State of Nebraska

Driver's Motor Vehicle Accident Report

Questions? 1-402-479-4645

Front

1

4 5

Deployed - front

2 Deployed – side3 Deployed – both front/side

4 Not deployed

5 Not applicable/

2

2

Front

No airbag available

6 Unknown Front row

Front row

Second row

Second row

Third row

Third row

Every operator of a motor vehicle involved in an accident resulting in either injury, death, or damages over \$1,000.00 to the property of any one person (including the operator) must complete and return this confidential report within 10 days following the accident.

If the driver is physically unable to fill out the report, the owner of the motor vehicle is required to do so. If you have difficulty filling out the report, consult your insurance agent or nearest police authority. Failure to report an accident as required is a misdemeanor, punishable by a fine of \$50.00.

Report Form Instructions (print in ink or type)

Accident location:

After entering the date, county, and city information, describe where the accident occurred. If the crash happened on a numbered rural highway, give the direction and number of feet from the nearest milepost. If your accident occurred on an urban highway, skip the "distance from milepost" section.

If the accident occurred at an intersection, enter the name of the intersecting roadway. For those accidents not located at an intersection, enter the approximate distance in feet from the nearest landmark (intersection, city limit, bridge name, etc.).

Vehicle and driver involvement:

Answer the questions asked about your vehicle and any other vehicle involved in the accident to the best of your ability. If more than two vehicles were involved, complete an accident form(s). Refer to your vehicle as vehicle number 1 throughout the report. Information on bicycles may be entered in the "other vehicle" section.

Be careful when listing the estimated damage to your vehicle. Use a garage estimate whenever possible.

How to enter information about injured persons:

Carefully complete this section for each person injured in **your vehicle** and any **pedestrians** or **bicyclists** injured in the accident. After providing the name, address, date of birth, and sex of each injured person, answer questions 1-5 by writing your response in the appropriate box. If you need to provide injury information for more than four persons, complete another report form. Airbag deployment coding:

For every occupant in your vehicle, including yourself, enter the correct airbag deployed code according to each person's seating position. For help in marking the car graph, see the following example: Example: There are a total of three occupants in the vehicle, with the driver and one occupant in front, and the third person in the back seat behind the driver. Both the driver and the front passenger seats are equipped with front air bags. The driver's air bag does not deploy during the crash, the front seat passenger's air bag does deploy. The passenger in the backseat does not have an airbag available. The car graph would be marked as shown.

Restraint use coding:

For every occupant in your vehicle, including yourself, enter the correct restraint code according to each person's seating position. For help in marking the car graph, see the following example.

Example: If there were three occupants in the vehicle, with the driver and one occupant in front, both using lap and shoulder belts, and the third occupant in the back seat behind the driver not using any restraint, the car graph would be marked as shown.

Costume helmet – Non-DOT approved helmet.



- None used vehicle occupant
 Lap & shoulder belt used
- 3 Shoulder belt only used
 - 4 Lap belt only used
- 5 Child safety seat used
- 6 Child booster seat used
- 7 DOT approved helmet used
- 8 Costume helmet used 9 Restraint use unknown

Example: Assume the car you were driving collided with a bicycle. The bicycle operator was seriously injured and rushed to the hospital. Although you bruised your shoulder and one of your passengers complained of neck pain, no one riding in your vehicle received immediate medical treatment.

	your response in the appropriate box. ation for more than four persons, comp	DATE OF BIRTH	1	2	3	4	5	SEX	
report form.		(MM / DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev.	Trans.	MF	
NAME	ADDRESS								
Sam Public	123 Elm St.	Lincoln, NE 68502	10 / 17 / 1993	19		05	2	2	М
NAME	ADDRESS								
Jan Doe	3456 Vermont Ave.	Lincoln, NE 68503	07 / 31 / 1964	01	1	06	3	1	F
NAME	ADDRESS								
Mary Doe	3456 Vermont Ave.	Lincoln, NE 68503	12 / 30 / 1989	03	1	03	4	1	F
NAME	ADDRESS								
			[[

Instruction Page for Page 1 of the Accident Report. Discard this sheet after use.

How to Complete the Back Side of the Accident Report

Answer all of the questions asked about the crash by checking the proper box.

Draw a diagram to show what happened. Provide an explanation of the events which occurred. Instructions on what to show on the diagram are provided below.

If property was damaged, briefly describe it. Enter the owner's name and address and estimate the cost of the damage.

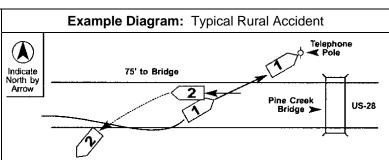
Check whether or not an investigator was contacted. If so, give the officer's name or badge number and the name of their agency.

