

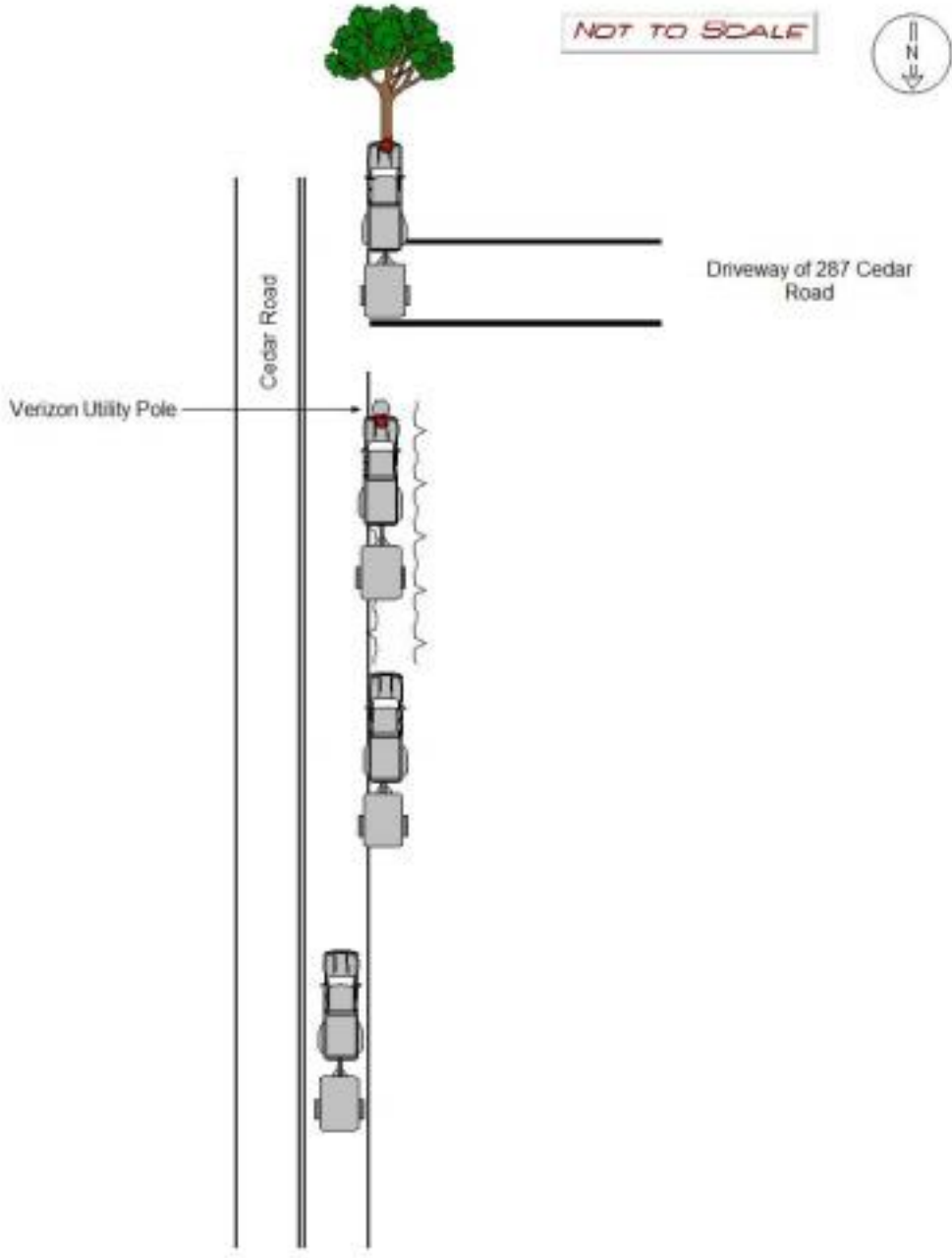
96	Page ____ of ____ ☐ Fatal														New Jersey Police Crash Investigation Report														☐ Reportable ☐ Non-Reportable ☐ Change Report														118a																																														
97	1. Case Number														10. Crash Occurred On: _____ Road Name _____ Dir _____														11. Speed Limit								12. Route No.				Suffix		13. Milepost				18. Speed Limit				118b																																						
98																													2. Police Dept. of _____ Code _____														3. Station/Precinct														☐ At Intersection with ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W														19. ☐ To: _____ 17. Cross Road Name/Route No. _____ Ramp ☐ From: _____														☐ NB ☐ EB ☐ SB ☐ WB				119a
99																																																																																									119b
100a																													4. Date of Crash mm dd yy														5. Day of Week Su M Tu W Th F Sa				6. Time (use 2400 hrs.) mm dd yy				7. Municipality Code				8. Total Killed		9. Total Injured		21. Latitude				20 Route Name/Route No.				22. Longitude				120a																		
100b	23. Veh. #				24. Policy No.										25. NJ Ins. Code										53. Veh. #				54. Policy No.										55. NJ Ins. Code										120b																																								
101	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run														☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run														121a																																																												
102	26. Driver's First Name Initial Last Name														29. Sex				56. Driver's First Name Initial Last Name														59. Sex				121b																																																				
103	27. Number & Street														57. Number & Street																																																																										
104	28. City State Zip														58. City State Zip																																																																										
	30. Eyes				DL Class				Restrictions				Endorsements				31. State				60. Eyes				DL Class				Restrictions				Endorsements				61. State				122																																																
																																									123																																																
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																																																
106	35. Owner's First Name Initial Last Name														65. Owner's First Name Initial Last Name														124																																																												
	☐ Same as Driver														☐ Same as Driver																																																																										
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														☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded														126e																																																												
113	☐ Left at Scene ☐ Towed Impounded														☐ Left at Scene ☐ Towed Impounded														127a																																																												
