

# State of Nebraska Investigator's Motor Vehicle Accident Report

<b>Total Number of Vehicles</b>	Local No./ District	Agency Case No.	<b>HIT &amp; RUN?</b> <input type="radio"/> YES <input type="radio"/> NO
A/1	<b>DATE OF ACCIDENT</b> M M / D D / Y Y Y Y 2 0	(In Military Time) S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	STATE USE ONLY
A/2	<b>PLACE OF ACCIDENT</b> COUNTY	POLICE NOTIFIED	LATITUDE
B	CITY	PRIVATE PROPERTY? <input type="radio"/> YES <input type="radio"/> NO	LONGITUDE
C	<b>ROAD ON WHICH ACCIDENT OCCURRED</b> STREET/ HIGHWAY NO.	ONE-WAY STREET? <input type="radio"/> YES <input type="radio"/> NO	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input type="radio"/> NO
D	<b>DISTANCE FROM MILEPOST</b> FEET	N S E W OF MILEPOST	HIGHWAY NO.
D	<b>IF AT INTERSECTION</b> NAME OF INTERSECTING ROADWAY		<b>IF NOT AT INTERSECTION</b> OF FEET <input type="radio"/> MILES <input type="radio"/> N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	<b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>		
V2/M	MILES	N S E W AND MILES	OF NEAREST CITY OR TOWN
E	<b>R. WORK ZONE CODES</b> R1 R2 R3 R4	<b>S. PEDESTRIAN CLASSIFICATION CODES</b> S1 S2 S3 S4 S5-a S5-b S6-a S6-b	<b>CONTINUATION FORMS ATTACHED</b> (Fill in all that apply) <input type="radio"/> NONE <input type="radio"/> TRUCK & BUS <input type="radio"/> CONTINUATION
<b>VEHICLE NO. 1</b>			
F	<b>DRIVER LICENSE NO.</b>	<b>STATE (Of License)</b>	<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	PHONE ( ) -	LOCAL NO.
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP	<b>DATE OF BIRTH</b> (MM / DD / YYYY) / /
G	OWNER	PHONE ( ) -	LOCAL NO.
G	OWNER ADDRESS	CITY, STATE, ZIP	<b>CITATION</b> <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO CITATION NO.
H	<b>LICENSE PLATE NO.</b>	<b>YEAR (Plate Expires)</b>	<b>STATE (Of Plate)</b>
V1/O	<b>VEHICLE</b> YEAR MAKE MODEL BODY STYLE COLOR	<b>ESTIMATED DAMAGE</b> \$	
V2/O	<b>VEHICLE ID NO. (VIN)</b>	INSURANCE COMPANY	
K	TOWED TO	TOWED BY	POLICY NO.
<b>VEHICLE NO. 2</b>			
F	<b>DRIVER LICENSE NO.</b>	<b>STATE (Of License)</b>	<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	PHONE ( ) -	LOCAL NO.
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP	<b>DATE OF BIRTH</b> (MM / DD / YYYY) / /
G	OWNER	PHONE ( ) -	LOCAL NO.
G	OWNER ADDRESS	CITY, STATE, ZIP	<b>CITATION</b> <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO CITATION NO.
H	<b>LICENSE PLATE NO.</b>	<b>YEAR (Plate Expires)</b>	<b>STATE (Of Plate)</b>
V1/Q	<b>VEHICLE</b> YEAR MAKE MODEL BODY STYLE COLOR	<b>ESTIMATED DAMAGE</b> \$	
V2/Q	<b>VEHICLE ID NO. (VIN)</b>	INSURANCE COMPANY	
K	TOWED TO	TOWED BY	POLICY NO.

**Complete this section for all injured persons**  
(Complete a continuation report, if more than three were injured)

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX M F
				Seat Position	Eject	Body Region	Injury Sev.	Trans.	
			/ /						
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
			/ /						
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
			/ /						
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.



Investigation made at scene?

Indicate North by Arrow

- YES
- NO

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ( ) -	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ( ) -	APPROX. COST OF DAMAGE \$

WITNESSES	NAME	ADDRESS	PHONE ( ) -
	NAME	ADDRESS	PHONE ( ) -

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED		RESTRAINT USE		TOTAL OCCUPANTS			ALCOHOL TESTING			ALCOHOL/DRUGS SUSPECTED					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	VEH 2	Driver No. 1	Driver No. 2	Pedestrian	Driver No. 1	Driver No. 2	
1																								
2																								
1					06 Turning left																			
2					07 Making U-turn																			
					08 Entering traffic lane																			
					09 Leaving traffic lane																			
					10 Parked																			
					11 Slowing or stopped in traffic																			
					12 Other																			
					13 Unknown																			
					01 Essentially straight ahead																			
					02 Backing																			
					03 Changing lanes																			
					04 Overtaking/Passing																			
					05 Turning right																			

OFFICER NO. TROOP/TEAM/BEAT DEPARTMENT Photographs taken?  YES  NO

INVESTIGATOR NAME (Print or Type) INVESTIGATOR SIGNATURE DATE OF REPORT / /20\_\_