

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:

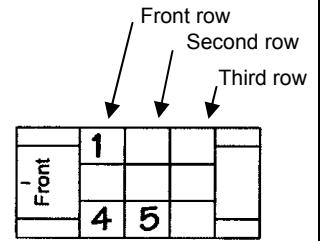
Answer the questions asked about your vehicle and any other vehicle involved in the accident to the best of your ability. If more than two vehicles were involved, complete an accident form(s). Refer to your vehicle as vehicle number 1 throughout the report. Information on bicycles may be entered in the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

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

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.

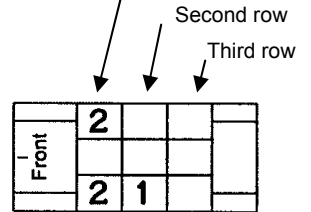


- 1 Deployed - front
- 2 Deployed - side
- 3 Deployed - both front/side
- 4 Not deployed
- 5 Not applicable/ No airbag available
- 6 Unknown

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.



- 1 None used - vehicle occupant
- 2 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

Costume helmet - Non-DOT approved helmet.

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.

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.

NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX M F
			Seat Position	Eject	Body Region	Injury Sev.	Trans.	
Sam Public	123 Elm St. Lincoln, NE 68502	10 / 17 / 1993	19		05	2	2	M
Jan Doe	3456 Vermont Ave. Lincoln, NE 68503	07 / 31 / 1964	01	1	06	3	1	F
Mary Doe	3456 Vermont Ave. Lincoln, NE 68503	12 / 30 / 1989	03	1	03	4	1	F
		/ /						

**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.

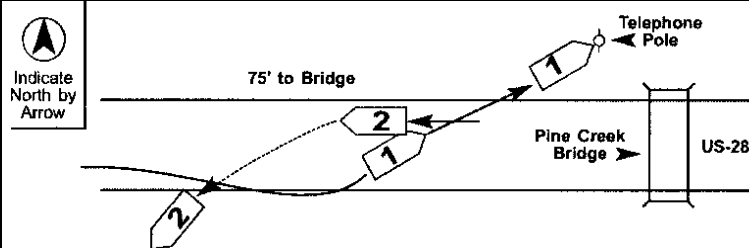
Do not forget to sign the accident report before mailing it to:

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

What to show on the diagram

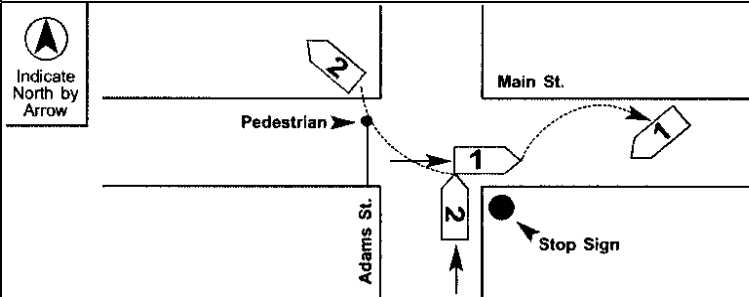
1. In the upper left corner, draw an arrow to indicate north.
2. Name all streets and roads.
3. Number each vehicle and use a solid arrow to show the paths the vehicles or pedestrians were traveling before the collision.
4. Draw the vehicle positions at the point of collision.
5. Use a dotted arrow to indicate the post-crash paths of the vehicles, and draw the vehicles where they came to rest.
6. 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.).

Example Diagram: Typical Rural Accident



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.

Example Diagram: Intersection-related Accident



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 Black or Blue Ink

State of Nebraska Driver's Motor Vehicle Accident Report

Questions? 1-402-479-4645

Mail within 10 days of accident to: Highway Safety, Nebraska Department of Roads, P.O. Box 94669, Lincoln, NE 68509-4669

