

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. 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 ☐ 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														☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded														126e														
113	☐ Left at Scene ☐ Towed Impounded														☐ Left at Scene ☐ Towed Impounded														127a														
114	47. Authority ☐ Owner ☐ Driver ☐ Police														77. Authority ☐ Owner ☐ Driver ☐ Police														127b														
115	48. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. ____ % ☐ Pending														78. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. ____ % ☐ Pending														127c														
116	49. Hazardous Material ☐ None ☐ On Board ☐ Spill Hazard Class Placard No.														79. Hazardous Material ☐ None ☐ On Board ☐ Spill Hazard Class Placard No.														127d														
117	50. Carrier No. ☐ USDOT ☐ MC/MX ☐ None														80. Carrier No. ☐ USDOT ☐ MC/MX ☐ None														127e														
	51. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.														81. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.														128														
	52. Motor Carrier or Government Entity														82. Motor Carrier or Government Entity														129														
	Number & Street														Number & Street														130														
	City State Zip														City State Zip														131														
	135. Damage to Other Property ☐ Yes (If Yes, describe) ☐ No																												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														
	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																																											

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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

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

OBSERVATIONS AT THE SCENE: V1 was in traffic, on Smithville Blvd, near Route 9 facing west. V1 sustained moderate damage to the front passenger side of the vehicle.

DRIVER #1 STATEMENT: I was trying to make the left turn. I guess I was going too fast. I hit the pole.

INVESTIGATION REVEALED: Based on the drivers statement, damage to the vehicle, and observations at the scene, the investigation revealed that V1 was traveling northbound on Route 9, approaching Smithville Blvd. V1 attempted to make the left turn onto Smithville Blvd. Due to V1's excessive speed as it turned left, V1 struck the traffic signal post.

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