



ACCIDENT CLASSIFICATION		L. School Bus Related (Enter one)																
A/1	<b>A. Weather Condition (Enter up to two)</b> 01. Clear 02. Cloudy 03. Fog, smog, smoke 04. Rain 05. Sleet, hail, freezing rain/drizzle	<b>L. School Bus Related (Enter one)</b> 1. No 2. Yes, school bus directly involved 3. Yes, school bus indirectly involved 4. Unknown																
A/2	06. Snow 07. Severe crosswinds 08. Blowing sand, soil, dirt, snow 09. Other* 10. Unknown																	
B	<b>B. Temperature</b>	<b>Complete this section for all injured persons</b>																
C	<b>C. Light Condition (Enter one)</b> 1. Daylight 2. Dawn 3. Dusk 4. Dark - lighted roadway	<b>Transported to Medical Facility (Enter one) 5</b>																
D	<b>D. Road Character (Enter one)</b> 1. Straight and level 2. Straight and on slope 3. Straight and on hilltop	If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash: <b>Source of Transport:</b> 1. Not transported 2. EMS 3. Police 4. Other* 5. Unknown																
V1/M	<b>E. Road Surface (Enter one)</b> 1. Concrete 2. Asphalt 3. Brick	<b>Injury Severity (Enter one) 4</b>																
V2/M	<b>F. Road Surface Condition (Enter one)</b> 1. Dry 2. Wet 3. Snow 4. Ice 5. Sand, mud, dirt, oil, gravel	<b>Body Region with Most Severe Injury (Enter one) 3</b>																
E	<b>G. Total Number of Through Lanes (Enter one)</b> 1. One lane 2. Two lanes 3. Three lanes	<b>Ejected/Trapped (Enter one) 2</b>																
F	<b>H. Median Type (Enter one)</b> 1. Median barrier 2. Raised median (curbed) 3. Grass median (no curb)	<b>Seating Position (Enter one) 1</b>																
V1/N	<b>I. Contributing Circumstances, Environment (Enter one)</b> 1. None 2. Weather conditions 3. Vision obstruction 4. Glare	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td></td><td>03</td><td>06</td><td>09</td><td></td></tr> <tr><td></td><td>02</td><td>05</td><td>08</td><td></td></tr> <tr><td></td><td>01</td><td>04</td><td>07</td><td></td></tr> </table>			03	06	09			02	05	08			01	04	07	
	03	06	09															
	02	05	08															
	01	04	07															
V2/N	<b>J. Contributing Circumstances, Road (Enter one)</b> 01. None 02. Road surface condition (wet, icy, snow, slush, etc.) 03. Debris 04. Rut, holes, bumps 05. Work zone (construction/maintenance/utility) 06. Worn, travel-polished surface	10. Other enclosed passenger/cargo area 11. Other unenclosed passenger/cargo area 12. Riding on vehicle exterior 13. Sleeper section of truck cab 14. Trailing unit 15. Moped 16. Motorcycle operator 17. Motorcycle passenger 18. Pedestrian 19. Bicycle (pedalcycle) 20. Unknown																
G	<b>K. Type of Roadway Junction (Enter one)</b> 01. Not at junction 02. Four-way intersection 03. T-intersection 04. Y-intersection 05. Traffic circle/roundabout 06. Five-point, or more 07. On-ramp	01. Head 02. Face 03. Neck 04. Chest 05. Back/spine 06. Shoulder/upper arm 07. Elbow/lower arm/hand 08. Abdomen/pelvis 09. Hip/upper leg 10. Knee/lower leg/foot 11. Entire body 12. Unknown																
H		<b>Trans. M F</b>																

(Complete a continuation report, if more than three were injured)

VEH. #	NAME	ADDRESS	(MM / DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev.	Trans.	SEX	M	F
			/ /								
	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.							

