

RM-1A supersedes RM1.2				State of New Jersey Vehicle Accident Report			Print or Type Only		Agency/Use only - Loc. B.	
Accident Date		Day of Week	Time	<div style="border: 1px solid black; padding: 2px;">AM</div> <div style="border: 1px solid black; padding: 2px;">PM</div>	# of Vehicles	# Killed	# Injured	Name of Police Dept. or Investigating Agency		
Location of Accident (Municipality)				Route # or Name of Street			If not an intersection, Collision was Between: ROAD 1 _____ ROAD 2 _____ Distance from Road _____			
County				Intersecting Street, Road, or Railroad						
STATE VEHICLE 1		Was Citation Issued?		Citation to Whom?		State Driver		Other Driver Vehicle # -		
State Driver		(Last Name)		(First Name)		(Middle Initial)		Phone Number ()		
Home Address		(Number)		(Street)		(City)		(State)		(Zip)
Social Security Number		Age	Sex	Driver's License Number			State	Dept. / Div.		
Make of Vehicle		Year of Vehicle		License Plate Number / S.C.#			Vehicle Owner / Lessor			
Employee's Workstation Address		(Number)		(Street)		(City)		(State)		(Zip)
OTHER VEHICLE 2		Insurance Company			Policy Number					
Other Driver		(Last Name)		(First Name)		(Middle Initial)		Phone Number ()		
Driver's Address		(Number)		(Street)		(City)		(State)		(Zip)
Birth date		Eye Color	Sex	Driver's License Number			State	Make of Vehicle	Year	License Plate # State
Vehicle Owner		(Last Name/Company)		(First Name)		(Middle Initial)		Phone Number ()		
Owner's Address		(Number)		(Street)		(City)		(State)		(Zip)
Persons Injured (Other Than State Driver)	1	Name & Address			Tel. NO. ()		Passenger in:		Extent of Injury:	
	2	Name & Address			Tel. NO. ()		State Car <input type="checkbox"/> Other Car <input type="checkbox"/> Ped <input type="checkbox"/>		Severe <input type="checkbox"/> Slight <input type="checkbox"/>	
	3	Name & Address			Tel. NO. ()		State Car <input type="checkbox"/> Other Car <input type="checkbox"/> Ped <input type="checkbox"/>		Severe <input type="checkbox"/> Slight <input type="checkbox"/>	

TYPE OF STATE VEHICLE		<input type="checkbox"/> *Specialized equipment such as bulldozers, graders, street sweepers, backhoes, forklifts, lawnmowers & other similar equipment. Fire engines, ambulances, Etc.
1. Subcompact		
2. Compact		
3. Passenger car/cabriolet wagons		
4. Vans used for transporting people		
5. All other Vans		
6. Utility Vehicles & Pick up trucks		
7. Light Truck - WT. 5,000 - 10,000 Lbs.		
8. Medium Truck - WT. 10,001 - 20,000 Lbs.		
9. Heavy Trucks - WT. 20,001 - 45,000 Lbs.		
10. Extra Heavy Trucks - WT. over 45,000 Lbs.		
11. Misc Equipment**		
12. Buses		
ENVIRONMENTAL CONDITIONS		
Weather	1. Clear 2. Rain 3. Snow <input type="checkbox"/> 4. Fog 5. Other	
Surface Condition	1. Dry 2. Wet 3. Snow <input type="checkbox"/> 4. Ice 5. Other	
Light Condition	<input type="checkbox"/> 1. Daylight 2. Dawn or Dusk 3. Dark (Street lights on) 4. Dark (Street lights off) 5. Dark (No Lights)	
Collision Involved With	<input type="checkbox"/> 1. Pedestrian 2. Other motor Veh. 3. Overturned 4. Peda'l cycle 5. Moped or Motorcycle 6. Animal 7. Fixed Object 8. Other object	
Defensive Driving within the last 36 months? 1 - Yes <input type="checkbox"/> Date ____/____/____** 2 - No ** IF "YES" Date must be indicated		

Information in this area to be Provided by Employee's Supervisor.

