

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.

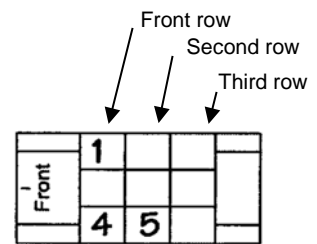
How to enter information about injured persons:

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.

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
NAME	ADDRESS	/ /						

Airbag deployment coding:

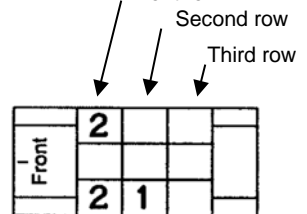
For every occupant in your vehicle, including yourself, enter the correct airbag deployed code according to each person's seating position. For help in marking the car graph, see the following example:
Example: There are a total of three occupants in the vehicle, with the driver and one occupant in front, 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.



- 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

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.

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.

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.

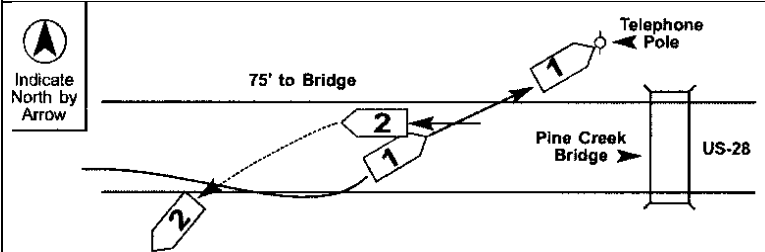
Do not forget to sign the accident report before mailing it to:

