

Due to new reporting standards, this form is provided in two different formats

Please fill out the form that coordinates with the date of your vehicle crash

- If the crash occurred on or before 12/31/2020 use the first form – *Pages 2 thru 5*
- If the crash occurred on or after 1/1/2021 use the second form – *Pages 7 thru 8*

NEBRASKA

Good Life. Great Journey.

DEPARTMENT OF TRANSPORTATION

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 Transportation, P.O. Box 94669, Lincoln, NE 68509-4669


Main form body containing sections: DATE OF ACCIDENT, LOCATION OF ACCIDENT, YOUR VEHICLE, OTHER VEHICLE, VEHICLE MOVEMENT, POINT OF IMPACT, TRAFFIC CONTROL DEVICE, AIRBAG DEPLOYED, RESTRAINT USE, and injury assessment questions.

Driver Contributing Circumstances M <i>(Check one per driver)</i> Vehicle 1 2 01 <input type="checkbox"/> <input type="checkbox"/> No improper driving 02 <input type="checkbox"/> <input type="checkbox"/> Failed to yield right of way 03 <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signs, signals, road markings 04 <input type="checkbox"/> <input type="checkbox"/> Exceeded authorized speed limit 05 <input type="checkbox"/> <input type="checkbox"/> Driving too fast for conditions 06 <input type="checkbox"/> <input type="checkbox"/> Made improper turn 07 <input type="checkbox"/> <input type="checkbox"/> Wrong side or wrong way 08 <input type="checkbox"/> <input type="checkbox"/> Followed too closely 09 <input type="checkbox"/> <input type="checkbox"/> Failure to keep in proper lane or running off road 10 <input type="checkbox"/> <input type="checkbox"/> Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner 11 <input type="checkbox"/> <input type="checkbox"/> Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc. 12 <input type="checkbox"/> <input type="checkbox"/> Over-correcting/over-steering 13 <input type="checkbox"/> <input type="checkbox"/> Visibility obstructed 14 <input type="checkbox"/> <input type="checkbox"/> Inattention 15 <input type="checkbox"/> <input type="checkbox"/> Mobile phone distraction 16 <input type="checkbox"/> <input type="checkbox"/> Distracted – other 17 <input type="checkbox"/> <input type="checkbox"/> Fatigued/asleep 18 <input type="checkbox"/> <input type="checkbox"/> Operating defective equipment 19 <input type="checkbox"/> <input type="checkbox"/> Other improper action 20 <input type="checkbox"/> <input type="checkbox"/> Unknown	Driver Condition <i>(Check one per driver)</i> P Vehicle 1 2 1 <input type="checkbox"/> <input type="checkbox"/> Apparently normal 2 <input type="checkbox"/> <input type="checkbox"/> Physical impairment 3 <input type="checkbox"/> <input type="checkbox"/> Emotional (<i>depressed, angry, disturbed, etc.</i>) 4 <input type="checkbox"/> <input type="checkbox"/> Illness 5 <input type="checkbox"/> <input type="checkbox"/> Fell asleep, fainted, fatigued, etc. 6 <input type="checkbox"/> <input type="checkbox"/> Under the influence of medications/drugs/alcohol 7 <input type="checkbox"/> <input type="checkbox"/> Other (<i>specify</i>) 8 <input type="checkbox"/> <input type="checkbox"/> Unknown Road Contributing Circumstances J <i>(Check one per driver)</i> Vehicle 1 2 01 <input type="checkbox"/> <input type="checkbox"/> None 02 <input type="checkbox"/> <input type="checkbox"/> Road surface condition (<i>wet, icy, snow, slush, etc.</i>) 03 <input type="checkbox"/> <input type="checkbox"/> Debris 04 <input type="checkbox"/> <input type="checkbox"/> Rut, holes, bumps 05 <input type="checkbox"/> <input type="checkbox"/> Work zone (<i>construction/maintenance/utility</i>) 06 <input type="checkbox"/> <input type="checkbox"/> Worn, travel-polished surface 07 <input type="checkbox"/> <input type="checkbox"/> Obstruction in roadway 08 <input type="checkbox"/> <input type="checkbox"/> Traffic control device inoperative, missing or obscured 09 <input type="checkbox"/> <input type="checkbox"/> Shoulders (<i>none, low, soft, high</i>) 10 <input type="checkbox"/> <input type="checkbox"/> Non-highway work 11 <input type="checkbox"/> <input type="checkbox"/> Other (<i>specify</i>) 12 <input type="checkbox"/> <input type="checkbox"/> Unknown	Road Character D <i>(Check one)</i> 1 <input type="checkbox"/> Straight and level 2 <input type="checkbox"/> Straight and on slope 3 <input type="checkbox"/> Straight and on hilltop 4 <input type="checkbox"/> Curved and level 5 <input type="checkbox"/> Curved and on slope 6 <input type="checkbox"/> Curved and on hilltop Environment Contributing Circumstances I <i>(Check one)</i> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Weather conditions 3 <input type="checkbox"/> Vision obstruction 4 <input type="checkbox"/> Glare 5 <input type="checkbox"/> Animal in roadway 6 <input type="checkbox"/> Other (<i>specify</i>) 7 <input type="checkbox"/> Unknown Light Condition C <i>(Check one)</i> 1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Dawn 3 <input type="checkbox"/> Dusk 4 <input type="checkbox"/> Dark-lighted roadway 5 <input type="checkbox"/> Dark-roadway not lighted 6 <input type="checkbox"/> Dark-unknown roadway lighting 7 <input type="checkbox"/> Other (<i>specify</i>) 8 <input type="checkbox"/> Unknown	Road Surface E Surface <i>(Check one)</i> 1 <input type="checkbox"/> Concrete 2 <input type="checkbox"/> Asphalt 3 <input type="checkbox"/> Brick 4 <input type="checkbox"/> Gravel 5 <input type="checkbox"/> Dirt 6 <input type="checkbox"/> Other (<i>specify</i>) Total Number of Through Lanes G <i>(Check one)</i> 1 <input type="checkbox"/> One lane 2 <input type="checkbox"/> Two lanes 3 <input type="checkbox"/> Three lanes 4 <input type="checkbox"/> Four lanes 5 <input type="checkbox"/> Five lanes 6 <input type="checkbox"/> Six or more lanes Weather Condition <i>(Check up to two)</i> A1 & 2 01 <input type="checkbox"/> Clear 02 <input type="checkbox"/> Cloudy 03 <input type="checkbox"/> Fog, smog, smoke 04 <input type="checkbox"/> Rain 05 <input type="checkbox"/> Sleet, hail, freezing rain/drizzle 06 <input type="checkbox"/> Snow 07 <input type="checkbox"/> Severe crosswinds 08 <input type="checkbox"/> Blowing sand, soil, dirt, snow 09 <input type="checkbox"/> Other (<i>specify</i>) 10 <input type="checkbox"/> Unknown Was the crash in or near a construction maintenance or utility work zone? R <i>(Check one)</i> 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Unknown 3 <input type="checkbox"/> Yes
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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?		OFFICER NAME OR BADGE NUMBER		DEPARTMENT <i>(Name of City, County, etc.)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		I certify, to the best of my knowledge, that this report is true and accurate.		OPERATOR SIGNATURE <i>(Required if physically able)</i> 	
				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 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.



