3h-1 (K	5/21)	SUPE	ROEDES !	ALL PRI	EVIOUS VE	RSIONS	NEW JERSEY MOTOR VEHICLE COMMISSION MOTOR VEHICLE ACCIDENT REPORT												Follow Instructions on other side				
14 ACCIE			15 D	AY OF W	/K. 16 TIN	LI AIVI	17 NUN OF VEH		18 NUMBEI KILLED	R 1	19 NUMBER INJURED	20		ICE INVE	ESTIGA		21	NAME	OF PO	LICE AGENCY	Others	<u>siue</u>	
MO_DAY YEAR										IE OF STF	Y REET									DLLISION WAS BETV	WEEN:		
25 COUNTY							26 INTERSECTING STREET, ROAD OR																
Your 27 INSURANCE COMPANY											Other 44 INSURANCE COI												
Vehicle No. 1											Vehicle No. 2												
29 DRIVER'S FIRST NAME INITIAL LAST NAME											46 DRIVER	46 DRIVER'S FIRST NAME INITIAL LAST NAM									AST NAME		
30 NUMBER AND STREET										47 NUMBE	47 NUMBER AND STREET										1		
31 CITY						STA	STATE ZIP CODE					48 CITY							STAT	TE ZIP CODE			2
32 DRIVERS LICENSE NUMBER				33 STATE	34 BIRT	1	35 EYE COLOR			49 DRIVERS LICENSE NUMBER				50 STATE			TΕ	31 BIRTHDATE	52 EYE COLOR	53 SEX			
37 OWNER'S FIRST NAME IN SAME AS					INITIAL					SA	54 OWNER'S FIRST NAME SAME AS				INITIAL					ST NAME		3	
DRIVER 38 NUMBER AND STREET											DRIVER 55 NUMBER AND STREET												
39 CITY							STATE			CODE	56 CITY					STAT				TE ZIP CODE			4
40 MAKE	40 MAKE OF VEHICLE 41 YEAR					EAR 42 L	ICENSE PL	LATE NO.	43 S	STATE	57 MAKE OF VEHICLE					58 YEAR 59 LIC				CENSE PLATE NO. 60 STATE			
61 DESCRIBE DAMAGE TO VEH. 62 NO. 1 CIRCLE ONE 0															DIAGRAM				64 DESCRIBE DAMAGE TO VEH. NO. 2			5	
ADEQUATELY THE ACCIDEN					MS BELOW IF I TELY DESCRIE DIDENT OR DRA WN DIAGRAM II	DESCRIBES IT OR DRAW IAGRAM IN														6			
THE SPACE					CE TO THE RIG	O THE RIGHT									INDICATE NO		NORTH	NORTH					
REAR END				. -	TURN	_															7		
OVERTAKING					TURN	+	+																
					LEFT TURI	N READ C	DN																8
EST CO	3. 7. INTERSEC- ION						/IPE	\perp												EST. COST TO RE	PAIR		
INJURE	D LC	CATE	D D		4.	8. 65 ACC	8. 65 ACCIDENT DESCRIPTION											201.000110112			9		
1 IN VEH 2 IN VEH	l. 1 B l. 2 P	ON A F	PEDALCYCL TRIAN	E O OT	HER																		
	POSITION IN/ON VEHICLE 1 DRIVER 2 THRU 7 PASSENGERS														10								
	8 RIDING/HANGING ON OUTSIDE 8																					11	
									HAN VEHICL	HAN VEHICLE (GIVE OWNER'S NAME AND ADDRESS AND EST. COST TO) REPAIR)				
	4 5 6 2 INCAPACITATED 3 MODERATE INJURY 4 COMPLAINT OF PAIN													12									
67	7	68	69	70 AGE	71 SEX	njury Sec	tion: F	ill Out	Space	Below	for Eve	ry P	ersor	ı Injur	red o	or Kill	ed ir	the	Acc	ident.			
																	13						
					NATURE OF INJURY NAME AND ADDRESS OF INJURED																		
					N	NATURE OF INJURY																	
	SIG	N F	HERE								Date	e of	f Re _l	port									
									F	FILL II	N BUT	DO	NO.	T DE	TAC	СН							
						full information below, it will be assumed lave automobile liability insurance.					Fill in this form with information from your insupolicy. All information will be verified with the company.												
NAME O	F INSU	JRANCE	COMPANY	' COVERI	ING YOU FOR	R LIABILITY FO	R DAMAGE	E OR INJUR	RY TO OTH	ERS (NOT	FAGENT)												
NAME A	ND AD	DRESS	OF INSURA	ANCE AG	ENT WHO SO	OLD YOU POLIC	CY																
POLICY I	NO.										POLI			ı	FROM					ТО			
DATE OF	ACC	IDENT		МС	ONTH	DAY	DAY YEAR MAKE OF YOUR					R VEHICLE (NO. 1)				YEAR				VEHICLE IDENTIFICATION NO.			
LOCATIO	ON OF	ACCIDE	ENT - STRE	ET OR R	OUTE NO. AN	ND MUNICIPALI	TY (SAME	AS ITEMS	22, 23, 24,	ABOVE)													
NAME A	ND AD	DRESS	OF DRIVE	R - VEHIC	OLE 1																		
NAME AI	NAME AND ADDRESS OF OWNER - VEHICLE 1																						
NAME A	ND AE	DDRESS	OF POLICY	Y HOLDEI	R - VEHICLE	1																	
IMPO	RTA	NT -	This acc	ident s	should als	so be repo	rted dire	ectly to	your Ins	urance	represer	ntativ	e. Fail	ure to	repo	ort may	/ jeop	ardize	you	ır vehicle liabi	lity insuran	ce.	