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

What to show on the diagram

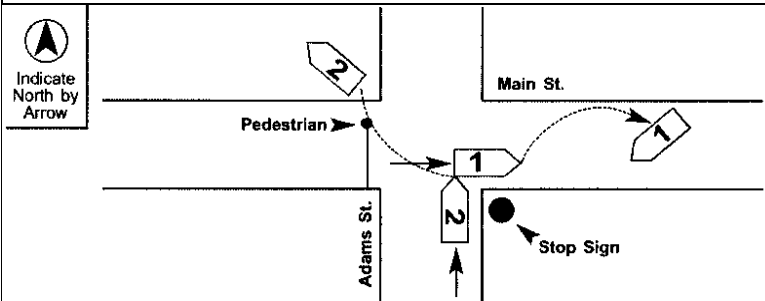
1. In the upper left corner, draw an arrow to indicate north.
2. Name all streets and roads.
3. Number each vehicle and use a solid arrow to show the paths the vehicles or pedestrians were traveling before the collision.
4. Draw the vehicle positions at the point of collision.
5. Use a dotted arrow to 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 (In Military Time)		STATE USE ONLY																							
LOCATION OF ACCIDENT	COUNTY												CITY				Total Number of Vehicles Involved																						
	ROAD ON WHICH ACCIDENT OCCURRED				STREET/HIGHWAY NO. (If no Hwy. No., identify by name)														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		ONE-WAY STREET? Yes No																				
	IF AT INTERSECTION												IF NOT AT INTERSECTION																										
	NAME OF INTERSECTING ROADWAY												FEET		MILES		N S E W				OF NEAREST STREET, BRIDGE, RAILROAD CROSSING																		
	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												MILES		N S E W				AND MILES		N S E W OF NEAREST CITY OR TOWN																		
YOUR VEHICLE (VEHICLE NUMBER - 1)												OTHER VEHICLE (VEHICLE NUMBER - 2)																											
DRIVER												PHONE () -				DRIVER												PHONE () -											
DRIVER ADDRESS												CITY, STATE, ZIP				SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				DRIVER ADDRESS												CITY, STATE, ZIP				SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
DRIVER LICENSE		STATE		NUMBER		DATE OF BIRTH (MM/DD/YYYY)				/ /		DRIVER LICENSE		STATE		NUMBER		DATE OF BIRTH (MM/DD/YYYY)				/ /																	
VEHICLE	LICENSE PLATE		YEAR (Plate expires)		STATE		NUMBER		ESTIMATED DAMAGE <input type="checkbox"/> Totaled \$				VEHICLE	LICENSE PLATE		YEAR (Plate expires)		STATE		NUMBER		ESTIMATED DAMAGE <input type="checkbox"/> Totaled \$																	
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VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				TRAFFIC CONTROL DEVICE				AIRBAG DEPLOYED				RESTRAINT USE																							
VEH NO. N S E W ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				(Check one for each vehicle)				For each person in your vehicle, enter an Airbag Deployed code for their seating position.				For each person in your vehicle, enter a Restraint Use code for their seating position.																							
1				YOUR VEHICLE NO. 1				Vehicle 1 2				Front				Front																							
2				OTHER VEHICLE NO. 2				Vehicle 1 2				1 2 3 4 5 6 7 8 9				1 2 3 4 5 6 7 8 9																							
Vehicle 1 2				POINT OF IMPACT				POINT OF IMPACT				1 2 3 4 5 6 7 8 9				1 2 3 4 5 6 7 8 9																							
01 <input type="checkbox"/> Essentially straight ahead				00 None				01 <input type="checkbox"/> No controls				1 Deployed - front				1 None used - vehicle occupant																							
02 <input type="checkbox"/> Backing				09 Top & windows				2 <input type="checkbox"/> Traffic control signal				2 Deployed - side				2 Lap & shoulder belt used																							
03 <input type="checkbox"/> Changing lanes				10 Undercarriage				3 <input type="checkbox"/> Flashing traffic control signal				3 Deployed - both front/side				3 Shoulder belt only used																							
04 <input type="checkbox"/> Overtaking/Passing				11 Total (all areas)				4 <input type="checkbox"/> School zone signal				4 Not deployed				4 Lap belt only used																							
05 <input type="checkbox"/> Turning right				12 Other				5 <input type="checkbox"/> Stop sign				5 Not applicable/ No airbag available				5 Child safety seat used																							
06 <input type="checkbox"/> Turning left				01 <input type="checkbox"/> Front				6 <input type="checkbox"/> Yield sign				6 Unknown				6 Child booster seat used																							
07 <input type="checkbox"/> Making U-turn				02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 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Driver Contributing Circumstances M		Driver Condition <i>(Check one per driver)</i> P		Road Character D		Road E		Road Surface F	
<i>(Check one per driver)</i>		<i>(Check one per driver)</i>		<i>(Check one)</i>		<i>(Check one)</i>		<i>(Check one)</i>	
Vehicle 1 2		Vehicle 1 2				Surface			
01 <input type="checkbox"/> <input type="checkbox"/> No improper driving		1 <input type="checkbox"/> <input type="checkbox"/> Apparently normal		1 <input type="checkbox"/> Straight and level		1 <input type="checkbox"/> Concrete		1 <input type="checkbox"/> Dry	
02 <input type="checkbox"/> <input type="checkbox"/> Failed to yield right of way		2 <input type="checkbox"/> <input type="checkbox"/> Physical impairment		2 <input type="checkbox"/> Straight and on slope		2 <input type="checkbox"/> Asphalt		2 <input type="checkbox"/> Wet	
03 <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signs, signals, road markings		3 <input type="checkbox"/> <input type="checkbox"/> Emotional <i>(depressed, angry, disturbed, etc.)</i>		3 <input type="checkbox"/> Straight and on hilltop		3 <input type="checkbox"/> Brick		3 <input type="checkbox"/> Snow	
04 <input type="checkbox"/> <input type="checkbox"/> Exceeded authorized speed limit		4 <input type="checkbox"/> <input type="checkbox"/> Illness		4 <input type="checkbox"/> Curved and level		4 <input type="checkbox"/> Gravel		4 <input type="checkbox"/> Ice	
