State of Nebraska | Driver's Motor Vehicle Accident Report | Questions? 1-402-479-4645

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.).

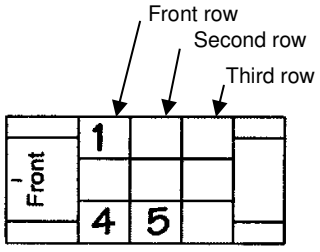
Vehicle and driver involvement:

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.



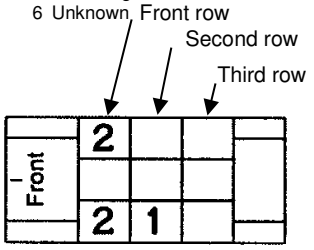
1 Deployed – front
2 Deployed – side
3 Deployed – both front/side
4 Not deployed
5 Not applicable/ No airbag available
6 Unknown

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.

Costume helmet – Non-DOT approved helmet.



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

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 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
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
			/ /						

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.

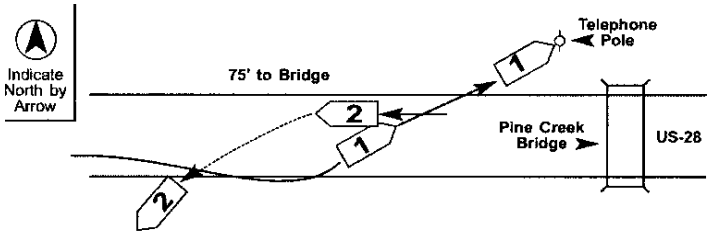
Do not forget to sign the accident report before mailing it to:

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

What to show on the diagram

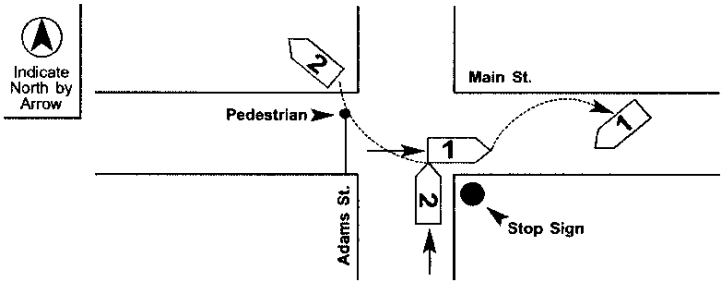
1. In the upper left corner, draw an arrow to indicate north.
2. Name all streets and roads.
3. Number each vehicle and use a solid arrow to show the paths the vehicles or pedestrians were traveling before the collision.
4. Draw the vehicle positions at the point of collision.
5. Use a dotted arrow to 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 (2 0) 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

NAME OF INTERSECTING ROADWAY

IF NOT AT INTERSECTION

☐ 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)

DRIVER | PHONE ( ) -

DRIVER ADDRESS | CITY, STATE, ZIP | **SEX** ☐ FEMALE ☐ MALE

DRIVER LICENSE STATE | NUMBER | **DATE OF BIRTH** (MM/DD/YYYY) / /

VEHICLE **LICENSE PLATE** | YEAR (Plate expires) | STATE | NUMBER | ESTIMATED DAMAGE

YEAR | MAKE | MODEL | BODY STYLE | COLOR

VEHICLE ID NO. *(VIN)*

OWNER NAME | PHONE ( ) -

OWNER ADDRESS | CITY, STATE, ZIP

OTHER VEHICLE (VEHICLE NUMBER – 2)

