



Claim Number:	<b>123-456-789</b>
Claimant:	<b>John Q. Public</b>
Insured:	<b>Big Enterprises</b>
Date of Loss:	<b>XX/XX/XXXX</b>





Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
Claims Investigation  
Policy Number: (

Claims Investigation

Re: Claim No

Claimant

Insured

D/L

Investigation date:

Claim Detail

Please select type of loss	Auto
If Auto is selected, please choose type of loss. If more than one loss, please select "other" and explain	Collision with Other Vehicle, Other
if other, please explain	Side Swipe Collision
Assignment	On I was assigned to conduct an on scene investigation of the above alleged incident. This included but not limited to taking photographs, measurements and interviewing witnesses.
Claim	The Claimant alleges injury to the front seat passenger and damage to the Insured's vehicle caused by a side swip accident.
Location of Loss	Rt 25 miles west of the Rt on-ramp.
Contact	Management Coordinator

Activity

Activity	I was assigned this claims investigation on
	I took detailed pictures of both vehicles involved and noted damage on
	I conducted telephone interviews with both drivers on
	I reviewed the report filed by the Police Dept and submitted a document explaining codes and discrepancies.

Scene Investigation

Scene Investigation	I drove out to l. and to Auto Body in to photograph vehicles 1 and 2. (See Photos)
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Statements

Written Statement: Who did you receive the first statement from?	Claimant
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Adjuster:  
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Statements

Statement 1

V1 Driver

Telephone Interview

On the above date and time, I spoke to the driver of V1 in this claim, regarding a crash that occurred on , in which she was the driver.

stated and (front seat passenger) were leaving his sister's house located on and driving to their residence listed above. The route she always takes is Rt

said that as gets on Rt from Rd, then gets into the far-left lane as soon as she can because the exit she takes is entered from the left lane about a mile east.

said that driven this route dozens of times while living at her current address and knows the route well.

The evening of the crash, said did as always does, entered Rt , got into the far-left lane as soon as she could and could see the exit to Rt on the left.

said that a white or grey car sped by her at a high rate of speed while in the middle lane that startled and shook car. Following the white or grey car was V2, also at a high rate of speed, that side swiped her car with its driver's side, rear quarter panel and tire. later found out that the impact to V1's passenger side front fender and tire snapped the tie rod for the tire which greatly affected the steering of V1 and deployed the passenger side airbags.

said pulled to the side of Rt as best could and stopped the car. complained of neck, lower back, and head pain and later had to be extricated from the car by the Fire Dept. using the Jaws of Life. This extrication did significant damage to V1's passenger side front and rear doors. (See V1 Damage View picture showing "Damage from Extrication") said was not injured.

When asked if it were possible it caused the crash by changing lanes and striking V2, stated, "I had no reason to change lanes, I was in the far-left lane and could see my exit. It's the way I always go home."

said that the car's insurance "totaled" V1 and tha was discharged from the hospital after a short while with only bumps and bruises. The crash occurred on a evening. stayed home from work on the following and returned to work the following day.

Did you receive another statement?

Yes



Adjuster:  
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Statements

Written Statement: Who did you receive the statement from?

Other

Statement 2

V2 Driver

Telephone Interview

I called the above listed number and spoke to [redacted] who then gave me permission to speak to his [redacted] regarding a crash he was involved in on [redacted] [redacted] gave me [redacted] cell phone, [redacted] and I left him a message to which he replied to within a few minutes.

I inquired about [redacted] driver's license status and he replied that he currently holds a [redacted] Drivers License.

[redacted] stated that on the evening of the crash, [redacted] was traveling east on Rt [redacted] in the far-right lane. Just before the exit to Rt [redacted], I changed lanes into the middle lane and at the same time, V1 which was in the far-left lane at the time, decided at the last minute to change to the middle lane.

According to [redacted] V1 side swiped his car on the driver's side rear quarter panel and tire with its passenger side front fender and tire which deployed his driver's side airbag.

When asked, [redacted] stated that there was no grey or white car traveling at a high rate of speed. [redacted] stated there was a white car ahead of him traveling at the same speed as him, approx. 45-50 mph.

After the crash, [redacted] said [redacted] approached V1 and was told by the driver to return to his car for his safety. Moments later, I stated [redacted] felt ill and [redacted]

[redacted] does not remember anything else about the scene after [redacted] stated he was transported to the hospital, was diagnosed with a concussion and neck pain, and was released a short time later.

