	PAGE OF	NEW JE	RSEY POI	LICE A	ACCIDEN	IT REPOR	T □ REPORTABLE □ NON-REPORTABLE □		
1	43 CASE NUMBER		CCIDENT CCURRED OF	N:				29	
	44 POLICE DEPARTMENT OF CODE AT INTERSECTION WITH 53 ROUTE NO. SUFFIX 54 MILEPOST								
	45 STATION/PRECINCT			METERS	☐ MILES	□ NOR □ SOU		30	
			55	50			57 RAMP?   NO	30	
2	46 DATE OF COLLISION 47 DAY OMONTH DAY YEAR	OF WEEK 4	8 TIME JSE 2400 HRS		UNICIPALIT ODE	Y 50 TOTAL KILLED	51 TOTAL   YES FROM:   ONB   EB TO:   OSB   WB   STOTAL   OSB   OSB   WB   STOTAL   OSB   OSB	31	
	M S M Th F	Tu W		$\Pi \Pi$				32	
3	VEH. NO. 65 POLICY NO.			لـــاك		NS. CODE	VEH. NO. 88 POLICY NO. 89 INS. CODE	33	
	PARKED PED BICYCLIST RESPONDING TO AN EMERGENCY HIT & RUN PARKED PED BICYCLIST RESPONDING TO AN EMERGENCY HER BUTCH BICYCLIST RESPONDING TO AN EMERGENCY HER BUTCH BUTCH BICYCLIST RESPONDING TO AN EMERGENCY HER BUTCH								
	☐ PARKED ☐ PED ☐ BICYCLIST  67 DRIVER'S FIRST NAME	RESPO	INITIAL	1 EMER		T NAME	90 DRIVER'S FIRST NAME INITIAL LAST NAME		
4								34	
	68 NUMBER AND STREET						91 NUMBER AND STREET	_	
	69 CITY		STATE		ZIP	EXPIRES	92 CITY STATE ZIP EXPIRES	35	
_	70 DRIVER'S LICENSE NUMBER		71	72 E		73 74	93 DRIVER'S LICENSE NUMBER  94 95 DOB 96 97 STATE MO. DAY YR. EYES SEX	_	
5	1 1		STATE	MO.	DAY YR.	EYES SEX	STATE MO. DAT TR. ETES SEX	36	
	75 OWNER'S FIRST NAME INITIAL LAST NAME 98 OWNER'S FIRST NAME INITIAL LAST NAME								
<del>r</del>	SAME AS DRIVER DRIVER								
6	PRIVER DRIVER  76 NUMBER AND STREET  99 NUMBER AND STREET							38	
	77 CITY STATE ZIP EXPIRES 100 CITY								
7				Ta: :::				39	
8	78 MAKE AND MODEL	COI	LOR 79 YEAR	80 PL	ATE NO.	81 STATE	101 MAKE AND MODEL COLOR 102 YEAR 103 PLATE NO. 104 STATE		
Ľ	82 VIN NUMBER						105 VIN NUMBER		
9	83 VEHICLE REMOVED TO  84 1 OWNER AUTHORITY 2 DRIVER  106 VEHICLE REMOVED TO  107 1 OWNER AUTHORITY 2 DRIVER							40	
10				RIVEN	AUTHORI	2 DRIVER 3 POLICE	☐ TOWED   AUTHORITY 2 DRIVER   3 POLICE	а	
10	CLOCKPOINT DIAGRAM			T			108 ALCOHOL DATA 109 HAZARDOUS MATERIAL PLACARD ON NUMBER	b	
11		CIDENT DI	IAGRAM				DO BREATH BOARD SPILL	С	
12		INDICATE NORTH					DRIV.   YES   BLOOD   V1	d	
	9 ( ) 3						RESULTS O% V2 □ □ \		
13	8 . 4 -						TEST GIVEN  □ NO □ BREATH □ DRIV.□ YES □ BLOOD		
14	7 REAR! 5						2	41 a	
	14 UNDERCARRIAGE 15 OVERTURNED 16 TOTALLED						RESULTS 0%  TEST GIVEN  V2	ь	
15	17 NONE 18 OTHER ●						NO   BREATH   111 ICC CARRIER NO.   PED.   YES   BLOOD		
16	85 AREAS DAMAGED INITIAL PRINCIPAL IMPACT IMPACT						RESULTS 0%   V2	С	
	VEH. 1						112 VEHICLE	d	
	VEH. 2				1 1	1 1	WEIGHT (GVW) V1,lbs. V2,lbs.		
	86 POSTED 113 CARRIER NAME V2								
	SPEED V1 V2 V2  114 ACCIDENT DESCRIPTION								
							NUM	MBER	
							VEHI	OF ICLES 122	
	115 DAMAGE TO OTHER PROPERTY								
	OPER. 116 CHARGE SUMMONS NUMBER OPER. 117 CHARGE SUMMONS NUMBER								
	118 OFFICER'S SIGNATURE 119 BADGE NUMBER 120 REVIEWED BY BADGE NUMBER 121 STATUS								
	□ PENDING □ COMPLETE								
17	18 19 20 21	22 2	3 24	25	26	27	NAMES & ADDRESSES OF OCCUPANTS-IF DECEASED DATE & TIME OF DEATH	$\dashv$	
Α								$\dashv$	
В								_	
С			<del>'    </del>	+				$\neg$	
<u> </u>			$\Box$	1		,		$\dashv$	
D								$\dashv$	
E					,		·		
	NJTR-1 (R 8/95)		· · · · · · · · · · · · · · · · · · ·		<u> </u>		123 DEP CASE NUMBER	$\overline{}$	
(SAFETYNET ONLY) (SAFETYNET ONLY) RECORD BUREAU COPY									
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