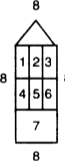


NEW JERSEY MOTOR VEHICLE SERVICES
MOTOR VEHICLE ACCIDENT REPORT

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									
27 INSURANCE COMPANY						28 POLICY NO.						29 DRIVER'S FIRST NAME INITIAL LAST NAME			
Your Vehicle No. 1						Other Vehicle No. 2						44 INSURANCE COMPANY			
45 POLICY NO.						46 DRIVER'S FIRST NAME INITIAL LAST NAME						47 NUMBER AND STREET			
30 NUMBER AND STREET						48 CITY STATE ZIP CODE						49 DRIVER'S LICENSE NUMBER 50 STATE 51 BIRTH DATE 52 EYE COLOR 53 SEX			
31 CITY STATE ZIP CODE						32 DRIVER'S LICENSE NUMBER 33 STATE 34 BIRTH DATE 35 EYE COLOR 36 SEX						54 OWNER'S FIRST NAME INITIAL LAST NAME			
37 OWNER'S FIRST NAME INITIAL LAST NAME						55 NUMBER AND STREET						56 CITY STATE ZIP CODE			
38 NUMBER AND STREET						57 MAKE OF VEHICLE 58 YEAR 59 LICENSE PLATE NO. 60 STATE						61 DESCRIBE DAMAGE TO VEH. NO. 1			
39 CITY STATE ZIP CODE						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			
40 MAKE OF VEHICLE 41 YEAR 42 LICENSE PLATE NO. 43 STATE						64 DESCRIBE DAMAGE TO VEH. NO. 2						65 ACCIDENT DESCRIPTION			
44 INSURANCE COMPANY						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			
45 POLICY NO.						67 68 69 70 AGE 71 SEX						Injury Section: Fill Out Space Below for Every Person Injured or Killed in the Accident.			
46 DRIVER'S FIRST NAME INITIAL LAST NAME						72 NAME AND ADDRESS OF INJURED						73 NATURE OF INJURY			
47 NUMBER AND STREET						74 NAME AND ADDRESS OF INJURED						75 NATURE OF INJURY			
48 CITY STATE ZIP CODE						76 NAME AND ADDRESS OF INJURED						77 NATURE OF INJURY			
49 DRIVER'S LICENSE NUMBER 50 STATE 51 BIRTH DATE 52 EYE COLOR 53 SEX						78 NAME AND ADDRESS OF INJURED						79 NATURE OF INJURY			
54 OWNER'S FIRST NAME INITIAL LAST NAME						80 NAME AND ADDRESS OF INJURED						81 NATURE OF INJURY			
55 NUMBER AND STREET						82 NAME AND ADDRESS OF INJURED						83 NATURE OF INJURY			
56 CITY STATE ZIP CODE						84 NAME AND ADDRESS OF INJURED						85 NATURE OF INJURY			
57 MAKE OF VEHICLE 58 YEAR 59 LICENSE PLATE NO. 60 STATE						86 NAME AND ADDRESS OF INJURED						87 NATURE OF INJURY			
61 DESCRIBE DAMAGE TO VEH. NO. 1						88 NAME AND ADDRESS OF INJURED						89 NATURE OF INJURY			
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						90 NAME AND ADDRESS OF INJURED						91 NATURE OF INJURY			
63 9						92 NAME AND ADDRESS OF INJURED						93 NATURE OF INJURY			
64 DESCRIBE DAMAGE TO VEH. NO. 2						94 NAME AND ADDRESS OF INJURED						95 NATURE OF INJURY			
65 ACCIDENT DESCRIPTION						96 NAME AND ADDRESS OF INJURED						97 NATURE OF INJURY			
66 DESCRIBE DAMAGE TO PROPERTY OTHER THAN VEHICLE (GIVE OWNER'S NAME AND ADDRESS AND EST. COST TO REPAIR)						98 NAME AND ADDRESS OF INJURED						99 NATURE OF INJURY			
67 68 69 70 AGE 71 SEX						100 NAME AND ADDRESS OF INJURED						101 NATURE OF INJURY			


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)	
VICTIM'S PHYSICAL CONDITION 1 KILLED 2 INCAPACITATED 3 MODERATE INJURY 4 COMPLAINT OF PAIN			
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.	
NAME OF INSURANCE COMPANY COVERING YOU FOR LIABILITY FOR DAMAGE OR INJURY TO OTHERS (NOT AGENT)		Fill in this form with information from your insurance policy. All information will be verified with the insurance company.	
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".

SURFACE CONDITION

1 DRY 3 SNOW 5 OTHER
2 WET 4 ICY

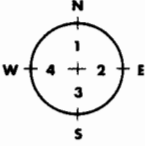
LIGHT CONDITION

1 DAYLIGHT 3 DARK (ST LIGHT ON)
2 DAWN OR DUSK 4 DARK (ST LIGHT OFF)
5 DARK (NO ST LIGHTS)

WEATHER

1 CLEAR 4 FOG
2 RAIN 5 OTHER
3 SNOW

DIRECTION OF TRAVEL



1 NORTH
2 EAST
3 SOUTH
4 WEST

VEHICLE TYPE

1 PASS CAR—STATION WAGON 7 BUS
2 PASS CAR W/TRAILER 8 SCHOOL BUS
3 TRUCK 9 EMERGENCY VEHICLE
4 TRUCK COMBINATION 10 MOTORCYCLE
5 RECREATION VEHICLE 11 OTHER
6 TAXICAB/LIMOUSINE

COLLISION INVOLVED

1 PEDESTRIAN 5 PEDALCYCLE
2 OTHER MOTOR VEHICLE 6 ANIMAL
3 OVERTURNED 7 FIXED OBJECT
4 OTHER NON-COLLISION 8 OTHER OBJECT

LOCATION OF FIRST EVENT

1 ON ROADWAY 2 OFF ROADWAY

VEHICLE POSITION

YOUR VEHICLE NO. 1
OTHER VEHICLE NO. 2

WAS VEHICLE LEGALLY PARKED AT CURB?
1 YES
2 NO

DRIVER EMPLOYMENT

YOUR VEHICLE NO. 1
OTHER VEHICLE NO. 2

WAS DRIVER EMPLOYED BY THE VEHICLE OWNER?
1 YES
2 NO

FOLD ALONG THIS LINE

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

Name of Insurance Company