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:

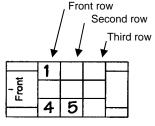
For every occupant in your vehicle, including yourself, enter the correct airbag deployed code according to each person's seating position. For help in marking the car graph, see the following example: Example: There are a total of three occupants in the vehicle, with the driver and one occupant in front,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

# 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.

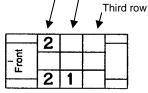
Costume helmet - Non-DOT approved



- Deployed front
- 2 Deployed side
- 3 Deployed both front/side

Second row

- 4 Not deployed
- 5 Not applicable/
- No airbag available 6 Unknown Front row



- 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

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.

to provide injury information	DATE OF BIRTH	1	2	3	4	5	SEX		
report form.			(MM / DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
NAME	ADDRESS								
Sam Public	123 Elm <i>S</i> t.	Lincoln, NE 68502	10 / 17 / 1993	19		05	2	2	М
NAME	ADDRESS								
Jan Doe	3456 Vermont Ave.	Lincoln, NE 68503	07 / 31 / 1964	01	1	06	3	1	F
NAME	ADDRESS								
Mary Doe	3456 Vermont Ave.	Lincoln, NE 68503	12 / 30 / 1989	03	1	03	4	1	F
NAME	ADDRESS								
			1 1						

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:

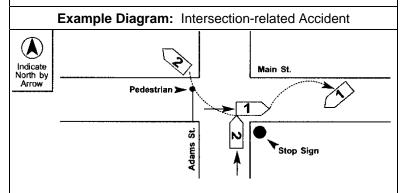
Highway Safety – Accident Records Bureau Nebraska Department of Roads P.O. Box 94669 Lincoln, NE 68509-4669

## What to show on the diagram

- 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.
- 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 Telephone Pole 75' to Bridge Pine Creek Bridge US-28

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.



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.

**Driver's Motor Vehicle Accident Report** State of Nebraska 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 M M / D D / W Υ S МТ STATE USE ONLY TIME OF ACCIDENT ACCIDENT (In Military Time) 0 COUNTY Total Number of ACCIDENT Vehicles Involved STREET/HIGHWAY NO. (If no Hwy. No., identify by name) ROAD ON WHICH Posted Speed Limit on the **ACCIDENT OCCURRED** Street You Were Traveling DISTANCE FROM s Е W OF MILEPOST NO. HIGHWAY NO. **PRIVATE** Yes No ONF-WAY Yes No OCATION OF **MILEPOST** PROPERTY? STREET? П IF NOT AT INTERSECTION IF AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING NAME OF INTERSECTING ROADWAY ☐ FEET ☐ MILES N s Е IF ACCIDENT WAS OUTSIDE CITY LIMITS, MILES W AND MILES E W OF NEAREST CITY OR TOWN Ν s Ν S Ε INDICATE DISTANCE FROM NEAREST TOWN YOUR VEHICLE (VEHICLE NUMBER - 1) OTHER VEHICLE (VEHICLE NUMBER - 2) DRIVER PHONE DRIVER PHONE FEMALE FEMALE DRIVER ADDRESS CITY, STATE, ZIP DRIVER ADDRESS CITY, STATE, ZIP SEX SEX □ MALE □ MALE DRIVER STATE NUMBER DRIVER STATE NUMBER DATE OF BIRTH DATE OF BIRTH LICENSE (MM/DD/YYYY) LICENSE (MM/DD/YYYY) ESTIMATED DAMAGE ESTIMATED DAMAGE ICENSE YEAR (Plate expires) STATE NUMBER LICENSE YEAR (Plate expires) STATE NUMBER ☐ Totaled \$ ☐ Totaled \$ **PLATE PLATE** VEHICLE COLOR COLOR YEAR MAKE MODEL BODY STYLE YEAR MAKE MODEL **BODY STYLE** VEHIC VEHICLE ID NO. (VIN) VEHICLE ID NO. (VIN) OWNER NAME PHONE OWNER NAME PHONE OWNER ADDRESS CITY, STATE, ZIP OWNER ADDRESS CITY, STATE, ZIF VEHICLE MOVEMENT POINT OF IMPACT AND TRAFFIC CONTROL DEVICE AIRBAG DEPLOYED RESTRAINT USE **BEFORE COLLISION** MOST DAMAGED AREA For each person in your vehicle, enter For each person in your vehicle, enter a Restraint Use code for Vehicle an Airbag Deployed code for their ROAD OR HIGHWAY NAME (Enter numbers for each vehicle) SEW seating position. their seating position. NO. ☐ No controls 2 🔲 🔲 Traffic control signal 2 з 🗆 ☐ Flashing traffic control signal YOUR VEHICLE NO. 1 OTHER VEHICLE NO. 2 Front -ront ☐ School zone signal POINT OF POINT OF Vehicle 5 🗖 ☐ Stop sign 6 🗆 ☐ Yield sign □ □ Essentially straight ahead 7 🔲 ☐ Warning sign 02 🔲 🗎 Backing DAMAGED AREA DAMAGED AREA 8 🗖 ☐ Railroad crossing device 1 Deployed - front 1 None used - vehicle occupant 03 

