

ACCIDENT CLASSIFICATION		L. School Bus Related <i>(Enter one)</i>																												
<p>A. Weather Condition <i>(Enter up to two)</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">01. Clear</td> <td style="width:50%;">06. Snow</td> </tr> <tr> <td>02. Cloudy</td> <td>07. Severe crosswinds</td> </tr> <tr> <td>03. Fog, smog, smoke</td> <td>08. Blowing sand, soil, dirt, snow</td> </tr> <tr> <td>04. Rain</td> <td>09. Other*</td> </tr> <tr> <td>05. Sleet, hail, freezing rain/drizzle</td> <td>10. Unknown</td> </tr> </table>	01. Clear	06. Snow	02. Cloudy	07. Severe crosswinds	03. Fog, smog, smoke	08. Blowing sand, soil, dirt, snow	04. Rain	09. Other*	05. Sleet, hail, freezing rain/drizzle	10. Unknown	<p>1. No 2. Yes, school bus directly involved 3. Yes, school bus indirectly involved 4. Unknown</p>																			
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<p>B. Temperature</p>	Complete this section for all injured persons																													
<p>C. Light Condition <i>(Enter one)</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Daylight</td> <td style="width:50%;">5. Dark - roadway not lighted</td> </tr> <tr> <td>2. Dawn</td> <td>6. Dark - unknown roadway lighting</td> </tr> <tr> <td>3. Dusk</td> <td>7. Other*</td> </tr> <tr> <td>4. Dark - lighted roadway</td> <td>8. Unknown</td> </tr> </table>	1. Daylight	5. Dark - roadway not lighted	2. Dawn	6. Dark - unknown roadway lighting	3. Dusk	7. Other*	4. Dark - lighted roadway	8. Unknown	Transported to Medical Facility <i>(Enter one)</i>		5																			
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<p>D. Road Character <i>(Enter one)</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Straight and level</td> <td style="width:50%;">4. Curved and level</td> </tr> <tr> <td>2. Straight and on slope</td> <td>5. Curved and on slope</td> </tr> <tr> <td>3. Straight and on hilltop</td> <td>6. Curved and on hilltop</td> </tr> </table>	1. Straight and level	4. Curved and level	2. Straight and on slope	5. Curved and on slope	3. Straight and on hilltop	6. Curved and on hilltop	<p>If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:</p> <p>Source of Transport:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1. Not transported</td> <td style="width:33%;">3. Police</td> <td style="width:33%;">5. Unknown</td> </tr> <tr> <td>2. EMS</td> <td>4. Other*</td> <td></td> </tr> </table>		1. Not transported	3. Police	5. Unknown	2. EMS	4. Other*																	
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<p>K. Type of Roadway Junction <i>(Enter one)</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">01. Not at junction</td> <td style="width:50%;">08. Off-ramp</td> </tr> <tr> <td>02. Four-way intersection</td> <td>09. Crossover</td> </tr> <tr> <td>03. T-intersection</td> <td>10. Driveway</td> </tr> <tr> <td>04. Y-intersection</td> <td>11. Railroad grade crossing</td> </tr> <tr> <td>05. Traffic circle/roundabout</td> <td>12. Shared-use paths or trails</td> </tr> <tr> <td>06. Five-point, or more</td> <td>13. Unknown</td> </tr> <tr> <td>07. On-ramp</td> <td></td> </tr> </table>	01. Not at junction	08. Off-ramp	02. Four-way intersection	09. Crossover	03. T-intersection	10. Driveway	04. Y-intersection	11. Railroad grade crossing	05. Traffic circle/roundabout	12. Shared-use paths or trails	06. Five-point, or more	13. Unknown	07. On-ramp																	
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Total Number of Vehicles		Sequence of Events										
VEHICLE OVERLAY												
