

NEW JERSEY MOTOR VEHICLE SERVICES MOTOR VEHICLE ACCIDENT REPORT										Follow Instructions on other side									
14 ACCIDENT DATE		15 DAY OF WK.		16 TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		17 NUMBER OF VEHICLES		18 NUMBER KILLED		19 NUMBER INJURED		20 DID POLICE INVESTIGATE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		21 NAME OF POLICE AGENCY					
22 LOCATION OF ACCIDENT (MUNICIPALITY)						23 ROUTE NUMBER OR NAME OF STREET						24 IF NOT AT INTERSECTION COLLISION WAS BETWEEN: ROAD 1 _____ ROAD 2 _____ DISTANCE FROM ROAD 1 _____							
25 COUNTY						26 INTERSECTING STREET, ROAD OR RAILROAD													
27 INSURANCE COMPANY						44 INSURANCE COMPANY													
Your Vehicle 1						Other Vehicle 2													
28 POLICY NO.						45 POLICY NO.													
29 DRIVER'S FIRST NAME INITIAL LAST NAME						46 DRIVER'S FIRST NAME INITIAL LAST NAME													
30 NUMBER AND STREET						47 NUMBER AND STREET						1							
31 CITY STATE ZIP CODE						48 CITY STATE ZIP CODE													
32 DRIVER'S LICENSE NUMBER				33 STATE		34 BIRTH DATE		35 EYE COLOR		36 SEX		49 DRIVER'S LICENSE NUMBER							
37 OWNER'S FIRST NAME INITIAL LAST NAME				38 STATE		39 BIRTH DATE		40 EYE COLOR		41 SEX		50 DRIVER'S LICENSE NUMBER							
38 AS DRIVER <input type="checkbox"/>						41 AS DRIVER <input type="checkbox"/>													
38 NUMBER AND STREET						55 NUMBER AND STREET						3							
39 CITY STATE ZIP CODE						56 CITY STATE ZIP CODE						4							
40 MAKE OF VEHICLE				41 YEAR		42 LICENSE PLATE NO.		43 STATE		57 MAKE OF VEHICLE				58 YEAR		59 LICENSE PLATE NO.		60 STATE	
61 DESCRIBE DAMAGE TO VEH. NO. 1		62 CIRCLE ONE OF THE 8 DIAGRAMS BELOW IF IT ADEQUATELY DESCRIBES THE ACCIDENT OR DRAW YOUR OWN DIAGRAM IN THE SPACE TO THE RIGHT				63				DIAGRAM		64 DESCRIBE DAMAGE TO VEH. NO. 2							
EST. COST TO REPAIR												EST. COST TO REPAIR							
INJURED LOCATED 1 IN VEH. 1 B ON A PEDALCYCLE O OTHER 2 IN VEH. 2 P PEDESTRIAN						65 ACCIDENT DESCRIPTION						5							
POSITION IN/ON VEHICLE 1 DRIVER 2 THRU 7 PASSENGERS 8 RIDING/HANGING ON OUTSIDE						66 VICTIM'S PHYSICAL CONDITION 1 KILLED 2 INCAPACITATED 3 MODERATE INJURY 4 COMPLAINT OF PAIN						6							
67						68						69							
70 AGE						71 SEX						7							
Injury Section: Fill Out Space Below for Every Person Injured or Killed in the Accident.																			
NAME AND ADDRESS OF INJURED						NATURE OF INJURY						8							
NAME AND ADDRESS OF INJURED						NATURE OF INJURY						9							
NAME AND ADDRESS OF INJURED						NATURE OF INJURY						10							
NAME AND ADDRESS OF INJURED						NATURE OF INJURY						11							
NAME AND ADDRESS OF INJURED						NATURE OF INJURY						12							
NAME AND ADDRESS OF INJURED						NATURE OF INJURY						13							
SIGN HERE										Date of Report				DMV USE					
FILL IN BUT DO NOT DETACH																			
NEW JERSEY				If you fail to give full information below, it will be assumed that you did not have automobile liability insurance.				Fill in this form with information from your insurance policy. All information will be verified with the insurance company.				DMV USE							
NAME OF INSURANCE COMPANY COVERING YOU FOR LIABILITY FOR DAMAGE OR INJURY TO OTHERS (NOT AGENT)																			
NAME AND ADDRESS OF INSURANCE AGENT WHO SOLD YOU POLICY																			
POLICY NO.						POLICY PERIOD						FROM		TO					
DATE OF ACCIDENT				MONTH		DAY		YEAR		MAKE OF YOUR VEHICLE (NO. 1)				YEAR		VEHICLE IDENTIFICATION NO.			
LOCATION OF ACCIDENT - STREET OR ROUTE NO. AND MUNICIPALITY (SAME AS ITEMS 22, 23, 24 ABOVE)																			
NAME AND ADDRESS OF DRIVER - VEHICLE 1																			
NAME AND ADDRESS OF OWNER - VEHICLE 1																			
NAME AND ADDRESS OF POLICY HOLDER - VEHICLE 1																			
IMPORTANT - This accident should also be reported directly to your Insurance representative. Failure to report may jeopardize your vehicle liability insurance.																			

