



# New Jersey Motor Vehicle Commission

P.O. Box 160  
Trenton, New Jersey 08666-0160

STATE OF NEW JERSEY

**Chris Christie**  
Governor

**Kim Guadagno**  
Lt. Governor

**Raymond P. Martinez**  
Chairman and Chief Administrator

5/19/2016

**FORM NO.:** NJTR-1 (R4/16)

**TITLE:** Police Accident Report – No OVERRUNS or UNDERRUNS

**QUANTITY:** 500,000 sets

**TRIMMED SIZE:** 8 1/2" X 11"

**PAPER STOCK:** Form - Black Print NCR Paper  
Part 1 - White CB - 15#  
Part 2 - White CFB - 14#  
Two (2) Die Cut Fly Sheets and Wrap Around Cover - 175 lb. Index (Manila) or equivalent. Chipboard Backer – 8 1/2" x 12 1/4". 22 point chipboard (long grain)

**CONSTRUCTION:** Two parts to a set pasted in 3/4" bottom stub. Thirty (30) sets with 2 Die Cut Fly Sheets, Chipboard Backer, and Wrap Around Cover with three staples covered with printers tape at the 1/2" top.

**TYPOGRAPHY** All Parts of set print one side, Marginal words on each part. Die Cut Fly Sheet prints 2 sides. Wrap around cover.

**BAR CODE:** A bar code of 3 of 9 or 128 will be placed next to the form number on all sheets, to correspond with the form number.

**COLOR INK:** Black Ink

**SPECIAL:** Both Die Cut Fly Sheets must register with arrows pointing to appropriate boxes on form.

**PRINTER'S PROOFS:** Proofs must be submitted to: Motor Vehicle Commission, Forms Control Unit, 1600 North Olden Avenue, Ewing, New Jersey 08638. Via e-mail to [kevin.sweeney@mvc.nj.gov](mailto:kevin.sweeney@mvc.nj.gov) or hard copy via regular mail to the address above. Proofs must be submitted within ten (10) days after receipt of purchase order.

**PACKAGING:** Wrapped 25 books per package (Shrink wrapping). Two (2) packs per carton. All cartons must be affixed with a label indicating quantity per carton, vendor name, P.O. number, form number and description, and 3 of 9 bar code with all of the above encoded. Palletize with standard notched four way entry, double face, flush type - 40" wide by 48" deep by 4" high. Pallets must be secured with stretch wrap. Height must not exceed 48" including pallet.

**DELIVERY DATE:** 4 weeks after receipt of proof approval.

**DELIVERY PLACE:** Price to include delivery to the warehouse of N.J. Motor Vehicle Commission, 1600 North Olden Avenue, Ewing, New Jersey 08638. Deliveries will be accepted Monday thru Friday (except holidays) between the hours of 8:00 a.m. to 12:00 noon and 1:00 p.m. to 4:00 p.m. **DELIVERIES WILL NOT BE ACCEPTED BETWEEN 12:00 NOON AND 1:00 P.M. AND AFTER 4:00 P.M.**

**SAMPLE FOR REVIEW:** The herein specified product is available (sample) for bidders to review in order to prepare and submit accurate and comprehensive proposals: A complete sample of the Accident Report booklet will be available for review at NJ Motor Vehicle Commission (NJMVC), Procurement Office located in the Trenton Office Complex, 225 East State Street, New Jersey 08666. A bidder who wishes to review the sample must make an appointment via email with Alan Krupa between the hours of 9:30am to 3:30pm on May 23, 24 or 25, 2016.

**Please note:** samples will not be allowed off premises.

Alan Krupa contact information:  
Email address:

[Alan.krupa@mvc.nj.gov](mailto:Alan.krupa@mvc.nj.gov)

**PRICE SUBMITTAL:** Pricing should be Per M complete sets.

Any questions should be sent via email by COB May 26, 2016. Any/all Answers will be Replied to via e-mail.

Please provide pricing on company letterhead on or before close of business (4:30 pm) Friday June 3, 2016 via e-mail to:

Alan Krupa  
Contract Administrator  
NJ Motor Vehicle Commission  
PO Box 135  
225 East State Street  
Trenton, NJ 08666  
P: 609-943-5443  
[alan.krupa@mvc.nj.gov](mailto:alan.krupa@mvc.nj.gov)

The **successful bidder** will be required to submit required Delegated Purchase Authority (DPA) forms before a Purchase Order can be issued:

Ownership Disclosure Form  
Disclosure of Investigations and Actions Involving Bidder Form  
Disclosure of Investment Activities in Iran Form  
Source Disclosure Certification Form  
MacBride Principles Certification Form  
Vendor Certification and Political Contribution Disclosure Form  
Two Year Chapter 51 / Executive Order 117 Vendor Certification and Disclosure of Political Contributions Form  
Affirmative Action Supplement Form  
Delegated Purchasing Authority Terms and Conditions

[http://www.state.nj.us/treasury/purchase/forms/DPA\\_Packet.pdf](http://www.state.nj.us/treasury/purchase/forms/DPA_Packet.pdf)

Notice to the Vendor Community:

**N.J.S.A. 52:32-33.1. State contractors encouraged to disseminate information relative to organ donation.**

“ .....all business concerns awarded contracts with the State, as defined in section 2 of P.L.1987, c.184 (C.52:32-33) (are encouraged) to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C.s.1320b-8 to serve in this State.