An electronic online crash report can now be submitted by going to www.state.nj.us/transportation/refdata/accident/selfreportir

The electronic version will enable drivers to fill out a form online and receive an acknowledgment back within minutes. The online receipt will be proof of submission. Please make copy of the crash report.

SECTION A

Report of a crash. The driver of a vehicle involved in a crash resulting in injury to or death of any person, or damage to property of any one person in excess of five hundred dollars (\$500) shall within ten days after such crash, forward a written report of such crash TO: NJ DEPARTMENT OF TRANSPORTATION, 1035 PARKWAY AVENUE, CN 600, TRENTON, NJ 08625-0600 ATTN: BUREAU OF TRANSPORTATION DATA AND SUPPORT. Failure to report will result in the suspension of both driving and registration privileges. Under Chapter 4 of Title 39 these reports are not available for public information nor are they admissible in evidence for any other purpose in a proceeding or action arising out of the crash. They are solely for the use of the Department of Transportation in developing information useful in the prevention of crashes and for compliance with the Motor Vehicle Security Responsibility and Compulsory Insurance Laws. "A written report of a crash shall not be required if a law enforcement officer submits a written report of the crash to the division pursuant to R.S. 39:4-131.

INSTRUCTIONS: PLEASE PRINT OR TYPE ALL INFORMATION USE BLACK OR DARK BLUE INK

Begin by folding along this line.



=OLD ALONG THIS LINE

- Give exact date of the crash.
- If a vehicle is unoccupied, enter all available information. Be sure to enter the correct vehicle plate number.
- Driver information must be entered exactly as it appears on each
- Owner information must be entered exactly as it appears on the registration certificate of each vehicle involved in the crash.
- 5. If you were involved in a crash in which there were more than two vehicles, an additional one of these report forms must be filled out. On that form, place the information for the third vehicle in the space marked "Your Vehicle No. 1" and mark it No. 3. Use the space marked "Other Vehicle No. 2" for the fourth vehicle, and mark it No. 4 and so on.
- The location of the crash is very important and you should describe it as accurately as possible in the space provided.
- For each person injured complete boxes 67, 68, 69, 70, 71 and list names and addresses
- If there are more than two persons injured, another one of these report forms is needed. In the injury section of that report, record the required information for all additional injured persons.
- Attach any additional report forms to page one. Each page of the report must be numbered in the upper right corner, dated and SIGNED on the bottom line.
- 10. Answer all questions to the best of your knowledge.
- 11. Make a copy of the crash report for your records.
- 12. Do not send additional items such as photos or videos.
- 13. The NJ Department of Transportation does not investigate selfreported crashes.
- 14. Send all reports to:

NJ DEPARTMENT OF TRANSPORTATION 1035 PARKWAY AVENUE PO BOX 600 TRENTON, NJ 08625-0600 ATTN: BUREAU OF TRANSPORTATION **DATA AND SUPPORT**

ATTN: BUREAU OF TRANSPORTATION **DATA AND SUPPORT**

SECTION B

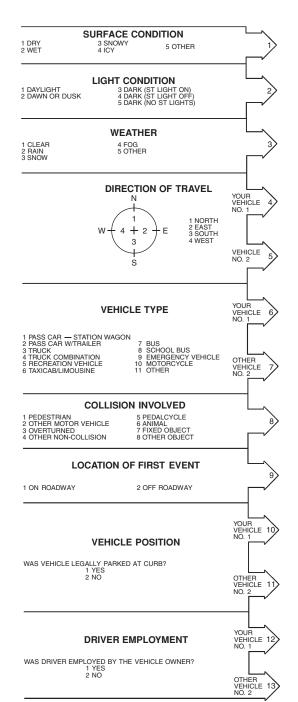
REPORT OF MOTOR VEHICLE CRASH

Be sure form is folded along this line before answering the questions below.

Numbered arrows should point to boxes on reverse side after folding.

Fill in the 13 boxes to the right by entering the number of the ite m which be st de scribe sthe circumstance s of the accident.

If a question does not apply enter a dash (-If an answer is unknown enter a "U".



Please Read Instructions 1 Through 14 On other Side of Fold Before Completing The inside of Report.

DO NOT FILL IN FOR USE OF INSURANCE COMPANY ONLY Instructions for Insurance Company With regard to an automobile liability insurance policy for the policyholder named on the reverse side hereof, the undersigned insurance company advises ou in accordance with the items checked below: No policy was in effect on the date of the accident. Our policy for the named policyholder applies to the operator, but it does not apply to the owner of the vehicle involved in the accident. □ 1. □ 2. Our policy applies to the owner of the vehicle, but does not apply to the operator of the vehicle involved in the accident. 3. Other; explain. NJ DEPARTMENT OF TRANSPORTATION **1035 PARKWAY AVENUE** Name of Insurance Company **PO BOX 600** TRENTON, NJ 08625-0600 MUST be signed by Authorized Representative