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



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DEPARTMENT OF TRANSPORTATION

Use Black

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 or Blue Ink S M Т W STATE USE ONLY TIME OF ACCIDENT DATE OF M ACCIDENT (In Military Time) CITY Total Number of LOCATION OF ACCIDENT Vehicles Involved STREET/HIGHWAY NO. (If no Hwy. No., identify by name) ROAD ON WHICH Posted Speed Limit on the Street You Were Traveling ACCIDENT OCCURRED N S E W OF MILEPOST NO. HIGHWAY NO. DISTANCE FROM FEET PRIVATE ONF-WAY Yes No Yes No MILEPOST PROPERTY? STREET? IF NOT AT INTERSECTION IF AT INTERSECTION ☐ MILES N S OF NEAREST STREET, BRIDGE, RAILROAD CROSSING NAME OF INTERSECTING ROADWAY ☐ FEET E W IF ACCIDENT WAS OUTSIDE CITY LIMITS, MILES S E W AND MILES N S E W OF NEAREST CITY OR TOWN INDICATE DISTANCE FROM NEAREST TOWN YOUR VEHICLE (VEHICLE NUMBER - 1) OTHER VEHICLE (VEHICLE NUMBER - 2) DRIVER PHONE DRIVER FEMALE DRIVER ADDRESS FEMALE CITY, STATE, ZIP DRIVER ADDRESS CITY, STATE, ZIP SEX SEX ☐ MALE ☐ MALE DRIVER STATE DRIVER STATE NUMBER NUMBER DATE OF BIRTH DATE OF BIRTH LICENSE (MM/DD/YYYYY) LICENSE (MM/DD/YYYY) LICENSE YEAR (Plate expires) ESTIMATED DAMAGE NUMBER ESTIMATED DAMAGE LICENSE YEAR (Plate expires) NUMBER STATE STATE □ Totaled \$ ☐ Totaled \$ **PLATE** PLATE IICLE MODEL BODY STYLE COLOR 달 MAKE MODEL BODY STYLE COLOR YEAR MAKE /EAR VEHICLE ID NO. (VIN) VEHICLE ID NO. (VIN) PHONE OWNER NAME PHONE OWNER NAME OWNER ADDRESS CITY, STATE, ZIP OWNER ADDRESS CITY, STATE, ZIF TRAFFIC CONTROL DEVICE AIRBAG DEPLOYED **RESTRAINT USE** VEHICLE MOVEMENT POINT OF IMPACT AND For each person in your vehicle, For each person in your vehicle, enter BEFORE COLLISION MOST DAMAGED AREA Vehicle an Airbag Deployed code for their enter a Restraint Use code for ROAD OR HIGHWAY NAME (Enter numbers for each vehicle) NSEW 1 2 their seating position. seating position. 1 🔲 🗎 No controls 1 ☐ Traffic control signal 2 OTHER VEHICLE NO 3

Flashing traffic control signal Front YOUR VEHICLE NO. 1 Front ☐ ☐ School zone signal Vehicle POINT OF POINT OF ☐ ☐ Stop sign IMPACT 1 2 01 □ □ Essentially straight ahead ☐ ☐ Yield sign MOST DAMAGED AREA MOST DAMAGED AREA 7 🔲 🗎 Warning sign 02 | Backing 8 🔲 🔲 Railroad crossing device 1 Deployed - front 1 None used - vehicle occupant 03 🔲 🔲 Changing lanes 2 Lap & shoulder belt used 9 □ □ Unknown 2 Deployed - side 04 🛘 🗎 Overtaking/Passing 3 Deployed – both front/side 3 Shoulder belt only used 00 None 05 🔲 🗎 Turning right DISPOSITION OF VEHICLE 03 4 Not deployed 4 Lap belt only used 09 Top & windows 06 🔲 🔲 Tuming left 5 Not applicable 5 Child safety seat used 10 Undercarriage Vehicle 05 01 No airbag available 6 Child booster seat used 11 Total (all areas) 6 Unknown 7 DOT approved helmet used ☐ ☐ Towed – due to damages 07 06 8 Costume helmet used 12 Other 2 🔲 🗎 Towed – other reasons 9 Restraint use unknown 3 🔲 🗎 Left at scene 11