I inquired about his [redacted] license status and that if he knew he was in violation by having two people in the car with him. [redacted] stated that that [redacted] only had a [redacted] seat passenger [redacted] year-old friend.

I asked [redacted] why then the Officer that was on the scene and submitted the report listed another passenger, in the [redacted] seat, with a different name, address, age, and is a friend of [redacted], to which [redacted] could not answer. [redacted] insists [redacted] only had one passenger and that the Officer was confused.

I also asked [redacted] if he has ever been issued a summons since he was issued his [redacted] license, to which [redacted] replied "yes". [redacted] stated [redacted] was issued a [redacted] ticket for going a, [redacted] by the [redacted] but could not remember



**AXIA Risk Management Services LLC**

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Phone (973) 884-4400

www.axiarms.com

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where. stated had a court date coming up.

was also asked why his front seat passenger, who gave a statement at the scene to the reporting Officer, similar in description to V1 driver, about a white car traveling at a high rate of speed in the middle lane just before the crash. again insisted that there was no speeding white car.

Did you receive another statement? No

**Enclosures**

Other Documents Obtained - Submitted Separately

Report submitted by

Police Dept

A Crash Site Map prepared by this investigator using Google Earth.

A diagram prepared by this investigator showing the positions of the vehicles at the point of impact and direction of travel.

And an explanation of the submitted prepared by this investigator.