Changing lanes 9 🔲 ☐ Unknown 2 Deployed - side 2 Lap & shoulder belt used 04 | Overtaking/Passing 00 None 3 Deployed - both front/side 3 Shoulder belt only used 05 □ □ Turning right DISPOSITION OF VEHICLE 03 4 Not deployed 4 Lap belt only used 09 Top & windows 06 🔲 🗖 Turning left 5 Not applicable/ 5 Child safety seat used 07 ☐ ☐ Making U-turn Vehicle 10 Undercarriage 01 05 No airbag available 6. Child booster seat used 08 🔲 🗎 Entering traffic lane 2 11 Total (all areas) 6 Unknown 7 DOT approved helmet used □ Towed – due to damages □ □ Leaving traffic lane 8 Costume helmet used 12 Other ☐ ☐ Parked 2 \quad \quad Towed - other reasons 9 Restraint use unknown 3 🗖 ☐ Left at scene □ □ Slowing or stopped in traffic 4 

Driven away 12 🔲 🔲 Other Total number of 5 🔲 🔲 Unknown 13 

Unknown persons in your vehicle Complete this section for all <u>injured persons</u> 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 2. Ejected/Trapped 3. Body Region with 4. Injury Severity 5. Transported to (Enter one) (Enter one) **Medical Facility** 10. Other enclosed (Enter one) Most Severe Injury passenger/cargo area 1. Not ejected or trapped 1. Killed (Enter One) (Enter one) 2. Disabling - cannot leave 11. Other unenclosed 2. Partially ejected 01. Head If the individual was transported passenger/cargo area Front Totally ejected scene without assistance 02 Face from the crash site to a medical (broken bones, severe cuts, Trapped -12. Riding on vehicle exterior 03. Neck facility for treatment of injuries prolonged unconsciousness, Occupant removed without 01 02 03 04. Chest received in the crash: 13. Sleeper section of truck cab use of equipment 05. Back/spine Source of Transport: 14. Trailing unit Visible but not disabling 04 05 06 Trapped -06 Shoulder/upper arm (minor cuts, swelling, etc.) 1. Not transported 15. Moped Equipment used in 07. Elbow/lower arm/hand 07 08 09 4. Possible but not visible 2. EMS (Ambulance) 16. Motorcycle operator 08 extrication Abdomen/pelvis (complaint of pain, etc.) 3. Police 17. Motorcycle passenger Unknown 09 Hip/upper leg 5. None 4. Other 18. Pedestrian 10. Knee/lower leg/foot 19. Bicycle (pedalcycle) 11. Entire body Unknow 12. Unknown **DATE OF BIRTH** 2 3 4 5 20. Unknown 1 SEX 13. None (MM / DD / YYYY) Injury M F Eject Trans NAME **ADDRESS** NAME ADDRESS NAME ADDRESS