Slowing or stopped in traffic 12 🔲 🗎 Other 4 🗆 Driven away Total number of 5 🔲 🔲 Unknown 13 🔲 🔲 Unknown persons in your 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. 3. Body Region with 5. Transported to 1. Seating Position 2. Ejected/Trapped 4. Injury Severity (Enter one) (Enter one) 10. Other enclosed (Enter one) Most Severe Injury **Medical Facility** 1 Killed (Enter One) passenger/cargo area 1. Not ejected or trapped (Enter one) 2. Suspected Serious Injury Other unenclosed Partially ejected 01 Head If the individual was transported Cannot leave scene without 02. Face passenger/cargo area Front Totally ejected from the crash site to a medical assistance (severe laceration: Riding on vehicle exterior Trapped -03. Neck facility for treatment of injuries broken or distorted extremity (arm 01 02 03 Occupant removed without 04. Chest received in the crash: 13. Sleeper section of truck cab or lea): unconsciousness: use of equipment Back/spine paralysis, suspected skull, chest of 05. Source of Transport: 14. Trailing unit 04 05 06 Trapped -Shoulder/upper arm abdominal injury: etc.) 1. Not transported 15. Moped Visible but not disabling Equipment used in 07. Elbow/lower arm/hand 2. EMS (Ambulance) 07 08 09 16. Motorcycle operator extrication 08 Abdomen/pelvis 3. Police 4. Possible but not visible 17. Motorcycle passenger Unknown 09 Hip/upper leg Knee/lower leg/foot (complaint of pain, etc.) 4. Other 18. Pedestrian 10. 5. None 5. Unknown Entire body 19. Bicycle (pedalcycle) 2 4 5 3 DATE OF BIRTH 1 20. Unknown 12. Unknown SEX 13. None (MM / DD / YYYY) Body Injury Sev. M F Trans Eiect Region NAME ADDRESS NAME ADDRESS NAME **ADDRESS** NAME ADDRESS

Driver Contributing Circumstances (Check one per driver) Vehicle	road ss, urface,	Driver Condition (Check one per driver)	J	Road Character (Check one) 1	C	01 ☐ Clear 02 ☐ Cloudy 03 ☐ Fog, smog, s 04 ☐ Rain 05 ☐ Sleet, hail, fr rain/drizzle	ditio	Road Surface F Condition (Check one) 1
		11 ☐ Other (specify) 12 ☐ Unknown		lighting	•	Was the crash in maintenance or u		i i
INDICATE BY D	OIAGE	RAM WHAT HAPPENED		7 ☐ Other (specify) 8 ☐ Unknown		(Check one)	•	2 ☐ Unknown 3 ☐ Yes
Indicate North by Arrow								
DESC	RIBE	WHAT HAPPENED (Refer to your vehicle a	as N	lo. 1, any others as ⋀	lo. 2	, No. 3, etc.)		
NON-VEHICLE OBJECT DAMAGED	WNER I	NAME ADDRESS		PH /	IONE		API	PROX. COST OF DAMAGE
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		D NAME OF PARCE NUMBER	Τ.	DEDARTMENT (A)	<u>)</u>		\$	
Was a Police ☐ Yes ☐ No ☐ No	-FICER	R NAME OR BADGE NUMBER		DEPARTMENT (Name of Ci	іу, Сс	ounty, etc.)		
I certify, to the best of my knowledge, that this report is true and accurate.		OR SIGNATURE (Required if physically able)				D	ATE	

ON-LINI	E VERSION	DRIVER I	MUST COMPLE	TE IN FULL			
You, the driver, must p	orovide information abo	out the liability insu	rance covering the	e motor vehicle y	ou were driving.	Please complete	the following.
Name of Insurance Co Liability Coverage on I							
Address							
Vehicle Information:	VIN No.			earN	Make	Model	
Name of Agent Who Sold Policy			Address				
Policy No.		Date of Accident _		in or near		,	Nebraska
			(Month, Day, Year)				
Driver		Ac	Idress				
Owner	· · · ·	Ac	Idress			** Palakining Indonessa	
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

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.



