

Pete Ricketts
Governor

STATE OF NEBRASKA

DEPARTMENT OF ROADS
Kyle Schneweis, P.E., Director

Accident Records Bureau

1500 Highway 2 • PO Box 94669 • Lincoln NE 68509-4759
Phone (402) 479-4645 • FAX (402) 479-4325 • www.roads.nebraska.gov

Dear (Driver's Name):

This office has received the attached incomplete accident report.

Such incomplete forms are not acceptable under Nebraska Statutes. Consequently, we are requesting that you complete the form in its entirety, or to the best of your ability, and return it to this office. Failure to do so will result in a violation of the Nebraska Motor Vehicle Code.

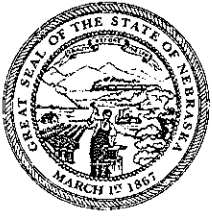
If you have any questions, please feel free to contact this office.

Sincerely,

Carole Gasper
Accident Records Supervisor

Attachment

xc: File



Pete Ricketts
Governor

STATE OF NEBRASKA

DEPARTMENT OF ROADS
Kyle Schneweis, P.E., Director

Accident Records Bureau

1500 Highway 2 • PO Box 94669 • Lincoln NE 68509-4759
Phone (402) 479-4645 • FAX (402) 479-4325 • www.roads.nebraska.gov

(Name)
(Street Address)
(City, State, Zip)

Dear _____ :

We acknowledge receipt of your report for a motor vehicle accident on (Date). However, the report was incomplete. Please provide the information requested below, sign on the appropriate line, and return this letter within five (5) working days to:

Accidents Records Bureau
Highway Safety Division
Department of Roads
PO Box 94669
Lincoln NE 68509

Signature

(County or Case # and Accident Key)

County



Pete Ricketts
Governor

STATE OF NEBRASKA

DEPARTMENT OF ROADS
Kyle Schneweis, P.E., Director

Accident Records Bureau

1500 Highway 2 • PO Box 94669 • Lincoln NE 68509-4759
Phone (402) 479-4645 • FAX (402) 479-4325 • www.roads.nebraska.gov

Dear _____ :

This office has received the attached incomplete Driver's Accident Report Form and additional information on another sheet.

Under Nebraska Law, accident information must be on a single specified form. Consequently, your report on two sheets is not acceptable under Nebraska Statutes. Therefore, we are requesting that the information be transferred onto the Driver's Accident Report Form in its entirety and return it to this office. Failure to do so will result in violation of the Nebraska Motor Vehicle Code.

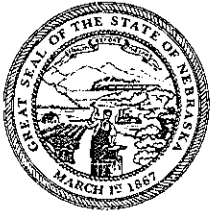
If you have any questions, please feel free to contact this office.

Sincerely,

Carole Gasper
Accident Records Supervisor

Attachment

xc: File



Pete Ricketts
Governor

STATE OF NEBRASKA

DEPARTMENT OF ROADS
Kyle Schneeweis, P.E., Director

Accident Records Bureau

1500 Highway 2 • PO Box 94669 • Lincoln NE 68509-4759
Phone (402) 479-4645 • FAX (402) 479-4325 • www.roads.nebraska.gov

Dear _____ :

On (Date), we received a report from you concerning your accident of (Date). Thank you for submitting the report. However, in order for us to process the information, it is necessary that it be submitted on a Nebraska Driver's Motor Vehicle Accident Report Form, which we are enclosing for your convenience. *(Photocopies are not acceptable.)*

Accidents, by law, must be reported within 10 days after they occur. Therefore, it is important that you return the completed form as soon as possible. Please include the approximate cost of damage sustained by each car and any other property damaged in the accident and sign the report at the bottom of the reverse side.

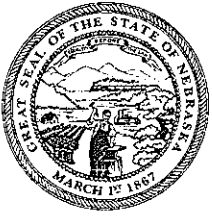
Thank you for your cooperation.

Sincerely,

Carole Gasper
Accident Records Supervisor

Attachment

xc: File



Pete Ricketts
Governor

STATE OF NEBRASKA

DEPARTMENT OF ROADS
Kyle Schneweis, P.E., Director

Accident Records Bureau

1500 Highway 2 • PO Box 94669 • Lincoln NE 68509-4759
Phone (402) 479-4645 • FAX (402) 479-4325 • www.roads.nebraska.gov

Re: (Driver's Last Name)
D/A: (Date of Accident)

This is in regard to your report of the above referenced traffic accident.

We are returning this report because a written signature of the investigating officer is required.
Please forward the report to:

Accident Records Bureau
Department of Roads
PO Box 94669
Lincoln NE 68509

Thank you for your assistance and immediate attention.

Sincerely,

Carole Gasper
Accident Records Supervisor

Attachment

xc: File



Pete Ricketts
Governor

STATE OF NEBRASKA

DEPARTMENT OF ROADS
Kyle Schneweis, P.E., Director
Accident Records Bureau

1500 Highway 2 • PO Box 94669 • Lincoln NE 68509-4759
Phone (402) 479-4645 • FAX (402) 479-4325 • www.roads.nebraska.gov

(Company where sending)
(Address)
(City/State/Zip)

Re: (Driver's Last Name - First and Last Name of Driver)
LOC: (Date)

Dear Sir:

This office has received an unsigned report for a motor vehicle accident, involving your driver. The driver's signature is needed to make this report a legal document. If the driver is not available to sign, please have a company officer sign on the line below. Please return this letter, with the requested signature, within five (5) working days to:

Accidents Records Bureau
Department of Roads
PO Box 94669
Lincoln NE 68509

*Incomplete
(company)*