

NEW JERSEY MOTOR VEHICLE SERVICES
MOTOR VEHICLE ACCIDENT REPORT

Follow Instructions
on other side

14 ACCIDENT DATE MO DAY YEAR	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				

Your Vehicle No. 1	27 INSURANCE COMPANY	Other Vehicle No. 2	44 INSURANCE COMPANY
	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
31 CITY STATE ZIP CODE	48 CITY STATE ZIP CODE

32 DRIVER'S LICENSE NUMBER	33 STATE	34 BIRTH DATE MO DAY YEAR	35 EYE COLOR	36 SEX	49 DRIVER'S LICENSE NUMBER	50 STATE	51 BIRTH DATE MO DAY YEAR	52 EYE COLOR	53 SEX
37 OWNER'S FIRST NAME INITIAL LAST NAME <input type="checkbox"/> SAME AS DRIVER					54 OWNER'S FIRST NAME INITIAL LAST NAME <input type="checkbox"/> SAME AS DRIVER				
38 NUMBER AND STREET					55 NUMBER AND STREET				
39 CITY STATE ZIP CODE					56 CITY STATE ZIP CODE				

40 MAKE OF VEHICLE	41 YEAR	42 LICENSE PLATE NO.	43 STATE	57 MAKE OF VEHICLE	58 YEAR	59 LICENSE PLATE NO.	60 STATE
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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 9	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
POSITION IN/ON VEHICLE 1 DRIVER 2 THRU 7 PASSENGERS 8 RIDING/HANGING ON OUTSIDE 	66 DESCRIBE DAMAGE TO PROPERTY OTHER THAN VEHICLE (GIVE OWNER'S NAME AND ADDRESS AND EST. COST TO REPAIR)

67	68	69	70 AGE	71 SEX	Injury Section: Fill Out Space Below for Every Person Injured or Killed in the Accident.
					NAME AND ADDRESS OF INJURED
					NATURE OF INJURY
					NAME AND ADDRESS OF INJURED
					NATURE OF INJURY

SIGN HERE _____ **Date of Report** _____

FILL IN BUT DO NOT DETACH

NEW JERSEY SR-21

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) shall within ten days after such accident forward a written report of such accident TO: NEW JERSEY DEPARTMENT OF TRANSPORTATION, DATA DEVELOPMENT - ACCIDENT REPORTS, 1035 PARKWAY AVENUE, P.O. BOX 612, TRENTON, NEW JERSEY 08625-0612. 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 "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:

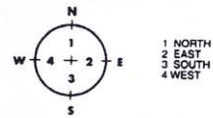
**NEW JERSEY DEPARTMENT OF TRANSPORTATION
DATA DEVELOPMENT - ACCIDENT REPORTS
1035 PARKWAY AVENUE
P.O. BOX 612
TRENTON, NEW JERSEY 08625-0612**

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

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

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Name of Insurance Company

MUST be signed by Authorized Representatives