

Major Reason For Not Seeing Danger <i>(Check one per vehicle)</i> <table style="width:100%;"> <tr> <th style="text-align: center;">VEHICLE</th> <th style="text-align: center;">VEHICLE</th> </tr> <tr> <td>1 <input type="checkbox"/> <input type="checkbox"/> None</td> <td>8 <input type="checkbox"/> <input type="checkbox"/> Traffic sign</td> </tr> <tr> <td>2 <input type="checkbox"/> <input type="checkbox"/> Rain, snow, or ice on windows</td> <td>9 <input type="checkbox"/> <input type="checkbox"/> Billboard</td> </tr> <tr> <td>3 <input type="checkbox"/> <input type="checkbox"/> Dirty windows</td> <td>10 <input type="checkbox"/> <input type="checkbox"/> Parked vehicle</td> </tr> <tr> <td>4 <input type="checkbox"/> <input type="checkbox"/> Glare</td> <td>11 <input type="checkbox"/> <input type="checkbox"/> Moving vehicle</td> </tr> <tr> <td>5 <input type="checkbox"/> <input type="checkbox"/> Trees, crops, etc.</td> <td>12 <input type="checkbox"/> <input type="checkbox"/> Other <i>(Specify)</i></td> </tr> <tr> <td>6 <input type="checkbox"/> <input type="checkbox"/> Buildings</td> <td></td> </tr> <tr> <td>7 <input type="checkbox"/> <input type="checkbox"/> Embankment</td> <td></td> </tr> </table>	VEHICLE	VEHICLE	1 <input type="checkbox"/> <input type="checkbox"/> None	8 <input type="checkbox"/> <input type="checkbox"/> Traffic sign	2 <input type="checkbox"/> <input type="checkbox"/> Rain, snow, or ice on windows	9 <input type="checkbox"/> <input type="checkbox"/> Billboard	3 <input type="checkbox"/> <input type="checkbox"/> Dirty windows	10 <input type="checkbox"/> <input type="checkbox"/> Parked vehicle	4 <input type="checkbox"/> <input type="checkbox"/> Glare	11 <input type="checkbox"/> <input type="checkbox"/> Moving vehicle	5 <input type="checkbox"/> <input type="checkbox"/> Trees, crops, etc.	12 <input type="checkbox"/> <input type="checkbox"/> Other <i>(Specify)</i>	6 <input type="checkbox"/> <input type="checkbox"/> Buildings		7 <input type="checkbox"/> <input type="checkbox"/> Embankment		Driver's Condition <i>(Check one per vehicle)</i> <table style="width:100%;"> <tr> <th style="text-align: center;">VEHICLE</th> <th style="text-align: center;">VEHICLE</th> </tr> <tr> <td>1 <input type="checkbox"/> <input type="checkbox"/> Normal</td> <td>2 <input type="checkbox"/> <input type="checkbox"/> Fatigue/Asleep</td> </tr> <tr> <td>3 <input type="checkbox"/> <input type="checkbox"/> Illness</td> <td>4 <input type="checkbox"/> <input type="checkbox"/> Drinking</td> </tr> <tr> <td>5 <input type="checkbox"/> <input type="checkbox"/> Illegal drugs</td> <td>6 <input type="checkbox"/> <input type="checkbox"/> Medication</td> </tr> <tr> <td>7 <input type="checkbox"/> <input type="checkbox"/> Unknown</td> <td>8 <input type="checkbox"/> <input type="checkbox"/> Other <i>(Specify)</i></td> </tr> </table>	VEHICLE	VEHICLE	1 <input type="checkbox"/> <input type="checkbox"/> Normal	2 <input type="checkbox"/> <input type="checkbox"/> Fatigue/Asleep	3 <input type="checkbox"/> <input type="checkbox"/> Illness	4 <input type="checkbox"/> <input type="checkbox"/> Drinking	5 <input type="checkbox"/> <input type="checkbox"/> Illegal drugs	