A/1	Total of Vehicles
A/2	DATE OF ACCIDENT
B	PLACE OF ACCIDENT
C	Road ACCIDENT
D	DISPERSED
V1/M	MILE
V2/M	R.
E	
F	DRIVER
V1/N	DRI
V2/N	OW
G	OW
H	
V1/O	T
V2/O	T
I	
V1/P	T
V2/P	T
J	
V1/Q	
V2/Q	
K	

### VEHICLE OVERLAY

### M. Contributing Circumstances, Driver

(Enter one per driver)

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

### N. Traffic Control Device

(Enter one per vehicle)

- |                                    |                             |
|------------------------------------|-----------------------------|
| 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                       |                             |

### O. Extent of Damage

(Enter one per vehicle)

1. None/minor damage
2. Functional damage
3. Disabling damage (requires towing from scene)
4. Severe/vehicle totaled
5. Unknown

### P. Driver's Condition

(Enter one per driver)

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

### Q. Disposition of Vehicle

(Enter one per vehicle)

1. Towed - due to damages
2. Towed - other reasons
3. Left at scene
4. Driven away
5. Unknown

### Sequence of Events

Enter the order of events by code number for Vehicle #1 and Vehicle #2, in boxes 1 thru 4 at lower right.

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.

#### Non-collision

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

#### Collision with person, vehicle, or object not fixed

14. Pedestrian
15. Bicycle (pedalcycle)
16. Railway vehicle (train, engine, etc.)
17. Animal
18. Motor vehicle in transport
19. Parked motor vehicle
20. Work zone maintenance equipment
21. Other movable object
22. Unknown movable object

#### Collision with fixed object

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

#### Vehicle #1

1. First Event -----
2. Second Event -----
3. Third Event -----
4. Fourth Event -----
5. Most Harmful Event ---
6. Vehicle Authorized Speed Limit (mph) ----

#### Vehicle #2

1. First Event -----
2. Second Event -----
3. Third Event -----
4. Fourth Event -----
5. Most Harmful Event ---
6. Vehicle Authorized Speed Limit (mph) ----

1	
2	
3	
4	
5	
6	
7/1	
7/2	
7/3	
7/4	
7/5	
7/6	
SEX	
INS.	
M	
F	

(Complete a continuation report, if more than one vehicle involved)

VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

# 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.

<b>Correct Way:</b>	F <input type="checkbox"/> S <input checked="" type="checkbox"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	B 5	V1/M 12	Seat Position 20	M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 1
<b>Wrong Way:</b>	F <input type="checkbox"/> S <input checked="" type="checkbox"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	B 5	V1/M 12	Seat Position 20	M M / D D / Y Y Y Y / 2 / 2 4 / 2 0 0 1

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 05	<b>A. Weather Condition</b> (Enter up to two) 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 07	
B 74	<b>B. Temperature</b>

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 (Plate Expires)	1	9	9	9	STATE (Of Plate)	N	E
LICENSE PLATE NO.	P	R	K	6	9	9	7						YEAR (Plate Expires)	2	0	0	0	STATE (Of Plate)	M	N



R. Work Zone Codes	S. Pedestrian/Non-Motorist Classification Codes																		
<p><b>Complete this section for accidents in Work Zones</b> Enter code numbers in boxes R1 to R4 on front of Investigator's Accident Report</p>	<p><b>Complete this section for all injured Non-Motorists in the accident (Pedestrians &amp; Bicyclists)</b></p>																		
<p><b>R1 Was the crash in or near a construction maintenance or utility work zone?</b> <i>(Enter one)</i></p> <ol style="list-style-type: none"> <li>1. No</li> <li>2. Unknown</li> <li>3. Yes (complete sub-fields R2, R3 and R4)</li> </ol>	<p>Enter code numbers in boxes S1 to S6-b on front of Investigator's Accident Report</p>																		
<p><b>R2 Location of the crash:</b></p> <ol style="list-style-type: none"> <li>1. Before the first work zone warning sign</li> <li>2. Advance warning area (after the first warning sign, but before the work area)</li> <li>3. Transition area (where lanes are shifted or tapered for lane closure)</li> <li>4. Activity area (adjacent to actual work area, whether workers and equipment were present or not)</li> <li>5. Termination area (after the activity area but before traffic resumes normal conditions)</li> </ol>	<p><b>S1 Non-Motorist location prior to impact</b> <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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09. Shoulder																			
<p><b>R3 Type of Work Zone:</b></p> <ol style="list-style-type: none"> <li>1. Lane closure</li> <li>2. Lane shift/crossover</li> <li>3. Work on shoulder or median</li> <li>4. Intermittent or moving work</li> <li>5. Other</li> </ol>	<p><b>S2 Non-Motorist Action</b> <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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5. Approaching or leaving vehicle																			
6. Playing or working on vehicle																			
<p><b>R4 Workers present?</b></p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol>	<p><b>S3 Non-Motorist Condition</b> <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><b>Work Zone Note:</b> 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><b>S4 Alcohol / Drugs Suspected</b> <i>(Enter one, in box S4)</i> <b>Officer's assessment of whether alcohol or drugs were used.</b></p> <ol style="list-style-type: none"> <li>1. Neither alcohol nor drugs suspected</li> <li>2. Yes - alcohol suspected</li> <li>3. Yes - drugs suspected</li> <li>4. Yes - alcohol and drugs suspected</li> <li>5. Unknown</li> </ol>																		
	<p><b>S5 Contributing Circumstances, Non-Motorist</b> <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><b>S6 Non-Motorist Safety Equipment</b> <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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# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet \_\_\_\_\_ of \_\_\_\_\_

