

New Jersey State Police Motor Vehicle Racing Crash Report

THIS REPORT MUST BE FORWARDED WITHIN 48 HOURS OF A CRASH

New Jersey State Police Fatal Accident Investigation Unit
Motor Vehicle Racing Control Squad
PO BOX 7068, West Trenton, New Jersey 08628
Email: FAIU@gw.njsp.org

All injuries to participants and spectators occurring as a result of **racing activity, warm-up, practice or exhibition** are to be reported in accordance with New Jersey motor vehicle racing regulations. If more than one person is injured in a single crash attach a separate report and note the same within the narrative.

Date of Crash: _____ Track/Event: _____ Time: _____

Injured: _____ Date of Birth: _____
Last, First, Middle

Address: _____

Sex: _____ Type of Vehicle: _____ Type of Event: _____

Was a head and neck restraint system worn? _____ If yes, what type: _____
(HANS, Hutchens, Foam Neck Collar, etc.)

Status at time of Injury: Driver Official Emergency Crew Spectator Pit Crew

Lighting: Daylight Artificial

Weather conditions: Clear Dry Rain Wet

Description of Injuries:

Treated by: _____ Time: _____ Location: _____

Transported to Hospital: Yes No Transported by: _____

Hospital: _____

Crash Description:

(If additional space is required, attach bond paper to this form)

Signature: _____

Date: _____