

Every operator of a motor vehicle involved in an accident resulting in either injury, death, or damages over \$500.00 to the property of any person (including the operator) must complete and return this confidential report within 10 days following the accident.

If the driver is physically unable to fill out the report, the owner of the motor vehicle is required to do so. If you have difficulty filling out the report, consult your insurance agent or nearest police authority. Failure to report an accident as required is a misdemeanor, punishable by a fine of \$50.00.

Report Form Instructions (print in ink or type)

ACCIDENT LOCATION INSTRUCTIONS:

After entering the date, county, and city information, describe where the accident occurred. If the crash happened on a numbered rural highway, give the direction and number of feet from the nearest milepost. If your accident occurred on an urban highway, skip the "distance from milepost" section.

If the accident occurred at an intersection, enter the name of the intersecting roadway. For those accidents **not** located at an intersection, enter the approximate distance in feet from the nearest landmark (intersection, city limit, bridge name, etc.).

INSTRUCTIONS ON VEHICLE AND DRIVER INVOLVEMENT:

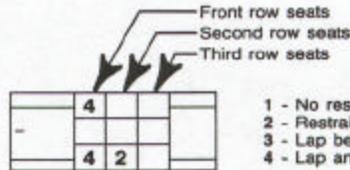
Answer the questions asked about your vehicle and any other vehicle involved in the accident to the best of your ability. If more than two vehicles were involved, complete an additional form(s). Refer to your vehicle number 1 throughout the report. Information on bicycles may be entered in the "other vehicle" section.

Be careful when listing the estimated damage to your vehicle. Use garage estimate whenever possible.

INSTRUCTIONS ON HOW TO CODE RESTRAINT USE:

For every occupant in your vehicle, including yourself, enter the correct restraint code according to each person's seating position. For help in marking the car graph see the following example.

Example: If there were 3 occupants in the vehicle, with the driver and one occupant in front, both using lap and shoulder belts, and the third occupant in the back seat behind the driver not using any restraint, the car graph would be marked as shown.



INSTRUCTIONS ON AIR BAG USE:

If your vehicle is equipped with an air bag in the driver or front passenger seat position, indicate whether or not it inflated. For vehicles not having an air bag, check the box titled "No Air Bag Available."

HELMET USE INSTRUCTIONS:

Helmet use is collected for **motorcyclists** and **bicyclists**. If you were operating a motorcycle, check whether or not you or your passenger wore a helmet. Do the same for any bicyclists involved in the accident.

HOW TO ENTER INFORMATION ABOUT INJURED PERSONS:

Carefully complete this section for each person injured in **your vehicle** and any **pedestrians** or **bicyclists** injured in the accident. After providing the name, address, date of birth, and sex of each injured person, answer questions 1-5 by writing your response in the appropriate box. If you need to provide injury information for more than 3 persons, complete another report form.

Example: Assume the car you were driving collided with a bicycle. The bicycle operator was seriously injured and rushed to the hospital. Although you bruised your shoulder and one of your passengers complained of neck pain, no one riding in your vehicle received immediate medical treatment.

NAME	ADDRESS	DATE OF BIRTH	SEX M F	1 2 3 4 5				
				Seat Pos.	Eject	Body Pkg.	Int. Sev.	Tn
Michelle Public	123 Elm St. Lincoln, NE 68502	9-10-68	F	19		5	2	
Fred Doe	3478 Vermont Ave. Lincoln, NE 68503	4-27-57	M	1	1	6	3	
James Doe	3478 Vermont Ave. Lincoln, NE 68503	5-20-86	M	3	1	3	4	

COMPLETE THE BACK SIDE OF THE ACCIDENT REPORT (see instructions on the reverse side)
(REMOVE THESE INSTRUCTIONS)