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DEPARTMENT OF TRANSPORTATION

State of Nebraska Driver's Motor Vehicle Crash Report Questions? 1-402-479-4645
Mail within 10 days of accident to: Highway Safety, Nebraska Department of Transportation, P.O. Box 94759, Lincoln, NE 68509-4759

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ROAD ON WHICH CRASH OCCURRED DISTANCE FEET N S E W OF MILEPOST NO. HIGHWAY NO.													Posted Speed Limit on the Street You Were Traveling																									
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FROM MILEPOST IF AT INTERSECTION NAME OF INTERSECTING ROADWAY FEE																																						
IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN YOUR VEHICLE (VEHICLE NUMBER - 1)												N	5		E \	V 01	- NEA	REST	CITY	OR TO	WN																	
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Air Bags Deployed (up to 4 choices) 00 - Not Deployed 02 - Curtain 03 - Front 04 - Side 97 - Not Applicable 98 - Other (knee, air belt, etc.) 99 - Unknown Driver Distracted By Action 00 - Not Distracted 00 - Not Distracted 01 - Talking/Listening 02 - Manually Operating (texting, dialing, playing game, etc.) 03 - Other Action (looking away from task, etc.) 99 - Unknown Source of Distraction 01 - Hands-free Mobile Phon 02 - Hand-held Mobile Phone 03 - Other Electronic Device 04 - Vehicle-Integrated Devic 05 - Passenger/Other Non-M (looking away from task, etc.) 99 - Unknown 97 - Not Applicable (not distring) 99 - Unknown								one ce vice i-Moto st are	ea) 05 - Failed to Keep in Proper Lane 06 - Failed to Yield Right-of-Way 07 - Followed too Closely tc.) 08 - Improper Backing 09 - I																													
1 Person Type Notorist Non-motorist Non-motorist Non-motorist Notorist Non-motorist Non-motoris								eriou linor ry	us Injury 10 1 - Booster Seats 10 2 - Child Restraint - Forward Facing 10 3 - Child Restraint - Forward Facing 10 4 - Child Restraint - Rear Facing 10 4 - Child Restraint - Type Unknown 10 5 - Lap Belt Only Used 10 6 - None Used - Motor Vehicle Occupant 10 7 - Restraint Used - Type Unknown 10 8 - Shoulder & Lap Belt Used 10 9 - Shoulder Belt Only Used 11 - Voltage Reinter User 12 - DOT-Compliant 13 - Non DOT-Compliant 14 - Unknown if DOT-Compliant 15 - No Helmet 17 - Not Applicable 18 - Other 19 9 - Unknown 19 - Unknown 19 - Unknown 19 - Unknown 19 - Unknown 10 - Vehicle Occupant 15 - Not Applicable 19 - Other 19 - Unknown 19 - Unknown 19 - Unknown 19 - Unknown 10 - Vehicle Occupant 15 - Not Applicable 19 - Other 19 - Unknown																													
01 - Apparentity Normal 02 - Asleep or Fatigued 03 - Emotional (depressed, angry, disturbed, etc.) 04 - Ill (sick, fainted) 05 - Physically Impaired 06 - Under Influence of Alcohol, Drugs or Medication 97 - Not Applicable 08 - Other 99 - Unknown 01 - Enclosed Cargo Area 01 - Enclosed Cargo Area 02 - Riding on Motor Vehicle Exterior (non-trailing unit) 03 - Sieeper Section of Cab (truck) 04 - Trailing Unit 05 - Unenclosed Cargo Area 03 - Face 04 - Head 05 - Lower Extremity 06 - Neck 07 - Spine 08 - Chest (thorax) 09 - Upper Extremity 10 - Unspecified								x)	(legs) 9 Ejection 01 - Not Ejected 02 - Ejected, Partially 03 - Ejected, Totally 97 - Not Applicable 09 Ejected, Totally 09 - Not Applicable 01 - Source of Transport to First Medical Facility 00 - Not Transported 01 - EMS Air 02 - EMS Ground 03 - Law Enforcement																													