This page marks where the 2020 form
ends and the 2021 form begins.

NEBRASKA

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DEPARTMENT OF TRANSPORTATION

DATE: 20... TIME OF CRASH... LOCATION OF CRASH: COUNTY, CITY, ROAD ON WHICH CRASH OCCURRED, DISTANCE FROM MILEPOST, IF AT INTERSECTION, IF NOT AT INTERSECTION, IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN.

YOUR VEHICLE (VEHICLE NUMBER - 1) and OTHER VEHICLE (VEHICLE NUMBER - 2) information including DRIVER, DRIVER ADDRESS, DRIVER LICENSE, VEHICLE (LICENSE PLATE, YEAR, MAKE, MODEL, BODY STYLE, COLOR, VEHICLE ID NO.), OWNER NAME, OWNER ADDRESS, INSURANCE COMPANY, POLICY NO.

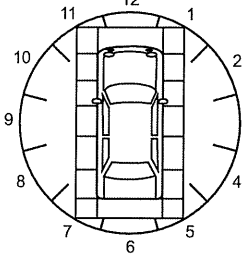
Complete this section for the driver and all injured persons in your vehicle, bicyclists, pedestrians, or fatalities involved in the crash, as applicable. In the boxes labeled 1-10, enter the option which best answers the questions in the appropriate box below.