05 <input type="checkbox"/> <input type="checkbox"/> Driving too fast for conditions		5 <input type="checkbox"/> <input type="checkbox"/> Fell asleep, fainted, fatigued, etc.		5 <input type="checkbox"/> Curved and on slope		5 <input type="checkbox"/> Dirt		5 <input type="checkbox"/> Sand, mud, dirt, oil, gravel	
06 <input type="checkbox"/> <input type="checkbox"/> Made improper turn		6 <input type="checkbox"/> <input type="checkbox"/> Under the influence of medications/drugs/alcohol		6 <input type="checkbox"/> Curved and on hilltop		6 <input type="checkbox"/> Other <i>(specify)</i>		6 <input type="checkbox"/> Water <i>(standing, moving)</i>	
07 <input type="checkbox"/> <input type="checkbox"/> Wrong side or wrong way		7 <input type="checkbox"/> <input type="checkbox"/> Other <i>(specify)</i>		Environment Contributing Circumstances I		Total Number of Through Lanes G		7 <input type="checkbox"/> Slush	
08 <input type="checkbox"/> <input type="checkbox"/> Followed too closely		8 <input type="checkbox"/> <input type="checkbox"/> Unknown		<i>(Check one)</i>		<i>(Check one)</i>		8 <input type="checkbox"/> Other <i>(specify)</i>	
09 <input type="checkbox"/> <input type="checkbox"/> Failure to keep in proper lane or running off road		Road Contributing Circumstances J		1 <input type="checkbox"/> None		1 <input type="checkbox"/> One lane		Median Type H	
10 <input type="checkbox"/> <input type="checkbox"/> Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner		<i>(Check one per driver)</i>		2 <input type="checkbox"/> Weather conditions		2 <input type="checkbox"/> Two lanes		<i>(Check one)</i>	
11 <input type="checkbox"/> <input type="checkbox"/> Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.		Vehicle 1 2		3 <input type="checkbox"/> Vision obstruction		3 <input type="checkbox"/> Three lanes		1 <input type="checkbox"/> Median barrier	
12 <input type="checkbox"/> <input type="checkbox"/> Over-correcting/over-steering		01 <input type="checkbox"/> <input type="checkbox"/> None		4 <input type="checkbox"/> Glare		4 <input type="checkbox"/> Four lanes		2 <input type="checkbox"/> Raised median <i>(curbed)</i>	
13 <input type="checkbox"/> <input type="checkbox"/> Visibility obstructed		02 <input type="checkbox"/> <input type="checkbox"/> Road surface condition <i>(wet, icy, snow, slush, etc.)</i>		5 <input type="checkbox"/> Animal in roadway		5 <input type="checkbox"/> Five lanes		3 <input type="checkbox"/> Grass median <i>(no curb)</i>	
14 <input type="checkbox"/> <input type="checkbox"/> Inattention		03 <input type="checkbox"/> <input type="checkbox"/> Debris		6 <input type="checkbox"/> Other <i>(specify)</i>		6 <input type="checkbox"/> Six or more lanes		4 <input type="checkbox"/> Painted <i>(no curb)</i>	
15 <input type="checkbox"/> <input type="checkbox"/> Mobile phone distraction		04 <input type="checkbox"/> <input type="checkbox"/> Rut, holes, bumps		7 <input type="checkbox"/> Unknown				5 <input type="checkbox"/> None	
16 <input type="checkbox"/> <input type="checkbox"/> Distracted – other		05 <input type="checkbox"/> <input type="checkbox"/> Work zone <i>(construction/maintenance/utility)</i>		Light Condition C		Weather Condition <i>(Check up to two)</i> A1 & 2			
17 <input type="checkbox"/> <input type="checkbox"/> Fatigued/asleep		06 <input type="checkbox"/> <input type="checkbox"/> Worn, travel-polished surface		<i>(Check one)</i>		01 <input type="checkbox"/> None		06 <input type="checkbox"/> Snow	
18 <input type="checkbox"/> <input type="checkbox"/> Operating defective equipment		07 <input type="checkbox"/> <input type="checkbox"/> Obstruction in roadway		1 <input type="checkbox"/> Daylight		02 <input type="checkbox"/> Cloudy		07 <input type="checkbox"/> Severe crosswinds	
19 <input type="checkbox"/> <input type="checkbox"/> Other improper action		08 <input type="checkbox"/> <input type="checkbox"/> Traffic control device inoperative, missing or obscured		2 <input type="checkbox"/> Dawn		03 <input type="checkbox"/> Fog, smog, smoke		08 <input type="checkbox"/> Blowing sand, soil, dirt, snow	
20 <input type="checkbox"/> <input type="checkbox"/> Unknown		09 <input type="checkbox"/> <input type="checkbox"/> Shoulders <i>(none, low, soft, high)</i>		3 <input type="checkbox"/> Dusk		04 <input type="checkbox"/> Rain		09 <input type="checkbox"/> Other <i>(specify)</i>	
		10 <input type="checkbox"/> <input type="checkbox"/> Non-highway work		4 <input type="checkbox"/> Dark-lighted roadway		05 <input type="checkbox"/> Sleet, hail, freezing rain/drizzle		10 <input type="checkbox"/> Unknown	
		11 <input type="checkbox"/> <input type="checkbox"/> Other <i>(specify)</i>		5 <input type="checkbox"/> Dark-roadway not lighted		Was the crash in or near a construction maintenance or utility work zone? R			
		12 <input type="checkbox"/> <input type="checkbox"/> Unknown		6 <input type="checkbox"/> Dark-unknown roadway lighting		<i>(Check one)</i>			
				7 <input type="checkbox"/> Other <i>(specify)</i>		1 <input type="checkbox"/> No		2 <input type="checkbox"/> Unknown	
				8 <input type="checkbox"/> Unknown		3 <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
				() -	\$
Was a Police Officer Contacted?	<input type="checkbox"/> Yes	OFFICER NAME OR BADGE NUMBER	DEPARTMENT <i>(Name of City, County, etc.)</i>		
	<input type="checkbox"/> No				
I certify, to the best of my knowledge, that this report is true and accurate.				OPERATOR SIGNATURE <i>(Required if physically able)</i>	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
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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.