98 - Oth 99 - Un	ner i			red			97 - 98 -	Not A Other Unkn	Applio		-					ყყ -	unk	MOID	11						BIRT			EX // F	1 Person Type	2 Con- dition	Seatin Row	4 9 Seat	Other Locatio		7 Injury	8 Restraint System	9 Ejection	Trans-
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LIGHT CONDITION 01 - Daylight 02 - Dawn/Dusk 03 - Dark-Lighted 04 - Dark-Not Lighted 05 - Dark-Lighted 06 - Dusk 98 - Other 99 - Unknown WEATHER CONDITIONS (up to 2 choices) 01 - Blowing Sand, Soil, Dirt 02 - Blowing Snow 03 - Clear	ROADWAY ENVIRONMENT (Up to 2 choices) 00 - None 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 11 - Related to a Bus Stop	TRAFFIC CONTROL DEVICE TYPE (up to 4 choices) TCD Type(s) 00 - No Controls 01 - Person (flagger, law enforcement, crossing guard, etc.) Signs 02 - Railroad Crossing Sign 03 - School Zone Sign 04 - Stop Sign 05 - Yield Sign 06 - "Curve Ahead" Warning Sign 07 - Pedestrian Crossing Sign 08 - "Intersection Ahead" Warning Sign 09 - "Reduce Speed Ahead" Warning Sign	GRADE / ROADWAY ALIGNMENT Horizontal Alignment 01 - Curve Left 02 - Curve Right 03 - Straight 99 - Unknown Grade 01 - Downhill 02 - Hillcrest 03 - Level 04 - Sag (bottom) 05 - Uphill 99 - Unknown	VEHICLE MOVEMENT BEFORE COLLISION VEH NO. N S E W ROAD OR HIGHWAY NAME 1 2 Vehicle 1 2 01
04 - Cloudy 05 - Fog, Smog, Smoke 06 - Freezing Rain/Drizzle 07 - Rain 08 - Severe Crosswinds 09 - Sleet or Hail 10 - Snow 98 - Other 99 - Unknown ROADWAY SURFACE 01 - Asphalt 02 - Brick 03 - Concrete 04 - Dirt 05 - Gravel 98 - Other 99 - Unknown Was the crash in a construction, maintenance or utility work zone, or was it related to an activity within a work zone? 01 - Yes 02 - No 99 - Unknown	12 - Hoad 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 ROADWAY SURFACE CONDITION 01 - Dry 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	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 TRAFFIC CONTROL DEVICE WORKING 00 - No Controls 01 - Device Functioning Properly 02 - Device Functioning Improperly 03 - Device Not Functioning 99 - Unknown	Travel Directions 01 - One-Way 02 - Two-Way 02 - Two-Way Divided 01 - Not Divided, With a Continuous Left-Turn Lane 02 - Divided, Flush Median (greater than 4 ft. wide) 03 - Divided, Baised Median (curbed) 04 - Divided, Depressed Median 99 - Unknown Barrier Type 00 - No Barrier 01 - Cable Barrier 02 - Concrete Barrier 02 - Concrete Barrier 04 - Guardrail 98 - Other VEHICLE TOWED 01 - Not Towed 02 - Towed-Disabling Damage 03 - Towed-No Disabling Damage	04 Entering Traffic Lane 05 Leaving Traffic Lane 06 Making a U-turn 07 Negotiating a Curve 08 Passing/Overtaking a Vehicle 10 Slowing 11 Stopped in Traffic 12 Turning Left 13 Turning Right 98 Other 99 Unknown INITIAL CONTACT POINT VEH.1 VEH.2 00 - Non-Collision 13 - Top 14 - Undercarriage 15 - Cargo Loss 16 - Vehicle Not at Scene 99 - Unknown 12 1 1 1 1 1 1 1 1 1
≥ NON-VEHICLE OBJECT DAMAGE		ENED (Refer to your vehicle as No. 1, and	y others as No. 2, No. 3, etc.)	14 - Undercarriage 15 - All Areas 16 - Vehicle Not at Scene 99 - Unknown VEH.1 VEH.1 VEH.2 VEH.2 VEH.1 VEH.1 VEH.2 VEH.2 I VEH.2 VEH.2 APPROX. COST OF DAMAGE
NON-VEHICLE OBJECT DAMAG	EED OWNER NAME	ADDRESS	PHONE	\$ APPROX. COST OF DAMAGE
WAS A POLICE OFFICER CONTAINS YES NO I certify, to the best of my that this report is true and its properties.	nowledge, OPERATOR SIGNATURE (Rec	,	ne of City, County, etc.)	DATE: