STATE OF NEBRASKA

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT

Agency Case No.

Sheet ____ of ____

TOTAL NUMBER OF VEHICLES INVOLVED

DATE OF ACCIDENT	MO.	DAY	YR.	DAY OF ACCIDENT	Sun.	M	T	W	T	F	Sat.	TIME OF ACCIDENT	MILITARY TIME Hrs.	POLICE NOTIFIED Hrs.

FOR STATE USE ONLY

PLACE OF ACCIDENT	COUNTY:	CITY:	POLICE ARRIVED Hrs.
ROAD ON WHICH ACCIDENT OCCURRED	STREET OR HIGHWAY NO.: (If No Highway Number, Identify By Name)	ONE-WAY STREET YES ☐ NO ☐	POSTED SPEED LIMIT MPH
DISTANCE FROM MILEPOST	FEET: N S E W	OF MILEPOST: No.	HIGHWAY NO.: PRIVATE PROPERTY YES ☐ NO ☐

Dist.

IF AT INTERSECTION

NAME OF INTERSECTING ROADWAY:

IF NOT AT INTERSECTION

FEET: N S E W OF NEAREST STREET OR HIGHWAY, BRIDGE, RAILROAD CROSSING OR MILEPOST:

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: MILES: N S E W AND MILES: N S E W OF NEAREST CITY OR TOWN:

VEHICLE NUMBER - 1

DRIVER: PHONE:

DRIVER'S ADDRESS: CITY, STATE, ZIP:

DRIVER'S LICENSE STATE NUMBER: DATE OF BIRTH SEX M F

VEHICLE LICENSE PLATE YEAR: STATE: NUMBER: ESTIMATED DAMAGE: $

YEAR: MAKE: MODEL: BODY STYLE: COLOR:

VEHICLE I.D. NUMBER (VIN): CITATION: YES ☐ NO ☐

OWNER: PHONE:

OWNER'S ADDRESS: CITY, STATE, ZIP:

INSURANCE COMPANY:

POLICY NUMBER:

TOWED TO: TOWED BY:

VEHICLE NUMBER - 2

DRIVER: PHONE:

DRIVER'S ADDRESS: CITY, STATE, ZIP:

DRIVER'S LICENSE STATE NUMBER: DATE OF BIRTH SEX M F

VEHICLE LICENSE PLATE YEAR: STATE: NUMBER: ESTIMATED DAMAGE: $

YEAR: MAKE: MODEL: BODY STYLE: COLOR:

VEHICLE I.D. NUMBER (VIN): CITATION: YES ☐ NO ☐

OWNER: PHONE:

OWNER'S ADDRESS: CITY, STATE, ZIP:

INSURANCE COMPANY:

POLICY NUMBER:

TOWED TO: TOWED BY:

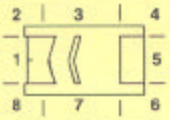
VEHICLE MOVEMENT BEFORE COLLISION

VEH. NO.	N	S	E	W	ROAD OR HIGHWAY NAME
1					
2					

	VEHICLE 1	VEHICLE 2
1	☐	☐ Going ahead
2	☐	☐ Passing
3	☐	☐ Turning right
4	☐	☐ Turning left
5	☐	☐ Making "U" turn
6	☐	☐ Slowing down
7	☐	☐ Starting in traffic lane
8	☐	☐ Starting from parked position
9	☐	☐ Backing up
10	☐	☐ Stopped in traffic lane
11	☐	☐ Stalled in traffic lane
12	☐	☐ Parked
13	☐	☐ Improperly parked
14	☐	☐ Merging
15	☐	☐ Changing lanes

CIRCLE POINT OF IMPACT & SHADE DAMAGED AREA

VEH 1



9 ☐ Top & windows
10 ☐ Undercarriage
11 ☐ All areas
12 ☐ Unknown

VEH 2

9 ☐ Top & windows
10 ☐ Undercarriage
11 ☐ All areas
12 ☐ Unknown

DISPOSITION OF VEHICLE (Check one per vehicle)

	VEHICLE 1	VEHICLE 2
1	☐	☐ Towed-due to damages
2	☐	☐ Towed-other reasons
3	☐	☐ Left at scene
4	☐	☐ Driven away
5	☐	☐ Unknown

VEHICLE CONDITION (Check one per vehicle)

	VEHICLE 1	VEHICLE 2
1	☐	☐ No apparent defects
2	☐	☐ Defective brakes
3	☐	☐ Defective lights
4	☐	☐ Defective signals
5	☐	☐ Defective steering
6	☐	☐ Defective tires
7	☐	☐ Unknown
8	☐	☐ Other (Specify)

EXTENT OF VEHICLE DEFORMITY (Check one per vehicle)

	VEHICLE 1	VEHICLE 2		VEHICLE 1	VEHICLE 2
1	☐	☐ None	4	☐	☐ Severe
2	☐	☐ Minor	5	☐	☐ Unknown
3	☐	☐ Moderate			

MAJOR REASON FOR NOT SEEING DANGER (Check one per vehicle)

	VEHICLE 1	VEHICLE 2
1	☐	☐ None
2	☐	☐ Rain, snow, or ice on windows
3	☐	☐ Dirty windows
4	☐	☐ Glare
5	☐	☐ Trees, crops, etc.
6	☐	☐ Buildings
7	☐	☐ Embankment
8	☐	☐ Traffic sign
9	☐	☐ Billboard
10	☐	☐ Parked vehicle
11	☐	☐ Moving vehicle
12	☐	☐ Other (Specify)

DRIVER'S CONDITION (Check one per vehicle)

	VEHICLE 1	VEHICLE 2
1	☐	☐ Normal
2	☐	☐ Fatigue/Asleep
3	☐	☐ Illness
4	☐	☐ Drinking
5	☐	☐ Illegal drugs
6	☐	☐ Medication
7	☐	☐ Unknown
8	☐	☐ Other (Specify)

ALCOHOL TESTING

ALCOHOL LEVEL TESTED	Y	N	LEVEL
Driver No. 1			
Driver No. 2			
Pedestrian			

RESTRAINT USE

VEH 1

1 - No restraint available
2 - Restraint not used
3 - Lap belt
4 - Lap & shoulder belt
5 - Automatic belt
6 - Child restraint
7 - Unknown

AIR BAG SEAT POSITION	DID AIR BAG DEPLOY? YES	NO	(✓) IF NO AIR BAG AVAILABLE
Driver Seat			
Front Passenger			

HELMET USE	MOTORCYCLE YES	MOTORCYCLE NO	BICYCLE YES	BICYCLE NO
Operator				
Passenger				

RESTRAINT USE

VEH 2

1 - No restraint available
2 - Restraint not used
3 - Lap belt
4 - Lap & shoulder belt
5 - Automatic belt
6 - Child restraint
7 - Unknown

AIR BAG SEAT POSITION	DID AIR BAG DEPLOY? YES	NO	(✓) IF NO AIR BAG AVAILABLE
Driver Seat			
Front Passenger			

HELMET USE	MOTORCYCLE YES	MOTORCYCLE NO	BICYCLE YES	BICYCLE NO
Operator				
Passenger				

COMPLETE THIS SECTION FOR ALL INJURED PERSONS
(Complete a continuation report, if more than three were injured).

RESCUE UNITS AT SCENE 1. 2.

VEH. #	NAME:	ADDRESS:	DATE OF BIRTH	SEX M F	1 Seat Pos.	2 Eject.	3 Body Reg.	4 Inj. Sev.	5 Trans.
VEH. #	NAME:	ADDRESS:							
VEH. #	NAME:	ADDRESS:							