6 <input type="checkbox"/> <input type="checkbox"/> Medication	7 <input type="checkbox"/> <input type="checkbox"/> Unknown	8 <input type="checkbox"/> <input type="checkbox"/> Other <i>(Specify)</i>	Pedestrian Actions <i>(Check one)</i> 1 <input type="checkbox"/> Properly crossing roadway 2 <input type="checkbox"/> Improperly crossing roadway 3 <input type="checkbox"/> Playing 4 <input type="checkbox"/> Moving with traffic 5 <input type="checkbox"/> Moving against traffic 6 <input type="checkbox"/> Working on vehicle 7 <input type="checkbox"/> Standing/sitting 8 <input type="checkbox"/> Getting in/out vehicle 9 <input type="checkbox"/> Lying down 10 <input type="checkbox"/> Other <i>(Specify)</i>	Pedestrian Location <i>(Check one)</i> At Intersection 1 <input type="checkbox"/> With signal 2 <input type="checkbox"/> Without signal Not at Intersection 3 <input type="checkbox"/> Crosswalk with pedestrian signal 4 <input type="checkbox"/> Crosswalk 5 <input type="checkbox"/> On roadway 6 <input type="checkbox"/> Off roadway	Pedestrian Condition <i>(Check one)</i> 1 <input type="checkbox"/> Normal 2 <input type="checkbox"/> Fatigue/asleep 3 <input type="checkbox"/> Illness 4 <input type="checkbox"/> Drinking 5 <input type="checkbox"/> Illegal drugs 6 <input type="checkbox"/> Medication 7 <input type="checkbox"/> Unknown 8 <input type="checkbox"/> Other <i>(Specify)</i>
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Weather Condition <i>(Check one)</i> 1 <input type="checkbox"/> No adverse conditions 2 <input type="checkbox"/> Rain 3 <input type="checkbox"/> Sleet, hail, or freezing rain 4 <input type="checkbox"/> Snow 5 <input type="checkbox"/> Fog 6 <input type="checkbox"/> High winds 7 <input type="checkbox"/> Other <i>(Specify)</i>	Light Condition <i>(Check one)</i> 1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Dawn - Dusk 3 <input type="checkbox"/> Dark - With street lighting 4 <input type="checkbox"/> Dark	Traffic Control <i>(Check up to two)</i> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Yield sign 3 <input type="checkbox"/> Stop sign 4 <input type="checkbox"/> All-Way stop 5 <input type="checkbox"/> Flashing beacon 6 <input type="checkbox"/> Traffic signal 7 <input type="checkbox"/> Traffic signal in flashing mode 8 <input type="checkbox"/> School speed zone 9 <input type="checkbox"/> Roadwork signing 10 <input type="checkbox"/> Pedestrian signal 11 <input type="checkbox"/> Pedestrian crosswalk 12 <input type="checkbox"/> Railroad gates and lights 13 <input type="checkbox"/> Railroad flashing lights 14 <input type="checkbox"/> Railroad crossing sign 15 <input type="checkbox"/> Officer/Flagperson 16 <input type="checkbox"/> No passing zone 17 <input type="checkbox"/> Other <i>(Specify)</i>
Road Character <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	Road 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>	Road Surface Condition <i>(Check one)</i> 1 <input type="checkbox"/> Dry 2 <input type="checkbox"/> Wet 3 <input type="checkbox"/> Snowy-icy 4 <input type="checkbox"/> Other <i>(Specify)</i>
Total Number of Through Lanes <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		