	<b>Total Number of Vehicles</b>	Local No./ District	Agency Case No.	HIT & RUN? <input type="radio"/> YES <input type="radio"/> NO	
A/1	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y	S M T W T H F S	TIME OF ACCIDENT	STATE USE ONLY
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY	CITY	POLICE NOTIFIED	LATITUDE
B	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/ HIGHWAY NO.	ONE-WAY STREET?	PRIVATE PROPERTY?	LONGITUDE
C	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY?
D	<b>IF AT INTERSECTION</b>		<b>IF NOT AT INTERSECTION</b>		<input type="radio"/> YES <input type="radio"/> NO
	NAME OF INTERSECTING ROADWAY		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	N S E W 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 (MM/DD/YYYY)</b>	/ /
G	OWNER	PHONE ( ) -		LOCAL NO.	
	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
V2/O	<b>VEHICLE ID NO. (VIN)</b>			COLOR	ESTIMATED DAMAGE \$
	TOWED TO	TOWED BY		INSURANCE COMPANY	
				POLICY NO.	
<b>VEHICLE NO. 2</b>					
I	<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 (MM/DD/YYYY)</b>	/ /
J	OWNER	PHONE ( ) -		LOCAL NO.	
	OWNER ADDRESS	CITY, STATE, ZIP		<b>CITATION</b> <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/Q	<b>LICENSE PLATE NO.</b>			<b>YEAR (Plate Expires)</b>	<b>STATE (Of Plate)</b>
V2/Q	<b>VEHICLE</b>	YEAR	MAKE	MODEL	BODY STYLE
	<b>VEHICLE ID NO. (VIN)</b>			COLOR	ESTIMATED DAMAGE \$
	TOWED TO	TOWED BY		INSURANCE COMPANY	
				POLICY NO.	

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX	
VEH. #	NAME	ADDRESS					MM / DD / YYYY	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M	F
							/ /							
	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. \_\_\_\_\_



Indicate North by Arrow

Investigation made at scene?

YES  
 NO

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

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE (    ) -    -	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE (    ) -    -	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE (    ) -    -
	NAME				PHONE (    ) -    -

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED		RESTRAINT USE		TOTAL OCCUPANTS		
VEH NO.	N	S	E	W	(Enter numbers for each vehicle)				VEHICLE 1		VEHICLE 1		ALCOHOL TESTING		
					VEHICLE 1		VEHICLE 2						Driver No. 1	Driver No. 2	Pedestrian
1					ROAD OR HIGHWAY NAME	POINT OF IMPACT	POINT OF IMPACT	1 Deployed - front	1 None used - vehicle occupant	ALCOHOL LEVEL TESTED	Y	Y	Y		
2					MOST DAMAGED AREA	MOST DAMAGED AREA	2 Deployed - side	2 Lap & shoulder belt used	BAC LEVEL	N	N	N			
1					00 None		3 Deployed - both front/side	3 Shoulder belt only used	ALCOHOL/DRUGS SUSPECTED						
2					01 Top & windows		4 Not deployed	4 Lap belt only used	1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown						
					02 Backing		5 Not applicable/ No airbag available	5 Child safety seat used							
					03 Changing lanes		6 Unknown	6 Child booster seat used							
					04 Overtaking/ Passing			7 Helmet used							
					05 Turning right			8 Restraint use 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__			

# Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.



