

Warren County Communications Center Fatal Accident Report

Warren County *Municipality: _____ (Allamuchy / Alpha / Belvidere / Blairstown / Franklin /
Frelinghuysen / Greenwich / Hackettstown / Hardwick /
Harmony / Hope / Independence / Knowlton / Liberty /
Lopatcong / Mansfield / Oxford / Phillipsburg / Pahaquarry /
Pohatcong / Washington Boro / Washington Twp / White)

*Date: ___/___/___ *Time: _____ *Agency Case #: _____
(MM/DD/YYYY) (HHMM) – 24 hour (OCA)

*Weather: _____ (00 – Unknown / 01 – Clear / 02 – Rain / 03 – Snow / 04 – Fog/Smog/Smoke / 05 – Overcast
06 – Sleet/Hail/Freezing Rain / 07 – Blowing Snow / 08 – Blowing Sand/Dirt /
09 – Severe Crosswinds / 99 – Other)

*Road Condition: _____ (00 – Unknown / 01 – Dry / 02 – Wet / 03 – Snowy / 04 – Icy / 05 – Slush /
06 – Water-Standing/Moving / 07 – Sand, Mud, Dirt / 08 – Oil / 99 – Other)

*Highway Number: _____ Suffix: _____ (A – Alternate / B – Business / C – Freeway /
S – Spur-County Routes Only)

*Street Name: _____

*Crash Type: _____ (00 – Unknown / 01 – Same Direction-Rear End / 02 – Same Direction-Side Swipe /
03 – Right Angle / 04 – Opposite Direction-Head On,Angular / 05 – Opposite Direction-Side
Swipe / 06 – Struck Parked Vehicle / 07 – Left Turn-U Turn / 08 – Backing /
09 – Encroachment / 10 – Overtuned / 11 – Fixed Object / 12 – Animal / 13 – Pedestrian /
14 – Pedalcyclist / 15 – Non-fixed Object / 16 – Railcar-vehicle / 99 – Other)

*Investigating Agency: **NJ021** _____
(ORI)

*Involved Person Type: _____ (B – Pedalcyclist / D – Driver / P – Passenger / T- Pedestrian)

Hit & Run?: _____ (No / Open / Closed)

Date of Death: ___/___/___ Time of Death: _____
(MM/DD/YYYY) (HHMM) – 24 Hour

*First Name: _____ Middle Name: _____ *Last Name: _____

*Address: _____ City: _____ State: _____

*Sex: _____ (Female / Male / Transitional / Unknown) Date of Birth: ___/___/___ Age: _____
(MM/DD/YYYY)

*Requesting Officer: _____ *Date: _____ *Time: _____

Use second page to add additional Involved Person(s)

*** Bold type with * (asterisk) is mandatory and needed to enter record**

***Involved Person Type:** _____ (B – Pedalcyclist / D – Driver / P – Passenger / T- Pedestrian)

Hit & Run?: _____ (No / Open / Closed)

Date of Death: ___/___/___ Time of Death: _____
(MM/DD/YYYY) (HHMM) – 24 Hour

***First Name:** _____ Middle Name: _____ ***Last Name:** _____

***Address:** _____ **City:** _____ **State:** _____

***Sex:** _____ (Female / Male / Transitional / Unknown) Date of Birth: ___/___/___ Age: _____
(MM/DD/YYYY)

***Involved Person Type:** _____ (B – Pedalcyclist / D – Driver / P – Passenger / T- Pedestrian)

Hit & Run?: _____ (No / Open / Closed)

Date of Death: ___/___/___ Time of Death: _____
(MM/DD/YYYY) (HHMM) – 24 Hour

***First Name:** _____ Middle Name: _____ ***Last Name:** _____

***Address:** _____ **City:** _____ **State:** _____

***Sex:** _____ (Female / Male / Transitional / Unknown) Date of Birth: ___/___/___ Age: _____
(MM/DD/YYYY)

***Involved Person Type:** _____ (B – Pedalcyclist / D – Driver / P – Passenger / T- Pedestrian)

Hit & Run?: _____ (No / Open / Closed)

Date of Death: ___/___/___ Time of Death: _____
(MM/DD/YYYY) (HHMM) – 24 Hour

***First Name:** _____ Middle Name: _____ ***Last Name:** _____

***Address:** _____ **City:** _____ **State:** _____

***Sex:** _____ (Female / Male / Transitional / Unknown) Date of Birth: ___/___/___ Age: _____
(MM/DD/YYYY)

*** Bold type with * (asterisk) is mandatory and needed to enter record**