STATE OF NEBRASKA
Office of Risk Management
First Floor, 301 Centennial Mall South
PO Box 94974
Lincoln, Nebraska 68509-4974

VEHICLE ACCIDENT REPORT

OFFICE OF RISK MANAGEMENT
Copies: Risk Management Agency

TO BE USED BY ALL STATE AGENCIES to make immediate report of all motor vehicle accidents involving State employees, vehicles, equipment or where highways could result in claim against State. Copies 1, 2 & 3 to be sent to OFFICE OF RISK MANAGEMENT.

THIS REPORT is **NOT** a substitute for Motor Vehicle Department's required "Motor Vehicle Accident Report" and THIS REPORT is **NOT** a substitute for Workers' Compensation Court's required "First Report of Alleged Accident."

IS PHYSICAL DAMAGE COVERAGE TO APPLY? ☐ YES ☐ NO

TIME

Date of Accident _____ 20 ____ Day of Week _____ Hour ____ : ____ A.M. ☐ P.M. ☐

IS THERE A SUPPLEMENTARY REPORT? Yes ☐ Not Needed ☐

LOCATION

ROAD ON WHICH ACCIDENT OCCURRED _____
Give name of street or highway number (U.S. or State). If no highway number, identify by name.

AT ITS INTERSECTION WITH _____
Name of intersecting street or highway number

IF NOT AT INTERSECTION ____ Feet ☐ N ☐ S ☐ E ☐ W of _____ *Show nearest intersecting street or highway, house number, bridge, railroad crossing, underpass, or milepost.*

If State Vehicle Registration (if licensed) #
Equip. #

PLACE WHERE ACCIDENT OCCURRED: County _____ City, town or township _____ State _____

If accident was outside city limits, indicate distance from nearest town ____ miles ☐ N ☐ S ☐ E ☐ W and ____ miles ☐ N ☐ S ☐ E ☐ W of _____ *City or Town*

VEHICLES

Total number vehicles involved: ____

VEHICLE NO. 1 (State - if involved)

Year *Make* *Type (sedan, truck, bus, etc.)*

Vehicle License Plate _____
Year *State* *Number*

DRIVER _____
Print or type FULL name

Driver's Address _____
Street or R.F.D.

City and State *Zip Code*

Age ____ ☐ Male ☐ Female Driver's License _____
State *Number*

OWNER _____
(If State, use Agency Name)

Owner's Address _____
(If State – place where garaged) *City and State*

PARTS OF VEHICLE DAMAGED _____

Approximate Cost to repair vehicle _____

VEHICLE NO. 2

Year *Make* *Type (sedan, truck, bus, etc.)*

Vehicle License Plate _____
Year *State* *Number*

DRIVER _____
Print or type FULL name

Driver's Address _____
Street or R.F.D.

City and State *Zip Code*

Age ____ ☐ Male ☐ Female Driver's License _____
State *Number*

OWNER _____
Print or type FULL name

Owner's Address _____
Street or R.F.D. *City and State*

PARTS OF VEHICLE DAMAGED _____

Approximate Cost to repair vehicle _____

PROPERTY

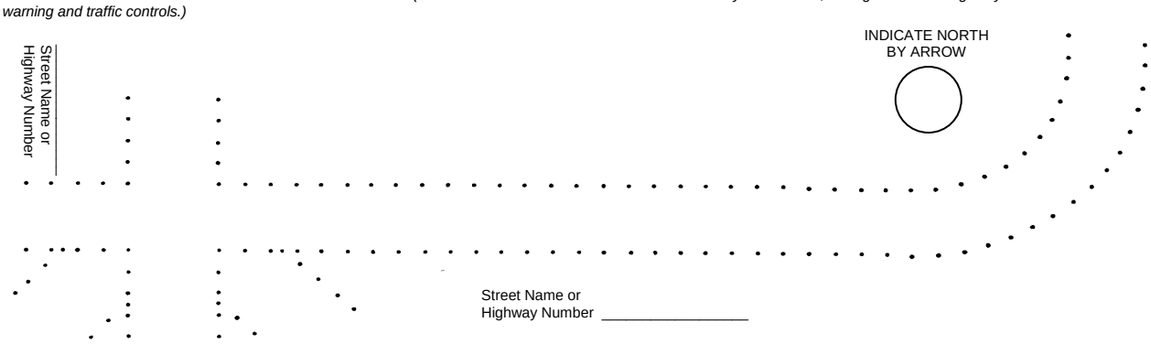
DAMAGE TO PROPERTY OTHER THAN VEHICLES _____
Name object and state nature of damage

Name and address of owner of object struck _____ Approximate cost to repair $ _____

DESCRIBE WHAT HAPPENED. *(Refer to State vehicle as "No. 1," the others as "No. 2," "No. 3," etc.)*

What was State use:

INDICATE ON THIS DIAGRAM WHAT HAPPENED. *(Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers. Show signs, signals, warning and traffic controls.)*



DATE OF THIS REPORT | PREPARED BY:

DID POLICE INVESTIGATE YES ☐ NO ☐ IF YES WHICH ONE? CITY POLICE ☐ SHERIFF ☐ STATE PATROL ☐

INSURANCE OTHER VEHICLE _____
NAME AND ADDRESS OF COMPANY OR AGENT

INJURED

	1	2
NAME AND ADDRESS OF INJURED		
NATURE OF INJURY		
LOCATION INJURED TAKEN		

	1	2
NAME AND ADDRESS OF WITNESS		

IF MORE SPACE IS NEEDED, PLEASE USE ADDITIONAL BLANK PAGES