Median Type <i>(Check one)</i> 1 <input type="checkbox"/> Median barrier 2 <input type="checkbox"/> Raised median (Curbed) 3 <input type="checkbox"/> Grass median (No curb) 4 <input type="checkbox"/> Painted (No curb) 5 <input type="checkbox"/> None	Work Zone <i>(Check one)</i> 1 <input type="checkbox"/> Road construction zone 2 <input type="checkbox"/> Road maintenance zone <i>(repair with traffic control)</i> 3 <input type="checkbox"/> Road maintenance activity <i>(snowplowing, mowing, striping, etc.)</i> 4 <input type="checkbox"/> Utility activity 5 <input type="checkbox"/> None	Major Contributing Human Factor <i>(Check one per accident)</i> <table style="width:100%;"> <tr> <th style="text-align: center;">VEHICLE</th> <th style="text-align: center;">VEHICLE</th> </tr> <tr> <td>1 <input type="checkbox"/> <input type="checkbox"/> Speed too fast for conditions</td> <td>11 <input type="checkbox"/> <input type="checkbox"/> Wrong way in one-way traffic</td> </tr> <tr> <td>2 <input type="checkbox"/> <input type="checkbox"/> Exceeding speed limit</td> <td>12 <input type="checkbox"/> <input type="checkbox"/> Improper lane change</td> </tr> <tr> <td>3 <input type="checkbox"/> <input type="checkbox"/> Backing unsafely</td> <td>13 <input type="checkbox"/> <input type="checkbox"/> Drove left of center</td> </tr> <tr> <td>4 <input type="checkbox"/> <input type="checkbox"/> Ran stop sign</td> <td>14 <input type="checkbox"/> <input type="checkbox"/> Evasive action</td> </tr> <tr> <td>5 <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signal</td> <td>15 <input type="checkbox"/> <input type="checkbox"/> Improper overtaking</td> </tr> <tr> <td>6 <input type="checkbox"/> <input type="checkbox"/> Failure to yield</td> <td>16 <input type="checkbox"/> <input type="checkbox"/> Improper loading or securing of cargo</td> </tr> <tr> <td>7 <input type="checkbox"/> <input type="checkbox"/> Following too closely</td> <td>17 <input type="checkbox"/> <input type="checkbox"/> None</td> </tr> <tr> <td>8 <input type="checkbox"/> <input type="checkbox"/> Improper right turn on red</td> <td>18 <input type="checkbox"/> <input type="checkbox"/> Other <i>(Specify)</i></td> </tr> <tr> <td>9 <input type="checkbox"/> <input type="checkbox"/> Other improper turn</td> <td></td> </tr> <tr> <td>10 <input type="checkbox"/> <input type="checkbox"/> Improper or no turn signal</td> <td></td> </tr> </table>	VEHICLE	VEHICLE	1 <input type="checkbox"/> <input type="checkbox"/> Speed too fast for conditions	11 <input type="checkbox"/> <input type="checkbox"/> Wrong way in one-way traffic	2 <input type="checkbox"/> <input type="checkbox"/> Exceeding speed limit	12 <input type="checkbox"/> <input type="checkbox"/> Improper lane change	3 <input type="checkbox"/> <input type="checkbox"/> Backing unsafely	13 <input type="checkbox"/> <input type="checkbox"/> Drove left of center	4 <input type="checkbox"/> <input type="checkbox"/> Ran stop sign	14 <input type="checkbox"/> <input type="checkbox"/> Evasive action	5 <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signal	15 <input type="checkbox"/> <input type="checkbox"/> Improper overtaking	6 <input type="checkbox"/> <input type="checkbox"/> Failure to yield	16 <input type="checkbox"/> <input type="checkbox"/> Improper loading or securing of cargo	7 <input type="checkbox"/> <input type="checkbox"/> Following too closely	17 <input type="checkbox"/> <input type="checkbox"/> None	8 <input type="checkbox"/> <input type="checkbox"/> Improper right turn on red	18 <input type="checkbox"/> <input type="checkbox"/> Other <i>(Specify)</i>	9 <input type="checkbox"/> <input type="checkbox"/> Other improper turn		10 <input type="checkbox"/> <input type="checkbox"/> Improper or no turn signal	
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Major Contributing Environmental Factor <i>(Check one)</i> 1 <input type="checkbox"/> Animal on roadway 2 <input type="checkbox"/> Debris on roadway 3 <input type="checkbox"/> Water standing on roadway 4 <input type="checkbox"/> Pavement defect 5 <input type="checkbox"/> Previous accident 6 <input type="checkbox"/> Vision obstruction 7 <input type="checkbox"/> Bad weather 8 <input type="checkbox"/> None 9 <input type="checkbox"/> Other <i>(Specify)</i>																								

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 DAMAGE: NON-VEHICLE OBJECT DAMAGE:	NAME OF OWNER: NAME OF OWNER:	ADDRESS: ADDRESS:	PHONE: PHONE:	APPROX. COST OF DAMAGE: \$ APPROX. COST OF DAMAGE: \$
WAS THERE A POLICE OFFICER CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		GIVE OFFICER'S NAME OR BADGE NUMBER:		DEPARTMENT: <i>(Name of City, Department, County, State, etc.)</i>
I certify, to the best of my knowledge, that this report is true and accurate.		OPERATOR'S SIGNATURE: <i>(Required if physically able)</i> X		DATE:

DR Form 41.2

DO NOT DETACH	THIS SIDE FOR INSURANCE COMPANY USE ONLY	DO NOT DETACH
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TO: Department of Motor Vehicles
Financial Responsibility Section
301 Centennial Mall South
PO Box 94789
LINCOLN NE 68509-4789

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
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