Do not forget to sign the accident report before mailing it to:

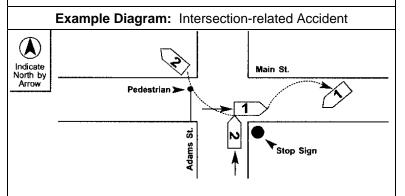
Highway Safety – Accident Records Bureau Nebraska Department of Transportation P.O. Box 94669 Lincoln, NE 68509-4669

What to show on the diagram

- 1. In the upper left corner, draw an arrow to indicate north.
- 2. Name all streets and roads.
- 3. Number each vehicle and use a solid arrow to show the paths the vehicles or pedestrians were traveling before the collision.
- 4. Draw the vehicle positions at the point of collision.
- 5. Use a dotted arrow to indicate the post-crash paths of the vehicles, and draw the vehicles where they came to rest.
- Identify any objects involved (bridges, buildings, guardrail, animals, etc.). If the object was off the roadway, note the distance from the edge of the road.
- 7. Give distances to landmarks (intersections, mileposts, bridges, railroad crossings, etc.).



The right front wheel of No. 1 slipped off the edge of the pavement. While trying to get back on the pavement, the driver turned too sharply and allowed his car to cross the centerline where it struck the left rear side of No. 2. Both vehicles left the roadway after the collision and No. 1 then struck a telephone pole.



No. 2, going north on Adams Street, failed to stop before entering the intersection with Main Street. No. 1 was going east on Main Street. No. 2 struck the right side of No. 1 and No. 2 then went over the curb after striking a pedestrian, who was trying to cross Main Street.

Instruction Page for Page 2 of the Accident Report. Discard this sheet after use.

Use E or Blu			Mail wi													icle Depart										tions' Lincol				
DATE (ACCIDE	INT	M	/ D) C	Y 2	Y 0	Y	Y	S	S N	1 T			F	S]			ACCID ary Tim						ST	ATE U	SE ONL	Y		
Ł	COUNT	Y										CIT	ΓY													tal Num				
ACCIDENT	-		N WHICH		STREET	r/High	WAY	NO. (If	no Hw	ıy. No	o., ider	ntify b	y nam	e)												sted Sp reet You				
	DISTA		FROM FI	EET			Ν	S	Е	w	OF MI	LEPC	DST NO	D.			HIG	HWAY	'NO.				PRIV		Y	es No	ONE	-WAY	Yes	s No
N OF	MI	LEPO		F AT I	NTER	SECT	ION												IF	NO	ΓΑ			RTY?			STF	REET?		
OCATION			NAME	OF INT	ERSEC	TING I	ROAD	WAY				[] FEI	ΞT	C] MILES	;	N	S E	w	-	٥F ١	NEARE	ST STF	REET	r, Bridg	E, RAILI	ROAD C	ROSSIN	١G
LOC/	INDICAT		VAS OUTS			rs, mi	LES				N	S	Е	WA	ND	MILES			N	S	E	w	OF N	IEARES	ST CI	TY OR T	OWN			
000/00	TOWN		YOUR	/EHIC	LE (VI	EHICL	E NU	JMBE											ОТ	HER	R VE	HICL	E (VE	HICLE	NU	MBER				
DRIVER									(РНО№ ()		-		DF	RIVER											PHONE ()	-	
DRIVER	-					CITY	', STA	TE, ZIF			SEX		FEM MAL			RIVER AD								CITY, S	STAT	E, ZIP		SEX	☐ FEI ☐ MA	
DRIVE	E		MBER		· 1.		(N	TE OF)	/	/	/	_		RIVER CENSE		ATE	NUMBE			1	- I		(M	TE OF B	YYY)	/	/	
ы	ENSE	YEAR (I	Plate expire	s) S1/	ATE I	NUMBE	±R			-	IMA I E Totaleo		AMAGI	E	ш				R (Plate	expi	res)	STAT	EN	UMBER				IMATED otaled		GE
	R	N	IAKE		MODE	L		BODY	' STYL	.E	СС	DLOR			VEHICLE	YEAR			MAKE	=		М	ODEL		I	BODY S	TYLE	COLO	DR	
W VEH	ICLE ID N	10. (VII	V)		1										VE	VEHICI	LE I	D NO.	(VIN)											
OWNER 1	NAME								P	HON	E				٥Ŵ	VNER NA	ME										PHONE			
OWNER A	ADDRES	S				CITY	, STA	TE, ZIP	()		-		٥Ŵ	OWNER ADDRESS CITY, STATE, ZIP														
VEHICLE MOVEMENT BEFORE COLLISION POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) 1 1 1 2 1 1 1 1 1 2 1 1 1 1 1 2 1 1 1 1 1 2 1 1 3 1 1 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 10 Essentially straight ahead Most 03 Changing lanes 0 04 Overtaking/Passing 00 05 Turning right 09 08 Entering traffic lane 10 09 Leaving traffic lane 11						4 School zone signal Stop sign Stop sign Yield sign Warning sign Railroad crossing device Unknown DISPOSITION OF VEHICLE (Check one for each vehicle) Vability				AIRBAG DEPLOYED For each person in <u>your vehicle</u> , enter an Airbag Deployed code for their seating position.							upant													
	Slowing	or stop	ped in traff		2 Other	r		08	07		00		5 0	Left a	t sce		sons	6									Restraint			
12 🗆 🗖 13 🗖 🗖		vn																				er of your	vehic	le						
			Complete																destria	ns o	r fa	talitie	s invo	olved i		e accid	ent.			
Enter the code number which best answ I. Seating Position (Enter one) 10. Other enclosed passenger/cargo area (Enter one) 11. Other unenclosed passenger/cargo area (Enter one) 12. Riding on vehicle exterior Trapped – 13. Sleeper section of truck cab 01 02 03 14. Trailing unit 04 05 06 15. Moped 07 08 09 17. Motorcycle passenger 07 08 09 18. Pedestrian 01 02 03 19. Bicycle (pedalcycle) 01 02 03 20. Unknown ADDRESS						3. 01. 02. 03. 04. 05. 06. 07. 08. 09. 10. 11. 12.						4. 9 1. 2. 3. 4. 5.	4. Injury Severity (Enter one) 5. Transported to Medical Facil (Enter One) 1. Killed Suspected Serious Injury Cannot leave scene without assistance (severe laceration; broken or distorted extremity (arm or leg); unconsciousness; paralysis, suspected skull, chest or abdominal injury; etc.) 5. Transported to Medical Facil (Enter One) 3. Visible but not disabling (minor cuts, swelling, etc.) 1. Not transported 4. Possible but not visible (complaint of pain, etc.) 2. EMS (Ambulance, 3. Police 5. None 2. Unknown DATE OF BIRTH 1 2 3						ility e) transpo a meo of injuri : t:	dical										
NAME						DRES															/	/								+
NAME						DRES															/	/								
																					1	1								1