DATE OF ACCIDENT		M M / D D / Y Y Y Y S M T W T F S										TIME OF ACCIDENT <i>(In Military Time)</i>			STATE USE ONLY																																																				
LOCATION OF ACCIDENT	COUNTY										CITY						Total Number of Vehicles Involved																																																		
	ROAD ON WHICH ACCIDENT OCCURRED										STREET/HIGHWAY NO. <i>(If no Hwy. No., identify by name)</i>						Posted Speed Limit on the Street You Were Traveling																																																		
	DISTANCE FROM MILEPOST		FEET		N		S		E		W		OF MILEPOST NO.			HIGHWAY NO.			PRIVATE PROPERTY? Yes No <input type="checkbox"/> <input type="checkbox"/>		ONE-WAY STREET? Yes No <input type="checkbox"/> <input type="checkbox"/>																																														
	IF AT INTERSECTION												IF NOT AT INTERSECTION																																																						
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	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												MILES		N		S		E		W		AND MILES OF NEAREST CITY OR TOWN																																												
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>VEH. NO.</th> <th>N</th> <th>S</th> <th>E</th> <th>W</th> <th>ROAD OR HIGHWAY NAME</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				VEH. NO.	N	S	E	W	ROAD OR HIGHWAY NAME	1						2						<p>YOUR VEHICLE NO. 1</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>POINT OF IMPACT</td> <td></td> </tr> <tr> <td>MOST DAMAGED AREA</td> <td></td> </tr> </table>				POINT OF IMPACT		MOST DAMAGED AREA		<p>OTHER VEHICLE NO. 2</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>POINT OF IMPACT</td> <td></td> </tr> <tr> <td>MOST DAMAGED AREA</td> <td></td> </tr> </table>				POINT OF IMPACT		MOST DAMAGED AREA		<p><i>(Check one for each vehicle)</i></p> <p>Vehicle 1 2</p> <p>1 <input type="checkbox"/> <input type="checkbox"/> No controls</p> <p>2 <input type="checkbox"/> <input type="checkbox"/> Traffic control signal</p> <p>3 <input type="checkbox"/> <input type="checkbox"/> Flashing traffic control signal</p> <p>4 <input type="checkbox"/> <input type="checkbox"/> School zone signal</p> <p>5 <input type="checkbox"/> <input type="checkbox"/> Stop sign</p> <p>6 <input type="checkbox"/> <input type="checkbox"/> Yield sign</p> <p>7 <input type="checkbox"/> <input type="checkbox"/> Warning sign</p> <p>8 <input type="checkbox"/> <input type="checkbox"/> Railroad crossing device</p> <p>9 <input type="checkbox"/> <input type="checkbox"/> Unknown</p>				<p>For each person in your vehicle, enter an Airbag Deployed code for their seating position.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Front</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown</p>				Front									<p>For each person in your vehicle, enter a Restraint Use code for their seating position.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Front</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>1 None used - vehicle occupant 2 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</p>				Front								
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<p>DISPOSITION OF VEHICLE <i>(Check one for each vehicle)</i></p> <p>Vehicle 1 2</p> <p>1 <input type="checkbox"/> <input type="checkbox"/> Towed - due to damages</p> <p>2 <input type="checkbox"/> <input type="checkbox"/> Towed - other reasons</p> <p>3 <input type="checkbox"/> <input type="checkbox"/> Left at scene</p> <p>4 <input type="checkbox"/> <input type="checkbox"/> Driven away</p> <p>5 <input type="checkbox"/> <input type="checkbox"/> Unknown</p>												<p>Total number of persons in your vehicle</p>																																																							
<p>Complete this section for all injured persons in your vehicle, also any bicyclists, pedestrians or fatalities involved in the accident. Enter the code number which best answers questions 1-5 in the appropriate box located at the lower right.</p>																																																																			
