

NEW JERSEY POLICE ACCIDENT REPORT

REPORTABLE NON-REPORTABLE

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43 CASE NUMBER 1081123636946
44 POLICE DEPARTMENT OF CODE
45 STATION/PRECINCT
46 DATE OF COLLISION MONTH 0 DAY 2 YEAR 03
47 DAY OF WEEK S M Tu W Th F S
48 TIME (USE 2400 HRS.) 0458
49 MUNICIPALITY CODE 102
50 TOTAL KILLED
51 TOTAL INJURED
52 ROAD NAME
53 ROUTE NO. SUFFIX
54 MILEPOST
55 56 57
58 ROAD NAME
59 (ROUTE NO.)
60 (ROUTE NO.)
61 (ROUTE NO.)
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63 LATITUDE
64 LONGITUDE

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65 POLICY NO.
66 INS. CODE
67 DRIVER'S FIRST NAME Michael INITIAL LAST NAME
68 NUMBER AND STREET
69 CITY STATE ZIP EXPIRES
90 DRIVER'S FIRST NAME Lisa INITIAL LAST NAME
91 NUMBER AND STREET
92 CITY STATE ZIP EXPIRES

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70 DRIVER'S LICENSE NUMBER 721330 965490 119574
71 STATE 72 DOB MO. 11 DAY 10 YEAR 1974
73 EYES 74 SEX F
93 DRIVER'S LICENSE NUMBER 400918 507235 296555
94 STATE 95 DOB MO. 2 DAY 18 YEAR 1958
96 EYES 97 SEX M
75 OWNER'S FIRST NAME INITIAL LAST NAME
76 NUMBER AND STREET
98 OWNER'S FIRST NAME INITIAL LAST NAME
99 NUMBER AND STREET

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77 CITY STATE ZIP EXPIRES
78 MAKE AND MODEL COLOR 79 YEAR 80 PLATE NO. 81 STATE
100 CITY STATE ZIP EXPIRES
82 VIN NUMBER
105 VIN NUMBER
83 VEHICLE REMOVED TO
84 AUTHORITY 1 OWNER 2 DRIVER 3 POLICE
106 VEHICLE REMOVED TO
107 AUTHORITY 1 OWNER 2 DRIVER 3 POLICE

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85 AREAS DAMAGED INITIAL PRINCIPAL IMPACT
86 POSTED SPEED
113 CARRIER NAME
114 ACCIDENT DESCRIPTION
Vehicle 1 collided with vehicle 2 as vehicle 2 was commencing a right turn.
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
122 DEP CASE NUMBER (SAFETYNET ONLY)

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