Return all three completed pages to the address above.

			Road E Road Surface	F
(Check one per driver)	Vehicle 1 2	(Check one) 1	Surface Condition (Check one)	
Vehicle 1 2	1 Apparently normal	2 Straight and on slope	(Check one) 1 □ Dry 1 □ Concrete 2 □ Wet	
01 🔲 🔲 No improper driving	2 D Physical impairment	3 🔲 Straight and on hilltop	2 Asphalt 3 Snow	
02 E Failed to yield right of way	 3 Emotional (depressed, angry, disturbed, etc.) 4 IIIness 	 4 Curved and level 5 Curved and on slope 	3 Brick 4 Ice	
03 Disregarded traffic signs, signals, road markings 04 DExceeded authorized speed limit	5 Fell asleep, fainted, fatigued, etc.	6 Curved and on hilltop	5 Dirt 6 Water (standing moving	
05 D Driving too fast for conditions	6 Under the influence of medications/drugs/alcohol		7 Slush	9/
06 🔲 🗖 Made improper turn	7 🔲 🗖 Other (specify)	Environment I	Total G 8 Other (specify)	
07 Wrong side or wrong way	8 🗖 🗖 Unknown	Contributing	Number 9 □ Unknown	
08 G Followed too closely 09 G Failure to keep in proper lane or running off road	Road Contributing Circumstances J	Circumstances (Check one)	of Through Lanes Median Type	н
10 Departing vehicle in erratic, reckless, careless,	(Check one per driver)	1 D None	Lanes Median Type (Check one) (Check one)	••
negligent, or aggressive manner	Vehicle	 2 Weather conditions 3 Vision obstruction 	1 One lane 1 Median barrier	0
11 Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.	1 2 01 🗆 🗖 None	4 🗖 Glare	2 Two lanes 2 Raised median (curbed) 3 Three lanes 3 Grass median (no curb)	
12 Over-correcting/over-steering	02	 5 Animal in roadway 6 Other (specify) 	4 G Four lanes 4 Painted (no curb)	
13 🗆 🗆 Visibility obstructed	03 🔲 🗖 Debris	7 Unknown	5	
14 🔲 🗖 Inattention	04 🔲 🔲 Rut, holes, bumps	Light Condition C		2.2
15 D Mobile phone distraction	05 Work zone (construction/maintenance/utility)	(Check one)		x
16 Distracted – other	06 Worn, travel-polished surface 07 D Obstruction in roadway	1 Daylight	02 Cloudy 07 Severe crosswinds	
 17 Gamma Fatigued/asleep 18 Gamma Operating defective equipment 	08	2 Dawn	03 G Fog, smog, smoke 08 G Blowing sand, soil,	
19 D Other improper action	09 🔲 🔲 Shoulders (none, low, soft, high)	3 ☐ Dusk 4 ☐ Dark-lighted roadway	04 ☐ Rain dirt, snow 05 ☐ Sleet, hail, freezing 09 ☐ Other (<i>specify</i>)	
20 🔲 🔲 Unknown	10 🔲 🔲 Non-highway work	5 Dark-roadway not lighted	rain/drizzle 10 Unknown	
	11 D Other (specify)	6 Dark-unknown roadway	Was the crash in or near a construction	R
	12 🔲 🗖 Unknown	lighting 7 □ Other (specify)	maintenance or utility work zone?	
INDICATE BY DIAG	RAM WHAT HAPPENED	8 🔲 Unknown	(Check one) 1 □ No 2 □ Unknown 3 □ 1	Vac
()				100
Indicate				
North				
by Arrow				
DESCRIBE	WHAT HAPPENED (Refer to your vehicle as	No. 1. any others on No.	$2 N_{2} 2 ata $	
DESCRIBE	WHAT HAFFENED (Meler to your vehicle as			
		NO. 1, any others as NO. A	2, NO. 3, etc.)	
