

RM-1A supersedes RM1.2

### State of New Jersey Vehicle Accident Report

Print or Type only

Agency Use only - Loc #.

Accident Date	Day of Week	Time AM PM	# of Vehicles	# Killed	# Injured	Name of Police Dept or Investigating Agency
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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	

<b>STATE VEHICLE 1</b>	Was Citation Issued? YES NO	Citation to Whom? <b>State Driver</b> <b>Other Driver Vehicle # -</b>
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State Driver (Last Name)	(First Name)	(Middle Initial)	Phone Number ( )
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Home Address (Number)	(Street)	(City)	(State)	(Zip)
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Social Security Number	Age	Sex	Driver's License Number	State	Dept. / Div.
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Make of Vehicle	Year of Vehicle	License Plate Number / SG #	Vehicle Owner / Lessor
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Employee's Workstation Address (Number)	(Street)	(City)	(State)	(Zip)
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<b>OTHER VEHICLE 2</b>	Insurance Company	Policy Number
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Other Driver (Last Name)	(First Name)	(Middle Initial)	Phone Number ( )
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Driver's Address (Number)	(Street)	(City)	(State)	(Zip)
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Birthdate	Eye Color	Sex	Driver's License Number	State	Make of Vehicle	Year	License Plate #	State
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Vehicle Owner (Last Name / Company)	(First Name)	(Middle Initial)	Phone Number ( )
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Owner's Address (Number)	(Street)	(City)	(State)	(Zip)
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Persons Injured (Other Than State Driver)	1	Name & Address	Tel. NO. ( )	Passenger in:			Extent of injury: Severe Slight
				State Car	Other Car	Ped	
	2	Name & Address	Tel. NO. ( )	State Car	Other Car	Ped	Extent of injury: Severe Slight
	3	Name & Address	Tel. NO. ( )	State Car	Other Car	Ped	Extent of injury: Severe Slight

- TYPE OF STATE VEHICLE**
- Subcompact
  - Compact
  - Passenger cars/station wagons.
  - Vans used for transporting people
  - All other Vans
  - Utility Vehicles & pick up trucks
  - Light Trucks - Wt. 5,000 - 10,000 Lbs.
  - Medium Trucks - Wt. 10,001 - 20,000 Lbs.
  - Heavy Trucks - Wt. 20,001 - 45,000 Lbs.
  - Extra Heavy Trucks - Wt. over 45,000 Lbs.
  - Misc Equipment \*
  - Buses
  - All other Motor vehicles \*\*
- \* Specialized equipment such as bulldozers, graders, street sweepers, back-hoes, forklifts, lawnmowers & other similar equipment.  
\*\* Fire engines, ambulances, Etc.

**ENVIRONMENTAL CONDITIONS**

**Weather**  1. Clear 2. Rain 3. Snow  
4. Fog 5. Other

**Surface Condition**  1. Dry 2. Wet 3. Snow  
4. Icy 5. Other

**Light Condition**  1. Daylight 2. Dawn or Dusk  
3. Dark (Street lights on)  
4. Dark (Street lights off)  
5. Dark (No Lights)

**Collision Involved With**  1. Pedestrian 2. Other motor Veh.  
3. Overturned  
4. Pedalcycle  
5. Moped or Motorcycle 6. Animal  
7. Fixed Object 8. Other object

**Defensive Driving within the last 36 Months?**  
1 - Yes   
2 - No  Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\*  
\*\* If "YES" Date must be indicated

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

- STATE DRIVER INJURIES**
- First aid or other non recordable incident
  - Medical Treatment
  - Medical Treatment - Employee transferred
  - Medical Treatment - Employee terminated
  - Loss of consciousness - no medical treatment
  - Lost work day case
  - Lost work day case - Employee transferred
  - Lost work day case - Employee terminated
  - Fatality Fatality Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Vehicle Use**

1. Normal job related operation 2. Commuting to or from home and place of work (temp. or permanent)  
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.