DR Form 41, Aug 09 Page 1

NAME

ADDRESS

Driver Contributing Circumstances	М	Driver Condition (Check one per driver)	Р	Road Character	D	Road	Е	Road Surface	F
(Check one per driver)		Vehicle 1 2		(Check one)		Surface		Condition (Check one)	
Vehicle 1 2		1		Straight and level     Straight and on slope		(Check one)		1 Dry	
01  No improper driving		2  Physical impairment		3 Straight and on hilltop		1 Concrete 2 Asphalt		2 ☐ Wet 3 ☐ Snow	
02 🔲 🗖 Failed to yield right of way		3		4  Curved and level		3 🗖 Brick		4   Ice	
03 Disregarded traffic signs, signals, road markings	S	4  Illness		5  Curved and on slope 6  Curved and on hilltop		4 ☐ Gravel 5 ☐ Dirt		5 🔲 Sand, mud, dirt, oil, gra	
04   Exceeded authorized speed limit		<ul> <li>Fell asleep, fainted, fatigued, etc.</li> <li>Under the influence of medications/drugs/alcohol</li> </ul>		6 Li Curved and on milliop		6 ☐ Other (specif	íy)	6 ☐ Water (standing, movin	ng)
05 ☐ ☐ Driving too fast for conditions 06 ☐ ☐ Made improper turn		7  Other (specify)		Environment	ı	Total	G	7 ☐ Slush 8 ☐ Other (specify)	
07  Wrong side or wrong way		8  Unknown		Contributing		Number	-	9 Unknown	
08  Followed too closely	- 1			Circumstances		of Through			
09	ıd	Road Contributing Circumstances	J	(Check one)		Lanes		Median Type	Н
10  Operating vehicle in erratic, reckless, careless,		(Check one per driver)		1 ☐ None 2 ☐ Weather conditions		(Check one)		(Check one) 1 ☐ Median barrier	
negligent, or aggressive manner  11   Swerving or avoiding due to wind, slippery surfa	300	Vehicle 1 2		3 Usion obstruction		1  One lane 2  Two lanes		2 Raised median (curbed	d)
vehicle, object, non-motorist in roadway, etc.	acc,	01 🔲 🗎 None		4 Glare 5 Animal in roadway		3 Three lanes		<ul> <li>3 ☐ Grass median (no curb</li> <li>4 ☐ Painted (no curb)</li> </ul>	b)
12  Over-correcting/over-steering		02  Road surface condition (wet, icy, snow, slush, etc.)	)	6 ☐ Other (specify)		4 ☐ Four lanes 5 ☐ Five lanes		5 None	
13		03 Debris		7 Unknown		6 ☐ Six or more l	anes		
14		04 ☐ ☐ Rut, holes, bumps 05 ☐ ☐ Work zone (construction/maintenance/utility)		Light Condition	С	Weather Con	ditio	n (Check up to two) A1 &	& 2
15		06 Worn, travel-polished surface		(Check one)		01  None		06 ☐ Snow	
17		07  Obstruction in roadway		1 Daylight		02 Cloudy		07 Severe crosswinds	
18 ☐ ☐ Operating defective equipment		08 🗖 🗖 Traffic control device inoperative, missing or obscu	red	2 Dawn 3 Dusk		03 ☐ Fog, smog, s 04 ☐ Rain	токе	08  Blowing sand, soil, dirt, snow	
19  Other improper action		09 🔲 🗎 Shoulders (none, low, soft, high)		4 Dark-lighted roadway		05 Sleet, hail, fro	eezing		
20 Unknown		10 🔲 🗖 Non-highway work		5 Dark-roadway not lighte		rain/drizzle		10 Unknown	
		11  Other (specify)		6 ☐ Dark-unknown roadway lighting	/	Was the crash in			R
		12 🔲 🗎 Unknown		7 Dother (specify)		maintenance or u	tility w	ork zone?	
INDICATE BY DIA	١GR	AM WHAT HAPPENED		8 Unknown		(Check one)	•	2 Unknown 3 U	Yes
( )						1 🗖 140		Olikilowii 3 L	163
Indicate									
North									
by Arrow									
DESCRI	IBE	WHAT HAPPENED (Refer to your vehicle	as I	No. 1, any others as N	lo. 2	?, No. 3, etc.)			
NON-VEHICLE OBJECT DAMAGED OWN	VFP !	NAME ADDRESS		DL	IONE	:	ΙΛD	PROX. COST OF DAMAGE	
A LINGUE OBSECT DAWAGED	4E17	ADDRESS		1	JINE	: <b>)</b> -	\$	. NOA. COOT OF DAWAGE	
NON-VEHICLE OBJECT DAMAGED OWN	VER 1	NAME ADDRESS		DL	IONE	/		PROX. COST OF DAMAGE	
A INON-AEUICIE ODJECT DAMAGED OMN	v⊏K [	NAINIE ADDKE22		PH /	IONE	) -	\$	FINON. COST OF DAMAGE	
	ICED	NAME OR BADGE NUMBER		DEPARTMENT (Name of Ci	ity C	/ -	Φ		
1143 a 1 01100   1 165	ICEK	. INAIVIE OR DADGE NUIVIDEK		DEPARTIMENT (Name of Ci	iy, C	ounty, etc.)			
	DAT	OD SIGNATURE (Promined if physically abla)		<u> </u>			۸۲۲		
I certify, to the best of my knowledge, that this report is true and accurate.	:KAI(	OR SIGNATURE (Required if physically able)				D.	ATE		

ON-LINE VERSION	DRIVER MUST (	COMPLETE IN FUL	.L	
You, the driver, must provide information	about the liability insurance co	overing the motor vehic	le you were drivi	ng. 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				
Policy No.	Date of Accident(Month	in or near , Day, Year)		, Nebraska
Driver	Address			
Owner	Address _			
Name of Policyholder				
ON-LINE VERSION	THIS SIDE FOR INSURA	NCE COMPANY U	SE ONLY	
FO: Department of Motor Vehicles Financial Responsibility Section 301 Centennial Mall South PO Box 94789				is form immediately if policy as described by motorist.
LINCOLN NE 68509-4789		ı	Do not return fo	orm if policy was in effect.
The undersigned company advises that he driver and owner in the limits of \$2 collowing reasons:	the insurance policy, as de: 25,000 – \$50,000 bodily inju	scribed on the reverse ury and \$25,000 prop	e side, does not erty damage fo	afford liability coverage to both r this accident because of the
	(please	e complete)		

# **INSURANCE INFORMATION**

Authorized Representative

Date

Name of Insurance Company

Please read instructions carefully.

Return this entire page with the completed Accident Report.