

NEW JERSEY MOTOR VEHICLE COMMISSION
MOTOR VEHICLE ACCIDENT REPORT

Follow Instructions
on other side

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
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MO. DAY YEAR	LOCATION OF ACCIDENT (MUNICIPALITY)	23 ROUTE NUMBER OR NAME OF STREET	24 IF NOT AT INTERSECTION COLLISION WAS BETWEEN:
COUNTY	26 INTERSECTING STREET, ROAD OR RAILROAD	ROAD 1 _____	ROAD 2 _____
		DISTANCE FROM ROAD 1 _____	

Your vehicle No. 1	27 INSURANCE COMPANY	Other Vehicle No. 2	44 INSURANCE COMPANY
	28 POLICY NO.		45 POLICY NO.

DRIVER'S FIRST NAME	INITIAL	LAST NAME	46 DRIVER'S FIRST NAME	INITIAL	LAST NAME
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NUMBER AND STREET	47 NUMBER AND STREET	1
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CITY	STATE	ZIP CODE	48 CITY	STATE	ZIP CODE	2
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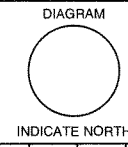
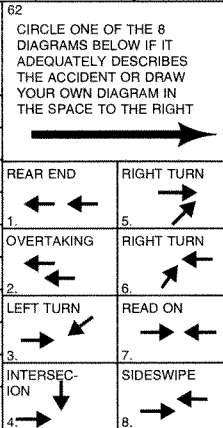
DRIVERS LICENSE NUMBER	33 STATE	34 BIRTHDATE	35 EYE COLOR	36 SEX	49 DRIVERS LICENSE NUMBER	50 STATE	31 BIRTHDATE	52 EYE COLOR	53 SEX	3
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OWNER'S FIRST NAME	INITIAL	LAST NAME	54 OWNER'S FIRST NAME	INITIAL	LAST NAME	4
<input type="checkbox"/> SAME AS DRIVER			<input type="checkbox"/> SAME AS DRIVER			
NUMBER AND STREET	55 NUMBER AND STREET					

CITY	STATE	ZIP CODE	56 CITY	STATE	ZIP CODE	5
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MAKE OF VEHICLE	41 YEAR	42 LICENSE PLATE NO.	43 STATE	57 MAKE OF VEHICLE	58 YEAR	59 LICENSE PLATE NO.	60 STATE	6
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DESCRIBE DAMAGE TO VEH. NO. 1	62	63	DIAGRAM	64 DESCRIBE DAMAGE TO VEH. NO. 2	7
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IT. COST TO REPAIR	65 ACCIDENT DESCRIPTION	9
		10
		11
		12
		13

INJURED LOCATED	65 ACCIDENT DESCRIPTION	10
N VEH. 1 B ON A PEDALCYCLE O OTHER		
N VEH. 2 P PEDESTRIAN		

POSITION IN/ON VEHICLE	VICTIM'S PHYSICAL CONDITION	66 DESCRIBE DAMAGE TO PROPERTY OTHER THAN VEHICLE (GIVE OWNER'S NAME AND ADDRESS AND EST. COST TO REPAIR)	11
1 DRIVER 2 THRU 7 PASSENGERS	1 KILLED		
8 RIDING/HANGING ON OUTSIDE	2 INCAPACITATED		
	3 MODERATE INJURY		
	4 COMPLAINT OF PAIN		

67	68	69	70 AGE	71 SEX	Injury Section: Fill Out Space Below for Every Person Injured or Killed in the Accident.	13
					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	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.
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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