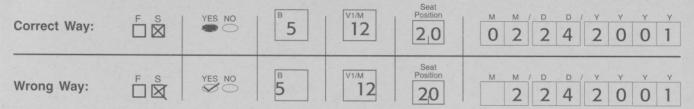
	Over y 1 DR Form 40, Jan 02 Investigator's Motor Vehi	icle Accident Report OVERLAY #1								
	ACCIDENT CLASSIFICATION	L. School Bus Related (Enter one)								
/1	A. Weather Condition (Enter up to two) 01. Clear 02. Cloudy 03. Fog, smog, smoke 04. Rain 05. Sleet, hail, freezing rain/drizzle 06. Snow 07. Severe crosswinds 08. Blowing sand, soil, dirt, snow 09. Other* 05. Sleet, hail, freezing rain/drizzle 10. Unknown B. Temperature	No Yes, school bus directly involved When the school bus indirectly involved Unknown								
	C. Light Condition (Enter one) 1. Daylight 5. Dark - roadway not lighted 2. Dawn 6. Dark - unknown roadway lighting	Complete this section for all injured persons Transported to Medical Facility (Enter one) 5								
	3. Dusk 7. Other* 4. Dark - lighted roadway 8. Unknown	If the individual was transported from the crash site to a medical facility for								
1/M	D. Road Character (Enter one) 1. Straight and level 2. Straight and on slope 3. Straight and on hilltop 6. Curved and on hilltop	treatment of injuries received in the crash: Source of Transport: 1. Not transported 3. Police 5. Unknown 2. EMS 4. Other*								
	E. Road Surface (Enter one)	Injury Severity (Enter one) 4								
	1. Concrete 4. Gravel 2. Asphalt 5. Dirt 3. Brick 6. Other*	Killed Disabling - cannot leave scene without assistance								
1/N	F. Road Surface Condition (Enter one) 1. Dry 6. Water (standing, moving) 2. Wet 7. Slush 3. Snow 8. Other*	(broken bones, severe cuts, prolonged unconsciousness, etc.) 3. Visible but not disabling (minor cuts, swelling, etc.) 4. Possible but not visible (complaint of pain, etc.)								
2/N	4. Ice 9. Unknown 5. Sand, mud, dirt, oil, gravel	Body Region with Most Severe Injury (Enter one)								
	G. Total Number of Through Lanes (Enter one)	01. Head 07. Elbow/lower arm/hand 02. Face 08. Abdomen/pelvis								
	1. One lane 2. Two lanes 3. Three lanes 6. Six or more lanes	03. Neck 09. Hip/upper leg 04. Chest 10. Knee/lower leg/foot 05. Back/spine 11. Entire body								
	H. Median Type (Enter one)	06. Shoulder/upper arm 12. Unknown								
/0	1. Median barrier 2. Raised median (curbed) 3. Grass median (no curb) 5. None	Ejected / Trapped (Enter one) 2 1. Not ejected or trapped								
2/0	I. Contributing Circumstances, Environment (Enter one) 1. None 2. Weather conditions 3. Vision obstruction 5. Animal in roadway 6. Other* 7. Unknown	2. Partially ejected 3. Totally ejected 4. Trapped - Occupant removed without use of equipment 5. Trapped - Equipment used in extrication 6. Unknown								
/P	J. Contributing Circumstances, Road (Enter one)	Seating Position (Enter one)								
/P	01. None 07. Obstruction in roadway 02. Road surface condition 08. Traffic control device	03 06 09								
	(wet, icy, snow, slush, etc.) inoperative, missing or obscured 03. Debris 09. Shoulders (none, low, soft, high) 04. Rut, holes, bumps 10. Non-highway work	- 02 05 08								
	05. Work zone (construction/ 11. Other* maintenance/utility) 12. Unknown	10. Other enclosed passenger/cargo area								
/Q	06. Worn, travel-polished surface	11. Other unenclosed passenger/cargo area 12. Riding on vehicle exterior								
/Q	K. Type of Roadway Junction (Enter one) 01. Not at junction 02. Four-way intersection 09. Crossover	13. Sleeper section of truck cab 14. Trailing unit 15. Moped								
Y (M	03. T-intersection 04. Y-intersection 05. Traffic circle/roundabout 06. Five-point, or more 10. Driveway 11. Railroad grade crossing 12. Shared-use paths or trails 13. Unknown	16. Motorcycle operator 17. Motorcycle passenger 18. Pedestrian 19. Bicycle (pedalcycle)								
	07. On-ramp	20. Unknown								
EH. #	(Complete a continuation report, if more than three were injured) ADDRESS	(MM / DD / YYYY) Seat Eject Body Injury Trans.								
	LOCAL NO. MEDICAL FACILITY NAME EMS	S SERVICE NAME EMS RUN REPORT NO.								
EH. #	NAME ADDRESS	continue sabell of								
	erabeter ecure Adocrote - est 8	S SERVICE NAME EMS RUN REPORT NO.								
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OM.	LOCAL NO. MEDICAL FACILITY NAME EM:	S SERVICE NAME EMS RUN REPORT NO.								
	orm 40, Jan 02 This FORM REPLACE	ES DR FORM 40, JAN 98								

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	- 1	M. Contri	butin	a Circumot	ances, Driv					vents by coo						
P	O		- por (111101)	ances, Driv	/er		Enter the	Most Harm	ful Event			is the e	vent whi	ch	
AC	CII	01. No ir	nnroner	driving				this vehic	ele.	evere injury	or gre	eatest p	property	y damage	for	
	R	os. Disre	garded	d right of way	nals, road markir											
	CC	04. Excee	eded au	thorized speed I st for conditions	mit	ngs		Non-collis 01. Overtu	ion							
DI	5	oo. Made	Improp	or turn				02. Fire/ex	plosion							
		UO. FOIION	red too.	r wrong way				03. Immers 04. Jackkn	ife							
	- 1	09. Failure	to kee	n in present	or running off r	oad		05. Cargo/	equipment la	ss or shift						
	_	or ago	ressive	manner	ckless, careless	, negligent.		07. Separa	tion of units	blown tire, br	rake fai	lure, et	c.)			
MILE		object,	ng or a	voiding due to votorist in roadwa	rind, slippery sur	face, vehicle,		08. Ran off 09. Ran off	road right							
		12. Over-c 13. Visibilit	orrecting	1/Ovor otoerin	y, etc.			10. Cross n	nedian/cento	rline						
R.		14. Inatten	tion					11. Downhil 12. Other n	on-collision							
		15. Mobile 16. Distract	ted - oth	er				13. Unknow	n non-collisio	on						
	-	17. Fatigue	d/asleer					Collision	41							
I		is. Other if	nproper	ctive equipment action				Collision wi 14. Pedestria		vehicle, or o	bject i	not fixe	d			
L DRI'		20. Unknow	'n					15. Bicycle (pedalcycle)							
	-							16. Railway 17. Animal			2.)					
DRI	■ N.	Traffic C	ontro	Device (F	nter one per ve	hiolol		18. Motor v 19. Parked m	10for vehicle							
OW		No contr Traffic co			6. Yield sign			20. Work zor	e maintenar	no oquina	nt V	ehic	le #1			
ov		 Flashing School z 	traffic one sign	ontrol signal	 Warning sig Railroad cro Unknown 	gn ossing device		21. Other mo 22. Unknown	Value onlact					t		
		5. Stop sign	1					Collision with 23. Impact att	enuator/crac	h ough!	2.	Seco	nd Ev	/ent		
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		 Severe/ve Unknown 	hicle to	aled	g from scene)			 Guardrail e Median bai 	rrier							
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	- ·							33. Light/lumina	aire support		6.	Vehic	le Aut	horized		
1		· Apparelliv	normal	ion (Enter one	e per driver)			34. Utility pole 35. Other post, 36. Culvert	pole or supp	port		Speed	Limit	t (mph)		
		 Physical in Emotional 	nairmo	nt sed, angry, distu	rbed. etc.)			37. Curb 38. Ditch			Ve	hicle	#2			
	!	5. Fell asleen	fainton	fallen				39. Embankmen 40. Fence	nt							,
	7	6. Under the i	nfluence	of medications	drugs/alcohol			41. Mailbox				not E	vent -			V
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			i io dan	2000	one per vehicle	9)		46. Other* 47. Unknown			4. F	Ourth	Event			1
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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.



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.

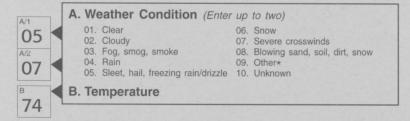
Fill in the box with the code you believe best answers the question. If you choose a response of "Other" for any of the overlay categories, briefly explain why in the area provided for the description of the accident.

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

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State of Nebraska
Investigator's Supplemental Truck and Bus Accident Report
This form must be completed in addition to the DR Form 40, "Investigator's Motor Vehicle
Assistant Report "if a product the product th