<p>M. Contributing Circumstances, Driver <i>(Enter one per driver)</i></p> <ol style="list-style-type: none"> 01. No improper driving 02. Failed to yield right of way 03. Disregarded traffic signs, signals, road markings 04. Exceeded authorized speed limit 05. Driving too fast for conditions 06. Made improper turn 07. Wrong side or wrong way 08. Followed too closely 09. Failure to keep in proper lane or running off road 10. Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner 11. Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc. 12. Over-correcting/over-steering 13. Visibility obstructed 14. Inattention 15. Mobile phone distraction 16. Distracted - other 17. Fatigued/asleep 18. Operating defective equipment 19. Other improper action 20. Unknown 		<p>Enter the order of events by code number for Vehicle #1 and Vehicle #2, in boxes 1 thru 4 at lower right.</p> <p>Enter the Most Harmful Event in box 5. This is the event which produced the most severe injury or greatest property damage for this vehicle.</p> <p>Non-collision</p> <ol style="list-style-type: none"> 01. Overturn/rollover 02. Fire/explosion 03. Immersion 04. Jackknife 05. Cargo/equipment loss or shift 06. Equipment failure (blown tire, brake failure, etc.) 07. Separation of units 08. Ran off road right 09. Ran off road left 10. Cross median/centerline 11. Downhill runaway 12. Other non-collision 13. Unknown non-collision <p>Collision with person, vehicle, or object not fixed</p> <ol style="list-style-type: none"> 14. Pedestrian 15. Bicycle (pedalcycle) 16. Railway vehicle (train, engine, etc.) 17. Animal <p>18. Motor vehicle in transport</p> <ol style="list-style-type: none"> 19. Parked motor vehicle 20. Work zone maintenance equipment 21. Other movable object 22. Unknown movable object <p>Collision with fixed object</p> <ol style="list-style-type: none"> 23. Impact attenuator/crash cushion 24. Bridge overhead structure 25. Bridge pier or abutment 26. Bridge parapet end 27. Bridge rail 28. Guardrail face 29. Guardrail end 30. Median barrier 31. Highway traffic sign post 32. Overhead sign support 33. Light/luminaire support 34. Utility pole 35. Other post, pole or support 36. Culvert 37. Curb 38. Ditch 39. Embankment 40. Fence 41. Mailbox 42. Tree 43. Other fixed object (wall, building, tunnel, etc.) 44. Work zone maintenance equipment 45. Unknown fixed object 46. Other* 47. Unknown 										
<p>N. Traffic Control Device <i>(Enter one per vehicle)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. No controls</td> <td style="width: 50%;">6. Yield sign</td> </tr> <tr> <td>2. Traffic control signal</td> <td>7. Warning sign</td> </tr> <tr> <td>3. Flashing traffic control signal</td> <td>8. Railroad crossing device</td> </tr> <tr> <td>4. School zone sign</td> <td>9. Unknown</td> </tr> <tr> <td>5. Stop sign</td> <td></td> </tr> </table>		1. No controls	6. Yield sign	2. Traffic control signal	7. Warning sign	3. Flashing traffic control signal	8. Railroad crossing device	4. School zone sign	9. Unknown	5. Stop sign		<p>Vehicle #1</p> <p>1. First Event -----</p> <p>2. Second Event -----</p> <p>3. Third Event -----</p> <p>4. Fourth Event -----</p> <p>5. Most Harmful Event ---</p> <p>6. Vehicle Authorized Speed Limit (mph) ----</p>
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5. Stop sign												
<p>O. Extent of Damage <i>(Enter one per vehicle)</i></p> <ol style="list-style-type: none"> 1. None/minor damage 2. Functional damage 3. Disabling damage (requires towing from scene) 4. Severe/vehicle totaled 5. Unknown 		<p>Vehicle #2</p> <p>1. First Event -----</p> <p>2. Second Event -----</p> <p>3. Third Event -----</p> <p>4. Fourth Event -----</p> <p>5. Most Harmful Event ---</p> <p>6. Vehicle Authorized Speed Limit (mph) ----</p>										
<p>P. Driver's Condition <i>(Enter one per driver)</i></p> <ol style="list-style-type: none"> 1. Apparently normal 2. Physical impairment 3. Emotional (depressed, angry, disturbed, etc.) 4. Illness 5. Fell asleep, fainted, fatigued, etc. 6. Under the influence of medications/drugs/alcohol 7. Other* 8. Unknown 												
<p>Q. Disposition of Vehicle <i>(Enter one per vehicle)</i></p> <ol style="list-style-type: none"> 1. Towed - due to damages 2. Towed - other reasons 3. Left at scene 4. Driven away 5. Unknown 												

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet _____ of _____

Total Number of Vehicles		Local No./ District	Agency Case No.	HIT & RUN? <input type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input type="radio"/> NO						
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y	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"/>	TIME OF ACCIDENT	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY	POLICE NOTIFIED								
B		CITY	PRIVATE PROPERTY? <input type="radio"/> YES <input type="radio"/> NO								
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.		ONE-WAY STREET? <input type="radio"/> YES <input type="radio"/> NO	LATITUDE						
	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE						
D	IF AT INTERSECTION			IF NOT AT INTERSECTION							
	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input type="radio"/> NO						
VEHICLE NO. 1											
F	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="radio"/> FEMALE <input type="radio"/> MALE						
V1/N	DRIVER	PHONE () -			LOCAL NO.						
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)						
G	OWNER	PHONE () -			LOCAL NO.						
	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING						
H	LICENSE PLATE NO.	YEAR (Plate Expires)			STATE (Of Plate)						
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE						
V2/O	VEHICLE ID NO. (VIN)	INSURANCE COMPANY			ESTIMATED DAMAGE <input type="radio"/> TOALED \$						
	TOWED TO	TOWED BY			POLICY NO.						
VEHICLE NO. 2											
I	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="radio"/> FEMALE <input type="radio"/> MALE						
V1/P	DRIVER	PHONE () -			LOCAL NO.						
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)						
J	OWNER	PHONE () -			LOCAL NO.						
	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING						
V1/Q	LICENSE PLATE NO.	YEAR (Plate Expires)			STATE (Of Plate)						
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE						
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY			ESTIMATED DAMAGE <input type="radio"/> TOALED \$						
K	TOWED TO	TOWED BY			POLICY NO.						
Complete this section for all injured persons <i>(Complete a continuation report, if more than three were injured)</i>											
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
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	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.



Indicate North by Arrow

Large empty grid area for drawing the accident diagram.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Large empty text area for describing the accident.

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/ DRUGS SUSPECTED							
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2		VEHICLE 1				VEHICLE 2				VEH 1		VEH 2		Driver No. 1		Driver No. 2		Pedestrian		
					ROAD OR HIGHWAY NAME	POINT OF IMPACT	MOST DAMAGED AREA	POINT OF IMPACT	MOST DAMAGED AREA	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				ALCOHOL LEVEL TESTED	BAC LEVEL	ALCOHOL LEVEL TESTED	BAC LEVEL	ALCOHOL LEVEL TESTED	BAC LEVEL	ALCOHOL LEVEL TESTED	BAC LEVEL		
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																						
OFFICER NO.					TROOP/ TEAM/ BEAT					DEPARTMENT					Photographs taken? <input type="radio"/> YES <input type="radio"/> NO												
INVESTIGATOR NAME (Print or Type)										INVESTIGATOR SIGNATURE										DATE OF REPORT				/ /20__			