114	47. Authority														77. Authority														127b																																																												
	☐ Owner ☐ Driver ☐ Police														☐ Owner ☐ Driver ☐ Police																																																																										
115	48. Alcohol Drug Test														49. Hazardous Material														78. Alcohol Drug Test														79. Hazardous Material														127c																																
	Given: ☐ No ☐ Yes ☐ Refused														☐ None ☐ On Board ☐ Spill														Given: ☐ No ☐ Yes ☐ Refused														☐ None ☐ On Board ☐ Spill																																														
	Type: ☐ Breath ☐ Blood ☐ Urine																												Type: ☐ Breath ☐ Blood ☐ Urine																																																												
116	Results: 0. % ☐ Pending														Hazard Class Placard No.														Results: 0. % ☐ Pending														Hazard Class Placard No.														127d																																
117	50. Carrier No.														51. GVWR / GCWR (trucks & buses only)														80. Carrier No.														81. GVWR / GCWR (trucks & buses only)														127e																																
	☐ USDOT														☐ None				☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.														☐ USDOT														☐ None				☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.																																						
	☐ MC/MX																		☐ MC/MX																																																																						
	52. Motor Carrier or Government Entity														82. Motor Carrier or Government Entity														128																																																												
	Number & Street														Number & Street														129																																																												
	City State Zip														City State Zip														130																																																												
	135. Damage to Other Property ☐ Yes (If Yes, describe) ☐ No																												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																																																																																									
D																																																																																									

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New Jersey Police Crash Investigation Report												Case Number			Page ____ of ____	
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

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

Vehicle 1 was traveling southbound on Cedar Road. Driver 1 advised that while driving, he fell asleep and subsequently ran off the roadway to the right in the area of 287 Cedar Road. After leaving the roadway, Vehicle 1 entered a ditch, struck a Verizon utility pole, and came to rest upon impacting a small tree.

Trailer information towed by Vehicle #1- 2019 NTTRL Black Vin #16VAX1017K2052624, Registration: NJ-TVW21M, 03/22, Owner: TRUGREEN L P, 4001 Leadenhall Road, Mt. Laurel, NJ 08054

Box 118a #2 denotes- Driver 1 advised he was drowsy and fell asleep while operating the vehicle.

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