

State of Nebraska Investigator's Motor Vehicle Accident Continuation Report

Sheet _____ of _____

Local No./ District	Agency Case No.	STATE USE ONLY
---------------------	-----------------	----------------

Vehicle Codes from Overlay #2	DATE OF ACCIDENT (MM / DD / YYYY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">20</div>	PLACE OF ACCIDENT	COUNTY	CITY	STREET/HIGHWAY NO.	ROAD ON WHICH ACCIDENT OCCURRED	SEQUENCE OF EVENTS
-------------------------------	--	-------------------	--------	------	--------------------	---------------------------------	--------------------

VEH. #	DRIVER LICENSE NO.	VEHICLE NO.	STATE (Of License)	SEX	FEMALE	MALE	1.
M					<input type="radio"/>	<input type="radio"/>	
	DRIVER ADDRESS		CITY, STATE, ZIP	PHONE () -	LOCAL NO.		
N					<input type="radio"/>	<input type="radio"/>	
	OWNER ADDRESS		CITY, STATE, ZIP	PHONE () -	LOCAL NO.		
O					<input type="radio"/>	<input type="radio"/>	
	CITATION		CITY, STATE, ZIP	PHONE () -	CITATION NO.		
P					<input type="radio"/>	<input type="radio"/>	
	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE
Q							<input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		TOWED TO		TOWED BY	
				POLICY NO.			

VEH. #	DRIVER LICENSE NO.	VEHICLE NO.	STATE (Of License)	SEX	FEMALE	MALE	1.
M					<input type="radio"/>	<input type="radio"/>	
	DRIVER ADDRESS		CITY, STATE, ZIP	PHONE () -	LOCAL NO.		
N					<input type="radio"/>	<input type="radio"/>	
	OWNER ADDRESS		CITY, STATE, ZIP	PHONE () -	LOCAL NO.		
O					<input type="radio"/>	<input type="radio"/>	
	CITATION		CITY, STATE, ZIP	PHONE () -	CITATION NO.		
P					<input type="radio"/>	<input type="radio"/>	
	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE
Q							<input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		TOWED TO		TOWED BY	
				POLICY NO.			

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS												
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				VEHICLE				VEHICLE				VEHICLE			

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)					1 2 3 4 5 SEX												
VEH. #		NAME				ADDRESS				/ /		1		2		3		4		5		SEX	
		LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.															
VEH. #		NAME				ADDRESS				/ /		1		2		3		4		5		SEX	
		LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.															
VEH. #		NAME				ADDRESS				/ /		1		2		3		4		5		SEX	
		LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.															

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
INVESTIGATOR NAME <i>(Print or Type)</i>			INVESTIGATOR SIGNATURE		DATE OF REPORT / /20__