R. Work Zone Codes	S. Pedestrian/Non-Motorist Classification Codes																		
<p>Complete this section for accidents in Work Zones Enter code numbers in boxes R1 to R4 on front of Investigator's Accident Report</p>	<p>Complete this section for all injured Non-Motorists in the accident (Pedestrians & Bicyclists)</p>																		
<p>R1 Was the crash in or near a construction maintenance or utility work zone? <i>(Enter one)</i></p> <ol style="list-style-type: none"> 1. No 2. Unknown 3. Yes (complete sub-fields R2, R3 and R4) 	<p>Enter code numbers in boxes S1 to S6-b on front of Investigator's Accident Report</p>																		
<p>R2 Location of the crash:</p> <ol style="list-style-type: none"> 1. Before the first work zone warning sign 2. Advance warning area (after the first warning sign, but before the work area) 3. Transition area (where lanes are shifted or tapered for lane closure) 4. Activity area (adjacent to actual work area, whether workers and equipment were present or not) 5. Termination area (after the activity area but before traffic resumes normal conditions) 	<p>S1 Non-Motorist location prior to impact <i>(Enter one, in box S1)</i></p> <table border="0"> <tr> <td>01. Marked crosswalk at intersection</td> <td>10. Sidewalk</td> </tr> <tr> <td>02. At intersection but no crosswalk</td> <td>11. Within 10 feet of roadway (but not shoulder, median, sidewalk, or island)</td> </tr> <tr> <td>03. Non-intersection crosswalk</td> <td>12. Beyond 10 feet of roadway (within trafficway)</td> </tr> <tr> <td>04. Driveway access crosswalk</td> <td>13. Outside trafficway</td> </tr> <tr> <td>05. In roadway</td> <td>14. Shared-use path or trail</td> </tr> <tr> <td>06. Not in roadway</td> <td>15. Unknown</td> </tr> <tr> <td>07. Median (but not on shoulder)</td> <td></td> </tr> <tr> <td>08. Island</td> <td></td> </tr> <tr> <td>09. Shoulder</td> <td></td> </tr> </table>	01. Marked crosswalk at intersection	10. Sidewalk	02. At intersection but no crosswalk	11. Within 10 feet of roadway (but not shoulder, median, sidewalk, or island)	03. Non-intersection crosswalk	12. Beyond 10 feet of roadway (within trafficway)	04. Driveway access crosswalk	13. Outside trafficway	05. In roadway	14. Shared-use path or trail	06. Not in roadway	15. Unknown	07. Median (but not on shoulder)		08. Island		09. Shoulder	
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<p>R3 Type of Work Zone:</p> <ol style="list-style-type: none"> 1. Lane closure 2. Lane shift/crossover 3. Work on shoulder or median 4. Intermittent or moving work 5. Other 	<p>S2 Non-Motorist Action <i>(Enter one, in box S2)</i></p> <table border="0"> <tr> <td>1. Entering or crossing specified location</td> <td>7. Standing</td> </tr> <tr> <td>2. Walking, running, jogging, playing, cycling</td> <td>8. Other*</td> </tr> <tr> <td>3. Working</td> <td>9. Unknown</td> </tr> <tr> <td>4. Pushing vehicle</td> <td></td> </tr> <tr> <td>5. Approaching or leaving vehicle</td> <td></td> </tr> <tr> <td>6. Playing or working on vehicle</td> <td></td> </tr> </table>	1. Entering or crossing specified location	7. Standing	2. Walking, running, jogging, playing, cycling	8. Other*	3. Working	9. Unknown	4. Pushing vehicle		5. Approaching or leaving vehicle		6. Playing or working on vehicle							
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<p>R4 Workers present?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown 	<p>S3 Non-Motorist Condition <i>(Enter one, in box S3)</i></p> <table border="0"> <tr> <td>1. Apparently normal</td> <td>5. Fell asleep, fainted, fatigued, etc.</td> </tr> <tr> <td>2. Physical impairment</td> <td>6. Under influence of medications/drugs/alcohol</td> </tr> <tr> <td>3. Emotional (depressed, angry, disturbed, etc.)</td> <td>7. Other*</td> </tr> <tr> <td>4. Illness</td> <td>8. Unknown</td> </tr> </table>	1. Apparently normal	5. Fell asleep, fainted, fatigued, etc.	2. Physical impairment	6. Under influence of medications/drugs/alcohol	3. Emotional (depressed, angry, disturbed, etc.)	7. Other*	4. Illness	8. Unknown										
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<p>Work Zone Note: If work zone layout or configuration actually contributed to the cause of the accident, mark item #5 in Contributing Circumstances, Road <i>(Box J on the front of Overlay #1).</i></p>	<p>S4 Alcohol / Drugs Suspected <i>(Enter one, in box S4)</i> Officer's assessment of whether alcohol or drugs were used.</p> <ol style="list-style-type: none"> 1. Neither alcohol nor drugs suspected 2. Yes - alcohol suspected 3. Yes - drugs suspected 4. Yes - alcohol and drugs suspected 5. Unknown 																		
	<p>S5 Contributing Circumstances, Non-Motorist <i>(Enter up to two, in boxes S5-a and S5-b)</i></p> <table border="0"> <tr> <td>01. Improper crossing</td> <td>07. Failure to obey traffic signs, signal, officer</td> </tr> <tr> <td>02. Darting</td> <td>08. Wrong side of road</td> </tr> <tr> <td>03. Lying and/or illegally in roadway</td> <td>09. Other*</td> </tr> <tr> <td>04. Failure to yield right of way</td> <td>10. Unknown</td> </tr> <tr> <td>05. Not visible (dark clothing)</td> <td></td> </tr> <tr> <td>06. Inattentive (talking, eating, etc.)</td> <td></td> </tr> </table>	01. Improper crossing	07. Failure to obey traffic signs, signal, officer	02. Darting	08. Wrong side of road	03. Lying and/or illegally in roadway	09. Other*	04. Failure to yield right of way	10. Unknown	05. Not visible (dark clothing)		06. Inattentive (talking, eating, etc.)							
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<p>S6 Non-Motorist Safety Equipment <i>(Enter up to two, in boxes S6-a and S6-b)</i></p> <table border="0"> <tr> <td>1. None used</td> <td>5. Lighting</td> </tr> <tr> <td>2. Helmet used</td> <td>6. Not applicable</td> </tr> <tr> <td>3. Protective pads used (elbows, knees, shins, etc.)</td> <td>7. Other*</td> </tr> <tr> <td>4. Reflective clothing</td> <td>8. Unknown</td> </tr> </table>	1. None used	5. Lighting	2. Helmet used	6. Not applicable	3. Protective pads used (elbows, knees, shins, etc.)	7. Other*	4. Reflective clothing	8. Unknown											
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How to Use the Accident Report Overlays