DRIVER | PHONE ( ) -

DRIVER ADDRESS | CITY, STATE, ZIP | **SEX** ☐ FEMALE ☐ MALE

DRIVER LICENSE STATE | NUMBER | **DATE OF BIRTH** (MM/DD/YYYY) / /

VEHICLE **LICENSE PLATE** | YEAR (Plate expires) | STATE | NUMBER | ESTIMATED DAMAGE

YEAR | MAKE | MODEL | BODY STYLE | COLOR

VEHICLE ID NO. *(VIN)*

OWNER NAME | PHONE ( ) -

OWNER ADDRESS | CITY, STATE, ZIP

VEHICLE MOVEMENT BEFORE COLLISION

VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME
1					
2					

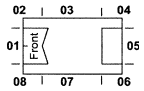
Vehicle 1	Vehicle 2	
☐	☐	01 Essentially straight ahead
☐	☐	02 Backing
☐	☐	03 Changing lanes
☐	☐	04 Overtaking/Passing
☐	☐	05 Turning right
☐	☐	06 Turning left
☐	☐	07 Making U-turn
☐	☐	08 Entering traffic lane
☐	☐	09 Leaving traffic lane
☐	☐	10 Parked
☐	☐	11 Slowing or stopped in traffic
☐	☐	12 Other
☐	☐	13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

	YOUR VEHICLE NO. 1	OTHER VEHICLE NO. 2
POINT OF IMPACT		
MOST DAMAGED AREA		

00 None
09 Top & windows
10 Undercarriage
11 Total (all areas)
12 Other



TRAFFIC CONTROL DEVICE

(Check one for each vehicle)

Vehicle 1	Vehicle 2	
☐	☐	1 No controls
☐	☐	2 Traffic control signal
☐	☐	3 Flashing traffic control signal
☐	☐	4 School zone signal
☐	☐	5 Stop sign
☐	☐	6 Yield sign
☐	☐	7 Warning sign
☐	☐	8 Railroad crossing device
☐	☐	9 Unknown

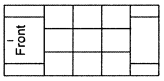
DISPOSITION OF VEHICLE

(Check one for each vehicle)

Vehicle 1	Vehicle 2	
☐	☐	1 Towed – due to damages
☐	☐	2 Towed – other reasons
☐	☐	3 Left at scene
☐	☐	4 Driven away
☐	☐	5 Unknown

AIRBAG DEPLOYED

For each person in your vehicle, enter an Airbag Deployed code for their seating position.

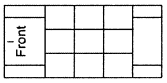


1 Deployed – front
2 Deployed – side
3 Deployed – both front/side
4 Not deployed
5 Not applicable/ No airbag available
6 Unknown

Total number of persons in your vehicle

RESTRAINT USE

For each person in your vehicle, enter a Restraint Use code for their seating position.

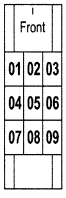


1 None used – vehicle occupant
2 Lap & shoulder belt used
3 Shoulder belt only used
4 Lap belt only used
5 Child safety seat used
6 Child booster seat used
7 DOT approved helmet used
8 Costume helmet used
9 Restraint use unknown

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.

1. Seating Position *(Enter one)*

10. Other enclosed passenger/cargo area
11. Other unenclosed passenger/cargo area
12. Riding on vehicle exterior
13. Sleeper section of truck cab
14. Trailing unit
15. Moped
16. Motorcycle operator
17. Motorcycle passenger
18. Pedestrian
19. Bicycle *(pedalcycle)*
20. Unknown



2. Ejected/Trapped

(Enter one)

1. Not ejected or trapped
2. Partially ejected
3. Totally ejected
4. Trapped – Occupant removed without use of equipment
5. Trapped – Equipment used in extrication
6. Unknown

3. Body Region with Most Severe Injury

(Enter one)

01. Head
02. Face
03. Neck
04. Chest
05. Back/spine
06. Shoulder/upper arm
07. Elbow/lower arm/hand
08. Abdomen/pelvis
09. Hip/upper leg
10. Knee/lower leg/foot
11. Entire body
12. Unknown
13. None

4. Injury Severity

(Enter one)

1. **Killed**
2. **Disabling** – cannot leave scene without assistance *(broken bones, severe cuts, prolonged unconsciousness, etc.)*
3. **Visible** but not disabling *(minor cuts, swelling, etc.)*
4. **Possible** but not visible *(complaint of pain, etc.)*
5. None

5. Transported to Medical Facility

(Enter One)

If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:

Source of Transport:

1. Not transported
2. EMS *(Ambulance)*
3. Police
4. Other
5. Unknown

NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
NAME	ADDRESS	/ /						
NAME	ADDRESS	/ /						
NAME	ADDRESS	/ /						

