SR-1 (R5/21) SUPERSEDES ALL PREVIOUS VERSIONS Page (NEW JERSEY MOTOR VEHICLE COMMISSION Follow Instruction																				
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NEW JERSEY SR-21 If you fail to give that you did not					il to give fu did not ha	Il information belove automobile lial	ро	Fill in this form with information from your insurance policy. All information will be verified with the insurance company.												
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IMPORTA	NT - T	his acc	ident s	hould	also be	e reported di	rectly to y	our Insura	nce repr	esenta	ative. Fa	ilure to	o report i	may jeop	ardiz	e you	r vehicle liability insurance.			

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An electronic online crash report can now be submitted by going to www.state.nj.us/transportation/refdata/accident/selfreportir

The electronic version will enable drivers to fill out a form online and receive an acknowledgment back within minutes. The online receipt will be proof of submission. Please make copy of the crash report.

SECTION A

Report of a crash. The driver of a vehicle involved in a crash 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 crash, forward a written report of such crash TO: NJ DEPARTMENT OF TRANSPORTATION, 1035 PARKWAY AVENUE, CN 600, TRENTON, NJ 08625-0600 ATTN: BUREAU OF TRANSPORTATION DATA AND SUPPORT. Failure to report will result in the suspension of both driving and periodic provide a substantial of the substantial of the substantial substantial and the substantial substanti 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 crash. They are solely for the use of the Department of Transportation in developing information useful in the prevention of crashes and for compliance with the Motor Vehicle Security Responsibility and Compulsory Insurance Laws. "A written report of a crash shall not be required if a law enforcement officer submits a written report of the crash 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 instructions at the top on Section B. Numbered arrows should point to boxes on the reverse side after folding.

- 1 Give exact date of the crash.
- 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 crash.
- 5. If you were involved in a crash 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.
- The location of the crash is very important and you should describe it as 6. accurately as possible in the space provided.
- 7. For each person injured complete boxes 67, 68, 69, 70, 71 and list names and addresses
- 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. 8.
- 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. Make a copy of the crash report for your records.
- 12. Do not send additional items such as photos or videos.
- 13. The NJ Department of Transportation does not investigate selfreported crashes.
- 14. Send all reports to:

NJ DEPARTMENT OF TRANSPORTATION 1035 PARKWAY AVENUE PO BOX 600 TRENTON, NJ 08625-0600 ATTN: BUREAU OF TRANSPORTATION DATA AND SUPPORT

Please Read Instructions 1 Through 14 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: No policy was in effect on the date of the accident. Our policy for the named policyholder applies to the operator, but it does not apply to the owner of the vehicle involved in the accident.

□ 1. □ 2.

Our policy applies to the owner of the vehicle, but does not apply to the operator of the vehicle involved in the accident. 3.

4 Other; explain.

NJ DEPARTMENT OF TRANSPORTATION **1035 PARKWAY AVENUE PO BOX 600** TRENTON, NJ 08625-0600 ATTN: BUREAU OF TRANSPORTATION DATA AND SUPPORT

Name of Insurance Company

MUST be signed by Authorized Representative

SECTION B

REPORT OF MOTOR VEHICLE CRASH

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 ite m which be st de scribe sthe circumstance s of the accident.

If a question does not apply enter a dash (-If an answer is unknown enter a "U".