		NO. 1, any others as No	2, NO. 3, ElC.)	
		NO. 1, any others as No	2, NO. 3, ElC.)	
		NO. 1, any ouners as NO	2, NO. 3, ElC.)	
		NO. 1, any others as NO	2, NO. 3, ElC.)	
		NO. 1, any others as NO	2, IVO. 3, EIC.)	
		NO. 1, any others as NO	2, IVO. 3, EIC.)	
		NO. 1, any ouners as NO	2, IVO. 3, EIC.)	
		NO. 1, any ouners as NO	2, IVO. 3, EIC.)	
		NO. 1, any ouners as No	2, IVO. 3, EIC.)	
		NO. 1, any ouners as No	2, IVO. 3, EIC.)	
		NO. 1, any ouners as No	2, IVO. 3, EIC.)	
		NO. 1, any ouners as No	2, IVO. 3, EIC.)	
		NO. 1, any ouners as No	2, IVO. 3, EIC.)	
		NO. 1, any ouners as No	2, IVO. 3, EIC.)	
		NO. 1, any ouners as No	2, IVO. 3, EIC.)	
		NO. 1, any ouners as No	2, IVO. 3, EIC.)	
NON-VEHICLE OBJECT DAMAGED OWNER	NAME ADDRESS	PHONI		
NON-VEHICLE OBJECT DAMAGED OWNER	NAME ADDRESS			
NON-VEHICLE OBJECT DAMAGED OWNER			e APPROX. COST OF DAMAGE) - \$	
ERTY		PHON (E APPROX. COST OF DAMAGE) - \$ E APPROX. COST OF DAMAGE	
NON-VEHICLE OBJECT DAMAGED OWNER		PHON (E APPROX. COST OF DAMAGE) - \$ E APPROX. COST OF DAMAGE) - \$	
Image: Provide state state NON-VEHICLE OBJECT DAMAGED OWNER Image: Provide state Image: Provide state OWNER Image: Provide state Image: Provide state OWNER	NAME ADDRESS	РНОМ (РНОМ (E APPROX. COST OF DAMAGE) - \$ E APPROX. COST OF DAMAGE) - \$	
Image: Provide the second state of	NAME ADDRESS	РНОМ (РНОМ (E APPROX. COST OF DAMAGE) - \$ E APPROX. COST OF DAMAGE) - \$	

Return all three completed pages of Accident Report to address located on top of Page 1.

ON-LINE VERSION

DRIVER MUST COMPLETE IN FULL

You, the driver, must provide information about the liability insurance covering the motor vehicle you were driving. Please complete the following.

Name of Insurance Company Affording Liability Coverage on Date of Accident						
Address						
Vehicle Information: VIN No.		Year	N	lake	Model	
Name of Agent Who Sold Policy		Address				
Policy No.	Date of Accident	ir (Month, Day, Year)	n or near			, Nebraska
Driver	Ad	ldress				
Owner	Ad	ldress				
Name of Policyholder						

ON-LINE VERSION

THIS SIDE FOR INSURANCE COMPANY USE ONLY

TO: Department of Motor Vehicles Financial Responsibility Section 301 Centennial Mall South PO Box 94877 Lincoln NE 68509-4877

Please return this form immediately if policy was not in effect as described by motorist.

Do not return form if policy was in effect.

The undersigned company advises that the insurance policy, as described on the reverse side, does not afford liability coverage to both the driver and owner in the limits of \$25,000 – \$50,000 bodily injury and \$25,000 property damage for this accident **because of the following reasons:**

(please complete)

Name of Insurance Company

Authorized Representative

Date

INSURANCE INFORMATION

Please read instructions carefully. Return this entire page with the completed Accident Report.