LOCAL NO./DISTRICT	DATE OF ACCIDENT	COUNTY	CITY	<b>STATE USE ONLY</b>
AGENCY CASE NO.	OCCURRED ON HIGHWAY/ROAD/STREET			

## TRUCK / BUS - 1

DRIVER (Print or type full name)		CARRIER IDENTIFICATION NO.		GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers)	
CARRIER NAME (Print or type full name)		1 U.S. DOT _____		<input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards)	
CARRIER ADDRESS (Street or R.F.D.)		2 ICC MC _____		<input type="checkbox"/> 10,001 Lbs. - 26,000 Lbs.	
CITY, STATE, ZIP				<input type="checkbox"/> More than 26,000 Lbs.	
TRAILER LICENSE PLATE No.		VEHICLE CONFIGURATION (Check one)		CARGO BODY TYPE (Check one)	
Year		2 <input type="checkbox"/> Single-Unit Truck (10,001-26,000 Lbs. GVWR)		1 <input type="checkbox"/> Bus (seats 9-15, including driver)	
State		3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR)		2 <input type="checkbox"/> Bus (seats 15+, including driver)	
COMMERCE CLASSIFICATION (Check one)		4 <input type="checkbox"/> Truck tractor (bobtail)		3 <input type="checkbox"/> Van/Enclosed Box	
1 <input type="checkbox"/> Interstate Commerce		5 <input type="checkbox"/> Truck with Trailer		4 <input type="checkbox"/> Grain/Chips/Gravel	
2 <input type="checkbox"/> Intrastate Commerce		6 <input type="checkbox"/> Tractor with Semi-Trailer		5 <input type="checkbox"/> Pole	
3 <input type="checkbox"/> Not Applicable		7 <input type="checkbox"/> Tractor with Doubles		6 <input type="checkbox"/> Cargo Tank	
TRUCK WIDTH (Widest part of truck or trailer)		8 <input type="checkbox"/> Tractor with Triples		7 <input type="checkbox"/> Flatbed	
1 <input type="checkbox"/> 96 inches		9 <input type="checkbox"/> Unknown Heavy Truck		8 <input type="checkbox"/> Dump	
2 <input type="checkbox"/> 102 inches		37 <input type="checkbox"/> Bus (seats 9-15, including driver)		9 <input type="checkbox"/> Concrete Mixer	
3 <input type="checkbox"/> Other (Specify)		38 <input type="checkbox"/> Bus (seats 15+, including driver)		10 <input type="checkbox"/> Auto Transporter	
HAZARDOUS MATERIAL INVOLVED		39 <input type="checkbox"/> Haz Mat Passenger Car		11 <input type="checkbox"/> Garbage/ Refuse	
Did vehicle have a Haz Mat Placard?		40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)		12 <input type="checkbox"/> Other (Specify)	
1 <input type="checkbox"/> Yes				13 <input type="checkbox"/> Unknown	
2 <input type="checkbox"/> No					
Placard Information:					
1-Digit Hazard Class Number from bottom of Diamond Placard.					
1-Digit No. _____					
Was hazardous cargo released? (Do not count fuel from fuel tank)					
1 <input type="checkbox"/> Yes					
2 <input type="checkbox"/> No					

