

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:

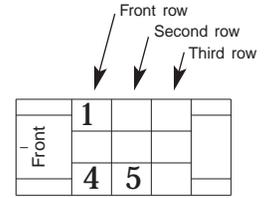
Answer the questions asked about your vehicle and any other vehicle involved in the accident to the best of your ability. If more than two vehicles were involved, complete an additional form(s). Refer to your vehicle as vehicle number 1 throughout the report. Information on bicycles may be entered in the "other vehicle" section.

Be careful when listing the estimated damage to your vehicle. Use a garage estimate whenever possible.

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.

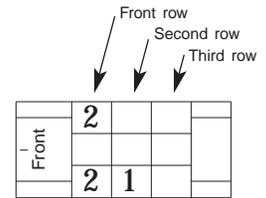


- 1 Deployed - front
- 2 Deployed - side
- 3 Deployed - both front/side
- 4 Not deployed
- 5 Not applicable/ No airbag available
- 6 Unknown

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.



- 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

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

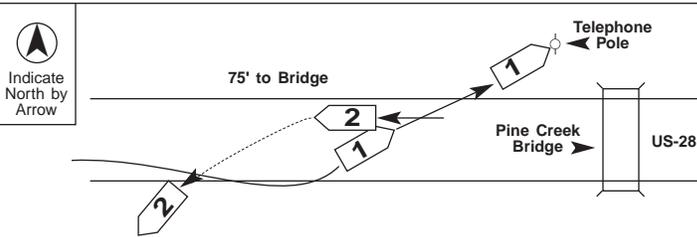
Do not forget to sign the accident report before mailing it to:

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

What to show on the diagram

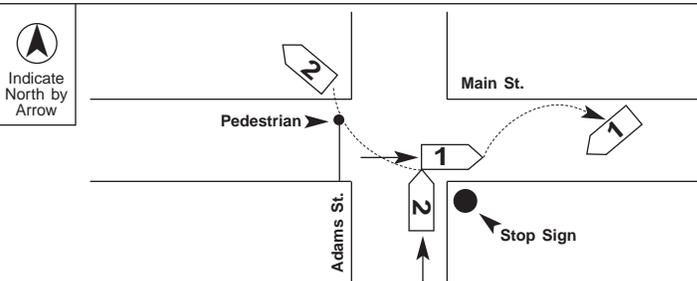
1. In the upper left corner, draw an arrow to indicate north.
2. Name all streets and roads.
3. Number each vehicle and use a solid arrow to show the paths the vehicles or pedestrians were traveling before the collision.
4. Draw the vehicle positions at the point of collision.
5. Use a dotted arrow to 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 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 center line 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 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, TIME OF ACCIDENT, COUNTY, CITY, ROAD ON WHICH ACCIDENT OCCURRED, DISTANCE FROM MILEPOST, IF AT INTERSECTION, IF NOT AT INTERSECTION

YOUR VEHICLE (VEHICLE NUMBER - 1), OTHER VEHICLE (VEHICLE NUMBER - 2), DRIVER, DRIVER ADDRESS, DRIVER LICENSE, VEHICLE, OWNER NAME, OWNER ADDRESS

VEHICLE MOVEMENT BEFORE COLLISION, POINT OF IMPACT AND MOST DAMAGED AREA, TRAFFIC CONTROL DEVICE, AIRBAG DEPLOYED, RESTRAINT USE, DISPOSITION OF VEHICLE

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, 2. Ejected/Trapped, 3. Body Region with Most Severe Injury, 4. Injury Severity, 5. Transported to Medical Facility, NAME, ADDRESS, DATE OF BIRTH, SEX

| | | |
|------------------------|-------------------------------------|--|
| 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 _____

SR-21L

| | | |
|------------------------|---|--|
| ON-LINE VERSION | THIS SIDE FOR INSURANCE COMPANY USE ONLY | |
|------------------------|---|--|

TO: Department of Motor Vehicles
 Financial Responsibility Section
 301 Centennial Mall South
 PO Box 94877
 LINCOLN NE 68509-4877

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.**