Driver Contributing Circumstances — M

(Check one per driver)

	Vehicle 1	Vehicle 2	
01	☐	☐	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	☐	☐	Failure 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, vehicle, object, non-motorist in roadway, etc.
12	☐	☐	Over-correcting/over-steering
13	☐	☐	Visibility obstructed
14	☐	☐	Inattention
15	☐	☐	Mobile phone distraction
16	☐	☐	Distracted – other
17	☐	☐	Fatigued/asleep
18	☐	☐	Operating defective equipment
19	☐	☐	Other improper action
20	☐	☐	Unknown

Driver Condition *(Check one per driver)* — P

	Vehicle 1	Vehicle 2	
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 — J

(Check one per driver)

	Vehicle 1	Vehicle 2	
01	☐	☐	None
02	☐	☐	Road surface condition *(wet, icy, snow, slush, etc.)*
03	☐	☐	Debris
04	☐	☐	Rut, holes, bumps
05	☐	☐	Work zone *(construction/maintenance/utility)*
06	☐	☐	Worn, travel-polished surface
07	☐	☐	Obstruction in roadway
08	☐	☐	Traffic control device inoperative, missing or obscured
09	☐	☐	Shoulders *(none, low, soft, high)*
10	☐	☐	Non-highway work
11	☐	☐	Other *(specify)*
12	☐	☐	Unknown

Road Character — D

(Check one)

1 ☐ Straight and level
2 ☐ Straight and on slope
3 ☐ Straight and on hilltop
4 ☐ Curved and level
5 ☐ Curved and on slope
6 ☐ Curved and on hilltop

Road Surface — E

(Check one)

1 ☐ Concrete
2 ☐ Asphalt
3 ☐ Brick
4 ☐ Gravel
5 ☐ Dirt
6 ☐ Other *(specify)*

Road Surface Condition — F

(Check one)

1 ☐ Dry
2 ☐ Wet
3 ☐ Snow
4 ☐ Ice
5 ☐ Sand, mud, dirt, oil, gravel
6 ☐ Water *(standing, moving)*
7 ☐ Slush
8 ☐ Other *(specify)*
9 ☐ Unknown

Environment Contributing Circumstances — I

(Check one)

1 ☐ None
2 ☐ Weather conditions
3 ☐ Vision obstruction
4 ☐ Glare
5 ☐ Animal in roadway
6 ☐ Other *(specify)*
7 ☐ Unknown

Total Number of Through Lanes — G

(Check one)

1 ☐ One lane
2 ☐ Two lanes
3 ☐ Three lanes
4 ☐ Four lanes
5 ☐ Five lanes
6 ☐ Six or more lanes

Median Type — H

(Check one)

1 ☐ Median barrier
2 ☐ Raised median *(curbed)*
3 ☐ Grass median *(no curb)*
4 ☐ Painted *(no curb)*
5 ☐ None

Light Condition — C

(Check one)

1 ☐ Daylight
2 ☐ Dawn
3 ☐ Dusk
4 ☐ Dark-lighted roadway
5 ☐ Dark-roadway not lighted
6 ☐ Dark-unknown roadway lighting
7 ☐ Other *(specify)*
8 ☐ Unknown

Weather Condition *(Check up to two)* — A1 & 2

01 ☐ None
02 ☐ Cloudy
03 ☐ Fog, smog, smoke
04 ☐ Rain
05 ☐ Sleet, hail, freezing rain/drizzle
06 ☐ Snow
07 ☐ Severe crosswinds
08 ☐ Blowing sand, soil, dirt, snow
09 ☐ Other *(specify)*
10 ☐ Unknown

Was the crash in or near a construction maintenance or utility work zone? — R

(Check one)

1 ☐ No 2 ☐ Unknown 3 ☐ Yes

Indicate North by Arrow

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? ☐ Yes ☐ No	OFFICER NAME OR BADGE NUMBER	DEPARTMENT *(Name of City, County, etc.)*
I certify, to the best of my knowledge, that this report is true and accurate.	**OPERATOR SIGNATURE** *(Required if physically able)*	DATE

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 _____ 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.