Photographs taken and attached? Yes

**Invoice**

Service Invoice required? Yes

Hours @ per Hour

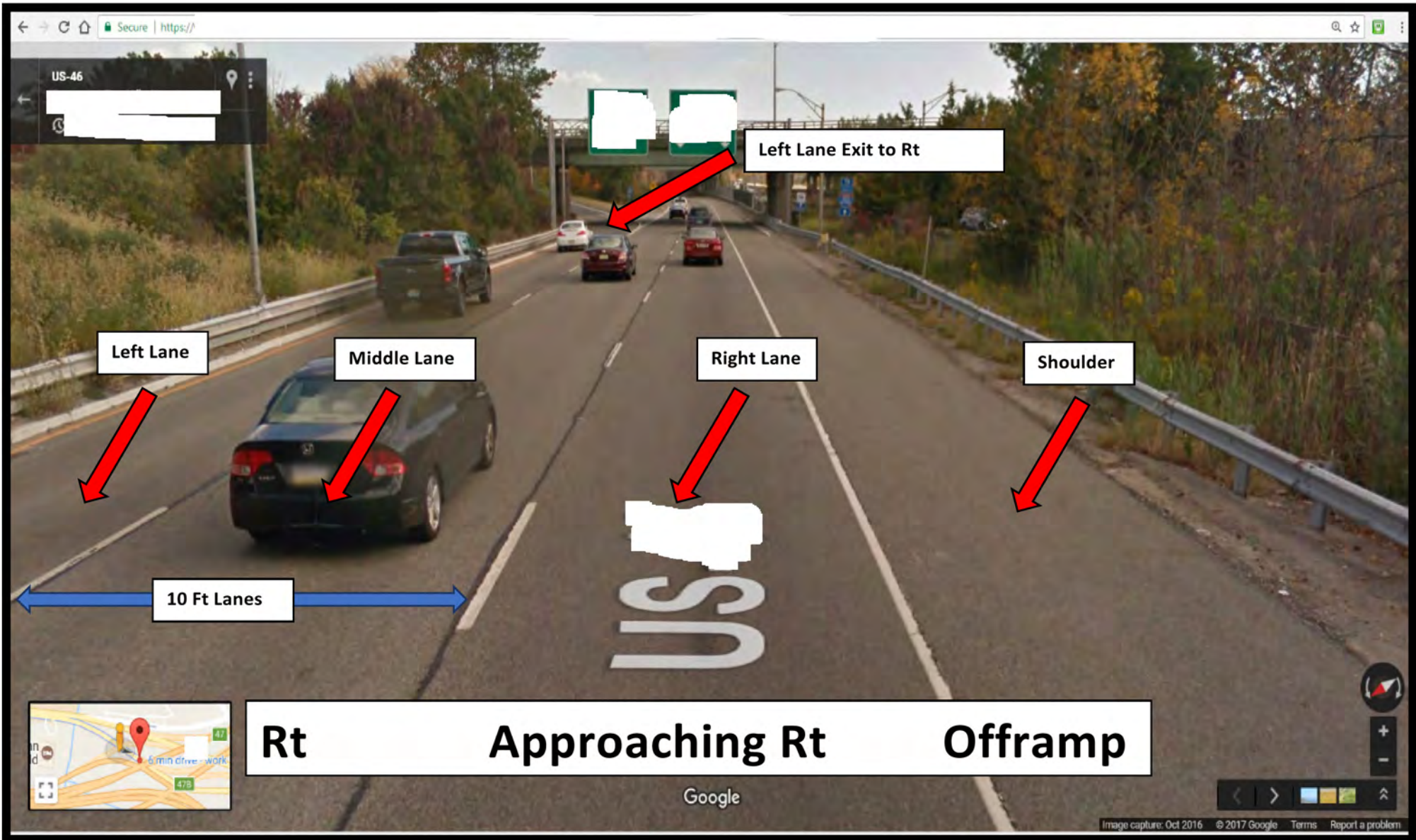
Mileage @ \$.54/mile

Tolls 0

Parking 0

Transportation 0

Other



1 Case Number 2 Police Dept. of _____ Code _____ 3 Station/Precinct _____ 4 Date of Crash mm dd yy 5 Day of Week Su M Tu W Th F Sa 6 Time (use 2400 hrs.) 7 Municipality Code 8 Total Killed 9 Total Injured 23 Veh. # 24. Policy No. 25. NJ Ins. Code 26. Driver's First Name Initial Last Name 29. Sex 27. Number & Street 28. City State Zip 30. Eyes DL Class Restrictions Endorsements 31. State 32. Driver's License Number 33. DOB mm dd yy 34. Expires mm yy 35. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver 36. Number & Street 37. City State Zip 38. Make 39. Model 40. Color 41. Year 42. Plate No. 43. State 44. VIN 45. Expires 46. Vehicle Removed to: <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded 47. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police 48. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. ____ % <input type="checkbox"/> Pending 50. Carrier No <input type="checkbox"/> USDOT _____ <input type="checkbox"/> None <input type="checkbox"/> MC/MX _____ 52. Motor Carrier or Government Entity Number & Street City State Zip 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No Oper. 136. Charge 137. Summons No. Oper. 138. Charge 139. Summons No. Oper. 140. Charge 141. Summons No. Oper. 142. Charge 143. Summons No.	10. Crash Occurred On: _____ Road Name: _____ Dir _____ <input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Miles 14 _____ 15 _____ 16 _____ 11. Speed Limit _____ 12. Route No. Suffix 13 Milepost _____ 18. Speed Limit _____ 19. <input type="checkbox"/> To 17. Cross Road Name/Route No. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> From <input type="checkbox"/> SB <input type="checkbox"/> WB 21. Latitude 20 Route Name/Route No. 22. Longitude 53. Veh. # 54. Policy No. 55. NJ Ins. Code 56. Driver's First Name Initial Last Name 59. Sex 57. Number & Street 58. City State Zip 60. Eyes DL Class Restrictions Endorsements 61. State 62. Driver's License Number 63. DOB mm dd yy 64. Expires mm yy 65. Owner's First Name Initial Last Name <input type="checkbox"/> Same as Driver 66. Number & Street 67. City State Zip 68. Make 69. Model 70. Color 71. Year 72. Plate No. 73. State 74. VIN 75. Expires 76. Vehicle Removed to: <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded 77. Authority <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police 78. Alcohol Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: 0. ____ % <input type="checkbox"/> Pending 80. Carrier No <input type="checkbox"/> USDOT _____ <input type="checkbox"/> None <input type="checkbox"/> MC/MX _____ 81. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs. 82. Motor Carrier or Government Entity Number & Street City State Zip
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	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														