<p>1. Seating Position <i>(Enter one)</i></p> <p>10. Other enclosed passenger/cargo area</p> <p>11. Other unenclosed passenger/cargo area</p> <p>12. Riding on vehicle exterior</p> <p>13. Sleeper section of truck cab</p> <p>14. Trailing unit</p> <p>15. Moped</p> <p>16. Motorcycle operator</p> <p>17. Motorcycle passenger</p> <p>18. Pedestrian</p> <p>19. Bicycle <i>(pedalcycle)</i></p> <p>20. Unknown</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">Front</td> </tr> <tr> <td>01</td> <td>02</td> <td>03</td> </tr> <tr> <td>04</td> <td>05</td> <td>06</td> </tr> <tr> <td>07</td> <td>08</td> <td>09</td> </tr> </table>					Front			01	02	03	04	05	06	07	08	09	<p>2. Ejected/Trapped <i>(Enter one)</i></p> <p>1. Not ejected or trapped</p> <p>2. Partially ejected</p> <p>3. Totally ejected</p> <p>4. Trapped - Occupant removed without use of equipment</p> <p>5. Trapped - Equipment used in extrication</p> <p>6. Unknown</p>					<p>3. Body Region with Most Severe Injury <i>(Enter one)</i></p> <p>01. Head</p> <p>02. Face</p> <p>03. Neck</p> <p>04. Chest</p> <p>05. Back/spine</p> <p>06. Shoulder/upper arm</p> <p>07. Elbow/lower arm/hand</p> <p>08. Abdomen/pelvis</p> <p>09. Hip/upper leg</p> <p>10. Knee/lower leg/foot</p> <p>11. Entire body</p> <p>12. Unknown</p> <p>13. None</p>					<p>4. Injury Severity <i>(Enter one)</i></p> <p>1. Killed</p> <p>2. Disabling - cannot leave scene without assistance <i>(broken bones, severe cuts, prolonged unconsciousness, etc.)</i></p> <p>3. Visible but not disabling <i>(minor cuts, swelling, etc.)</i></p> <p>4. Possible but not visible <i>(complaint of pain, etc.)</i></p> <p>5. None</p>					<p>5. Transported to Medical Facility <i>(Enter One)</i></p> <p>If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:</p> <p>Source of Transport:</p> <p>1. Not transported</p> <p>2. EMS <i>(Ambulance)</i></p> <p>3. Police</p> <p>4. Other</p> <p>5. Unknown</p>																																			
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Driver Contributing Circumstances M <i>(Check one per driver)</i> Vehicle 1 2 01 <input type="checkbox"/> <input type="checkbox"/> No improper driving 02 <input type="checkbox"/> <input type="checkbox"/> Failed to yield right of way 03 <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signs, signals, road markings 04 <input type="checkbox"/> <input type="checkbox"/> Exceeded authorized speed limit 05 <input type="checkbox"/> <input type="checkbox"/> Driving too fast for conditions 06 <input type="checkbox"/> <input type="checkbox"/> Made improper turn 07 <input type="checkbox"/> <input type="checkbox"/> Wrong side or wrong way 08 <input type="checkbox"/> <input type="checkbox"/> Followed too closely 09 <input type="checkbox"/> <input type="checkbox"/> Failure to keep in proper lane or running off road 10 <input type="checkbox"/> <input type="checkbox"/> Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner 11 <input type="checkbox"/> <input type="checkbox"/> Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc. 12 <input type="checkbox"/> <input type="checkbox"/> Over-correcting/over-steering 13 <input type="checkbox"/> <input type="checkbox"/> Visibility obstructed 14 <input type="checkbox"/> <input type="checkbox"/> Inattention 15 <input type="checkbox"/> <input type="checkbox"/> Mobile phone distraction 16 <input type="checkbox"/> <input type="checkbox"/> Distracted – other 17 <input type="checkbox"/> <input type="checkbox"/> Fatigued/asleep 18 <input type="checkbox"/> <input type="checkbox"/> Operating defective equipment 19 <input type="checkbox"/> <input type="checkbox"/> Other improper action 20 <input type="checkbox"/> <input type="checkbox"/> Unknown	Driver Condition <i>(Check one per driver)</i> Vehicle 1 2 01 <input type="checkbox"/> <input type="checkbox"/> Apparently normal 02 <input type="checkbox"/> <input type="checkbox"/> Physical impairment 03 <input type="checkbox"/> <input type="checkbox"/> Emotional (<i>depressed, angry, disturbed, etc.</i>) 04 <input type="checkbox"/> <input type="checkbox"/> Illness 05 <input type="checkbox"/> <input type="checkbox"/> Fell asleep, fainted, fatigued, etc. 06 <input type="checkbox"/> <input type="checkbox"/> Under the influence of medications/drugs/alcohol 07 <input type="checkbox"/> <input type="checkbox"/> Other (<i>specify</i>) 08 <input type="checkbox"/> <input type="checkbox"/> Unknown	Road Character P <i>(Check one)</i> 01 <input type="checkbox"/> Straight and level 02 <input type="checkbox"/> Straight and on slope 03 <input type="checkbox"/> Straight and on hilltop 04 <input type="checkbox"/> Curved and level 05 <input type="checkbox"/> Curved and on slope 06 <input type="checkbox"/> Curved and on hilltop	Road D Surface <i>(Check one)</i> 01 <input type="checkbox"/> Concrete 02 <input type="checkbox"/> Asphalt 03 <input type="checkbox"/> Brick 04 <input type="checkbox"/> Gravel 05 <input type="checkbox"/> Dirt 06 <input type="checkbox"/> Other (<i>specify</i>)	Road Surface E Condition <i>(Check one)</i> 01 <input type="checkbox"/> Dry 02 <input type="checkbox"/> Wet 03 <input type="checkbox"/> Snow 04 <input type="checkbox"/> Ice 05 <input type="checkbox"/> Sand, mud, dirt, oil, gravel 06 <input type="checkbox"/> Water (<i>standing, moving</i>) 07 <input type="checkbox"/> Slush 08 <input type="checkbox"/> Other (<i>specify</i>) 09 <input type="checkbox"/> Unknown
