

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				

<b>Your Vehicle No. 1</b>	27 INSURANCE COMPANY	<b>Other Vehicle No. 2</b>	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
--------------------	---------	----------------------	----------	--------------------	---------	----------------------	----------

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)
VICTIM'S PHYSICAL CONDITION 1 KILLED 2 INCAPACITATED 3 MODERATE INJURY 4 COMPLAINT OF PAIN	

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