## TRUCK / BUS - 2

DRIVER (Print or type full name)		CARRIER IDENTIFICATION NO.		GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers)	
CARRIER NAME (Print or type full name)		1 U.S. DOT _____		<input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards)	
CARRIER ADDRESS (Street or R.F.D.)		2 ICC MC _____		<input type="checkbox"/> 10,001 Lbs. - 26,000 Lbs.	
CITY, STATE, ZIP				<input type="checkbox"/> More than 26,000 Lbs.	
TRAILER LICENSE PLATE No.		VEHICLE CONFIGURATION (Check one)		CARGO BODY TYPE (Check one)	
Year		2 <input type="checkbox"/> Single-Unit Truck (10,001-26,000 Lbs. GVWR)		1 <input type="checkbox"/> Bus (seats 9-15, including driver)	
State		3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR)		2 <input type="checkbox"/> Bus (seats 15+, including driver)	
COMMERCE CLASSIFICATION (Check one)		4 <input type="checkbox"/> Truck tractor (bobtail)		3 <input type="checkbox"/> Van/Enclosed Box	
1 <input type="checkbox"/> Interstate Commerce		5 <input type="checkbox"/> Truck with Trailer		4 <input type="checkbox"/> Grain/Chips/Gravel	
2 <input type="checkbox"/> Intrastate Commerce		6 <input type="checkbox"/> Tractor with Semi-Trailer		5 <input type="checkbox"/> Pole	
3 <input type="checkbox"/> Not Applicable		7 <input type="checkbox"/> Tractor with Doubles		6 <input type="checkbox"/> Cargo Tank	
TRUCK WIDTH (Widest part of truck or trailer)		8 <input type="checkbox"/> Tractor with Triples		7 <input type="checkbox"/> Flatbed	
1 <input type="checkbox"/> 96 inches		9 <input type="checkbox"/> Unknown Heavy Truck		8 <input type="checkbox"/> Dump	
2 <input type="checkbox"/> 102 inches		37 <input type="checkbox"/> Bus (seats 9-15, including driver)		9 <input type="checkbox"/> Concrete Mixer	
3 <input type="checkbox"/> Other (Specify)		38 <input type="checkbox"/> Bus (seats 15+, including driver)		10 <input type="checkbox"/> Auto Transporter	
HAZARDOUS MATERIAL INVOLVED		39 <input type="checkbox"/> Haz Mat Passenger Car		11 <input type="checkbox"/> Garbage/ Refuse	
Did vehicle have a Haz Mat Placard?		40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)		12 <input type="checkbox"/> Other (Specify)	
1 <input type="checkbox"/> Yes				13 <input type="checkbox"/> Unknown	
2 <input type="checkbox"/> No					
Placard Information:					
1-Digit Hazard Class Number from bottom of Diamond Placard.					
1-Digit No. _____					
Was hazardous cargo released? (Do not count fuel from fuel tank)					
1 <input type="checkbox"/> Yes					
2 <input type="checkbox"/> No					

INVESTIGATOR NAME (Print or type)	INVESTIGATOR SIGNATURE	DEPARTMENT	OFFICER NO.	DATE OF REPORT
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## General Instructions

This supplemental report must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report" for any:

1. Truck with a Gross Vehicle Weight Rating (GVWR) or Gross Combination Vehicle Weight Rating (GCVWR) of 10,001 pounds or more;
2. Vehicle displaying a hazardous materials placard; or
3. Bus designed to transport nine or more passengers, **including** the driver.

You will need to complete additional supplementary forms if more than two trucks/buses were involved in the accident.

### Data Elements

1. **Agency Case Number:** If your agency has assigned an internal case number to the accident, enter the number just as you did on the Investigator's Motor Vehicle Accident Report.
2. **Date of Accident and Location Information:** Enter this information just as you did on the Investigator's Motor Vehicle Accident Report.
3. **Driver Name:** Copy the name of the truck or bus driver from the Investigator's Motor Vehicle Accident Report.
4. **Gross Vehicle Weight Rating (GVWR) and/or Gross Combination Vehicle Weight Rating (GCVWR):** The Gross Vehicle Weight Rating (GVWR) is the weight specified by the manufacturer. The Gross Combination Vehicle Weight Rating (GCVWR) for a vehicle towing a trailer or trailers is the sum of the ratings for each unit. Check the appropriate box.
5. **Carrier Name and Address:** A motor carrier is defined as the person, company, or organization responsible for directing the transportation of the cargo or persons. The owner of the vehicle is often not the carrier. For further explanation, consult the "Instructions for Completing the Investigator's Motor Vehicle Accident Report" (*revised edition 2001*).
6. **Carrier Identification Number:** Vehicles engaged in intrastate/interstate transport have either a six- or seven-digit US DOT or ICC MC number. Some trucks may not have an identifying number.
7. **Trailer License Plate:** If a truck has an attached trailer with a separate license plate, enter the following information in the boxes provided: the license plate number of the trailer, the state of issuance, and the year of registration as displayed.
8. **Commerce Classification:** Check the "interstate commerce" box if the commercial vehicle can legally trade, traffic, or transport property across state lines. Mark the "intrastate commerce" box when the commercial vehicle is restricted to commerce within one state.
9. **Truck Width:** Measure the widest part of the truck or trailer and then check the appropriate box. If "other" is checked, specify the width in inches on the line provided.
10. **Hazardous Material Involvement:** Determine if the vehicle has a Hazardous Material Placard and then indicate the 1-digit Hazard Class Number located on the bottom of the Diamond Placard.
11. **Vehicle Configuration:** Check the appropriate box.
12. **Cargo Body Type:** Check the appropriate box.
13. **Investigating Officer Information:** Complete this section and be sure to **sign** the report.