1 Air Bags Deployed, 2 Driver Distracted By Action, 3 Source of Distraction, 4 Driver Actions at Time of Crash, 5 Motorcycle Helmet Use, 6 Injury Severity, 7 Injury Area, 8 Ejection, 9 Source of Transport to First Medical Facility.

1 Person Type, 2 Driver/Pedestrian Condition at Time of Crash, 3 Seating Position, 4 Seat, 5 Other Location, 6 Restraint Systems/Motorcycle Helmet Use, 7 Injury Area, 8 Ejection, 9 Source of Transport to First Medical Facility.

Table with columns: NAME, DATE OF BIRTH (MM/DD/YYYY), SEX (M/F), 1 (Person Type), 2 (Condition), 3 (Seating Row), 4 (Seat), 5 (Other Location), 6 (Injury Severity), 7 (Injury Area), 8 (Restraint System), 9 (Ejection), 10 (Transport).

LIGHT CONDITION 01 - Daylight 02 - Dawn/Dusk 03 - Dark-Lighted 04 - Dark-Not Lighted 05 - Dark-Unk. Lighting 06 - Dusk 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>	CONTRIBUTING CIRCUMSTANCES-ROADWAY ENVIRONMENT <i>(up to 2 choices)</i> <input type="checkbox"/> 00 - None <input type="checkbox"/> 01 - Absence of Sidewalks 02 - Animal(s) 03 - Prior Crash 04 - Prior Non-Recurring Incident 05 - Backup Due to Regular Congestion 06 - Debris 07 - Glare 08 - Obstructed Crosswalks 09 - Non-Highway Work 10 - Obstruction in Roadway 11 - Related to a Bus Stop 12 - Road Surface Condition (wet, icy, snow, slush, etc.) 13 - Roadway Width Restricted 14 - Ruts, Holes, Bumps 15 - Shoulders (none, low, soft, high) 16 - Toll Booth/Plaza Related 17 - Traffic Control Device 18 - Traffic Incident 19 - Visual Obstruction(s) 20 - Weather Conditions 21 - Work Zone (construction/maintenance/utility) 22 - Worn, Travel-Polished Surface 98 - Other 99 - Unknown	TRAFFIC CONTROL DEVICE TYPE <i>(up to 4 choices)</i> <input type="checkbox"/> TCD Type(s) 00 - No Controls <input type="checkbox"/> 01 - Person (flagger, law enforcement, crossing guard, etc.) <input type="checkbox"/> Signs 02 - Railroad Crossing Sign 03 - School Zone Sign 04 - Stop Sign <input type="checkbox"/> 05 - Yield Sign 06 - "Curve Ahead" Warning Sign 07 - Pedestrian Crossing Sign 08 - "Intersection Ahead" Warning Sign 09 - "Reduce Speed Ahead" Warning Sign 10 - Bicycle Crossing Sign 11 - Other Warning Sign Signals 12 - Flashing Traffic Control Signal 13 - Ramp Meter Signal 14 - Lane Use Control Signal 15 - Traffic Control Signal 16 - Flashing Railroad Crossing Signal (may include gates) 17 - Flashing School Zone Signal 18 - Other Signal Pavement Markings 19 - School Zone 20 - Railroad Crossing 21 - Pedestrian Crossing 22 - Bicycle Crossing 23 - Other Pavement Marking (excluding edge lines, centerlines or lane lines) 98 - Other 99 - Unknown	GRADE / ROADWAY ALIGNMENT Horizontal Alignment 01 - Curve Left 02 - Curve Right 03 - Straight <input type="checkbox"/> 99 - Unknown Grade 01 - Downhill 02 - Hillcrest 03 - Level <input type="checkbox"/> 04 - Sag (bottom) 05 - Uphill 99 - Unknown	VEHICLE MOVEMENT BEFORE COLLISION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>VEH. NO.</th> <th>N</th> <th>S</th> <th>E</th> <th>W</th> <th>ROAD OR HIGHWAY NAME</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Vehicle 1 2 01 <input type="checkbox"/> <input type="checkbox"/> Essentially Straight Ahead 02 <input type="checkbox"/> <input type="checkbox"/> Backing 03 <input type="checkbox"/> <input type="checkbox"/> Changing Lanes 04 <input type="checkbox"/> <input type="checkbox"/> Entering Traffic Lane 05 <input type="checkbox"/> <input type="checkbox"/> Leaving Traffic Lane 06 <input type="checkbox"/> <input type="checkbox"/> Making a U-turn 07 <input