

NEW JERSEY MOTOR VEHICLE SERVICES
MOTOR VEHICLE ACCIDENT REPORT

Follow Instructions
on other side

14 ACCIDENT DATE 15 DAY OF MTH 16 TIME AM PM
 17 NUMBER OF VEHICLES INVOLVED KILLED INJURED YES NO
 18 POLICE INVESTIGATE YES NO
 19 NAME OF POLICE AGENCY _____
 20 ROUTE NUMBER OR NAME OF STREET _____
 21 IF NOT AT INTERSECTION COLLISION WAS BETWEEN:
 ROAD 1 _____
 ROAD 2 _____
 DISTANCE FROM ROAD 1 _____

22 LOCATION OF ACCIDENT (UNIVERSALITY)
 23 SECURITY
 24 INSURANCE COMPANY

25 YOUR VEHICLE No. 1
 26 POLICY NO.
 27 DRIVER'S FIRST NAME INITIAL LAST NAME
 28 NUMBER AND STREET
 29 CITY STATE ZIP CODE

30 DRIVER'S LICENSE NUMBER
 31 BIRTHDATE STATE
 32 SEX
 33 M/D/Y YEAR
 34 DRIVER'S FIRST NAME INITIAL LAST NAME
 35 NUMBER AND STREET

36 DRIVER'S FIRST NAME INITIAL LAST NAME
 37 BIRTHDATE STATE
 38 SEX
 39 M/D/Y YEAR
 40 DRIVER'S FIRST NAME INITIAL LAST NAME
 41 NUMBER AND STREET

42 MAKE OF VEHICLE
 43 YEAR
 44 DISCRIBE PLATE NO. STATE
 45 MAKE OF VEHICLE
 46 YEAR
 47 DISCRIBE PLATE NO. STATE

48 DAMAGE TO VEH. NO. 1
 49 DAMAGE TO VEH. NO. 2
 50 DAMAGE TO VEH. NO. 3
 51 DAMAGE TO VEH. NO. 4
 52 DAMAGE TO VEH. NO. 5
 53 DAMAGE TO VEH. NO. 6
 54 DAMAGE TO VEH. NO. 7
 55 DAMAGE TO VEH. NO. 8
 56 DAMAGE TO VEH. NO. 9
 57 DAMAGE TO VEH. NO. 10
 58 DAMAGE TO VEH. NO. 11
 59 DAMAGE TO VEH. NO. 12
 60 DAMAGE TO VEH. NO. 13

61 POSITION IN ON VEHICLE
 1 DRIVER, 2 THRU 7 PASSENGERS
 8 BODYPANAMA ON OUTSIDE
 62 VICTIM'S PHYSICAL CONDITION
 1 KILLED
 2 INCAPACITATED
 3 MODERATE INJURY
 4 COMPLAINT OF PAIN
 63 INJURY SECTION: Fill Out Space Below for Every Person Injured or Killed in the Accident.
 64 NAME AND ADDRESS OF INJURED
 65 NATURE OF INJURY
 66 DATE OF REPORT
 67 FILL IN BUT DO NOT DETACH

68 NAME OF INSURANCE COMPANY COVERING YOU FOR LIABILITY FOR DAMAGE OR INJURY TO OTHERS (NOT AGENT)
 69 NAME AND ADDRESS OF INSURANCE AGENT WHO SOLD YOU POLICY

70 POLICY NO. PERIOD FROM TO
 71 DATE OF ACCIDENT MONTH DAY YEAR
 72 NAME OF YOUR VEHICLE (INC. 1)
 73 YEAR
 74 VEHICLE IDENTIFICATION NO.
 75 LOCATION OF ACCIDENT - STREET OR ROUTE NO. AND MAIN FACILITY (NAME AS TIKING 72, 21, 24 ABOVE)

76 NAME AND ADDRESS OF DRIVER - VEHICLE 1
 77 NAME AND ADDRESS OF OWNER - VEHICLE 1
 78 NAME AND ADDRESS OF POLICY HOLDER - VEHICLE 1
 79 IMPORTANT - This accident should also be reported directly to your insurance representative. Failure to report may jeopardize your vehicle liability insurance.
 80 FOLLOW INSTRUCTIONS ON OTHER SIDE