	Road Contributing Circumstances J <i>(Check one per driver)</i> Vehicle 1 2 01 <input type="checkbox"/> <input type="checkbox"/> None 02 <input type="checkbox"/> <input type="checkbox"/> Road surface condition (<i>wet, icy, snow, slush, etc.</i>) 03 <input type="checkbox"/> <input type="checkbox"/> Debris 04 <input type="checkbox"/> <input type="checkbox"/> Rut, holes, bumps 05 <input type="checkbox"/> <input type="checkbox"/> Work zone (<i>construction/maintenance/utility</i>) 06 <input type="checkbox"/> <input type="checkbox"/> Worn, travel-polished surface 07 <input type="checkbox"/> <input type="checkbox"/> Obstruction in roadway 08 <input type="checkbox"/> <input type="checkbox"/> Traffic control device inoperative, missing or obscured 09 <input type="checkbox"/> <input type="checkbox"/> Shoulders (<i>none, low, soft, high</i>) 10 <input type="checkbox"/> <input type="checkbox"/> Non-highway work 11 <input type="checkbox"/> <input type="checkbox"/> Other (<i>specify</i>) 12 <input type="checkbox"/> <input type="checkbox"/> Unknown	Environment Contributing Circumstances I <i>(Check one)</i> 01 <input type="checkbox"/> None 02 <input type="checkbox"/> Weather conditions 03 <input type="checkbox"/> Vision obstruction 04 <input type="checkbox"/> Glare 05 <input type="checkbox"/> Animal in roadway 06 <input type="checkbox"/> Other (<i>specify</i>) 07 <input type="checkbox"/> Unknown	Total Number of Through Lanes G <i>(Check one)</i> 01 <input type="checkbox"/> One lane 02 <input type="checkbox"/> Two lanes 03 <input type="checkbox"/> Three lanes 04 <input type="checkbox"/> Four lanes 05 <input type="checkbox"/> Five lanes 06 <input type="checkbox"/> Six or more lanes	Median Type H <i>(Check one)</i> 01 <input type="checkbox"/> Median barrier 02 <input type="checkbox"/> Raised median (<i>curbed</i>) 03 <input type="checkbox"/> Grass median (<i>no curb</i>) 04 <input type="checkbox"/> Painted (<i>no curb</i>) 05 <input type="checkbox"/> None
		Light Condition C <i>(Check one)</i> 01 <input type="checkbox"/> Daylight 02 <input type="checkbox"/> Dawn 03 <input type="checkbox"/> Dusk 04 <input type="checkbox"/> Dark-lighted roadway 05 <input type="checkbox"/> Dark-roadway not lighted 06 <input type="checkbox"/> Dark-unknown roadway lighting 07 <input type="checkbox"/> Other (<i>specify</i>) 08 <input type="checkbox"/> Unknown	Weather Condition <i>(Check up to two)</i> A1 & 2 01 <input type="checkbox"/> None 02 <input type="checkbox"/> Cloudy 03 <input type="checkbox"/> Fog, smog, smoke 04 <input type="checkbox"/> Rain 05 <input type="checkbox"/> Sleet, hail, freezing rain/drizzle 06 <input type="checkbox"/> Snow 07 <input type="checkbox"/> Severe crosswinds 08 <input type="checkbox"/> Blowing sand, soil, dirt, snow 09 <input type="checkbox"/> Other (<i>specify</i>) 10 <input type="checkbox"/> Unknown	Was the crash in or near a construction maintenance or utility work zone? R <i>(Check one)</i> 01 <input type="checkbox"/> No 02 <input type="checkbox"/> Unknown 03 <input type="checkbox"/> Yes



INDICATE BY DIAGRAM WHAT HAPPENED

DESCRIBE WHAT HAPPENED (*Refer to your vehicle as No. 1, any others as No. 2, No. 3, etc.*)

PROPERTY	NON-VEHICLE OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
	NON-VEHICLE OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
Was a Police Officer Contacted?		OFFICER NAME OR BADGE NUMBER		DEPARTMENT (<i>Name of City, County, etc.</i>)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		OPERATOR SIGNATURE (<i>Required if physically able</i>) X			DATE

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 _____ Make _____ Model _____

Name of Agent
Who Sold Policy _____ Address _____

Policy No. _____ Date of Accident _____ in or near _____, Nebraska
(Month, Day, Year)

Driver _____ Address _____

Owner _____ Address _____

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 94789
LINCOLN NE 68509-4789

*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.