STATE OF NEBRASKA

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT CONTINUATION REPORT

Sheet ____ of ____

AGENCY CASE NUMBER: | DATE OF ACCIDENT MO. DAY YR. | COUNTY: | FOR STATE USE ONL

CITY: | OCCURRED ON HIGHWAY/ROAD/STREET: | Dist.

VEHICLE NUMBER -

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 -

DRIVER: | PHONE:

DRIVER'S ADDRESS: | CITY, STATE, ZIP:

DRIVER'S LICENSE | STATE | NUMBER: | DATE OF BIRTH | 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

◀ VEH. NO.

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.

9 Top and windows
10 Undercarriage
11 All areas
12 Unknown

VEH.

9 Top and windows
10 Undercarriage
11 All areas
12 Unknown

DISPOSITION OF VEHICLE (Check one per vehicle)

◀ VEH. NO.

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

VEHICLE CONDITION (Check one per vehicle)

◀ VEH. NO.

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)

◀ VEH. NO. ▶

1 None
2 Minor
3 Moderate
4 Severe
5 Unknown

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

◀ VEH. NO.

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)

◀ VEH. NO

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
Driver No.		
Driver No.		
Pedestrian		

RESTRAINT USE

VEH.

1 - No restraint available
2 - Restraint not used
3 - Lap belt
4 - Lap and 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				

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Operator			
Passenger			

COMPLETE THIS SECTION FOR ALL INJURED PERSONS

1 SEATING POSITION (Enter one)

1 2 3 / 4 5 6 / 7 8 9

10. Other enclosed passenger/cargo area
11. Other unenclosed passenger/cargo area
12. Riding on vehicle exterior
13. Sleeper section of truck cab
14. Trailing unit
15. Moped
16. Motorcycle operator
17. Motorcycle passenger
18. Pedestrian
19. Bicycle
20. Unknown

2 EJECTED/TRAPPED (Enter one)

1. Not ejected or trapped
2. Partially ejected
3. Totally ejected
4. Trapped - Occupant removed without use of equipment
5. Trapped - Equipment used in extrication
6. Unknown

3 BODY REGION WITH MOST SEVERE INJURY (Enter one)

1. Head
2. Face
3. Neck
4. Chest
5. Back/spine
6. Shoulder/upper arm
7. Elbow/lower arm/hand
8. Abdomen/pelvis
9. Hip/upper leg
10. Knee/lower leg/foot
11. Entire body
12. Unknown

4 INJURY SEVERITY (Enter one)

1. Killed
2. Disabling - cannot leave scene without assistance (broken bones, severe cuts, prolonged unconsciousness, etc.)
3. Visible but not disabling (minor cuts, swelling, etc.)
4. Possible but not visible (complaint of pain, etc.)

5 TRANSPORTED TO MEDI FACILITY (Enter one)

Was the individual transported t the crash site to a medical facilt treatment of injuries received in crash?

1. Yes 2. No 3. Unkn

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

PROPERTY

OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAM $
OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAM $

INVESTIGATOR'S PRINTED OR TYPED NAME: | INVESTIGATOR'S SIGNATURE: | DEPARTMENT: | OFFICER NO.: | DATE OF REPO