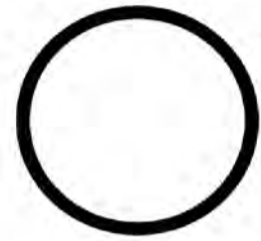
**Police  
Crash Investigation Report**

Case Number

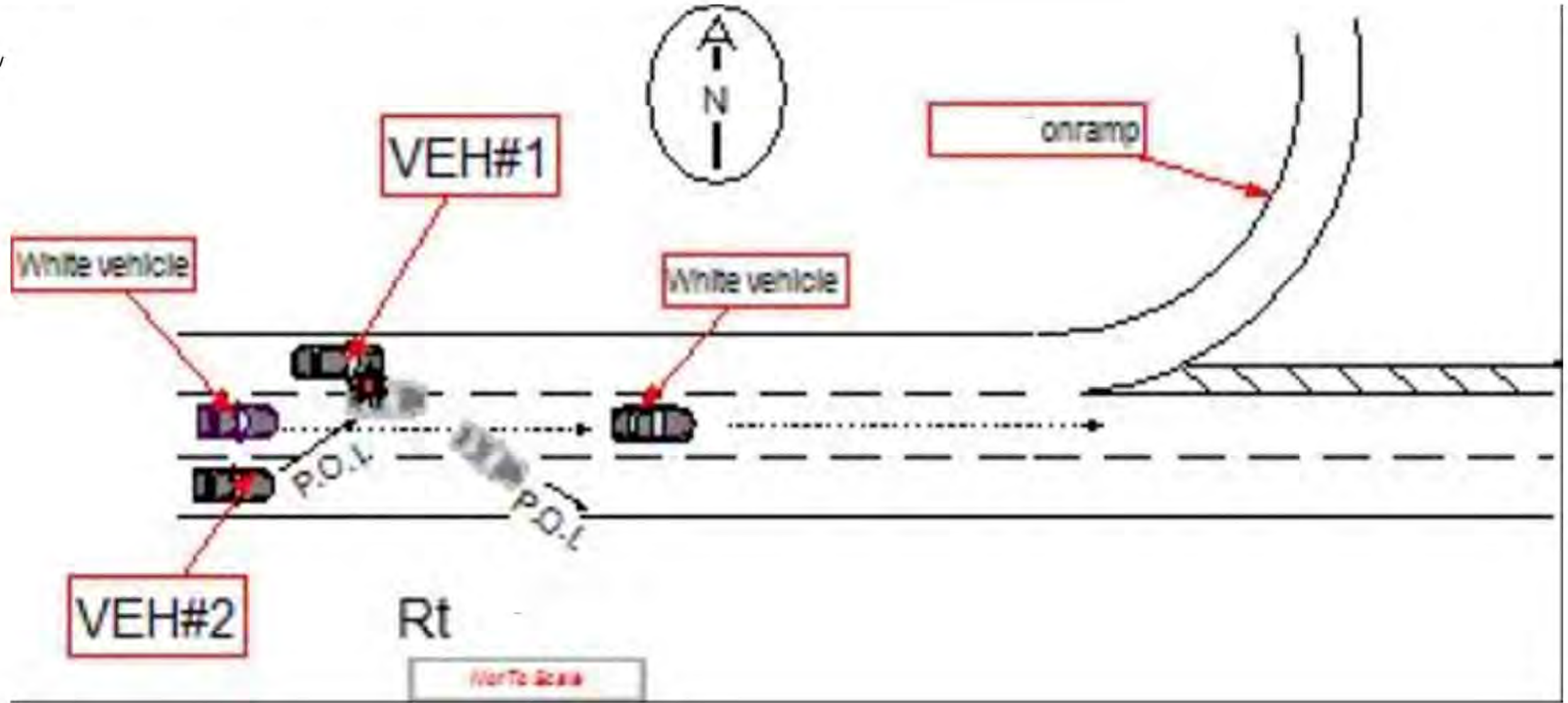
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	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
	E													
F														
G														
H														
I														
J														

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)



145. Crash Description/Narrative

Driver #1 stated while traveling east on Rt in the left lane to merge onto the Rt onramp when a white or gray color vehicle drove pass her at a high rate of speed, then a second vehicle that appeared to be following the first vehicle drove up next to her striking on the front drivers side door/fender. The driver of vehicle #2 and was unable to leave a statement at this time. I spoke with the front seat passenger of vehicle #2 who stated they were in the right hand lane traveling when a white colored vehicle that appeared to be a drove pass at a high rate of speed and after the vehicle passed vehicle #1 changed lanes striking vehicle #2 on the rear drivers side quarter panel/wheel. Ems, Medics, towing and were dispatched. All units arrived on scene. Front seat passenger of Vehicle #1 had a complaint of pain to his right side where the airbag deployed and had to be cut out of the vehicle by , the driver of Vehicle #2 and was assessed by , both parties were transported to Medical Center. All vehicles were removed from the scene without incident. Nothing further.