**State of New Jersey  
Police Crash  
Investigation  
Report NJTR-1**

Use Code 00 for Unknown.

Use Code 99 for Other.

Explain Other in Crash Description

Also, Explain Items Marked with asterisk (\*) in Crash Description

If an Item Does Not Apply, Enter a Dash (-)

**NOTE:**

Boxes 1 - 7 must be completed for all pages of the report.

Boxes 8-22 and 96-105 are only used on page 1 of the report.

Information is completed as

3 STAPLES  
PRINTERS TAPE

96 State Divided By  
01 Barrier Median 02 Concrete Median 03 Grass Median 04 Paved 05 None

97 Temporary Traffic Control Zone  
01 None 02 Construction Zone 03 Maintenance Zone 04 Utility Zone 05 Other

98 Light Condition  
01 Daylight 02 Dusk 03 Dawn 04 Dark (street lights off) 05 Dark (no street lights) 06 Dark (street lights on, continuous) 07 Light (street lights on, spot)

99 Road System  
01 Interstate 02 State/Interstate Authority 03 State Park or Institution 04 County 05 Co Auth, Park or Inst 06 Municipal 07 Mun Auth, Park or Inst 08 Private Property 09 US Govt Property

100 Roadway  
01 Straight at Hillcrest 02 Curve and Level 03 Curve and Grade 04 Curve at Hillcrest 05 Steel Grid 06 Dirt

101 Road Surface  
01 Concrete 02 Asphalt 03 Steel Grid 04 Dirt

102 Road Surface Condition  
01 Dry 02 Wet 03 Ice 04 Snow 05 Water (Standing/Moving) 06 Sand, Mud, Dirt 07 Oil

103 Environmental Condition  
01 Clear 02 Snow 03 Rain 04 Fog/Smog/Smoke 05 Blowing Snow 06 Blowing Sand/Dirt 07 Severe Crosswinds

104 Total Number of Motor Vehicles Involved in Crash  
01 First Event

105 Crash Type  
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 Left Turn / U Turn (Pedalcy) 11 Pedalcy 12 Pedalcy 13 Pedalcy 14 Pedalcy 15 Non-fixed Object 16 Railcar -vehicle

106 Veh 1 Oversize/Overweight Permit? (Comm Veh Only)  
01 Yes 02 No

107 Veh 2

108 Veh 1 Vehicle Type  
01 Car/Station Wagon/Minivan 02 Passenger Van (< 9 Seats) 03 Cargo Van (10K lbs or less) 04 Sport Utility Vehicle 05 Pickup  
06 Recreational Vehicle 07 All Terrain Vehicle 08 Motorcycle (reserved) 09 any previous w/Trailer 10 Other Pass Vehicle  
11 Moped 12 Streetcar/Trolley 13 Pedalcycle 14 Pedalcycle 15 Pedalcycle 16 Pedalcycle 17 Tractor (Bobtail) 18 Tractor Double 19 Tractor Triple 20 Other Truck

109 Veh 2

110 Veh 1 Vehicle Use  
01 Personal 02 Business/Commerce 03 Government 04 Responding to Emergency 05 Machinery in Use  
30 Bus / Large Van (9 or more Seats)

111 Veh 2

112 Veh 1 Special Function Vehicles  
01 Work Equipment\* 02 Police 03 Military 04 Fire/Rescue 05 Ambulance  
06 Taxi/Limo 07 Veh Used as School Bus 08 Veh Used as Other Bus 09 School Bus 10 Transit Bus  
11 Other Bus 12 Veh Used as Snowplow 13 Vehicle Towing Another Veh

113 Veh 2

114 Veh 1 Cargo Body Type (Comm Veh Only)  
01 Bus (9-15 seats) 02 Bus (> 15 seats) 03 Van/Enclosed Box 04 Cargo Tank 05 Flatbed 06 Dump  
07 Concrete Mixer 08 Auto Transporter 09 Other

115 Veh 2

116 Veh 1 Direction of Travel  
01 Forward 02 Reverse

117 Veh 2

**THIS WILL PRINT ON 175# MANILA TAG THIS TIME NOT YELLOW**

digit NAIC - <http://www.nj.gov/dobi/data/inscomp.htm>  
3 digit MVC - <http://www.state.nj.us/mvc/numeric.pdf>

Hospital Codes  
<http://www.state.nj.us/health/ems/jems.pdf>

Which  
1 Veh 1  
2 Veh 2

Positic  
01 Driver 02 thru 09 Passengers 10 Cargo Area 11 Riding/Hanging on Outside

