Driver's Motor Vehicle Accident Report

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 additional 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:

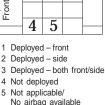
For every occupant in your vehicle, including yourself, enter the correct airbag deployed code according to each person's seating position. For help in marking the car graph see the following example.

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:

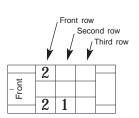
For every occupant in your vehicle, including yourself, enter the correct restraint code according to each person's seating position. For help in marking the car graph, see the following example.

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. Front row Second row Third row





1



- 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 Helmet used
- 8 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.

the appropriate box. If more than four person	DATE OF BIRTH	1	2	3	4	5	SEX		
	(MM / DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev.	Trans.	MF		
Sam Public	123 Elm St.	Lincoln, NE 68502	10 / 17 / 1993	1 9		0 5	2	2	M
Jan Doe	3456 Vermont Ave.	Lincoln, NE 68503	07 / 31 / 1964	0 1	1	0,6	3	1	F
Mary Doe	3456 Vermont Ave.	Lincoln, NE 68503	12 / 30 / 1989	0 3	1	0 3	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.

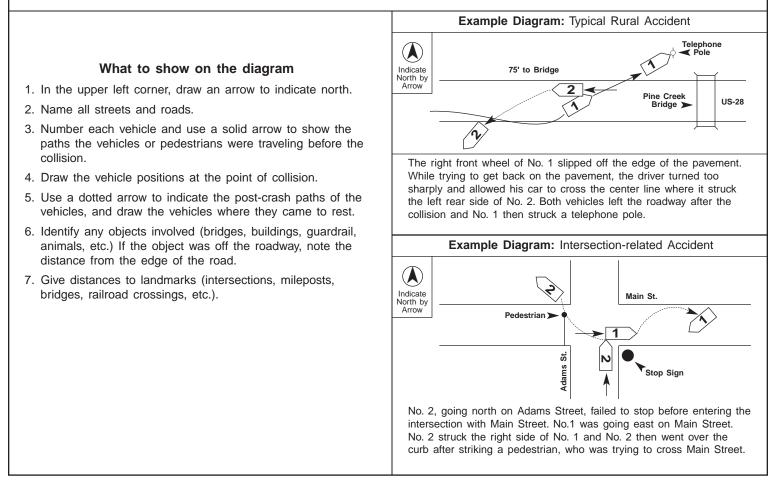
Draw a diagram to show what happened. Provide an explanation of the events which occurred. Instructions on what to show on the diagram are provided below.

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 Roads P.O. Box 94669 Lincoln, NE 68509-4669



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

Use Black Ink	r Stat Mail	e of Neb within 10	oraska days of acc	Driver	's M _{ghway}	otor Safety	Vehicle Nebraska	Accio Departm	der	nt F	Repor	t D. Box 9	Ques 94669,	tions Linco	? 1-4 oln, NE	02-47 685	79-40 09-46	645 3 <mark>69</mark>
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14. Trailing unit 15. Moped		4 05 06	use of eq	uipment	0	6. Shoul	der/upper arm	a	(m	inor cu	ıts, swelling	ı, etc.)	1.	Not tra	ansporte	d		
16. Motorcycle operator	16. Motorcycle operator 07 08 09 Equipment used in 08. Abdomen/pelvis			u l	4. Possible but not visible (complaint of pain, etc.) 2. EMS (Ambulance) 5. None 4. Other													
17. Motorcycle passenge 18. Pedestrian	er		extrication 6. Unknown		1	0. Knee/	lower leg/foot		5. No	ne				Unkno	wn			
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Driver Contributing Circumstances (Check one per driver) Vehicle 1 No improper driving 02 Failed to yield right of way 03 Disregarded traffic signs, signals, road markings 04 Exceeded authorized speed limit 05 Driving too fast for conditions 06 Made improper turn 07 Wrong side or wrong way 08 Followed too closely 09 Gailure to keep in proper lane or running off road 10 Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner 11 Swerving or avoiding due to wind, slippery surface,			Driver Condition (Check one per driver) Vehicle 1 1 Apparently normal 2 Physical impairment 3 Emotional (depressed, angry, disturbed, etc.) 4 Illness 5 Fell asleep, fainted, fatigued, etc. 6 Under the influence of medications/drugs/alcohol 7 Other (specify) 8 Unknown Road Contributing Circumstances (Check one) 01 None 02 Road surface condition (wet, icy, snow, slush, etc.)				Road Character (Check one) 1 Straight and lew 2 Straight and on 3 Straight and on 4 Curved and lew 5 Curved and on 6 Curved and on 6 Curved and on Environment Cc buting Circumst (Check one) 1 1 None 2 Weather conditit 3 Vision obstructite 4 Glare	Road Surface (Check one) 1 Concrete 2 Asphalt 3 Brick 4 Gravel 5 Dirt 6 Other (specify) Total Number of Through Lan (Check one) 1 One lane 2 Two lanes 3 Three lanes 4 Four lanes		Condition (Check of 1 □ Dry 2 □ Wet 3 □ Snow 4 □ Ice 5 □ Sand, mud, dirt, oil, 6 □ Water (standing, mo 7 □ Slush 8 □ Other (crecify)			
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Indicate North by Arrow													
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NON-VEHICLE OBJE					DDRESS			PHONE (PHONE) –		APPROX. CO	DST OF DAMAGE	
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Officer Contacte	d? ◯NO est of my	OPERATOR SIGNATU		sically able)					y	DATE			
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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		Make	Model	
Name of Agent Who Sold Policy	Address					
Policy No	Date of Accident(Mont	h) (Day)	(Year)	_ In or near		, Nebraska
Driver	Address					
Owner	Address					
Name of Policyholder						SR-21L

	ON-LINE VERSION	THIS SIDE FOR INSURANCE COMPANY USE ONLY		
TO:	Department of Motor Vel Financial Responsibility Se			e return this form immediately if policy ot in effect as described by motorist.
	301 Centennial Mall South PO Box 94877 LINCOLN NE 68509-4877		Do no	t return form if policy was in effect.
	0 1 7	that the insurance policy, as described on the reverse side, does not affor - \$50,000 bodily injury and \$25,000 property damage for this accident bec		, ,
		(please complete)		
	Name of Insurance Company	Authorized Representative		Date

INSURANCE INFORMATION

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