	Accident F	Report," if a	ny of the vehicles i	involved	d meet the criteria listed on th	e back	of this form. Sheet of		
LOCAL NO./DISTRICT		DATE OF ACC	IDENT COUNTY		CITY		STATE USE ONLY		
s	ling to the state of								
AGENCY CASE NO.		OCCURRED ON	HIGHWAY/ROAD/STREET						
	Chickey Shippy								
			TRU	JCK /	BUS - 1				
DRIVER (Print or type full nam	e)				CARRIER IDENTIFICATION NO.	/EHICLE WEIGHT RATING (GVWR) or			
				10000	IDENTIFICATION NO.		COMBINATION VEHICLE WEIGHT RATING (Combined rating for vehicles and trailers)		
CARRIER NAME (Print or type	full name)	aud Cistr	Guz rad Laton I		1 U.S. DOT	10,00	00 Lbs. or Less (Requires Haz Mat Placards)		
					2 ICC MC	10,00	o1 Lbs. – 26,000 Lbs.		
CARRIER ADDRESS (Street or	r R.F.D.)	CITY, STA	ATE, ZIP	7/10		More	than 26,000 Lbs.		
				133	VEHICLE CONFIGURATION (Check one)		CARGO BODY TYPE (Check one)		
TRAILER LICENSE	Year		State		2 Single-Unit Truck (10,001–26,000 Lbs. GVWF	7)	1 Bus (seats 9-15, including driver)		
PLATE No					3 Single-Unit Truck	,	2 Bus		
COMMERCE CL	ASSIFICATION		TRUCK WIDTH		(Greater than 26,000 Lbs. (GVWR)	(seats 15+, including driver) 3 Van/Enclosed Box		
(Check			t part of truck or trailer))	Truck tractor (bobtail) Truck with Trailer		4 Grain/Chips/Gravel		
1 Interstate Con 2 Intrastate Con		1 96 in			6 Tractor with Semi-Trailer		5 Pole		
3 Not Applicable		2 102 i 3 Other			7 Tractor with Doubles		6 Cargo Tank		
- Hot Applicable		o outloi	(Opecity)		8 Tractor with Triples		7 Flatbed		
				_	9 Unknown Heavy Truck		8 Dump		
	HAZARDOUS MAT	ERIAL INVO			37 Bus (seats 9-15, including of	driver)	9 Concrete Mixer		
Did vehicle have a Haz Mat Placard?	Placard Inforn	nation:	Was hazardous ca released? (Do not d		38 Bus (seats 15+, including d	river)	10 Auto Transporter		
1 Yes	1-Digit Hazard Clas		fuel from fuel tank)		39 A Haz Mat Passenger Car		11 Garbage/Refuse		
2 No	Placard.	nona	1 Yes		40 Haz Mat Light Truck (van, mini van, pickup, spor	12 Other (Specify)			
	1-Digit No		2 No		(10,000 Lbs. or less GVWR	7)	13 Unknown		
							To Children		
DRIVER (Print or type full nam	-1		TRU	JCK /	BUS - 2				
Driven (Fill of type full flam	9)				CARRIER IDENTIFICATION NO.	GROSS (/EHICLE WEIGHT RATING (GVWR) or COMBINATION VEHICLE WEIGHT RATING (Combined rating for vehicles and trailers)		
CARRIER NAME (Print or type	full name)				1 U.S. DOT		00 Lbs. or Less (Requires Haz Mat Placards)		
					2 ICC MC		11 Lbs. – 26,000 Lbs.		
CARRIER ADDRESS (Street or	r R.F.D.)	CITY, STA	ATE, ZIP		2 100 100	☐ More	than 26,000 Lbs.		
					VEHICLE CONFIGURATION		CARGO BODY TYPE		
TRAILER	V		0		(Check one) 2 Single-Unit Truck		(Check one)		
LICENSE	Year		State		(10,001–26,000 Lbs. GVWF 3 Single-Unit Truck	7)	(seats 9-15, including driver) 2 Bus		
COMMERCE CL			TRUCK WIDTH		(Greater than 26,000 Lbs. (GVWR)	(seats 15+, including driver)		
(Check	,		t part of truck or trailer,)	4 Truck tractor (bobtail)		3 Van/Enclosed Box		
1 Interstate Con		1 _ 96 in			5 Truck with Trailer6 Tractor with Semi-Trailer	N. Willy	4 Grain/Chips/Gravel 5 Pole		
2 Intrastate Con3 Not Applicable		2 102 i			7 Tractor with Doubles		6 Cargo Tank		
- Not Applicable	1-	J Other	(Эреспу)		8 Tractor with Triples		7 ☐ Flatbed		
					9 Unknown Heavy Truck		8 Dump		
B	HAZARDOUS MAT				37 Bus (seats 9-15, including of	driver)	9 Concrete Mixer		
Did vehicle have a Haz Mat Placard?	Placard Inforn		Was hazardous ca released? (Do not of		38 Bus (seats 15+, including d	river)	10 Auto Transporter		
1 Yes	1-Digit Hazard Clas		fuel from fuel tank)		39 Haz Mat Passenger Car		11 Garbage/Refuse		
2 No	Placard.		1 Yes		40 Haz Mat Light Truck (van, mini van, pickup, spoi		12 Other (Specify)		
	1-Digit No		2 No		(10,000 Lbs. or less GVWR		13 Unknown		
INVESTIGATOR NAME (Print of	or type)	INVESTIGATION	OR SIGNATURE		DEPARTMENT				
to the contract of the contrac		- TOTIONI	Join and the		DEFAMINENT		OFFICER NO. DATE OF REPORT		

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

- 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.