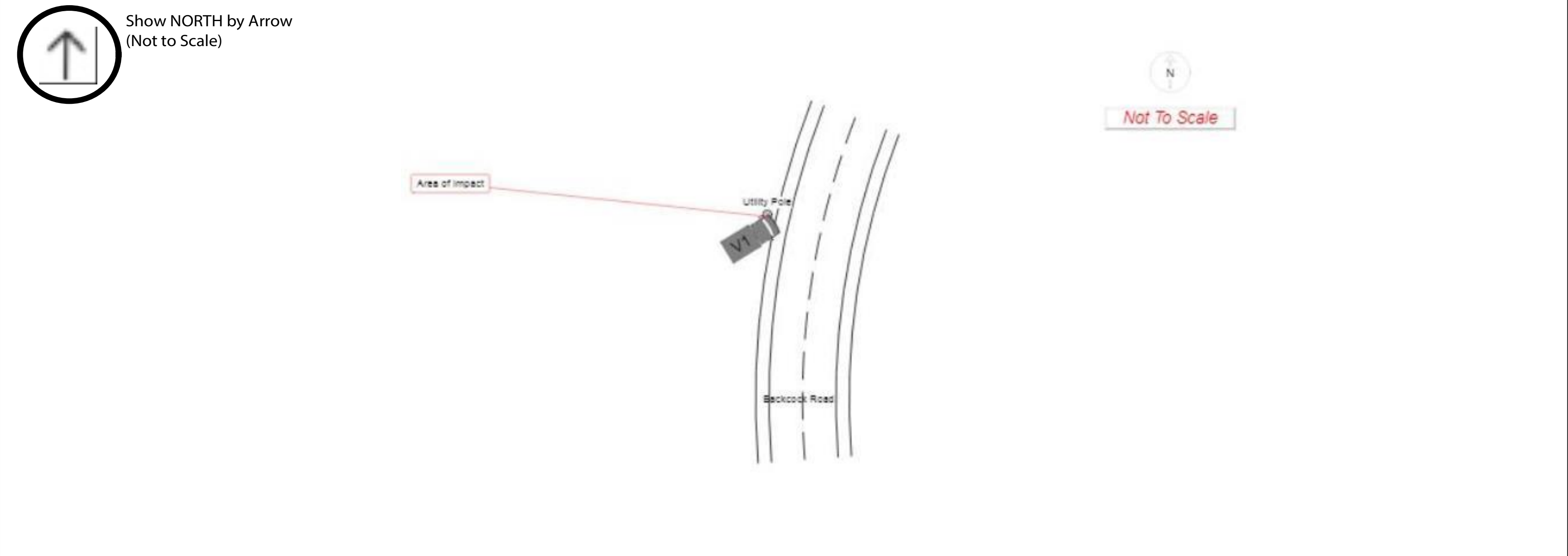


96	Page ____ of ____ ☐ Fatal														New Jersey Police Crash Investigation Report														☐ Reportable ☐ Non-Reportable ☐ Change Report														118a																																									
97	1. Case Number 2. Police Dept. of _____ Code _____ 3. Station/Precinct _____ 4. Date of Crash 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														10. Crash Occurred On: _____ Road Name _____ Dir _____ ☐ At Intersection with ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: _____ 11. Speed Limit 12. Route No. _____ 13. Milepost _____ 14. _____ 15. _____ 16. _____ 17. Cross Road Name/Route No. _____ 18. Speed Limit 19. ☐ To: _____ ☐ From: _____ 20. Route Name/Route No. _____ 21. Latitude _____ 22. Longitude _____														☐ NB ☐ EB ☐ SB ☐ WB														118b																																									
98															119a																																																																					
99															119b																																																																					
100a															120a																																																																					
100b	23. Veh. # 24. Policy No. _____ ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run														25. NJ Ins. Code _____														53. Veh. # 54. Policy No. _____ ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run														55. NJ Ins. Code _____														120b																											
101	26. Driver's First Name _____ Initial _____ Last Name _____														29. Sex _____														56. Driver's First Name _____ Initial _____ Last Name _____														59. Sex _____														121a																											
102	27. Number & Street _____														57. Number & Street _____																												121b																																									
103	28. City _____ State _____ Zip _____														58. City _____ State _____ Zip _____																																																																					
104	30. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____ 31. State _____														60. Eyes _____ DL Class _____ Restrictions _____ Endorsements _____ 61. State _____																												122																																									
105	32. Driver's License Number _____														33. DOB mm dd yy _____ 34. Expires mm yy _____														62. Driver's License Number _____														63. DOB mm dd yy _____ 64. Expires mm yy _____														123																											
106	35. Owner's First Name _____ Initial _____ Last Name _____ ☐ Same as Driver														65. Owner's First Name _____ Initial _____ Last Name _____ ☐ Same as Driver																												124																																									
107	36. Number & Street _____														66. Number & Street _____																												125																																									
108	37. City _____ State _____ Zip _____														67. City _____ State _____ Zip _____																												126a																																									
109	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 _____																												126b																																									
110	44. VIN _____ 45. Expires _____														74. VIN _____ 75. Expires _____																												126c																																									
111	46. Vehicle Removed to: _____														76. Vehicle Removed to: _____																												126d																																									
112	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded														☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded																												126e																																									
113	47. Authority ☐ Owner ☐ Driver ☐ Police														77. Authority ☐ Owner ☐ Driver ☐ Police																												127a																																									
114	48. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. ____ % ☐ Pending														49. Hazardous Material ☐ None ☐ On Board ☐ Spill Hazard Class _____ Placard No. _____														78. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. ____ % ☐ Pending														79. Hazardous Material ☐ None ☐ On Board ☐ Spill Hazard Class _____ Placard No. _____														127b																											
115	50. Carrier No. ☐ USDOT _____ ☐ None ☐ MC/MX _____														51. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.														80. Carrier No. ☐ USDOT _____ ☐ None ☐ MC/MX _____														81. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.														127c																											
116	52. Motor Carrier or Government Entity														82. Motor Carrier or Government Entity																												127d																																									
117	Number & Street														Number & Street																												127e																																									
City														State														Zip														City														State														Zip														128
135. Damage to Other Property ☐ Yes (If Yes, describe) ☐ No																																																								129																												
																																																								130																												
																																																								131																												
																																																								132																												
Oper.														136. Charge														137. Summons No.														Oper.														138. Charge														139. Summons No.														133
Oper.														140. Charge														141. Summons No.														Oper.														142. Charge														143. Summons No.														134
A														83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death																																																									
B																																																																																				
C																																																																																				
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E F G H I J	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death		

144. Crash Diagram



145. Crash Description/Narrative

D1 Statement: D1 advised he was traveling northbound on Babcock Road. D1 stated he was going around the curve when he felt the back end begin to fishtail. D1 advised he attempted to correct it but was unable to regain control of the vehicle and it struck a utility pole.

Observation at the Scene: V1 was resting against the utility pole. D1 was laying on the ground. D1 had an major injury to his left leg. V1 had extensive damage to the driver side and front end of the truck. D1 was transported to AtlantiCare City Division. American Auto towed the vehicle.

Investigation Revealed: V1 was traveling northbound on Babcock Road in the area of the Hess School. V1 lost control on the wet road and struck a utility pole causing the above described damage. No insurance was found for provided by the company.

Nothing further.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
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