Ejection From Vehicle  
01 Not Ejected 02 Partial Ejection 03 Ejected 04 Trapped

Victim's Physical Condition  
01 Killed 02 Incapacitated 03 Moderate Injury 04 Complaint of Pain

Age Sex

Type of Most Severe Physical Injury  
01 Amputation 02 Concussion 03 Internal Bleeding 04 Contusion/Brui/Abrasion 05 Burn 06 Fracture / Dislocation 07 Complaint of Pain

Refused Medical Treatment  
1 Yes 2 No

Safety Equipment  
01 None 02 Lap Belt 03 Harness 04 Lap Belt & Harness 05 Child Restraint 06 Helmet  
07 (reserved) 08 Airbag 09 Airbag & Seatbelts 10 Safety Vest (Ped only)

Airbag Deployment  
01 Front 02 Side 07 Other 08 Multiple

Avail Used Hosp Code

Overlay Page 1 of 2

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														
E														

7 3/8

7 3/8

HEAD

HEAD

1/2

Perforation

1/2"

Perforation

State of New Jersey  
Police Crash  
Investigation  
Report NJTR-1

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Boxes 8-32 and 33-102 are only required on page 1 of the report.  
All other information is completed as necessary.

1st Ply

Record Bureau Copy

MTR-1 (rev. 1988)

State of New Jersey  
Police Crash  
Investigation  
Report NJTR-1

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2nd Ply

Die Cut & Remove

8 15/16

11/16"

175# MANILA TAG

9 3/8

9 3/8

HEAD

Wrap around cover

Score

1/4

SCORE

1/4

8 1/2"

1/2" TOP STUB

PERFORATION

HEAD

8 1/2

96 Page      of       Fatal **New Jersey Police Crash Investigation Report**  Reportable  Non-Reportable  Change Report

97 1 Case Number                      10 Crash Occurred On:                      11 Speed Limit                               118a

98 2 Police Dept of                      Code       At Intersection with                      Road Name                      Dir      12 Route No.                               13 Milepost                               18 Speed Limit                     118b

99 3 Station/Preinct                       Feet  Miles  N  S  E  W of:                      19  To:                      17 Cross Road Name                       NB  SB  EB  WB 119a

100 4 Date of Crash                               5 Day of Week                               6 Time (use 2400 hrs)                7 Municipality Code           8 Total Killed      9 Total Injured      19 Ramp  From:                      20 Route/Name                      21 Latitude                               22 Longitude                               119b

101 23 Veh No      24 Policy No.                      25 Ins Code      53 Veh No      54 Policy No.                      55 Ins Code       Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run  Parked  Ped  Pedalcyclist  Resp to Emergency  Hit & Run 120

102 26 Driver's First Name                      Initial      Last Name                      29 Sex      56 Driver's First Name                      Initial      Last Name                      59 Sex      121

103 27 Number and Street                      30 Eyes      57 Number and Street                      60 Eyes      122

104 28 City                      State      Zip                58 City                      State      Zip                123

105 31 State      32 Drivers License No                      33 DOB                34 Expires                61 State      62      35 Owner's First Name                      Initial      Last Name                      63 DOB                64 Expires                124

106 36 Number and Street                      37 City                      State      Zip                65 Number and Street                      66 City                      State      Zip                125

107 38 Make      39 Model      40 Col.      41 Model      70 Color      71 Year      72 Plate No.                      73 State      126

108 44 VIN                      75 Expires                127

109 46 Vehicle Removed To  Driven  Left at Scene  47  Owner  Driver  Police 76 Vehicle Removed To  Driven  Left at Scene  Towed  Impounded  Disabled 77 Authority                       Owner  Driver  Police 128a

110 48 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.      %  Pending 134 Crash Diagram (NOT TO SCALE)  Indicate North 78 Alcohol/Drug Test Given:  No  Yes  Refused Type:  Breath  Blood  Urine Results: 0.      %  Pending 128b

111 49 Hazardous Material Name or Placard No.                      On Board  Spill  80 Carrier No.  USDOT  Other \*                      79 Hazardous Material Name or Placard No.                      On Board  Spill  80 Carrier No.  USDOT  Other \*                      128c

112 50 Carrier No.  USDOT  Other \*                      81 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs 82 Carrier name                      128d

113 51 Commercial Vehicle Weight  ≤ 10,000 lbs  10,001 - 26,000 lbs  ≥ 26,001 lbs 129a

114 52 Carrier name                      129b

115 135 Crash Description                      129c

116                      129d

117                      130

136 Damage To Other Property                      131

137 Charge  Multiple Charges                      138 Summons No.                      139 Charge  Multiple Charges                      140 Summons No.                      132

141 Officer's Signature                      142 Badge No.                      143 Reviewed By                      Badge No.                      144 Case Status  Pending  Complete 133

83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death									
A																						
B																						
C																						
D																						
E																						

2 PART NCR FORM NOT TO SIZE

12 1/4

NJTR-1 (rev. 07/2005)

Record Bureau Copy

3/4" BOTTOM STUB PASTED

PERFORATION

FOOT