146. Officer's Signature

147. Badge #

148. Reviewer

Badge #

149. Case Status

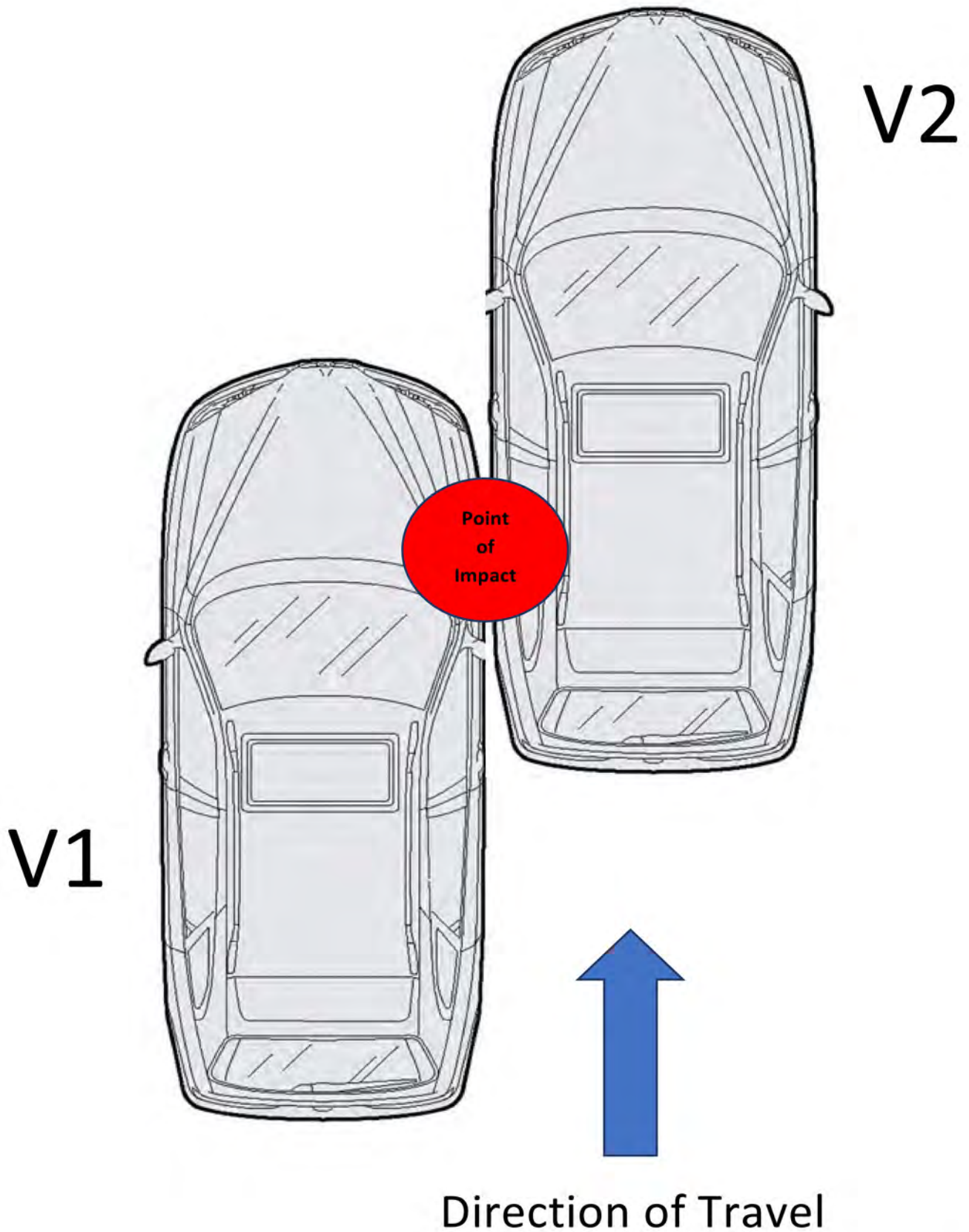
Pending  Complete



# Positions of Vehicles at Point of Impact

Prepared by

, Axia Risk Management



# NJTR-1 Notes and Descriptions

Prepared by

Axia Risk Management

The image shows a detailed NJTR-1 Police Crash Investigation Report form. Red arrows point from external text boxes to specific sections of the form:
 

