


**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) shall within ten days after such accident forward a written report of such accident TO: NJ DEPARTMENT OF TRANSPORTATION, 1035 PARKWAY AVENUE, P.O. BOX 600, TRENTON, NJ 08625-0500 ATTN: BUREAU OF SAFETY PROGRAMS, THIOKOL BLDG. #8. 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 Transportation 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 "Other 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 or mangled enter 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:

**NJ DEPARTMENT OF TRANSPORTATION**  
1035 PARKWAY AVENUE  
P.O. BOX 600  
TRENTON, N.J. 08625-0600  
ATTN: BUREAU OF SAFETY PROGRAMS  
THIOKOL BLDG. #8

**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.

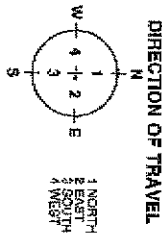
**NJ DEPARTMENT OF TRANSPORTATION**  
1035 PARKWAY AVENUE  
P.O. BOX 600  
TRENTON, N.J. 08625-0600  
ATTN: BUREAU OF SAFETY PROGRAMS  
THIOKOL BLDG. #8

**FOLD ALONG THIS LINE**

**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".

1 1 DRY 2 WET 3 SNOW 4 ICE	<b>SURFACE CONDITION</b>	5 OTHER	1
1 DAYLIGHT 2 DAWN OR DUSK	<b>LIGHT CONDITION</b>	3 DARK (ST LIGHT OFF) 4 DARK (ST LIGHT ON) 5 DARK (NO ST LIGHTS)	2
1 CLEAR 2 FOG 3 SNOW	<b>WEATHER</b>	4 FOG 5 OTHER	3
<p><b>DIRECTION OF TRAVEL</b></p> 			4
1 PASSENGER CAR 2 TRUCK 3 TRUCK WITH TRAILER 4 TRUCK COMPARTMENT 5 RECREATION VEHICLE 6 TAXICAB/MOTORBUS	<b>VEHICLE TYPE</b>	7 BUS 8 SCHOOL BUS 9 SERVICE VEHICLE 10 MOTORCYCLE 11 OTHER	YOUR VEHICLE NO. 1 OTHER VEHICLE NO. 2 5
1 PEDESTRIAN 2 OTHER MOTOR VEHICLE 3 OVERTURNED 4 OTHER NON-COLLISION	<b>COLLISION INVOLVED</b>	5 BICYCLE 6 AIRCRAFT 7 FIXED OBJECT 8 OTHER OBJECT	6
1 ON ROADWAY	<b>LOCATION OF FIRST EVENT</b>	2 OFF ROADWAY	9
1 WAS VEHICLE LEGALLY PARKED AT CURB? 2 NO	<b>VEHICLE POSITION</b>	YOUR VEHICLE NO. 1 OTHER VEHICLE NO. 2 11	10
1 WAS DRIVER EMPLOYED BY THE VEHICLE OWNER? 2 NO	<b>DRIVER EMPLOYMENT</b>	YOUR VEHICLE NO. 1 OTHER VEHICLE NO. 2 12 OTHER VEHICLE NO. 3 13	11

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

**DO NOT FILL IN**

MUST be signed by Authorized Representative

Name of Insurance Company