Please answer all the questions asked on all report Overlay sheets which relate to the accident. If questions important to understanding the case are not answered, the investigating agency may be contacted and asked to provide additional information.

Please use a black ballpoint pen to completely fill in the appropriate ovals, check-boxes, or boxes for numbers and letters on all pages of the Investigator's Motor Vehicle Accident Report form, as shown below. PENCILS, MARKERS, FELT-TIP, OR OTHER COLOR PENS ARE NOT ACCEPTABLE.

Correct Way:	F <input type="checkbox"/> S <input checked="" type="checkbox"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	B <input type="text" value="5"/>	V1/M <input type="text" value="12"/>	Seat Position <input type="text" value="20"/>	M M / D D / Y Y Y Y <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
Wrong Way:	F <input type="checkbox"/> S <input checked="" type="checkbox"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	B <input type="text" value="5"/>	V1/M <input type="text" value="12"/>	Seat Position <input type="text" value="20"/>	M M / D D / Y Y Y Y <input type="text"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>

A minimum amount of "white-out" is acceptable to correct errors.

Using the Overlay Sheets, fill in the corresponding boxes located down both sides of the main Investigator's Report form. The questions on the Overlay Sheets lettered A to Q correspond with the boxes down the left and right side margins of the Investigator's Motor Vehicle Accident Report.

Questions 1-5 pertain to injured persons and are answered in the boxes located on the bottom right-hand corner of the report.

Each question on the overlay has an arrow which helps guide you to its corresponding box on the report.

Fill in the box with the code you believe best answers the question. If you choose a response of "Other" for any of the overlay categories, briefly explain why in the area provided for the description of the accident.

Selected Examples

Weather Conditions

Enter the code which best describes the weather condition at the time of the accident in Box A/1. If more than one code applies, enter the second code in Box A/2.

Remember to write the temperature (in degrees Fahrenheit) in Box B.

A/1 <input type="text" value="05"/>	A. Weather Condition <i>(Enter up to two)</i> 01. Clear 02. Cloudy 03. Fog, smog, smoke 04. Rain 05. Sleet, hail, freezing rain/drizzle 06. Snow 07. Severe crosswinds 08. Blowing sand, soil, dirt, snow 09. Other* 10. Unknown
A/2 <input type="text" value="07"/>	
B <input type="text" value="74"/>	

When filling in rows of boxes, always start at the first box on the left, and leave no spaces. Leave remaining blank boxes to the right end of rows. Dashes are optional. Two examples:

LICENSE PLATE	no.	5	3	-	C	2	9	1						YEAR <i>(Plate Expires)</i>	2	0	0	9	STATE <i>(Of Plate)</i>	N	E
LICENSE PLATE	no.	P	R	K	6	9	9	7						YEAR <i>(Plate Expires)</i>	2	0	0	9	STATE <i>(Of Plate)</i>	M	N