STATE DRIVER INJURIES	
1. First aid or other non recordable incident 2. Medical Treatment 3. Medical Treatment - Employee transferred 4. Medical Treatment - Employee terminated 5. Loss of consciousness - no medical treatment 6. Lost work day case 7. Lost work day case - Employee transferred 8. Lost work day case - Employee terminated 9. Fatality Fatality Date ____/____/____	

Vehicle 1. Normal job related operations. 2. Commuting to or from home and place of work (temp or permanent)
 Use 3. Commuting to or from breakfast, lunch or dinner and place of work.

☐ 4. Other (define) _____

DOT use only - 5. Striping 6. Sanding 7. Snow Plowing 8. Road or Bridge Maint.

NJSP use only - 9. Pursuit 10. Response 11. Surveillance

Loss of workdays off job
 Estimated _____ Actual _____

Count work days (consecutive or not). Employee would have worked, but could not because of occupational injury or illness. Don't count day of injury, holidays or normal days off.

Workdays on Modified Job
 Estimated _____ Actual _____

Enter total of 1. Days assigned to temporary job.
 2. Part time days on regular job. 3. Days on regular job but unable to perform all normally connected duties.

Nj Accident Report Form

Joacim Rocklöv

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

Nj Accident Report Form:

Highway Accident Report ,197? Highway Accident Report : Series of Multivehicle Collisions and Fires Under Limited Visibility Conditions United States. Bureau of Surface Transportation Safety,1975 Directory of Transportation Data Sources (1996) Sarah Maccalous,1998-12 Provides users of transportation statistics with a comprehensive inventory of transportation data sources to effect easier accessibility and availability of information Listed by agency each profile contains the name and type of the data source mode area of transportation relating to the source abstract source of data attributes significant features or limitations corresponding printed source sponsoring organization performing organization availability and contact for additional information Indexed alphabetically and by mode *Technical Manual* United States. War Department, *Motor Truck News* ,1921 **You and the Law in New Jersey** Melville D. Miller,Leighton A. Holness,1998 What are your rights if you are fired from your job What should you do if you are a crime victim or witness How can you fight a child custody battle What can you do if your landlord refuses to provide you with heat in the winter You and the Law in New Jersey newly updated is the ideal guidebook to assist readers in understanding the law their rights and how to get legal help In clear straightforward language the book describes how law is made how to do legal research how the state and federal court systems work how to get help if you can t afford a lawyer how to hire a lawyer and what to do if you are sued The second edition contains much new information including a chapter on credit debt and banking and others on the rights of senior citizens veterans and people with disabilities The authors have also expanded their information on the rights of renters homeowners and consumers of public utilities as well as their treatment of employment law They have rewritten chapters on health and public benefits to address the recent sweeping reforms of federal and state law Other topics include family matters such as marriage divorce adoption and domestic violence the landlord tenant relationship and buying a home consumer rights the criminal justice system and citizen involvement in environmental law *Administration* United States. War Department,1942 *New Jersey Register* ,2015 **English and Business** New York (N.Y.). Board of Education,1923 **Report** United States. Congress. House, Accident Facts ,1927 **Technical Manual, Administration** ,1942 The New Jersey Register ,2001 *Scientific and Technical Aerospace Reports* ,1974 **The Code of Federal Regulations of the United States of America** ,2006 The Code of Federal Regulations is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government Code of Federal Regulations ,2009 Special edition of the Federal Register containing a codification of documents of general applicability and future effect with ancillaries **Motor Vehicle Inspections and Preventive Maintenance Services** ,1945 **Training Publication** U.S. Department of the Army,United States. Dept. of the Army,1940 Traffic Laws Annotated ,1979 *New Jersey Statutes Annotated* New Jersey,1940

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