _____ 17 Cross Road Name 19 <input type="checkbox"/> To: 20 Route/Name <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> From: <input type="checkbox"/> SB <input type="checkbox"/> WB 21 Latitude 22 Longitude	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		

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 <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		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 <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police	

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	
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

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136 Damage To Other Property

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Oper. 137 Charge <input type="checkbox"/> Multiple Charges	138 Summons No.	Oper. 139 Charge <input type="checkbox"/> Multiple Charges	140 Summons No.
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141 Officer's Signature 142 Badge No. 143 Reviewed By Badge No. 144 Case Status  Pending  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 Description

Station: \_\_\_\_\_ Case No: \_\_\_\_\_

(Refer to vehicle by number)

	Veh	Pos	Eject	Phys	Age	Sex	Loc	Type	Ref	Equip	Equip	Bag	Hosp	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	Occ	In/On		Cond			Inj	Inj	Med	Avail	Used	Depl	Code	
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
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135 Crash Description

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New Jersey Police Crash Investigation Report

Police Dept: \_\_\_\_\_ Code: \_\_\_\_\_

Motor Vehicle Crash Diagram

Station: \_\_\_\_\_ Case No: \_\_\_\_\_

134 Crash Diagram (NOT TO SCALE)

Indicate North