- Two arrows point to the top right section (boxes 25, 01, 02, 03, 04) related to contributing circumstances.
- Two arrows point to the middle section (boxes 11, 12, 13) related to pre-crash actions.
- Two arrows point to the bottom section (boxes 26, 03, 09) related to vehicle impact areas.
- One arrow points to the bottom right corner of the form, which contains a vehicle diagram.

### Contributing Circumstances:

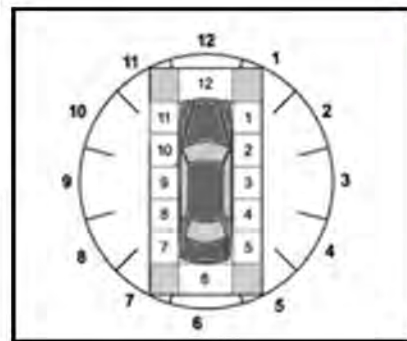
- Box 118a – Veh 1 #25 = None
- Box 119a – Veh 2 #01 = Excessive Speed

### Pre-Crash Action:

- Box 122 – Veh 1 #01 – Going Straight Ahead
- Box 123 – Veh 2 #11 = Changing Lanes

### Vehicle Impact Area:

- Box 129-130 – Veh 1 #03 – Passenger Side Door Area
- Box 131-132 – Veh 2 #09 – Passenger Side Door Area



## Discrepancies and Notes:

- In the narrative, box [redacted] Officer states that Driver #1 ( [redacted] ) was, “traveling [redacted] on Rt [redacted] in the [redacted] to merge onto the Rt [redacted] ramp”. The ramp the Officer is referring to is actually the Rt [redacted] Ramp. In the area where both drivers have stated the crash occurred and the officer listed as the location of the crash in box [redacted] the only off ramp to Rt [redacted] is in the [redacted] lane for the eastbound direction for Rt [redacted].
- In the Crash Diagram, box [redacted], the Officer has identified the off ramp in the left lane of Rt [redacted] as “ [redacted] onramp”
- In the narrative, box [redacted] the Officer, describing Driver #1’s description of the crash stated that, “...vehicle drove up next to [redacted] striking [redacted] on the front driver’s side door / fender”. The damage on V1 clearly shows the point of impact (POI) to be on the passenger side front fender and wheel. (See photos) The Officer correctly identifies V1’s impact area in Boxes [redacted] and [redacted] as “ [redacted] ” which on the diagram shown from the [redacted] (above), is the passenger side door and front fender area.
- Driver #2 is a [redacted] old with a [redacted] license. ( [redacted] )  
As per [redacted] which regulates [redacted] driver’s licenses, “The holder of a [redacted] license shall be permitted to operate the passenger automobile with only one additional passenger in the vehicle besides any dependent of the [redacted] license holder...”  
  
In boxes [redacted], the Officer listed [redacted] male, and [redacted] male as passengers in V2. As per Title 39:3-13.4, Driver #1 was in violation of his [redacted] license at the time of the crash.
- [redacted] (Effective May 10, 2010) states, “ [redacted] stickers must be worn on front and back license plates of the car identifying the bearer as holding a [redacted] ” Clearly missing on the front and rear plate of V2’s license plates are the required stickers. (See Photos)
- As shown in the [redacted] report above and in the crash diagram, the Officer clearly shows this crash was the fault of V2.
  - Box [redacted] for V1 shows “None” as contributing circumstances for this crash.
  - Box [redacted] for V2 shows “Excessive Speed” was a contributing circumstance by V2 for this crash.
  - Box [redacted] indicates that V2 was “Changing Lanes”.
  - The Crash Diagram shows V2 crossing the middle lane and striking V1.

Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
Claims Investigation  
Policy Number:



V1 License Plate



V1 Rear View

**Adjuster:**  
**Inspector:**  
**Investigation Date:**

**Insured:**

**Type of Inspection Ordered:**  
Claims Investigation  
**Policy Number:**



V1 Passenger Side View from Front



V1 Passenger Side View from Rear

Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
Claims Investigation  
Policy Number:



V1 Front View



V1 Driver Side View from Front

**Adjuster:**  
**Inspector:**  
**Investigation Date:**

**Insured:**

**Type of Inspection Ordered:**  
Claims Investigation  
**Policy Number:**



V1 Drivers Side View from Rear



V1 Damage View

**Adjuster:**  
**Inspector:**  
**Investigation Date:**

**Insured:**

**Type of Inspection Ordered:**  
Claims Investigation  
**Policy Number:**



V1 Damage View



V1 Damage View



Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
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Policy Number:



V1 Damage View



V1 Damage View

Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
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Policy Number:



V1 Damage View



V1 Damage View

**Adjuster:**  
**Inspector:**  
**Investigation Date:**

**Insured:**

**Type of Inspection Ordered:**  
Claims Investigation  
**Policy Number:**



V1 Passenger Side Front Tire



V1 Damage View

Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
Claims Investigation  
Policy Number:



V1 Interior View

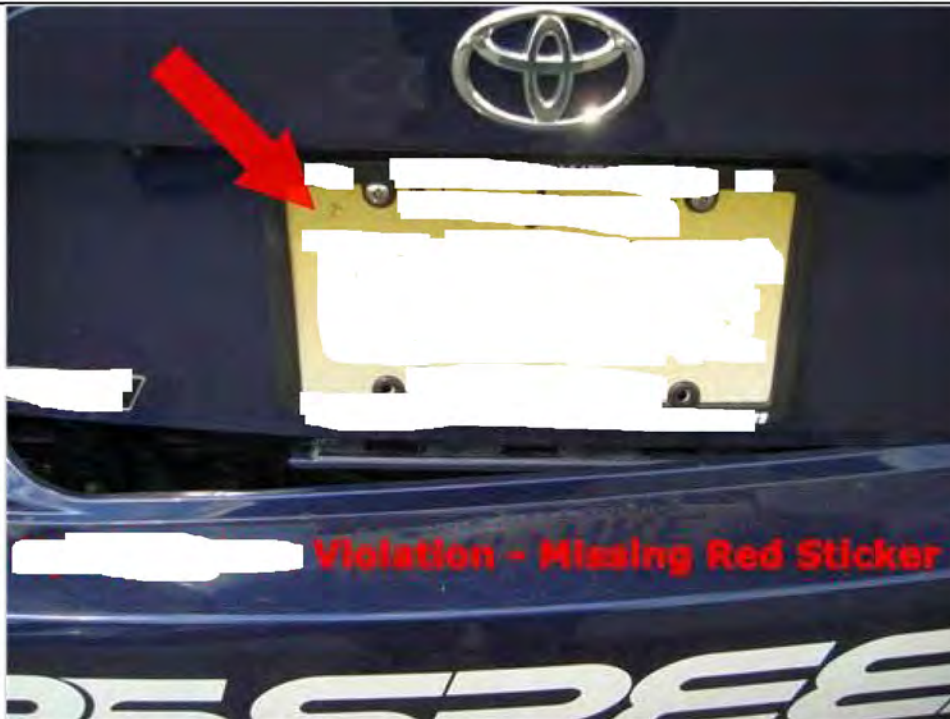


V1 Airbag Deployment

Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
Claims Investigation  
Policy Number:



V1 License Plate



V2 Rear View

Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
Claims Investigation  
Policy Number:



V2 Passenger Side View from Front



V2 Passenger Side View from Rear

Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
Claims Investigation  
Policy Number:



V2 Front View



V2 Drivers Side View from Front

**Adjuster:**  
**Inspector:**  
**Investigation Date:**

**Insured:**

**Type of Inspection Ordered:**  
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**Policy Number:**



V2 Damage View from Rear



V2 Damage View from Front



Adjuster:  
Inspector:  
Investigation Date:

Insured:

Type of Inspection Ordered:  
Claims Investigation  
Policy Number:



V2 Airbag Deployment



V2 Undercarriage View from Driver Side

**Adjuster:**  
**Inspector:**  
**Investigation Date:**

**Insured:**

**Type of Inspection Ordered:**  
Claims Investigation  
**Policy Number:**



V1 Rear Driver Side Wheel Damage



V2 Interior View