**SECTION A**

Report of Accidents. The driver of a vehicle involved in an accident resulting in injury to or death of any person, or damage to property of any one person in excess of five hundred dollars (\$500.00) shall within ten days after such accident forward a written report of such accident TO: MOTOR VEHICLE SERVICES, ACCIDENT REPORTING AND EVALUATION, CN 050, TRENTON, NEW JERSEY 08666-0050. Failure to report will result in the suspension of both driving and registration privileges. Under Chapter 4 of Title 39 these reports are not available for public information nor are they admissible in evidence for any other purpose in a proceeding or action arising out of the accident. They are solely for the use of the Department of Law and Public Safety in developing information useful in the prevention of accidents and for compliance with the Motor Vehicle Security Responsibility and Compulsory Insurance Laws. "A written report of an accident shall not be required if a law enforcement officer submits a written report of the accident to the division pursuant to R.S. 39:4-131."

**INSTRUCTIONS**

**PLEASE PRINT OR TYPE  
ALL INFORMATION**

**USE BLACK OR DARK BLUE INK**

*Begin by folding along this line* →  
*Follow the instructions at the top of Section B.*  
*Numbered arrows should point to boxes on reverse side after folding.*

1. Give exact date of accident.
2. If a vehicle is unoccupied, enter all available information. Be sure to enter the correct vehicle plate number.
3. Driver information must be entered exactly as it appears on each driver's license.
4. Owner information must be entered exactly as it appears on the registration certificate of each vehicle involved in the accident.
5. If you were involved in an accident in which there were more than two vehicles, an additional one of these report forms must be filled out. On that form, place the information for the third vehicle in the space marked "Your Vehicle No. 1" and mark it No. 3. Use the space marked "Other Vehicle No. 2" for the fourth vehicle, and mark it No. 4 and so on.
6. The location of the accident is very important and you should describe it as accurately as possible in the space provided.
7. For each person injured complete boxes 67,68,69,70, 71 and list names and addresses.
8. If there are more than two persons injured, another one of these report forms is needed. In the injury section of that report, record the required information for all additional injured persons.
9. Attach any additional report forms to page one. Each page of the report must be numbered in the upper right corner, dated and SIGNED on the bottom line.
10. Answer all questions to the best of your knowledge.
11. Send all reports to: Motor Vehicle Services

Accident Reporting and Evaluation  
CN 050  
Trenton, New Jersey 08666-0050

**SECTION B**

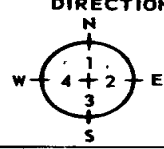
**REPORT OF MOTOR VEHICLE ACCIDENT**

Be sure form is folded along this line before answering the questions below. Numbered arrows should point to boxes on reverse side after folding.

Fill in the 13 boxes to the right by entering the number of the item which best describes the circumstances of the accident.

If a question does not apply enter a dash (—).  
If an answer is unknown enter a "U".

FOLD ALONG THIS LINE

<b>SURFACE CONDITION</b>		1
1 DRY 2 WET	3 SNOWY 4 ICY 5 OTHER	
<b>LIGHT CONDITION</b>		2
1 DAYLIGHT 2 DAWN OR DUSK	3 DARK (ST. LIGHT ON) 4 DARK (ST. LIGHT OFF) 5 DARK (NO ST. LIGHTS)	
<b>WEATHER</b>		3
1 CLEAR 2 RAIN 3 SNOW	4 FOG 5 OTHER	
<b>DIRECTION OF TRAVEL</b>		YOUR VEHICLE NO. 1
		
<b>VEHICLE TYPE</b>		YOUR VEHICLE NO. 1
1 PASS. CAR — STATION WAGON 2 PASS. CAR W/TRAILER 3 TRUCK 4 TRUCK COMBINATION 5 RECREATION VEHICLE 6 TAXI/C.B./M.OUSINE	7 BUS 8 SCHOOL BUS 9 EMERGENCY VEHICLE 10 MOTORCYCLE 11 OTHER	
<b>COLLISION INVOLVED</b>		OTHER VEHICLE NO. 2
1 PEDESTRIAN 2 OTHER MOTOR VEHICLE 3 OVERTURNED 4 OTHER NON-COLLISION	5 PEDALCYCLE 6 ANIMAL 7 FIXED OBJECT 8 OTHER OBJECT	
<b>LOCATION OF FIRST EVENT</b>		9
1. ON ROADWAY	2 OFF ROADWAY	
<b>VEHICLE POSITION</b>		YOUR VEHICLE NO. 1
WAS VEHICLE LEGALLY PARKED AT CURB? 1 YES 2 NO		
<b>DRIVER EMPLOYMENT</b>		YOUR VEHICLE NO. 1
WAS DRIVER EMPLOYED BY THE VEHICLE OWNER? 1 YES 2 NO		
		OTHER VEHICLE NO. 2

*Please Read Instructions 1 Through 11 On Other Side of Fold Before Completing The Inside of Report.*

**DO NOT FILL IN**

**FOR USE OF INSURANCE COMPANY ONLY**  
Instructions for Insurance Company

With regard to an automobile liability insurance policy for the policyholder named on the reverse side hereof, the undersigned insurance company advises you in accordance with the items checked below:

- 1. No policy was in effect on the date of the accident.
- 2. Our policy for the named policyholder applies to him as the operator but it does not apply to the owner of the vehicle involved in the accident.
- 3. Our policy applies to the owner of the vehicle, but does not apply to the operator of the vehicle involved in the accident.
- 4. Other; explain.

**MOTOR VEHICLE SERVICES  
ACCIDENT REPORTING AND EVALUATION  
CN 050  
TRENTON, NEW JERSEY 08666-0050**

Name of Insurance Company