type="checkbox"/> <input type="checkbox"/> Negotiating a Curve 08 <input type="checkbox"/> <input type="checkbox"/> Parked 09 <input type="checkbox"/> <input type="checkbox"/> Passing/Overtaking a Vehicle 10 <input type="checkbox"/> <input type="checkbox"/> Slowing 11 <input type="checkbox"/> <input type="checkbox"/> Stopped in Traffic 12 <input type="checkbox"/> <input type="checkbox"/> Turning Left 13 <input type="checkbox"/> <input type="checkbox"/> Turning Right 98 <input type="checkbox"/> <input type="checkbox"/> Other 99 <input type="checkbox"/> <input type="checkbox"/> Unknown	VEH. NO.	N	S	E	W	ROAD OR HIGHWAY NAME	1						2					
VEH. NO.	N	S	E	W	ROAD OR HIGHWAY NAME																	
1																						
2																						
WEATHER CONDITIONS <i>(up to 2 choices)</i> 01 - Blowing Sand, Soil, Dirt 02 - Blowing Snow 03 - Clear 04 - Cloudy 05 - Fog, Smog, Smoke 06 - Freezing Rain/Drizzle 07 - Rain 08 - Severe Crosswinds 09 - Sleet or Hail <input type="checkbox"/> 10 - Snow <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>	ROADWAY SURFACE CONDITION 01 - Dry <input type="checkbox"/> 02 - Ice/Frost 03 - Mud, Dirt, Gravel 04 - Oil 05 - Sand 06 - Slush 07 - Snow 08 - Water (standing, moving) 09 - Wet 98 - Other 99 - Unknown	TRAFFIC CONTROL DEVICE WORKING 00 - No Controls 01 - Device Functioning Properly 02 - Device Functioning Improperly 03 - Device Not Functioning <input type="checkbox"/> 99 - Unknown	TRAFFICWAY DESCRIPTION Travel Directions 01 - One-Way <input type="checkbox"/> 02 - Two-Way Divided 00 - Not Divided <input type="checkbox"/> 01 - Not Divided, With a Continuous Left-Turn Lane 02 - Divided, Flush Median (greater than 4 ft. wide) 03 - Divided, Raised Median (curbed) 04 - Divided, Depressed Median 99 - Unknown Barrier Type 00 - No Barrier <input type="checkbox"/> 01 - Cable Barrier 02 - Concrete Barrier (e.g. Jersey barrier) 03 - Earth Embankment 04 - Guardrail 98 - Other VEHICLE TOWED 01 - Not Towed <input type="checkbox"/> 02 - Towed-Disabling Damage 03 - Towed-No Disabling Damage	INITIAL CONTACT POINT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>VEH. 1</th> <th></th> <th>VEH. 2</th> </tr> <tr> <td><input type="checkbox"/></td> <td> </td> <td><input type="checkbox"/></td> </tr> </table> 00 - Non-Collision 13 - Top 14 - Undercarriage 15 - Cargo Loss 16 - Vehicle Not at Scene 99 - Unknown	VEH. 1		VEH. 2	<input type="checkbox"/>		<input type="checkbox"/>												
VEH. 1		VEH. 2																				
<input type="checkbox"/>		<input type="checkbox"/>																				

<input type="checkbox"/> Indicate North	INDICATE BY DIAGRAM WHAT HAPPENED																	
DAMAGED AREAS 00 - No Damage 13 - Top 14 - Undercarriage 15 - All Areas 16 - Vehicle Not at Scene 99 - Unknown																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>VEH. 1</td> <td>VEH. 1</td> <td>VEH. 2</td> <td>VEH. 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>VEH. 1</td> <td>VEH. 1</td> <td>VEH. 2</td> <td>VEH. 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			VEH. 1	VEH. 1	VEH. 2	VEH. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VEH. 1	VEH. 1	VEH. 2	VEH. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VEH. 1	VEH. 1	VEH. 2	VEH. 2															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
VEH. 1	VEH. 1	VEH. 2	VEH. 2															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

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? <input type="checkbox"/> YES <input type="checkbox"/> 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: