

**Instructions
for Completing**

**Investigator's
Motor Vehicle
Accident
Report Forms**

**Highway Safety Section
Nebraska Department of Roads**

January 2009

Introduction

The Nebraska Department of Roads (NDOR) acknowledges the many contributions of the law enforcement and crash data user communities to the development of the revised Nebraska accident report forms. These forms were created with the goal of facilitating the future use of technology in the accident reporting process, including the electronic submittal of accident data and electronic access to accident data for users.

The Nebraska Electronic Accident Reporting committee, which included representatives from several law enforcement and user agencies, selected the data elements and the format for the reports. During the development process consideration was given to the Federal Motor Carrier Safety Administration's requirements for reporting heavy truck and bus crashes and the recommendations of the Model Minimum Uniform Crash Criteria (MMUCC), sponsored by the National Highway Traffic Safety Administration, the Federal Highway Administration, and the National Association of Governors Highway Safety Representatives.

This instruction manual was prepared by the NDOR as a means to help the investigator accurately complete the:

- Investigator's Motor Vehicle Accident Report (DR Form 40) with overlays
- Investigator's Motor Vehicle Accident Continuation Report (DR Form 40a)
- Investigator's Supplemental Truck and Bus Accident Report (DR Form 174)

State statute requires law enforcement officers to provide to NDOR within 10 days of the accident an original report of their investigation of any traffic accident resulting in injury, death, or in which the estimated damage to the property of any one person exceeds \$1000.

The information collected by law enforcement officers on these reports provides the foundation for the statewide crash database, which is the backbone for accident analysis and contributes to the success of the state's highway safety program. Accurate reporting of motor vehicle accidents ultimately serves to make our roadways a safer place to travel.

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Highway Safety Section
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Investigator's Motor Vehicle Accident Report (DR Form 40)

This form must be completed for all reportable motor vehicle accidents. Two overlays are also attached to each pad of reports. These overlays are a means to help collect as much information as possible on the accident report. Instructions on how to use the overlays are printed on their reverse sides.

Responses should be typed or printed with black ink. An electronic version, allowing the form to be entered using Microsoft Word, is available at no charge from the Department of Roads. If more than two vehicles were involved, or more than three persons were injured in a crash, complete the Investigator's Motor Vehicle Continuation Report (DR Form 40a).

State of Nebraska												Sheet <u> </u> of <u> </u>						
Investigator's Motor Vehicle Accident Report																		
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										
A1	DATE OF ACCIDENT		M M D D / Y Y		S M T W T H F S		TIME OF ACCIDENT		STATE USE ONLY									
A2	PLACE OF ACCIDENT		COUNTY		CITY		POLICE NOTIFIED		LATITUDE									
B	ROAD ON WHICH ACCIDENT OCCURRED		STREET HIGHWAY NO.		PRIVATE PROPERTY? <input type="radio"/> YES <input type="radio"/> NO		ONE-WAY STREET? <input type="radio"/> YES <input type="radio"/> NO		LONGITUDE									
C	DISTANCE FROM MILEPOST		FEET		N S E W OF MILEPOST		HIGHWAY NO.		SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input type="radio"/> NO									
D	IF AT INTERSECTION						IF NOT AT INTERSECTION											
NAME OF INTERSECTING ROADWAY												FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
V1M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN																	
V2M	MILES N S E W						MILES N S E W											
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													
V1N	DRIVER ADDRESS		CITY, STATE, ZIP		PHONE () -		LOCAL NO.											
V2N	OWNER ADDRESS		CITY, STATE, ZIP		PHONE () -		LOCAL NO.		DATE OF BIRTH (MM/DD/YYYY) / /									
G	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO		CITATION NO.											
H	LICENSE PLATE NO.		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$					
V1O	VEHICLE ID NO. (VIN)		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$					
V2O	TOWED TO		TOWED BY		INSURANCE COMPANY													
VEHICLE NO. 2																		
F	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE													
V1P	DRIVER ADDRESS		CITY, STATE, ZIP		PHONE () -		LOCAL NO.											
V2P	OWNER ADDRESS		CITY, STATE, ZIP		PHONE () -		LOCAL NO.		DATE OF BIRTH (MM/DD/YYYY) / /									
J	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO		CITATION NO.											
H	LICENSE PLATE NO.		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$					
V1Q	VEHICLE ID NO. (VIN)		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$					
V2Q	TOWED TO		TOWED BY		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 Seat Position		2 Eject		3 Body Region		4 Injury Sec		5 Trans.		6 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 Sec		5 Trans.		6 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 Sec		5 Trans.		6 SEX M F	
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.											

Instructions for Completing the Front of the Investigator's Motor Vehicle Accident Report

- Sheet ___ of ___** – This field is used to help tie multiple page reports together in the event of accidental separation. Enter the total number of sheets, regardless of whether the front and back are used, included in your report of the accident in the second blank. In the first blank, identify the individual placement of each sheet within the pack. In some cases you may include as sheets items that are not DOR forms, such as full page diagrams, witness statements, supplemental reports, etc.

Example: Your report of the accident includes three sheets (*an investigator's report, a continuation report, and a supplemental truck and bus report*). Each sheet would be appropriately marked.

The investigator's report: Sheet 1 of 3
 The continuation report: Sheet 2 of 3
 The truck and bus report: Sheet 3 of 3

- Total Number of Vehicles** – Enter the total number of vehicles involved in the accident in the box provided. This number should correspond with the number of vehicle information blocks filled out below (*Vehicle No. 1, Vehicle No. 2, etc.*).

2	Total Number of Vehicles
---	--------------------------

- Local No./District** – Some agencies want to keep track of additional local numbers or internal districts. If your agency has such a policy, enter the appropriate number(s) in the box provided. Otherwise, leave this box blank. This field is not required by the state.
- Agency Case No.** – Enter the internal case number assigned to the accident by your agency. If your agency does not have its own case numbers, leave this box blank. This field is not required by the state.

- Hit & Run?** – Shade in the oval to indicate whether this was a hit and run accident.

HIT & RUN?	
<input type="radio"/> YES	<input checked="" type="radio"/> NO

- Investigation Made at Scene?** – Shade in the appropriate oval to indicate whether the investigation of this accident was made at the scene.

INVESTIGATION MADE AT SCENE?	
<input checked="" type="radio"/> YES	<input type="radio"/> NO

- Date of Accident** – Enter the date of the accident (*month, day, year*) in the boxes provided, being careful to distinctly place one number in each box.

DATE OF ACCIDENT	M	M	/	D	D	/	Y	Y	Y	Y
	0	7		2	4		2	0	0	8

8. **Day of Week** – Fill in the box corresponding to the day of week when the accident occurred, making sure it agrees with the accident date.

S	M	T	W	TH	F	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **Time of Accident** – Enter the hour and minute of the day when the accident occurred, using military time (i.e., 1535 rather than 3:35 p.m.), being careful to place one number in each box provided.

	(In Military Time)			
TIME OF ACCIDENT	1	5	3	5

10. **Police Notified** – Enter the hour and minute of the day when the police were notified of the accident, using military time (i.e., 1535 rather than 3:35 p.m.), being careful to place one number in each box provided.
11. **State Use Only** – Leave this box blank.

Accident Location

It is important that accident locations be accurately reported so problems can be identified. Once a safety problem is recognized, improvements can be programmed which may reduce the number and severity of crashes.

Assign the accident to the place where the first injury or damage-producing event occurred.

Whenever possible, measure the distance from the crash site to a permanent reference point or landmark (intersections, bridges, railroad crossings, milepost markers, etc.). The instructions numbered 11-22 explain how to provide complete accident location information.

12. **County** – Enter the name of the county where the accident occurred in the boxes provided. Starting with the box on the far left, enter one letter of the county name in each box. Leave unused boxes on the right of the field blank.

COUNTY	F	I	L	L	M	O	R	E				
--------	---	---	---	---	---	---	---	---	--	--	--	--

If an accident occurs on the centerline of a county line road, the crash should be located in the county where the vehicle most at fault was traveling.

13. **City** – If the accident occurred within the corporate limits of a city or town, enter the city name in the boxes provided. Starting with the box on the far left, enter one letter of the city name in each box. Leave unused boxes on the right of the field blank.

CITY	S	C	O	T	T	S	B	L	U	F	F				
------	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

14. **Private Property?** – Shade in the oval to indicate whether or not the accident occurred on private property.

PRIVATE PROPERTY?	YES <input type="radio"/>	NO <input checked="" type="radio"/>
-------------------	---------------------------	-------------------------------------

15. **Latitude** – If you have Global Positioning System (GPS) equipment and are able to determine the coordinates of the accident, enter the latitude in the blanks provided. Otherwise, leave this field blank.
16. **Longitude** – If you have Global Positioning System (GPS) equipment and are able to determine the coordinates of the accident, enter the longitude in the blanks provided. Otherwise, leave this field blank.

LATITUDE	<u>041</u> . <u>291177</u>
LONGITUDE	<u>099</u> . <u>378832</u>

17. **One-way Street?** – Shade in the oval to indicate whether or not the accident occurred on a one-way street. One-way streets almost always occur in urban settings. Divided roadways, such as the Interstate, are not considered one-way streets.

ONE-WAY STREET?	YES <input type="radio"/>	NO <input checked="" type="radio"/>
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18. **Road on Which Accident Occurred** – Enter the name of the roadway on which the accident occurred in this box. If the road has both a street name and a highway number, provide both.

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. 4th Street, US-275
---------------------------------	--

If the accident happened on a county road, enter the county road name or number, if it has such a designation.

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. County Road F
---------------------------------	---

If the roadway does not have an official name, show the distance and direction from the nearest named street or road.

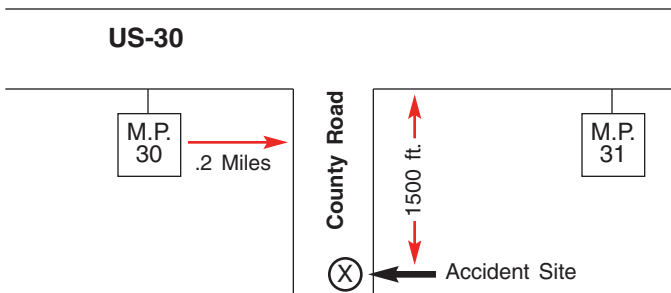
ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. City Street (one block south of Lincoln Ave.)
---------------------------------	---

19. **Distance from Milepost** – Green milepost markers are placed along rural highways at one-mile intervals. (Milepost markers are not usually displayed within city limits.)

Enter the distance in feet from the nearest milepost to the crash site for accidents on highways where milepost markers are used.

DISTANCE FROM MILEPOST	FEET <i>220</i>	N	S	E	W	OF MILEPOST <i>134</i>	HIGHWAY NO. <i>US-81</i>
		X					

Accidents that occur on local rural roads are sometimes difficult to locate accurately. When an accident occurs on a local rural road approaching a highway intersection, the highway milepost can be used to indicate the location. First, measure the distance in feet from the crash scene to the highway intersection. Then, estimate the milepost number for the intersection (milepost markers are rarely placed directly at intersections). Enter this information on the report. (See diagram below.)



DISTANCE FROM MILEPOST	FEET <i>1500</i>	N	S	E	W	OF MILEPOST <i>30.2</i>	HIGHWAY NO. <i>US-30</i>
			X				

20. **Should Location Have Engineering Study?** – Shade in the oval to indicate whether or not this location should have an engineering study. The need for an engineering study should be indicated if you believe some characteristic of the road (design, signing, marking, etc.) was a factor in the accident and should be considered for improvement.

SHOULD LOCATION HAVE ENGINEERING STUDY?
<input checked="" type="radio"/> YES <input type="radio"/> NO

21. **If at Intersection** – When an accident occurs at an intersection, enter the name and/or highway number of the intersecting street in this box.

IF AT INTERSECTION
NAME OF INTERSECTING ROADWAY
<i>84th Street</i>

22. **If Not at Intersection** – Accidents that do not occur at intersections are located more accurately when the measurement from the nearest intersecting street to the crash scene is provided. Write the number of feet and the direction the accident site is located from the nearest intersecting street or other landmark.

IF NOT AT INTERSECTION						
● FEET ○ MILES	N	S	E	W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
120		X			10th Street	

23. **Accidents Outside the City Limits** – Complete this information when the accident occurs outside the city limits.

The accident occurred four miles south of Thedford.

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN													
MILES	N	S	E	W	AND MILES	N	S	E	W	OF NEAREST CITY OR TOWN			
4		X								Thedford			

The accident occurred three miles south and two miles east of Wilber.

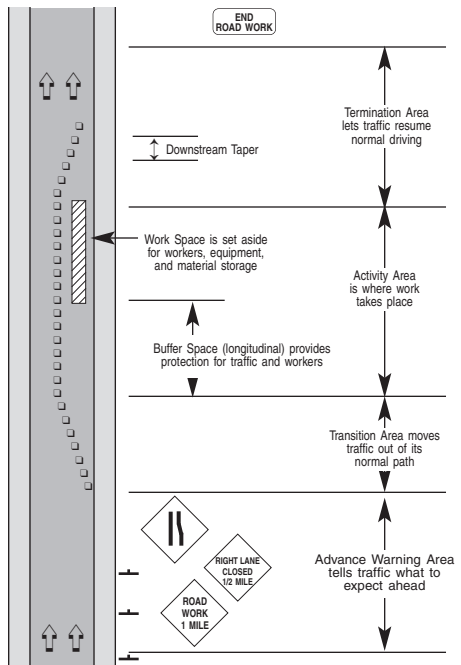
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN													
MILES	N	S	E	W	AND MILES	N	S	E	W	OF NEAREST CITY OR TOWN			
3		X			2			X		Wilber			

Work Zone Codes

Work zone information should be entered into the four boxes marked R on the front of the report.

R. WORK ZONE CODES	R1	R2	R3	R4
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A crash should be considered work zone related if it occurs in or near a construction, maintenance, or utility work zone, whether workers were actually present at the time of the crash or not. Work zone related crashes include those involving vehicles slowed or stopped because of the work zone, even if the first harmful event was before the first warning sign.



The questions relating to these boxes appear on the back of the second overlay. A code for each field should be entered into boxes R1, R2, R3, and R4 when applicable.

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"> No Unknown 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"> Before the first work zone warning sign Advance warning area (after the first warning sign, but before the work area) Transition area (where lanes are shifted or tapered for lane closure) Activity area (adjacent to actual work area, whether workers and equipment were present or not) 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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06. Not in roadway	15. Unknown																		
07. Median (but not on shoulder)																			
08. Island																			
09. Shoulder																			
<p>R3 Type of Work Zone:</p> <ol style="list-style-type: none"> Lane closure Lane shift/crossover Work on shoulder or median Intermittent or moving work 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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3. Working	9. Unknown																		
4. Pushing vehicle																			
5. Approaching or leaving vehicle																			
6. Playing or working on vehicle																			
<p>R4 Workers present?</p> <ol style="list-style-type: none"> Yes No 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. Fall 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. Fall 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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4. Illness	8. Unknown																		
<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"> Neither alcohol nor drugs suspected Yes - alcohol suspected Yes - drugs suspected Yes - alcohol and drugs suspected 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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04. Failure to yield right of way	10. Unknown																		
05. Not visible (dark clothing)																			
06. Inattentive (talking, eating, etc.)																			
<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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2. Helmet used	6. Not applicable																		
3. Protective pads used (elbows, knees, shins, etc.)	7. Other*																		
4. Reflective clothing	8. Unknown																		

24. Was the crash in or near a construction maintenance or utility work zone? (R1).

Enter the appropriate code for this crash. If you enter code 3, “Yes,” boxes R2, R3 and R4 also need to be filled out. If the answer to R1 is not “Yes,” leave boxes R2, R3 and R4 blank.

R1 Was the crash in or near a construction maintenance or utility work zone? (Enter one)

- No
- Unknown
- Yes (complete sub-fields R2, R3 and R4)

R. WORK ZONE CODES	R1	R2	R3	R4
	3			

25. Location of the Crash (R2) – Enter the appropriate code for the location within the work zone where the accident occurred.

R2 Location of the crash:

- Before the first work zone warning sign
- Advance warning area (after the first warning sign, but before the work area)
- Transition area (where lanes are shifted or tapered for lane closure)
- Activity area (adjacent to actual work area, whether workers and equipment were present or not)
- Termination area (after the activity area but before traffic resumes normal conditions)

R. WORK ZONE CODES	R1	R2	R3	R4
		4		

26. Type of Work Zone (R3) – Enter the appropriate code to indicate the type of work being done in the work zone.

R3 Type of Work Zone:

- Lane closure
- Lane shift/crossover
- Work on shoulder or median
- Intermittent or moving work
- Other

R. WORK ZONE CODES	R1	R2	R3	R4
			1	

27. Workers present? (R4) – Enter the appropriate code to indicate whether or not workers were present at the scene during the crash.

R4 Workers present?

- Yes
- No
- Unknown

R. WORK ZONE CODES	R1	R2	R3	R4
				1

If you believe that the presence of a work zone at this location contributed to the cause of the accident, indicate this fact by marking code 05, “Work Zone,” in the field **Contributing Circumstances, Road** in Box J on the first overlay.

J	05	J. Contributing Circumstances, Road (Enter one)										
		<table border="0"> <tr> <td>01. None</td> <td>07. Obstruction in roadway</td> </tr> <tr> <td>02. Road surface condition (wet, icy, snow, slush, etc.)</td> <td>08. Traffic control device inoperative, missing or obscured</td> </tr> <tr> <td>03. Debris</td> <td>09. Shoulders (none, low, soft, high)</td> </tr> <tr> <td>04. Rut, holes, bumps</td> <td>10. Non-highway work</td> </tr> <tr> <td>05. Work zone (construction/maintenance/utility)</td> <td>11. Other*</td> </tr> <tr> <td>06. Worn, travel-polished surface</td> <td>12. Unknown</td> </tr> </table>	01. None	07. Obstruction in roadway	02. Road surface condition (wet, icy, snow, slush, etc.)	08. Traffic control device inoperative, missing or obscured	03. Debris	09. Shoulders (none, low, soft, high)	04. Rut, holes, bumps	10. Non-highway work	05. Work zone (construction/maintenance/utility)	11. Other*
01. None	07. Obstruction in roadway											
02. Road surface condition (wet, icy, snow, slush, etc.)	08. Traffic control device inoperative, missing or obscured											
03. Debris	09. Shoulders (none, low, soft, high)											
04. Rut, holes, bumps	10. Non-highway work											
05. Work zone (construction/maintenance/utility)	11. Other*											
06. Worn, travel-polished surface	12. Unknown											

Pedestrian (Non-Motorist) Classification Codes

If a pedestrian or other non-motorist (bicyclist, pedalcyclist, skater, etc.) is involved in an accident with a motor vehicle, pedestrian (non-motorist) information should be entered into the eight boxes marked S on the front of the report. If there are no non-motorists in an accident, these boxes should be left blank. The questions relating to these boxes appear on the back of the second overlay. A code for each field should be entered into boxes S1, S2, S3, S4, S5-a, S5-b, S6-a and S6-b when applicable.

S. PEDESTRIAN CLASSIFICATION CODES	S1	S2	S3	S4	S5-a	S5-b	S6-a	S6-b

28. Non-Motorist Location Prior to Impact (S1) –

Enter the code which indicates where the pedestrian (non-motorist) was located at the time of the accident.

S1 Non-Motorist location prior to impact <i>(Enter one, in box S1)</i>	
01. Marked crosswalk at intersection 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. Sidewalk 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

S. PEDESTRIAN CLASSIFICATION CODES	S1	S2	S3	S4	S5-a	S5-b	S6-a	S6-b
	01							

29. Non-motorist Action (S2) –

Enter the code which indicates what the pedestrian (non-motorist) was doing at the time of the accident.

S2 Non-Motorist Action <i>(Enter one, in box S2)</i>	
1. Entering or crossing specified location 2. Walking, running, jogging, playing, cycling 3. Working 4. Pushing vehicle 5. Approaching or leaving vehicle 6. Playing or working on vehicle	7. Standing 8. Other* 9. Unknown

S. PEDESTRIAN CLASSIFICATION CODES	S1	S2	S3	S4	S5-a	S5-b	S6-a	S6-b
		2						

30. Non-motorist Condition (S3) –

Enter the code which indicates the condition of the pedestrian (non-motorist) at the time of the accident.

S3 Non-Motorist Condition <i>(Enter one, in box S3)</i>	
1. Apparently normal 2. Physical impairment 3. Emotional (depressed, angry, disturbed, etc.) 4. Illness	5. Fell asleep, fainted, fatigued, etc. 6. Under influence of medications/drugs/alcohol 7. Other* 8. Unknown

S. PEDESTRIAN CLASSIFICATION CODES	S1	S2	S3	S4	S5-a	S5-b	S6-a	S6-b
			1					

31. Alcohol/Drugs Suspected (S4) –

Enter the appropriate code, indicating your assessment of whether or not the pedestrian (non-motorist) was using alcohol and/or drugs.

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

S. PEDESTRIAN CLASSIFICATION CODES	S1	S2	S3	S4	S5-a	S5-b	S6-a	S6-b
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Contributing Circumstances, Non-Motorist (S5a, S5b) –

Enter the code(s) which indicate actions by the pedestrian (non-motorist) which may have contributed to the occurrence of the crash. One or two codes may be entered.

S5 Contributing Circumstances, Non-Motorist
 (Enter up to two, in boxes S5-a and S5-b)

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.)	

S. PEDESTRIAN CLASSIFICATION CODES	S1	S2	S3	S4	S5-a	S5-b	S6-a	S6-b
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Non-motorist Safety Equipment (S6a, S6b) –

Enter the code(s) which indicate the type of safety equipment being used by the pedestrian (non-motorist) at the time of the accident. One or two codes may be entered.

S6 Non-Motorist Safety Equipment
 (Enter up to two, in boxes S6-a and S6-b)

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

S. PEDESTRIAN CLASSIFICATION CODES	S1	S2	S3	S4	S5-a	S5-b	S6-a	S6-b
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

34. Does Accident Involve Damage to State Dept. of Roads' Property –

State property is defined as any property that was installed and/or maintained by Nebraska Department of Roads personnel. Examples: Bridge, guard rail/cable rail, protective crash barrels/structures, culverts, signs, fences, buildings (owned by NDOR, including landscape), NDOR vehicles/equipment, traffic control/cleanup, road damage (due to fire, etc.).

DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?

YES NO

Vehicles and Drivers

Space to enter information for two vehicles and drivers appears on the front of the report. A block for Vehicle 1 information is listed first. The same information is then repeated for Vehicle 2. If more than two vehicles are involved in an accident, use DR Form 40a, Investigator's Motor Vehicle Continuation Report, to provide information on the additional vehicles.

Although they are not motor vehicles, a train or a bicycle involved in a crash may be listed in a vehicle block to ensure that its information is recorded.

VEHICLE NO. 1														
DRIVER LICENSE NO.										STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		
DRIVER										PHONE () - ()		LOCAL NO.		
DRIVER ADDRESS										CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) / /		
OWNER										PHONE () - ()		LOCAL NO.		
OWNER ADDRESS										CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO		
LICENSE PLATE NO.										YEAR (Plate Expires)		STATE (Of Plate)		
VEHICLE		YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$							
VEHICLE ID NO. (VIN)							INSURANCE COMPANY							
TOWED TO					TOWED BY					POLICY NO.				

The upper portion of the vehicle block is for information about the driver. Most of this information comes from the driver's license.

35. **Driver License No.** – Enter the Driver's License number in the boxes provided. Starting with the leftmost box, enter one character in each box. Unused boxes to the right should be left blank.

DRIVER LICENSE NO.	G	0	0	0	2	1	5	7	8						
--------------------	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

36. **State (of license)** – Enter the two-letter state abbreviation (i.e., NE for Nebraska) for the state that issued the driver's license in the appropriate boxes.

STATE (Of License)	N	E
--------------------	---	---

37. **Sex** – Shade in the appropriate oval to indicate the gender of the driver.

SEX	<input checked="" type="radio"/>	FEMALE	<input type="radio"/>	MALE
-----	----------------------------------	--------	-----------------------	------

38. **Driver** – Enter the driver's name in the box exactly as it appears on the driver's license. Any aliases may be noted in parentheses.

DRIVER	John N. Andrews
--------	-----------------

39. **Phone** – Enter the driver’s phone number in the spaces provided.

PHONE
(505) 421 - 2980

40. **Local No.** – Some local law enforcement agencies have records management systems that require a separate identifying number for every person involved in an accident. If your agency uses this system, enter the local number here. If your agency does not use this system, leave this field blank. The state does not require this field.

41. **Driver Address** – Enter the driver’s current address in the box provided. This may not be the same address that appears on the driver’s license. People often do not update their licenses when they move, making the driver’s license address outdated.

DRIVER ADDRESS CITY, STATE, ZIP
640 Diabalo Dr. Santa Fe NM 87505

42. **Date of Birth** – Enter the driver’s date of birth in the spaces provided, using the format month /day /year (mm/dd/yyyy).
Example: December 14, 2002 would be 12/14/1975.

DATE OF BIRTH
(MM / DD / YYYY) **12 / 14 / 1975**

43. **Owner Name, Phone, Address** – Enter the full name, phone number, and current address of the vehicle owner in the boxes provided. Be sure to include owner information for any parked motor vehicles that are involved in crashes.

If the owner is the same as the driver, you may write “Same” for this block of information. However, if there is joint ownership of the vehicle and the driver is one of the owners, do not write “Same,” but list each of the owners.

OWNER PHONE
John and Ellen Andrews (505) 421 - 2980
OWNER ADDRESS CITY, STATE, ZIP
640 Diabalo Dr. Santa Fe NM 87505

44. **Citation** – Shade in the oval indicating whether a motor vehicle citation was issued to the driver as a result of the crash.

CITATION YES
 PENDING NO

45. **Citation No.** – If a motor vehicle citation was issued to the driver as a result of the crash, enter the citation number here.

CITATION NO.
784678

53. **Vehicle Color** – Enter the color of the vehicle.
 You may be fairly broad in naming the color, but indicate if the shade was light or dark (light blue, dark green, etc.).

COLOR White

54. **Estimated Damage** – Enter a damage estimate that you believe is close to what it would cost to repair the vehicle. If the vehicle is damaged so severely that it is a total loss, you may check “Totaled.” These estimates may sometimes be difficult to make, but they are very important for purposes of determining whether an accident meets the state’s reportability criteria, and is therefore listed on a driver’s official record.

Do not enter estimates of \$1000+ or \$1000-. We need to know if you think the damages are close to \$1000 or well over \$1000. Reportability is usually determined from the driver’s reported damages. Sometimes, however, driver estimates are suspect. Your estimates are very useful in helping identify questionable estimates provided by individuals. If individuals report damage amounts that are substantially less than your estimate, we may ask them for copies of body shop estimates or receipts for repair charges to confirm their claims.

ESTIMATED DAMAGE <input type="radio"/> TOTALED \$1250

55. **Vehicle Identification Number (VIN)** – Enter the Vehicle Identification Number (VIN) in the boxes provided. Starting with the leftmost box, distinctly enter one character in each box.

On passenger cars built from 1968 to date, the VIN is usually found on the driver’s side of the dashboard and should be visible through the windshield from the outside. On passenger cars built in the mid-1950’s through 1967, the VIN will usually be found welded or riveted on the door post. Passenger cars built before 1956 were identified by the motor number.

VEHICLE ID NO. (VIN)	1	F	A	B	P	0	5	2	5	B	W	1	0	0	0	6	5
----------------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

56. **Insurance Company and Policy Number** – Enter the name of the insurance company and the insurance policy number for this vehicle in the appropriate boxes.

INSURANCE COMPANY XYZ Insurance
POLICY NO. 197-0497-E02

57. **Towed To and Towed By** – If the vehicle was towed away, enter the location to where it was towed and provide the name of the company or individual that did the towing in the appropriate boxes. If the vehicle was not towed, leave these boxes blank.

TOWED TO 340 West P St.	TOWED BY Stan's Towing
-----------------------------------	----------------------------------

Injured Persons

Information about persons injured in an accident is collected at the bottom of the front page of the accident report. If more than three persons were injured in the accident, use the Investigator's Motor Vehicle Accident Continuation Report (DR Form 40a). The boxes numbered 1-5 in the lower right corner of this block are coded from the fields numbered 1-5 on the first overlay.

Complete this section for all injured persons <small>(Complete a continuation report, if more than three were injured)</small>				DATE OF BIRTH <small>(MM / DD / YYYY)</small>		1	2	3	4	5	SEX	
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M	F
						/	/					
						/	/					
						/	/					

58. **Vehicle Number (Veh. #)** – Enter the number of the vehicle in which the injured person was riding. If the injured person was a pedestrian, bicyclist, or other non-motorist, leave this box blank.

59. **Injured Person's Name and Address** – Enter the complete name of the injured person and his/her current address in the appropriate box.

60. **Injured Person's Date of Birth** – Enter the date of birth of the injured person in the spaces provided. Use two digits for the month, two digits for the day, and four digits for the year (MM/DD/YYYY).

Complete this section for all injured persons <small>(Complete a continuation report, if more than three were injured)</small>				DATE OF BIRTH <small>(MM / DD / YYYY)</small>	
VEH. #	NAME	ADDRESS		1	2
1	Lori Brandt	5261 Hancock St. Lincoln NE 68504		03	/ 19 / 1974

61. **Seating Position (1)** – Enter the appropriate two-digit code for the injured person’s seating position using the codes from Field 1 on the first overlay in Box 1. Place a number on either side of the tick mark in the box provided. Be sure to include the leading zero in choices 01-09.

Seating Position (Enter one)					1
	03	06	09		↓
-	02	05	08		
	01	04	07		

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

Seating positions 01-09 are indicated on the car diagram. Seating positions 01-06 represent the normal seating arrangements found in a typical passenger car, with seating position 01 being the driver’s seat. Seating positions 07-09 are used when a vehicle has a third row of seats, such as in larger vans.

Additional seating position choices, 10-20, are available from a list.

Motorcyclists, pedestrians, and bicyclists (pedalcyclists) are included in these choices. Other selected examples include:

1	2	3	4	5
Seat Position	Eject	Body Region	Injury Sev.	Trans.
01				

Description of Seating Position

10. Other enclosed passenger/cargo area
11. Other unenclosed passenger/cargo area
12. Riding on vehicle exterior
14. Trailing unit

Example

Rear cargo area commonly found in utility vehicles, mini-vans, etc.
 Bed of a pickup truck
 Hood, running boards, fenders and bumpers
 Towed car or trailer

62. **Ejected/Trapped (2)** – Enter the appropriate code for the injured person in Box 2, using the codes from Field 2 on the first overlay. The term ejected refers to a vehicle occupant being completely or partially thrown from the vehicle as a result of the crash. An occupant is considered

Ejected/Trapped (Enter one)					2
1.	Not ejected or trapped				↓
2.	Partially ejected				
3.	Totally ejected				
4.	Trapped - Occupant removed without use of equipment				
5.	Trapped - Equipment used in extrication				
6.	Unknown				

trapped when damaged vehicle components physically impair his/her removal from the wreckage.

1	2	3	4	5
Seat Position	Eject	Body Region	Injury Sev.	Trans.
	5			

63. **Body Region with Most Severe Injury (3)** – Enter the appropriate two-digit code for the injured person in Box 3, using the codes from Field 3 on the first overlay. Place a number on either side of the tick mark in the box provided. Be sure to include the leading zero in

choices 01-09. Choose the code that from your observation best describes where the person was most severely injured.

Body Region with Most Severe Injury (Enter one)		3
01. Head	07. Elbow/lower arm/hand	↓
02. Face	08. Abdomen/pelvis	
03. Neck	09. Hip/upper leg	
04. Chest	10. Knee/lower leg/foot	
05. Back/spine	11. Entire body	
06. Shoulder/upper arm	12. Unknown	

1	2	3	4	5
Seat Position	Eject	Body Region	Injury Sev.	Trans.
		04		

64. **Injury Severity (4)** – Enter the appropriate code indicating the severity of the person’s injury in Box 4, using the codes from Field 4 on the overlay.

Injury Severity (Enter one)	4
1. Killed	↓
2. Disabling - cannot leave scene without assistance (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.)	

1	2	3	4	5
Seat Position	Eject	Body Region	Injury Sev.	Trans.
			2	

65. **Transported to Medical Facility (5)** – Enter the appropriate code for the injured person in Box 5, using the codes from Field 5 on the first overlay. These codes indicate whether and how the injured person was moved from the crash site to a medical facility for treatment.

Transported to Medical Facility (Enter one)	5	
If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:		
Source of Transport:		
1. Not transported	3. Police	↓
2. EMS	4. Other*	

1	2	3	4	5
Seat Position	Eject	Body Region	Injury Sev.	Trans.
				2

66. **Sex** – Enter the gender of the injured person by indicating “M” for a male or “F” for a female.

1	2	3	4	5	SEX
Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
					M

67. **Medical Facility Name** – Enter the name of the hospital or other medical facility to which the injured person was transported.

MEDICAL FACILITY NAME
Central Hospital

68. **EMS Service Name** – Enter the name of the Emergency Medical Service that transported the injured person by ambulance.

EMS SERVICE NAME
Hancock Rescue Unit

69. **EMS Run Report #** – Enter the run report number from the Nebraska Ambulance and Rescue System Information System (NARSIS) report. These are the forms EMS Services are required to fill out when they respond to an emergency call and send to the Nebraska Health and Human Services System. The run report number is pre-printed in red in the upper right corner of the NARSIS form.

EMS RUN REPORT NO.
004580

NARSIS Patient Care Report · Confidential Record · Keep Secure				A 004580
1	1. Level of Licensure/Service 1 - BLS Transport 3 - ALS Transport 5 - Air 2 - BLS Nontransport 4 - ALS Nontransport	15. Field Investigation/Encounters 1 - Allergic Reaction Management 12 - Extrication/Rescue 2 - Blood Draw/Successful 13 - IV, Intraosseous 3 - Blood Draw/Unsuccessful 14 - IV, Monitored 4 - Blood Glucose Check 15 - IV, Peripheral 5 - CPR 16 - Needle Decompression 6 - Defibrillation - Automatic 17 - Pt. Assisted Medications 7 - Defibrillation - Manual 18 - Poison Management 8 - Defibrillation - Semiautomatic 19 - Shock Management 9 - ECG Lead 2 20 - Shock Trousers 10 - ECG 3 Lead 21 - Other, use narrative 11 - ECG 12 Lead 22 - N/A		
2	2. Street Type 1 - City Highway 4 - Rural Highway 7 - Other, use narrative 2 - City Interstate 5 - Rural Interstate 3 - City Street 6 - Rural Road			
3	3. Response Area 1 - City/Town 2 - Rural/Country			
4	4. Location of Call 1 - Assisted Living 7 - Industrial Site 13 - Str/Rd/Hwy/Lst 2 - Clinic/MD Office 8 - Office/Business 14 - Urgent Care Center			

70. **Weather Condition (A1, A2)** – Select the two-digit code(s) that best describe the weather conditions at the time of the crash. Enter either one or two weather conditions into the boxes marked A1 and A2. If only one weather condition applies, leave box A2 blank. Be sure to include leading zeros for codes 01-09.
71. **Temperature (B)** – Some agencies want to collect information on the temperature at the time of the accident. If your agency desires, enter the temperature (in degrees Fahrenheit), in Box B. The state does not require this field.

A/1 06	<p>A. Weather Condition <i>(Enter up to two)</i></p> <table> <tr> <td>01. Clear</td> <td>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
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										
A/2 07											
B 25	<p>B. Temperature</p>										

72. **Light Condition (C)** – Select the code that best describes the light conditions at the time of the crash and enter it into Box C.

C 1	<p>C. Light Condition <i>(Enter one)</i></p> <table> <tr> <td>1. Daylight</td> <td>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
1. Daylight	5. Dark - roadway not lighted								
2. Dawn	6. Dark - unknown roadway lighting								
3. Dusk	7. Other*								
4. Dark - lighted roadway	8. Unknown								

73. **Road Character (D)** – Select the code that best describes the character of the road where the accident occurred and enter it into Box D.

D 5	<p>D. Road Character <i>(Enter one)</i></p> <table> <tr> <td>1. Straight and level</td> <td>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
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						

74. **Road Surface (E)** – Select the code that identifies the type of material used to surface the road at the accident site and enter it into Box E.

E 2	<p>E. Road Surface <i>(Enter one)</i></p> <table> <tr> <td>1. Concrete</td> <td>4. Gravel</td> </tr> <tr> <td>2. Asphalt</td> <td>5. Dirt</td> </tr> <tr> <td>3. Brick</td> <td>6. Other*</td> </tr> </table>	1. Concrete	4. Gravel	2. Asphalt	5. Dirt	3. Brick	6. Other*
1. Concrete	4. Gravel						
2. Asphalt	5. Dirt						
3. Brick	6. Other*						

75. **Road Surface Condition (F)** – Select the code that best describes the condition of the road surface at the time of the crash and enter it into Box F.

F 4	F. Road Surface Condition <i>(Enter one)</i>									
	<table><tr><td>1. Dry</td><td>6. Water (standing, moving)</td></tr><tr><td>2. Wet</td><td>7. Slush</td></tr><tr><td>3. Snow</td><td>8. Other*</td></tr><tr><td>4. Ice</td><td>9. Unknown</td></tr><tr><td>5. Sand, mud, dirt, oil, gravel</td><td></td></tr></table>	1. Dry	6. Water (standing, moving)	2. Wet	7. Slush	3. Snow	8. Other*	4. Ice	9. Unknown	5. Sand, mud, dirt, oil, gravel
1. Dry	6. Water (standing, moving)									
2. Wet	7. Slush									
3. Snow	8. Other*									
4. Ice	9. Unknown									
5. Sand, mud, dirt, oil, gravel										

76. **Total Number of Through Lanes (G)** – Select the code that identifies the number of through lanes on the roadway at the accident site and enter it into Box G. Count only those lanes that allow traffic to flow straight ahead. Turning bays, turn lanes, acceleration, or deceleration lanes should not be included. If the accident occurred on a divided highway, the number of through lanes on both sides of the median should be counted.

G 2	G. Total Number of Through Lanes <i>(Enter one)</i>					
	<table><tr><td>1. One lane</td><td>4. Four lanes</td></tr><tr><td>2. Two lanes</td><td>5. Five lanes</td></tr><tr><td>3. Three lanes</td><td>6. Six or more lanes</td></tr></table>	1. One lane	4. Four lanes	2. Two lanes	5. Five lanes	3. Three lanes
1. One lane	4. Four lanes					
2. Two lanes	5. Five lanes					
3. Three lanes	6. Six or more lanes					

77. **Median Type (H)** – If an accident occurs on a divided highway, select the code that best describes the type of median that separates opposing lanes of traffic and enter it into Box H. If the highway is not divided, enter code 5, "None."

Median Barrier: A structure, usually 32 inches high or higher made of concrete or steel, which is designed to prevent out-of-control vehicles from entering the opposing lanes of traffic. It is most often found in high traffic volume areas or areas where the amount of available right-of-way is restricted.

Raised Median: A raised island with concrete curbing along its outside edge that is built to divide a roadway. The body of a raised median may be composed of concrete or earth. This type of median is commonly found in urban or suburban areas.

Grass Median: A strip of turf, usually depressed with no curbing, used to separate opposing lanes of traffic. This type of median is commonly found in rural areas, including the Interstate.

Painted Median: Where nothing is provided to physically divide a roadway, a median may be painted to guide and warn drivers not to cross over into oncoming traffic.

H 5	H. Median Type <i>(Enter one)</i>					
	<table><tr><td>1. Median barrier</td><td>4. Painted <i>(no curb)</i></td></tr><tr><td>2. Raised median <i>(curbed)</i></td><td>5. None</td></tr><tr><td>3. Grass median <i>(no curb)</i></td><td></td></tr></table>	1. Median barrier	4. Painted <i>(no curb)</i>	2. Raised median <i>(curbed)</i>	5. None	3. Grass median <i>(no curb)</i>
1. Median barrier	4. Painted <i>(no curb)</i>					
2. Raised median <i>(curbed)</i>	5. None					
3. Grass median <i>(no curb)</i>						

78. **Contributing Circumstances, Environment (I)** – Select the code which indicates any environmental condition which may have contributed to the occurrence of the crash and enter it into Box I.

I
2

I. Contributing Circumstances, Environment *(Enter one)*

1. None	5. Animal in roadway
2. Weather conditions	6. Other*
3. Vision obstruction	7. Unknown
4. Glare	

79. **Contributing Circumstances, Road (J)** – Select the two-digit code which describes any roadway condition which may have contributed to the occurrence of the crash and enter it into Box J. Be sure to include leading zeros for codes 01-09.

J
02

J. Contributing Circumstances, Road *(Enter one)*

01. None	07. Obstruction in roadway
02. Road surface condition (wet, icy, snow, slush, etc.)	08. Traffic control device inoperative, missing or obscured
03. Debris	09. Shoulders (none, low, soft, high)
04. Rut, holes, bumps	10. Non-highway work
05. Work zone (construction/ maintenance/utility)	11. Other*
06. Worn, travel-polished surface	12. Unknown

80. **Type of Roadway Junction (K)** – Select the two-digit code that describes the configuration of the intersection or other roadway connector where the accident occurred and enter it into Box K. Be sure to include leading zeros for codes 01-09. If the accident did not occur at a junction, enter code 01, “Not at Junction.”

K
01

K. Type of Roadway Junction *(Enter one)*

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	

81. **School Bus Related (L)** – Select the code which best describes whether or how a school bus was related to the accident and enter it into Box L. Note that Box L is located on the upper right edge of the form.

A **school bus is directly involved** when it is a contact vehicle in a crash. A **school bus is indirectly involved** if it is a non-contact vehicle, but its presence played a role in the accident. Example: A student who has just disembarked from a stopped school bus steps into traffic and is struck by another vehicle.

L. School Bus Related *(Enter one)*

1. No
2. Yes, school bus directly involved
3. Yes, school bus indirectly involved
4. Unknown

L
1

Directions for Using the Second Overlay (Vehicle Overlay)

A second overlay is provided with the Investigator's Motor Vehicle Accident Report to collect additional data about the vehicles involved in the crash. Fold up the first overlay and use the second overlay to respond to fields M through Q on the left edge of the report and Sequence of Events and Speed Limit on the right edge of the report. Arrows on the overlay direct you to the correct boxes to insert the codes. The field numbers are also printed within the corresponding boxes.

Overlay 2 DR Form 40, Jan 09		State of Nebraska Investigator's Motor Vehicle Accident Report	OVERLAY #2
	Total Number of Vehicles		Sequence of Events
A/1	VEHICLE OVERLAY		
A/2	M. Contributing Circumstances, Driver <i>(Enter one per driver)</i>		
B	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		
C			
D			
V1/M			
V2/M			
E			
F			
V1/N			
V2/N			
G			
H			
V1/O			
V2/O			
I			
V1/P			
V2/P			
J			
V1/O			
V2/O			
K			
	N. Traffic Control Device <i>(Enter one per vehicle)</i>		
	1. No controls 2. Traffic control signal 3. Flashing traffic control signal 4. School zone sign 5. Stop sign 6. Yield sign 7. Warning sign 8. Railroad crossing device 9. Unknown		
	O. Extent of Damage <i>(Enter one per vehicle)</i>		
	1. None/minor damage 2. Functional damage 3. Disabling damage (requires towing from scene) 4. Severe/vehicle totaled 5. Unknown		
	P. Driver's Condition <i>(Enter one per driver)</i>		
	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 <i>(Enter one per vehicle)</i>		
	1. Towed - due to damages 2. Towed - other reasons 3. Left at scene 4. Driven away 5. Unknown		
		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 -----	V1/1
		2. Second Event -----	V1/2
		3. Third Event -----	V1/3
		4. Fourth Event -----	V1/4
		5. Most Harmful Event ---	V1/5
		6. Vehicle Authorized Speed Limit (mph) ----	V1/6
		Vehicle #2	
		1. First Event -----	V2/1
		2. Second Event -----	V2/2
		3. Third Event -----	V2/3
		4. Fourth Event -----	V2/4
		5. Most Harmful Event ---	V2/5
		6. Vehicle Authorized Speed Limit (mph) ----	V2/6
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 Trunk
	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 Trunk
	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 Trunk
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME
			EMS RUN REPORT NO.
			SEX M F

82. **Contributing Circumstances, Driver (M1, M2)** – For each driver in the accident, select the two-digit code that best describes any action by the driver that may have contributed to the crash, and enter it into the corresponding Box M. (There is a Box M for Vehicle 1 and another for Vehicle 2.) Be sure to include leading zeros for codes 01-09. If more than one action applies to a driver, choose the one that you believe was most significant.

V1/M 02	▶	<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
V2/M 04		

83. **Traffic Control Device (N1, N2)** – For each vehicle in the accident, select the code that indicates any traffic control device that was controlling the vehicle’s movement at the time of the accident, and enter it into the corresponding Box N. (There is a Box N for Vehicle 1 and another for Vehicle 2.) If more than one traffic control applies to a vehicle, choose the one that you believe was most significant.

Example: A right angle collision occurs at the intersection of 4th & Green Streets. There are stop signs on Green Street, but 4th Street traffic is not required to stop. Vehicle 1, which was traveling on Green Street, should be coded 5, “Stop Sign.”. Vehicle 2, which was traveling on 4th Street, should be coded 1, “No Controls.”

V1/N 5	▶	<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	
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												
V2/N 1												

84. **Extent of Damage (O1, O2)** – For each vehicle in the accident, select the code that best describes the amount of damage it received from the crash, and enter it into the corresponding Box O. (There is a Box O for Vehicle 1 and another for Vehicle 2.)

Minor damage – Scratches, dents, cracked or broken plastic on lights or trim.

Functional damage – Damage that affects some of the functions of a vehicle, but is not extensive enough to require towing.

Disabling damage – Damage sufficient to require that the vehicle be towed from the scene.

Severe damage – Damage sufficient to consider the vehicle a total loss.

V1/O 3	▶	▶	<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
V2/O 4			

85. **Driver's Condition (P1, P2)** – For each driver in the accident, select the code that best describes the driver's apparent condition at the time of the crash, and enter it into the corresponding Box P. (There is a Box P for Vehicle 1 and another for Vehicle 2.)

V1/P 6	▶	▶	<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
V2/P 1			

86. **Disposition of Vehicle (Q1, Q2)** – For each vehicle in the accident, select the code that indicates what happened to the vehicle after the accident, and enter it into the corresponding Box Q. (There is a Box Q for Vehicle 1 and another for Vehicle 2). If a vehicle is towed away after a crash, indicate whether the towing was due to disabling damage received in the collision, or for other reasons, such as the driver being arrested for drunk driving.

V1/Q 1	▶	▶	<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
V2/Q 1			

87. **Sequence of Events** – For each vehicle in the accident, determine the various events that took place in the crash and code them in sequence in boxes 1-4 on the right edge of the report. Choose the events from the extensive list located on the second overlay. If less than four events apply to a vehicle, leave the unneeded boxes blank. These are two-digit codes, so remember to include the leading zeros for codes 01-09.

Most Harmful Event – From the events coded in Sequence of Events (one to four items), choose the event that was most harmful (caused the most damage or injury) and code it into Box 5. The Most Harmful Event should be the same code as one of the events selected under Sequence of Events. These are two-digit codes, so remember to include the leading zeros for codes 01-09.

Collisions between vehicles – Any time two vehicles collide, the proper coding for the event is 18, “Motor vehicle in transport.”

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) -----▶

Example 1:

A vehicle traveling on a narrow two-lane highway with no paved shoulder drops a tire off the right edge of the road. In attempting to return to the roadway, the driver overcorrects, causing the vehicle to run off the left side of the road, overturn, and strike a tree.

In this case, the First Event would be code 08, "Ran off road right," and should be entered into Box 1. The Second Event would be code 09, "Ran off road left," and should be entered into Box 2. The Third Event would be code 01, "Overturn/rollover," and should be entered into Box 3. The Fourth Event would be code 42, collision with a fixed object, "Tree," and should be entered into Box 4. Since the driver was thrown from the vehicle when it overturned and severely injured, the Most Harmful Event would be code 01, "overturn/rollover," which should be entered into Box 5.

Vehicle #1	
1. First Event -----	V1/1 08
2. Second Event -----	V1/2 09
3. Third Event -----	V1/3 01
4. Fourth Event -----	V1/4 42
5. Most Harmful Event ---	V1/5 01
6. Vehicle Authorized Speed Limit (mph) -----	V1/6 55

Example 2:

Vehicle 1 was northbound on a two-lane rural highway, crossed the centerline and struck southbound Vehicle 2 nearly head-on. Vehicle 2 went off the east side of the roadway and struck a guardrail. Vehicle 1 left the roadway on the west side. For Vehicle 1, the sequence of events would be as follows: the First Event would be coded 10, "Cross median/centerline," the Second Event would be coded 18, "Motor vehicle in transport," the Third Event would be coded 08, "Ran off road right," and the Fourth Event would be left blank. For Vehicle 2, the sequence of events would be as follows: the First Event would be coded 18, "Motor vehicle in transport," the Second Event would be coded 08, "Ran off road right," the Third Event would be coded 28, collision with "Guardrail face," and the Fourth Event would be left blank. The Most Harmful Event for both vehicles would be coded 18, "Motor vehicle in transport."

Vehicle #1	
1. First Event -----	V1/1 10
2. Second Event -----	V1/2 18
3. Third Event -----	V1/3 08
4. Fourth Event -----	V1/4
5. Most Harmful Event ---	V1/5 18
6. Vehicle Authorized Speed Limit (mph) -----	V1/6 60

Vehicle #2	
1. First Event -----	V2/1 18
2. Second Event -----	V2/2 08
3. Third Event -----	V2/3 28
4. Fourth Event -----	V2/4
5. Most Harmful Event ---	V2/5 18
6. Vehicle Authorized Speed Limit (mph) -----	V2/6 60

Explanation of Event Codes

Non-Collision Events

01. Overturn/rollover – A vehicle upsets onto its top or side.
02. Fire/explosion – A vehicle catches fire or explodes.
03. Immersion – A vehicle plunges into water, such as a lake, river, or creek.
04. Jackknife – Unintended contact between any two units of a multi-unit vehicle, such as the tractor and trailer of a truck combination.
05. Cargo/equipment loss or shift – Material, gear, or other load falling from a vehicle or shifting position on a vehicle and affecting its balance.
06. Equipment failure (blown tire, brake failure, etc.) – A breakdown or failing of some part of the vehicle's equipment, leading to deterioration or loss of function.
07. Separation of units – parts of a multi-unit vehicle coming apart, such as a trailer being towed by another vehicle becoming unhitched.
08. Ran off road right – A vehicle leaving the road surface intended for driving on the right side, in relation to the original direction of travel.
09. Ran off road left – A vehicle leaving the road surface intended for driving on the left side, in relation to the original direction of travel.
10. Cross median/centerline – A vehicle leaving the lane(s) where it is intended to travel and crossing into the lane(s) intended for travel in the opposite direction, either by crossing the centerline (marked or assumed) or, if on a roadway with a median, crossing the median.
11. Downhill runaway – A vehicle, usually a heavy truck, going out of control and reaching very high speeds on a lengthy or steep downhill grade.
12. Other non-collision – Any non-collision event that results in damage or injury, but does not fit into any of the other available categories.
Examples include vehicle damage caused by driving through potholes or standing water without overturning or collision, damage to lawns from vehicles driving on them, or accidental poisoning from carbon monoxide or other injury to vehicle occupants without a collision.
13. Unknown non-collision – Any non-collision event where the specifics are unknown.

Collision Events with persons, vehicles, or objects not fixed

14. Pedestrian – Any person involved in a collision event who is not a vehicle occupant or a pedalcyclist. Included are persons on foot or using pedestrian conveyances, such as roller skates, non-powered wheel chairs, baby carriages, scooters, etc.
15. Bicycle (pedalcycle) – Any non-motorized road vehicle propelled by pedaling, including bicycles, tricycles, unicycles, or pedalcars.
16. Railway vehicle (train, engine, etc.) – Any vehicle which is designed to move on rails, including engines or any other track-mounted railroad vehicles.

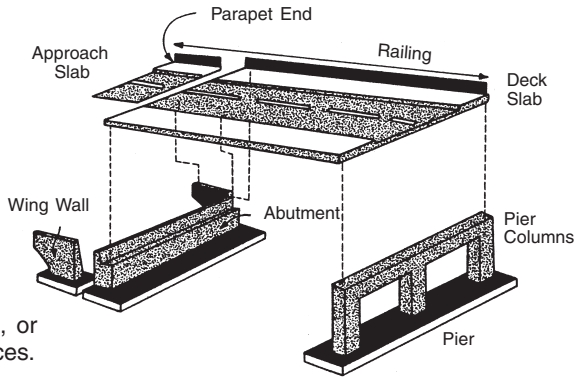
17. Animal – Any animal which is herded or unattended, such as deer, cows, etc. Animals that are being ridden or are pulling vehicles, such as carts and buggies, are considered transport vehicles and should be coded as “Other movable object.”
18. Motor vehicle in transport – Should be used for all events when one motor vehicle collides with another motor vehicle.
19. Parked motor vehicle – A collision event with a motor vehicle not in transport. This includes vehicles parked in places designated for parking, vehicles parked or stopped along the roadway where parking is permitted by normal usage (such as on the shoulder), vehicles stopped or parked illegally, but not in the roadway traffic lanes, and vehicles stopped, disabled, or abandoned off the roadway. Vehicles stopped or parked in traffic lanes where parking is prohibited are not considered parked vehicles, but are motor vehicles in transport.
20. Work zone maintenance equipment – A collision event with any construction machinery or road maintenance equipment that is actively engaged in work. Examples include a snow plow while plowing snow or a road grader while grading a road. These same pieces of equipment, if moving from place to place on a road and not in the process of working, would be considered motor vehicles.
21. Other movable object – A collision event involving an object that is movable or moving (but not set in motion by a motor vehicle, in which case it is considered a part of the motor vehicle). Examples include vehicles drawn by animals, animals (such as a horse) being ridden by a person, objects dropped from motor vehicles, but not in motion (such as a chair that has fallen from a pickup truck and is lying in the roadway), and fallen trees or rocks which are no longer moving.
22. Unknown movable object – A collision event involving a movable object of undetermined nature.

Collision Events with Fixed Objects

23. Impact attenuator/crash cushion – A protective device designed to prevent errant vehicles from impacting fixed object hazards. It is intended to lessen the effect of a crash by absorbing energy at a controlled rate. Most often used on high volume roadways, several different types of devices are common, including sand barrels and collapsible systems employing water or plastic foam.
24. Bridge overhead structure – The main bridge structure that carries a roadway or railroad track over another roadway. Collisions with the bridge piers are not included. The most common use of this code would be when a truck with an unusually high load attempts to go under a bridge and strikes the overhead structure.
25. Bridge pier or abutment – The walls or columns that support a bridge structure. (Abutments support the bridge ends, piers are the intermediate supports.) Collisions with these objects will normally involve vehicles traveling under bridges.

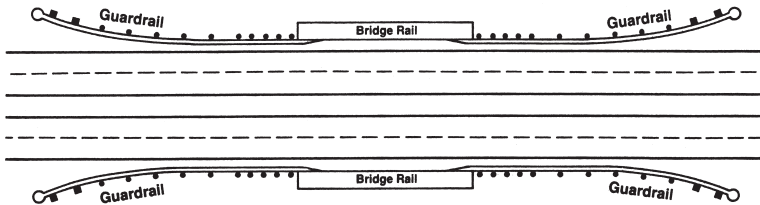
26. Bridge parapet end –

The end of the low wall, or bridge rail, which runs along the upper portion of a bridge and is an especially hazardous object when struck by a vehicle. Bridge parapet ends are often shielded by guardrail, attenuators, or other protective devices.



27. Bridge rail – A barrier that extends along the length of a bridge structure which is intended to prevent straying vehicles from going over the side of the structure. The most common types of bridge rail are metal rails or concrete parapets.

Most highway bridges are protected by a combination of guardrail and bridge rail. The barrier that extends along the length of the bridge structure is bridge rail. The approaches to the bridge are normally protected by guardrail, which prevents vehicles from striking the parapet ends. A transition section is used to connect the guardrail with the bridge rail to provide continuous protection.



Guardrail is placed lengthwise along the edge of the roadway for the purpose of protecting a vehicle that strays from its intended path from striking a hazard, and redirecting it towards the roadway. The type of guardrail used in Nebraska is usually steel beam or cable.

28. Guardrail face – The face is the front portion of the guardrail that is intended to be struck by vehicles that stray from the roadway. It represents by far the greatest part of a guardrail system.

29. Guardrail end – The end of a guardrail installation, if struck by a vehicle, is particularly hazardous. Because of this, special end treatments are used on most guardrail installations.

30. Median barrier – A permanent barrier, usually made of concrete or steel rail, which runs lengthwise along the roadway in the median of a divided highway to prevent vehicles from crossing over into opposing traffic.

31. Highway traffic sign post – A post used to support all traffic regulatory, warning, and guide signs along a roadway. Private advertising signs or billboards are not included in this category.
 32. Overhead sign support – A structure used to support traffic signs that are mounted over the lanes of a roadway.
 33. Light/luminaire support – The poles or other structures that support luminaires that are intended to light the roadway.
 34. Utility pole – Poles that support wires or cables belonging to a public utility (electrical power, telephone, television, etc.)
 35. Other post, pole or support – Any posts, poles, or supports that don't fit into another category.
 36. Culvert – Drainage structures designed to carry water under a roadway. The culvert opening, headwalls, wing walls, and inlets should all be considered part of a culvert.
 37. Curb – A structure built along the edge of a roadway to provide drainage control, pavement edge support, and pavement edge delineation. It is normally twelve inches or less in height and may be vertical or sloped.
 38. Ditch – A narrow channel built along the side of a roadway to collect and carry the surface water that has run off the roadway.
 39. Embankment – A raised structure often, but not always, made of earth. It may be built intentionally to hold back water or to carry a roadway, or may be the result of excavation or washout. The backslope of a cut section of highway, as well as creek beds should be coded as embankments.
 40. Fence – A barrier intended for containment, such as to prevent animals from escaping, or to mark a boundary.
 41. Mailbox – A receptacle intended for the deposit of mail, including its post or other supports.
 42. Tree – Any tree or other woody plants and bushes.
 43. Other fixed object (wall, building, tunnel, etc.) – Any fixed object not included in another category.
 44. Work zone maintenance equipment – Construction machinery or road maintenance that is not in transport, but parked along a roadway.
 45. Unknown fixed object – A fixed object of undetermined nature.
 46. Other – A collision or non-collision event that fits in no other category.
 47. Unknown – An event of undetermined nature.
88. **Vehicle Authorized Speed Limit (MPH)** – For each vehicle in the accident, enter the authorized speed limit for the road on which it was traveling (in miles per hour) into Box 6 in the lower right hand corner of the report, underneath the event codes.

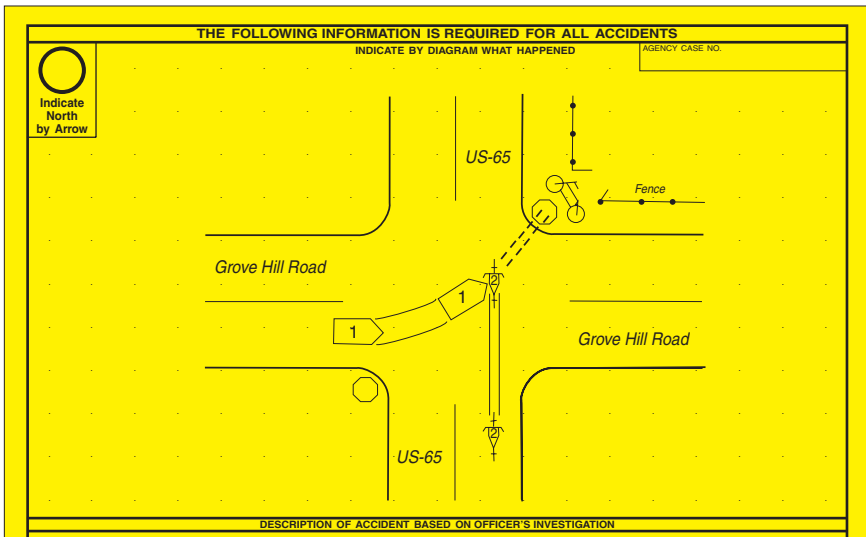
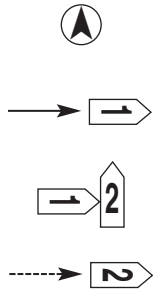
Instructions for the back page of the Report

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS											
INDICATE BY DIAGRAM WHAT HAPPENED								AGENCY CASE NO.			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>Indicate North by Arrow</p> </div> </div> </div>											
DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION											
WITNESSES PROPERTY											
OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE			
						() -		\$			
OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE			
						() -		\$			
NAME							ADDRESS			PHONE	
										() -	
NAME							ADDRESS			PHONE	
										() -	
VEHICLE MOVEMENT BEFORE COLLISION											
VEH NO.		ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 3		VEHICLE 4	
1											
2											
1		06 Turning left		POINT OF IMPACT		POINT OF IMPACT					
2		08 Entering traffic lane		MOST DAMAGED AREA		MOST DAMAGED AREA					
01 Essentially straight ahead		09 Leaving traffic lane		00 None		02 03 04		01		05	
02 Backing		10 Parked		09 Top & windows		11 Total (all areas)		08 07 06			
03 Changing lanes		11 Slowing or stopped in traffic		12 Other							
04 Overtaking/Passing		12 Other									
05 Turning right		13 Unknown									
OFFICER NO.		TROOP/TEAM/BEAT		DEPARTMENT							
INVESTIGATOR NAME (Print or Type)						INVESTIGATOR SIGNATURE					
DATE OF REPORT						/ / 20__					

89. **Indicate by Diagram What Happened** – A diagram should be drawn for all accidents. It is critical for analysts to understand how the crash occurred. If the vehicles were moved prior to your arrival at the scene, use the information obtained from your investigation to draw the diagram. The state does not require that the diagram be drawn to scale. If the space provided on the DR Form 40 is inadequate for your diagram, use the larger diagram space on the back of the Continuation Form, DR Form 40a, or submit your diagram on a separate sheet of paper. If you use a separate sheet of paper, be sure to indicate the county and date of the accident and the drivers' names on that sheet.

What to Show on the Diagram

1. In the circle in the upper left corner, draw an arrow to indicate north.
2. All streets and highways should be properly labeled with their name and/or number.
3. Number each vehicle. Use a solid arrow to show the paths the vehicles or any involved pedestrians were traveling prior to the collision.
4. Draw the vehicle positions at the time of impact.
5. Use a dotted arrow to indicate the post-crash paths of the vehicles, and draw where the vehicles came to rest after the crash.
6. The distance and direction to landmarks (intersections, mileposts, bridges, railroad crossings, etc.) should be indicated and identified by name or number. Choose a landmark that would best help a person unfamiliar with the locality to pinpoint the accident on a map.



90. **Description of Accident Based on Officer's Investigation** – Provide a complete description of the accident. Refer to the vehicles by number. Your narrative along with the diagram should describe the main events of the accident.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION	
Vehicle #1 was stopped at the stop sign, eastbound on Grove Hill Road. Driver #1 pulled out to make a left-turn onto US-65 and struck Vehicle #2, a northbound motorcycle. Driver #1 stated that he did not see Vehicle #2. Driver #2 stated that she did not expect Vehicle #1 to pull out in front of her and could not avoid the collision. After being hit by Vehicle #1, Vehicle #2 struck and damaged a fence at the residence on the northeast corner of the intersection.	

91. **Property** – If property, other than the motor vehicles involved, was damaged in the accident, complete this section. Provide the following for each owner whose property was damaged:

- ◆ A brief description of the damaged object(s)
- ◆ The name, address, and phone number of the owner
- ◆ The approximate cost of the damage

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Fence	John Grisby	742 Elm St. Lincoln NE	(402)442-2114	\$ 350.00
	Mailbox	Sandra Johnson	744 Elm St. Lincoln NE	(402)442-7080	\$ 75.00

92. **Witnesses** – Enter the names, addresses, and phone numbers of any witnesses to the accident.

WITNESSES	NAME	ADDRESS	PHONE
	Rhonda Smith	3210 Adams St. Falls City NE 68355	(402)487-0989
WITNESSES	NAME	ADDRESS	PHONE
	Patrick Smith	3210 Adams St. Falls City NE 68355	(402)487-0989

Additional Vehicle Information

93. Vehicle Movement Before Collision –

For each vehicle in the accident:

- ◆ Shade in the box that shows the direction the front end of the vehicle faced prior to the crash.
- ◆ Enter the name of the road on which the vehicle was moving or parked before the crash.
- ◆ Enter the two-digit code that best describes the movement of the vehicle prior to the accident. Put one digit on each side of the center tick mark in the box provided, remembering to include the leading zero for codes 01-09.

VEHICLE MOVEMENT BEFORE COLLISION					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME
1					64th St.
2					Maple St.
1		0	6		06 Turning left 07 Making U-turn
2		0	1		08 Entering traffic lane 09 Leaving traffic lane
01	Essentially straight ahead		09	Leaving traffic lane	
02	Backing		10	Parked	
03	Changing lanes		11	Slowing or stopped in traffic	
04	Overtaking/ Passing		12	Other	
05	Turning right		13	Unknown	

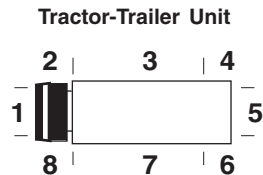
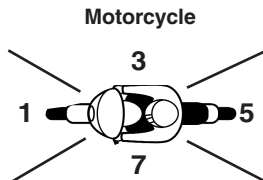
94. Point of Impact and Most Damaged Area –

For each vehicle in the accident, choose one code to indicate the initial point of impact and another code to describe the area where the vehicle was most damaged. These are both two-digit codes. One digit should be placed on either side of the center tick mark in the boxes provided. The locations of codes 01-06 are displayed on the car diagram. Remember to include the leading zeros for codes 01-09.

Example: Vehicle 1 goes out of control, crosses the centerline of a two-lane road, and its front strikes the left front of Vehicle 2. The most severe damage to Vehicle 1 is to the front of the vehicle. Vehicle 2 is pushed off the right shoulder, overturns, and is totalled.

Although the diagram on the report depicts a car, these codes apply to any body style of vehicle. If you are coding a motorcycle or a tractor-trailer unit refer to the additional diagrams below.

Only four points should be used for a motorcycle.



POINT OF IMPACT AND MOST DAMAGED AREA			
<i>(Enter numbers for each vehicle)</i>			
VEHICLE 1		VEHICLE 2	
POINT OF IMPACT	0 1	POINT OF IMPACT	0 8
MOST DAMAGED AREA	0 1	MOST DAMAGED AREA	1 1
00 None	02	03	04
09 Top & windows			05
10 Undercarriage	01	07	06
11 Total (all areas)			
12 Other			

95. **Airbag Deployed** – Airbag information should be provided for all occupants of vehicles involved in accidents. The boxes within the vehicle diagrams correspond to the seating position of vehicle occupants. Enter the code number that best describes the airbag deployment for each occupant in the appropriate box.

Example: Vehicles 1 and 2 collide. Vehicle 1 has a driver and a front seat passenger. Both had front airbags and both airbags deployed. Vehicle 2 has a driver, a front seat passenger, and two back seat passengers. The driver had an airbag, but it did not deploy. There were no airbags available for any of the passengers.

AIRBAG DEPLOYED				
VEHICLE 1				
	1			
	1			

1 Deployed - front
 2 Deployed - side
 3 Deployed - both front/side
 4 Not deployed
 5 Not applicable/
 No airbag available
 6 Unknown

VEHICLE 2				
	5	5		
	4	5		

96. **Restraint Use** – Restraint Use information should be provided for all occupants of vehicles involved in accidents. The boxes within the vehicle diagrams correspond to the seating position of vehicle occupants. Enter the code number that best describes the restraint use for each occupant in the appropriate box.

Example: Vehicles 1 and 2 collide. Vehicle 1 was a motorcycle and the driver was wearing a helmet. Vehicle 2 was a car with a driver, a front seat passenger, and a child in the back seat. The driver was wearing a lap and shoulder belt, the front seat passenger was not using a restraint, and the child in the back seat was in a child booster seat.

Costume (novelty) Motorcycle Helmet – A helmet that does not meet Federal Safety Standards (FMVSS 218) and subsequently does not have the energy absorbing capacity to protect a motorcycle rider in a crash.

RESTRAINT USE				
VEHICLE 1				
	7			

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

VEHICLE 2				
	1	6		
	2			

97. **Total Occupants** – Enter the total number of occupants in each vehicle in the boxes provided. The number of entries into the Airbag Deployed and Restraint Use diagrams should correspond to this number for each vehicle in the crash.

TOTAL OCCUPANTS	VEH 1	VEH 2
	1	3

98. **Alcohol Testing** – For each driver or a pedestrian involved in the accident, indicate whether an alcohol test was given by placing an “X” in the appropriate yes or no box.

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y X	Y	Y
BAC LEVEL	N	N X	N
	.163		

Any test made to determine level of intoxication applies, including field sobriety tests, preliminary breath tests, or chemical tests. If the Blood Alcohol Concentration (BAC) results are known, enter them in the boxes provided.

99. **Alcohol/Drugs Suspected** – For each driver in the accident, enter the appropriate code to indicate whether you suspect alcohol or drug use. This entry should be based on your personal assessment of whether alcohol or drugs were used. Positive test results are not required.

ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2
		2
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		

100. **Photographs Taken?** – Shade in the appropriate oval to indicate whether you took any photographs of the accident scene.

Photographs taken?	<input checked="" type="radio"/> YES
	<input type="radio"/> NO

101. **Investigator Information** – Complete the report by filling in the officer information at the bottom of the form. ***It is important that you sign your name.***

OFFICER NO. 27	TROOP/ TEAM/ BEAT	DEPARTMENT McKinley Co. Sheriff	Photographs taken? <input type="radio"/> YES <input checked="" type="radio"/> NO
INVESTIGATOR NAME (Print or Type) Deputy Roger O'Hara		INVESTIGATOR SIGNATURE <i>Roger O'Hara</i>	DATE OF REPORT 04/30/2002

Investigator's Motor Vehicle Accident Continuation Report (DR Form 40a)

This report can only be used when submitted with a completed Investigator's Motor Vehicle Accident Report (DR Form 40). If more than two vehicles were involved or more than three persons were injured in a crash, use the continuation report to provide the necessary information about them. The continuation report also provides a larger diagram area and has space for additional items of damaged property. Before submitting the report, remember to sign it.

State of Nebraska Investigator's Motor Vehicle Accident Continuation Report												Sheet <u> </u> of <u> </u>			
Local No./ District										Agency Case No.		STATE USE ONLY			
DATE OF ACCIDENT (MM / DD / YYYY)		PLACE OF ACCIDENT		COUNTY		CITY									
2 0															
ROAD ON WHICH ACCIDENT OCCURRED										STREET/HIGHWAY NO.		Sequence of Events			
VEHICLE NO.												VEH. #			
DRIVER LICENSE NO.		STATE (Of License)		SEX		LOCAL NO.									
DRIVER		PHONE													
DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		LOCAL NO.									
OWNER		PHONE													
OWNER ADDRESS		CITY, STATE, ZIP		CITATION		CITATION NO.									
LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)		ESTIMATED DAMAGE									
VEHICLE YEAR MAKE MODEL BODY STYLE COLOR		VEHICLE ID NO. (VIN)		INSURANCE COMPANY		POLICY NO.									
TOWED TO		TOWED BY		TOWED TO		TOWED BY									
VEHICLE NO.												VEH. #			
DRIVER LICENSE NO.		STATE (Of License)		SEX		LOCAL NO.									
DRIVER		PHONE													
DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		LOCAL NO.									
OWNER		PHONE													
OWNER ADDRESS		CITY, STATE, ZIP		CITATION		CITATION NO.									
LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)		ESTIMATED DAMAGE									
VEHICLE YEAR MAKE MODEL BODY STYLE COLOR		VEHICLE ID NO. (VIN)		INSURANCE COMPANY		POLICY NO.									
TOWED TO		TOWED BY		TOWED TO		TOWED BY									
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE		RESTRAINT USE VEHICLE		TOTAL OCCUPANTS		VEH		VEH	
ROAD OR HIGHWAY NAME		VEHICLE POINT OF IMPACT MOST DAMAGED AREA				VEHICLE POINT OF IMPACT MOST DAMAGED AREA		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		Driver No.		Driver No.	
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right		00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01 02 03 04 05 06 07 08				BAC LEVEL		Driver No.		Driver No.	
06 Turning left 07 Making U-turn 08 Entering traffic lane										ALCOHOL / DRUGS SUSPECTED		Driver No.		Driver No.	
09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown										1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown					

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)							SEX		
NAME		ADDRESS				EMERGENCY SERVICE NAME		EMERGENCY RUN REPORT NO.		Seat Position		Eject Body		Injury Region		Trunk		SEX M F	
VEH. #		LOCAL NO. MEDICAL FACILITY NAME				EMERGENCY SERVICE NAME		EMERGENCY RUN REPORT NO.											
VEH. #		LOCAL NO. MEDICAL FACILITY NAME				EMERGENCY SERVICE NAME		EMERGENCY RUN REPORT NO.											
VEH. #		LOCAL NO. MEDICAL FACILITY NAME				EMERGENCY SERVICE NAME		EMERGENCY RUN REPORT NO.											

Instructions on How to Complete the Investigator's Motor Vehicle Accident Continuation Report

- Accident Case Information** – A limited amount of information is required at the top of the continuation report to assure that it gets attached to the proper case.

Enter Sheet ___ of ___ information, your agency's local number and agency case number (if your agency uses these fields), the date of accident, county, city, and the road on which the accident occurred.

State of Nebraska		Investigator's Motor Vehicle Accident Continuation Report		Sheet 2 of 2
Local No./ District		Agency Case No.		STATE USE ONLY
DATE OF ACCIDENT (MM / DD / YYYY)		PLACE OF ACCIDENT	COUNTY	
04 03 20 02			C U S T E R	
		CITY	B R O K E N B O W	
ROAD ON WHICH ACCIDENT OCCURRED		STREET/HIGHWAY NO.		
		8th Ave. (N-21) and F St.		

- Vehicle and Driver Information** – Enter information for additional vehicles and drivers in the accident into this section. Depending on the number of vehicles involved, several continuation forms may be needed. For the most part, the fields should be filled out in the same manner as on the basic investigator's form. Assign a number to each of the additional vehicles and enter it at various locations on the continuation report.

VEH. # 3		VEHICLE NO. 3										VEH. # 3	
DRIVER LICENSE NO.		DRIVER		PHONE		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE					
DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		LOCAL NO.							
OWNER		PHONE		CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.							
OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.							
LICENSE PLATE NO.		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOALED \$	
VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOALED \$	
VEHICLE ID NO. (VIN)		INSURANCE COMPANY		POLICY NO.									
TOWED TO		TOWED BY											
VEH. # 4		VEHICLE NO. 4										VEH. # 4	
DRIVER LICENSE NO.		DRIVER		PHONE		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE					
DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		LOCAL NO.							
OWNER		PHONE		CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.							
OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.							
LICENSE PLATE NO.		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOALED \$	
VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOALED \$	
VEHICLE ID NO. (VIN)		INSURANCE COMPANY		POLICY NO.									
TOWED TO		TOWED BY											
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 3		RESTRAINT USE VEHICLE 3		TOTAL OCCUPANTS VEH 3 VEH 4		ALCOHOL TESTING Driver No. 3 Driver No. 4	
VEH. # N S E W ROAD OR HIGHWAY NAME		VEHICLE 3 VEHICLE 4				1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable 6 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: Y N		ALCOHOL / DRUGS SUSPECTED: Driver No. 3 Driver No. 4	
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown		00 None 01 Top & windows 02 Undercarriage 03 Front 04 Rear 05 Left 06 Right 07 Total (all areas) 08 Other				VEHICLE 4		VEHICLE 4		BAC LEVEL:		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	

3. **Information from Vehicle Overlay (Overlay 2)** – For each vehicle listed on the continuation form, the information from the vehicle overlay (Overlay 2) should be entered in the boxes provided. Boxes M-Q should be filled out on the left edge of the report and the Sequence of Events, Most Harmful Event, and Vehicle Authorized Speed Limit should be entered into boxes 1-6 on the right edge of the report. Refer to Overlay 2 for the proper codes. (The arrows on the overlay do not line up with the boxes on the continuation report.)

Vehicle Codes from Overlay #2																Sequence of Events							
VEH. #	VEHICLE NO.															VEH. #							
5	DRIVER LICENSE NO.																	STATE (Of License)		SEX	<input type="radio"/> FEMALE	<input type="radio"/> MALE	5
M	DRIVER	PHONE () -										LOCAL NO.	1										
14	DRIVER ADDRESS CITY, STATE, ZIP															18							
N	1	OWNER	PHONE () -										LOCAL NO.	2									
O	3	OWNER ADDRESS CITY, STATE, ZIP															3						
P	1	LICENSE PLATE NO.															CITATION	<input type="radio"/> YES	<input type="radio"/> NO	CITATION NO.	4		
O	1	VEHICLE YEAR			MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE				<input type="radio"/> PENDING	<input type="radio"/> NO		<input type="radio"/> TOLEDED	\$	5	
		VEHICLE ID NO. (VIN)											INSURANCE COMPANY	18									
		TOWED TO	TOWED BY										POLICY NO.	75									

4. **Information about Injured Persons** – When more than three persons are injured in a crash, use this space to provide information about the additional injured persons. The block is the same as on the basic investigator's form. To fill out boxes 1-5 on the right side of the block, you will need to refer to Overlay 1. If the continuation form is slipped under the overlay, the arrows on the overlay should line up with the correct boxes.

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	
3	Ann V. Sloan	2805 Sinclair Blvd. Omaha NE 68114			Omaha Fire Dept.		04 / 05 / 1951	0	3	4	0	8	2	F
	LOCAL NO.	MEDICAL FACILITY NAME	Bergan Mercy		EMS SERVICE NAME			EMS RUN REPORT NO. 004580						
4	Maria Fuentes	724 Compton Ave. Riverside CA 92507					01 / 09 / 1968	0	4	1	0	3	4	F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.						

5. **Diagram** – If the space provided on the back of the basic investigator's report is inadequate for your diagram, use the larger space on the continuation report.

6. **Property** – Use this space to record information about damage to property other than motor vehicles that did not fit on the basic investigator's report.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Guardrail	NE Dept. of Roads	1500 Hwy 2 Lincoln NE	(402) 472-4507	\$ 680.00
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				() -	\$

7. **Investigator Information** – Complete this section and be sure to sign the report.

OFFICER NO.	714	TROOP/ TEAM/ BEAT		DEPARTMENT	Robert City Police Dept.	Photographs taken?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
INVESTIGATOR NAME (Print or Type)	Sgt. Warren Finch			INVESTIGATOR SIGNATURE	Warren Finch		DATE OF REPORT	04/11/2002

Investigator's Supplemental Truck and Bus Accident Report (DR Form 174)

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

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

If more than two trucks/buses that meet these criteria are involved in an accident, you will need to complete additional supplemental forms.

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

Instructions for Completing the Investigator's Supplemental Truck and Bus Accident Report

- Accident Case Information** – A limited amount of information is required at the top of the supplemental report to assure that it gets attached to the proper case.

Enter Sheet ___ of ___ information, your agency's local number and agency case number (if your agency uses these fields), the date of accident, county, city, and the road on which the accident occurred in the boxes provided.

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 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	STATE USE ONLY
	06/02/02	Douglas	Omaha	Sheet <u>2</u> of <u>2</u>
AGENCY CASE NO. 13549C	OCCURRED ON HIGHWAY/ROAD/STREET 72nd and Pacific			

The following fields should be completed for each vehicle in the accident that meets the truck and bus criteria:

- Driver's Name** – Copy the name of the truck or bus driver from the Investigator's Motor Vehicle Report.

<small>DRIVER (Print or type full name)</small> <div style="text-align: center; font-size: 1.2em; color: red; font-weight: bold; margin-top: 10px;">Craig R. Jones</div>

- Carrier Name and Address** – Enter the name of the carrier and the address into the boxes provided.

A motor carrier is defined as the person, company, or organization responsible for directing the transportation of cargo or persons. Determining the motor carrier is sometimes difficult. Although the owner of the vehicle may be the carrier, quite often this is not the case. The examples below help clarify the definition of a motor carrier.

Example 1: John Smith owns his bobtail tractor. He contracts with White Manufacturing Company to take one of its trailers loaded with its goods from New York to Los Angeles. John Smith is the motor carrier, because he is the entity that agreed to carry this particular load.

Example 2: John Smith, driving his bobtail, utilizes a cargo broker to obtain goods from Intermodal Company for his return trip to New York. On his return trip, John Smith is again the motor carrier.

Example 3: John Smith, driving his bobtail tractor, leases his services to Polyester Chemical Company. Polyester directs Smith to deliver a semi-trailer from New York to St. Louis. In this case, Polyester is the motor carrier, because it assigned Mr. Smith to deliver the load.

Example 4: John Smith is driving a tractor owned by ABC Trucking which has been leased to the XYZ Trucking Company. XYZ uses the tractor to pull XYZ trailers in its regular shipping service. In this case, XYZ is the carrier, because XYZ is directing the carrying of the load.

The **first** place an officer should look for the carrier name is on the driver's side door of the cab. On single unit trucks there should only be one carrier name on the vehicle. However, with multi-unit trucks there may be one name on the tractor and other names on the semi-trailer or trailers. The name found on the tractor is a much better indicator of the carrier's name.

The **second** place to look for the motor carrier name is on the driver's shipping papers. A bus driver must carry a "trip manifest" or "charter order" that will give the name of the carrier.

Lastly, ask the driver for the carrier name. The driver may refer to his/her logbook or simply tell you the name of the motor carrier.

Enter the address of the carrier's principal place of business (street number, city, state and zip code).

CARRIER NAME <i>(Print or type full name)</i>	
Cleaver Enterprises	
CARRIER ADDRESS <i>(Street or R.F.D.)</i>	CITY, STATE, ZIP
2940 Carrington Ave.	Knox MN 56107

4. **Carrier Identification** – Enter the US DOT number and/or the ICC MC number in the space provided. Interstate vehicles have unique numbers that are assigned to them by the U.S. Department of Transportation (US DOT) or the Interstate Commerce Commission (ICC). An interstate vehicle can operate across state lines.

US DOT numbers have six digits and are found only on vehicles of interstate private carriers (those operating trucks in furtherance of a commercial enterprise). The number is always preceded by the letters "US DOT," so it can be spotted easily.

ICC MC (motor carrier) numbers are found only on vehicles of interstate for-hire carriers (those in the transportation business). The number is usually preceded by the letters "ICC MC," but may be preceded by just "ICC" or "MC."

Some trucks will not have an identifying number. Although federal regulations require most interstate trucks to have ID numbers, not all do. In addition, many trucks and buses that operate strictly within one state (intrastate) may not have a number.

CARRIER IDENTIFICATION	1 U.S. DOT 191986	1 ICC MC
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5. **Gross Vehicle Weight Rating (GVWR) or Gross Combination Vehicle Weight Rating (GCVWR)** – Check the appropriate box to indicate the Gross Vehicle Weight Rating (GVWR) or the Gross Combination Vehicle Weight Rating (GCVWR) for this vehicle. The GVWR is the weight specified by the manufacturer. It is usually found on the driver's side door-latch post, door edge, or hinge pillar. It may also be posted on the door itself. In the case of a truck combination, the weight ratings for each unit should be added together. The sum of these combined ratings is the GCVWR, which should be indicated on the report.

If a vehicle has a GVWR or GCVWR of 10,000 pounds or less, it should not be included on the supplemental report unless it is displaying a hazardous materials placard. Vehicles with hazardous materials placards need to be reported, regardless of weight.

GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) <i>(Combined rating for vehicles and trailers)</i>	<input type="checkbox"/> 10,000 Lbs. or Less <i>(Requires Haz Mat Placards)</i>
	<input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs.
	<input checked="" type="checkbox"/> More than 26,000 Lbs.

6. **Trailer License Plate** – Truck license plate information should be entered on the DR Form 40, Investigator's Motor Vehicle Accident Report. If a truck has an attached trailer with a separate license plate, enter the license plate number of the trailer, the state that issued the plate, and the year of registration as displayed in the boxes provided.

TRAILER LICENSE PLATE No.	Year						State				
	6	4	2	3	8	6	2	0	0	2	N

7. **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.

COMMERCE CLASSIFICATION <i>(Check one)</i>	
1	<input checked="" type="checkbox"/> Interstate Commerce
2	<input type="checkbox"/> Intrastate Commerce
3	<input type="checkbox"/> Not Applicable

A commerce classification may not apply to some vehicles. In this case, mark the "Not Applicable" box.

8. **Truck Width** – Check the box that corresponds to the widest part of the truck or trailer. If the truck width is not 96 or 102 inches, check "Other" and enter the actual width in inches in the blank provided.

TRUCK WIDTH <i>(Widest part of truck or trailer)</i>	
1	<input type="checkbox"/> 96 inches
2	<input checked="" type="checkbox"/> 102 inches
3	<input type="checkbox"/> Other <i>(Specify)</i>

9. **Driver's License Class Code** – Check the box that corresponds to the Class Code located on the back upper left corner of the state-issued driver's license.

DRIVER'S LICENSE CLASS CODE	
A <input type="checkbox"/>	M <input type="checkbox"/>
B <input checked="" type="checkbox"/>	O <input type="checkbox"/>
C <input type="checkbox"/>	

Class A - Allows a driver to operate vehicles which tow trailers or other vehicles with a gross vehicle weight rating (GVWR) over 10,000 lbs. Also allows a driver to operate Class B and C vehicles.

Class B - Allows a driver to operate single vehicles with a GVWR of 26,001 lbs. or more; **or** a gross combination weight rating (GCWR) of 26,001 lbs. or more towing trailers/vehicles rated at 10,000 lbs. GVWR or less. Also allows a driver to operate Class C vehicles.

Class C - Allows a driver to operate vehicles under 26,001 lbs. GVWR that are designed to transport 16 or more persons including the driver; **or** that carry 15 or less people (including the driver) transporting children to or from school and home regularly for compensation; **or** carry hazardous materials in amounts requiring placarding.

Class M - Allows a driver to operate a motorcycle or three-wheeled motor vehicle.

Class O - Allows a driver to operate any motor vehicle (including a moped and an ATV) except a motorcycle and commercial motor vehicle.

10. **Hazardous Material Involved** – In most cases, vehicles carrying hazardous materials (Haz Mat) are required by law to conspicuously display a placard indicating the class, type, or the specific name of the hazardous material cargo.



Hazardous materials placards are diamond shaped with a 1-digit Hazard Class Number located at the bottom point of the diamond. Some placards may also have a 4-digit number printed in the middle of the placard or displayed on a rectangular orange panel below the diamond.

Check the box "Yes" or "No" to indicate whether the vehicle had a hazardous material placard. If a placard was displayed, enter the 1-digit Hazard Class Number in the blank provided.

Indicate by checking "Yes" or "No" whether any of the hazardous cargo was released. Although fuel is regarded as a hazardous material, do not include fuel spilled from the vehicle's own fuel tank. The intent of this question is to determine whether any of the placarded material was released.

HAZARDOUS MATERIAL INVOLVED		
Did vehicle have a Haz Mat Placard? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. <u> 3 </u>	Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No

11. **Vehicle Configuration** – Check the box that best describes the general configuration of the truck or bus involved in the accident. The last two boxes, “Haz Mat Passenger Car” and “Haz Mat Light Truck,” should only be used if the vehicle was displaying a hazardous materials placard. Otherwise, vehicles of this type should not be reported on the supplemental form.

VEHICLE CONFIGURATION <i>(Check one)</i>	
2	<input type="checkbox"/> Single-Unit Truck <i>(10,001–26,000 Lbs. GVWR)</i>
3	<input type="checkbox"/> Single-Unit Truck <i>(Greater than 26,000 Lbs. GVWR)</i>
4	<input type="checkbox"/> Truck Tractor <i>(bobtail)</i>
5	<input type="checkbox"/> Truck with Trailer
6	<input checked="" type="checkbox"/> Tractor with Semi-Trailer
7	<input type="checkbox"/> Tractor with Doubles
8	<input type="checkbox"/> Tractor with Triples
9	<input type="checkbox"/> Unknown Heavy Truck
37	<input type="checkbox"/> Bus <i>(seats 9-15, including driver)</i>
38	<input type="checkbox"/> Bus <i>(seats 15+, including driver)</i>
39	<input type="checkbox"/> Haz Mat Passenger Car
40	<input type="checkbox"/> Haz Mat Light Truck <i>(van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)</i>

CARGO BODY TYPE <i>(Check one)</i>	
1	<input type="checkbox"/> Bus <i>(seats 9-15, including driver)</i>
2	<input type="checkbox"/> Bus <i>(seats 15+, including driver)</i>
3	<input type="checkbox"/> Van/Enclosed Box
4	<input type="checkbox"/> Grain/Chips/Gravel
5	<input type="checkbox"/> Pole
6	<input type="checkbox"/> Cargo Tank
7	<input checked="" type="checkbox"/> Flatbed
8	<input type="checkbox"/> Dump
9	<input type="checkbox"/> Concrete Mixer
10	<input type="checkbox"/> Auto Transporter
11	<input type="checkbox"/> Garbage/ Refuse
12	<input type="checkbox"/> Other <i>(Specify)</i> _____
13	<input type="checkbox"/> Unknown

12. **Cargo Body Type** – Check the box that best describes the Cargo Body Type of the vehicle. If you choose “Other,” specify the body type in the blank provided.

Example: A tractor with a flatbed semi-trailer picks up a containerized load for transport. Although this body type appears similar to an enclosed box, it is correctly classified as a “flatbed.”

(Vehicle Configuration = 6,
Cargo Body Type = 7)

13. **Bus Use** – Check the box that best describes the general use of the bus at the time of accident. Note: School bus means the use of a school bus to transport only school children and/or school personnel from home to school and from school to home.

BUS USE			
1	<input type="checkbox"/> Not a Bus	3	<input type="checkbox"/> Charter Bus
2	<input type="checkbox"/> Transit Bus	4	<input checked="" type="checkbox"/> School Bus
5	<input type="checkbox"/> Intercity Bus	7	<input type="checkbox"/> Other
6	<input type="checkbox"/> Not Reported		

14. **Investigator Information** – Complete the supplemental report by filling in the information identifying the investigating officer. Be sure to **remember to sign the report.**

INVESTIGATOR NAME <i>(Print or type)</i>	INVESTIGATOR SIGNATURE	DEPARTMENT	OFFICER NO.	DATE OF REPORT	
Sgt. Warren Finch	<i>Warren Finch</i>	McKinley Co. Sheriff	32	06	14 02

Motor Vehicle Accident Definitions

Nebraska follows the ANSI D-16.1, *Manual on Classification of Motor Vehicle Traffic Accidents*, as a guideline for defining and classifying accidents. The purpose of this document is to promote uniformity and comparability of motor vehicle traffic accident statistics developed in states and local jurisdictions. The manual is approved by the American National Standards Institute and is published by the National Safety Council. It can be purchased by contacting the National Safety Council at 1121 Spring Lake Drive, Itasca, Illinois 60143-3201, telephone (630)285-1121. The manual is also available on the web at the National Safety Council's site, www.nsc.org/mem/htsd.htm.

The following definitions are based on information included in the ANSI D16.1:

What Incidents are Countable?

Not all traffic crashes are accidents. To be counted in the traffic accident data maintained by the State of Nebraska, a crash must meet three criteria:

1. Was it an accident?
2. Did the accident involve a motor vehicle?
3. Was the motor vehicle in transport on a trafficway?

If an incident meets these three criteria, and the statutory reportability threshold is met, an *Investigator's Motor Vehicle Accident Report* should be completed and sent to the Accident Records Bureau. If these criteria are not met, no report is required by the state. When in doubt as to whether the criteria are met, a report should be submitted.

The reportability threshold used in Nebraska (*Nebraska Revised Statutes, 60-695*) is: any accident resulting in injury or death to any person or in which estimated damage exceeds \$1000 to the property of any one person.

Was an Incident an Accident?

An **accident** is defined as an *unstabilized situation* that includes at least one *harmful event* (occurrence of injury or damage).

An **unstabilized situation** is a set of events not under human control. It happens over time and includes that period of time from when control is lost until control is regained, or if control is not regained, when all persons and property are at rest. Everything that happens during this time period is considered a part of the unstabilized situation.

The phrase "under human control" is a key to determining whether or not a crash was an accident. The vast majority of traffic crashes are unintentional, and therefore not under human control. These are "accidents."

Examples of Motor Vehicle Accidents

Collision Accidents

- A motor vehicle strikes another motor vehicle, parked or in transport, causing damage or injury
- Severe damage and serious injury result from a motor vehicle colliding with a railway train
- A pedestrian is injured after being hit by a motor vehicle
- An out-of-control motor vehicle hits a utility pole. As a result, the occupants are injured and the vehicle is badly damaged
- A motor vehicle hits a deer, causing damage to the vehicle

Non-Collision Accidents

- A motor vehicle is damaged after it strikes a pothole or bump in the road surface
- A bridge gives way under the weight of a motor vehicle, causing damage to the motor vehicle and injury to the occupants
- As a result of carbon monoxide generated from the motor vehicle, an occupant is accidentally poisoned
- A person jumps from a motor vehicle in transport and sustains injuries that were not intended
- A fire which started in a moving motor vehicle causes property damage
- A chair, while being hauled in the bed of a pickup truck, topples out and damages another motor vehicle
- While driving down the road a truck hits a stone, setting the stone in motion. The stone then damages an oncoming motor vehicle.

If a crash is deliberately caused, however, it is under human control, and is not an accident. Crashes under human control generally fall under the following two categories:

1. Deliberate Intent
2. Legal Intervention

Deliberate Intent occurs when:

- A person acts deliberately to cause an event
- A person deliberately refrains from prudent acts that would prevent occurrence of an event

Inclusions:

- Suicide
- Self-inflicted injury
- Homicide
- Injury purposely inflicted
- Damage purposely inflicted

To exclude a crash for deliberate intent, injury or damage must be intentionally inflicted. If an innocent victim is injured, this injury is beyond that which was intended, and the crash should be classified as an accident.

Legal Intervention is a category of deliberate intent where the person who acts or refrains from acting is a law enforcement officer. For a crash to be excluded because of legal intervention, the law enforcement officer must intentionally act to force or stop a lawbreaker's vehicle. Legal intervention does not apply when there is injury to an innocent victim.

Examples of Legal Intervention:

- If a lawbreaker crashes either intentionally or unintentionally into a road block set up by police to stop him
- If a police car is intentionally driven into another vehicle

The following would not be considered legal intervention:

- If a driver other than a lawbreaker crashes into a road block
- If a lawbreaker being pursued by police loses control of his vehicle and crashes (unless the police intended for the lawbreaker to crash)
- If, during a pursuit, a police vehicle strikes a vehicle that is not the subject of the pursuit, a pedestrian or other non-motorist, or another object

Other Exclusions from Accident Status

There are two other situations that would exclude an event from being considered an accident.

1. If the first harmful event is produced by the **discharge of a firearm or explosive device.**
2. If the first harmful event directly resulted from a **cataclysm.**

Cataclysm

A cataclysm is defined as a natural occurrence or an "act of God."

Examples of cataclysms are:

- Avalanche
- Cloud Burst
- Cyclone
- Earthquake
- Flood
- Hurricane
- Landslide
- Lightning
- Tornado
- Torrential Rain
- Volcanic Eruption

Timing of a Cataclysm

The timing of a cataclysm is critical in determining if an accident has occurred. If the first harmful event is a direct result of a cataclysm, then there is no accident. If, on the other hand, a cataclysm has stopped when the first harmful event occurs, the incident is considered an accident.

Example:

- If a motor vehicle in transport is washed away with a bridge during a hurricane or flood, an accident has not occurred.
- If a motor vehicle is driven into the water after a bridge was washed out by a hurricane or flood, an accident has occurred.

Did the Accident Involve a Motor Vehicle?

A motor vehicle is any motorized transport vehicle (mechanically or electrically powered) that is designed primarily for moving persons or property, along with the vehicle itself, from one place to another, with the following exceptions:

- Aircraft
- Watercraft
- Vehicles operated on rails (railroad trains, cable cars, street cars)

Whether a device is considered to be a motor vehicle does not depend on registration requirements.

The following are not considered motor vehicles:

- Devices not designed primarily for moving persons or property, such as construction, farm or industrial machinery, snowplows, army tanks, etc.
- Devices used primarily within buildings and their premises
- Skis, roller skates, baby carriages
- Any truck that is doing work upon the roadway, while it is in the act of working

Examples:

1. A maintenance truck in the act of striping the road is working.
2. The same truck transporting persons or supplies from one job site to another is not working.

Included as motor vehicles are:

- Automobiles, buses, motorized cycles (any type), trucks, vans, utility vehicles, and trolleys not operating on rails
- Construction machinery, farm and industrial machinery, road rollers, tractors, army tanks, motor graders, or similar devices equipped with wheels or treads while in transport under their own power
- Special motorized devices such as go-carts, midget racers, invalid chairs, snowmobiles, dune buggies, or similar devices while in transport under their own power

Vehicle Load

The load of a vehicle, including any object being towed, such as a trailer, is considered to be a part of that vehicle, making the vehicle and its load a single unit. If the load of one vehicle includes another vehicle, the entire unit is considered to be a single vehicle. The following are considered part of the load:

- Persons or property upon, or set in motion by, a vehicle
- Persons boarding or alighting from a vehicle
- Persons or property attached to and in position to move with the vehicle

Was the Motor Vehicle in Transport on a Trafficway?

In Transport

A motor vehicle is In Transport if it is:

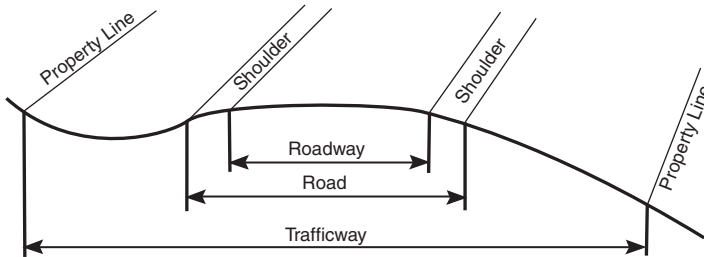
1. In motion
2. On a roadway

A motor vehicle on a roadway is considered to be In Transport, even when it is stopped, disabled, or abandoned.

The roadway is the traveled portion of a trafficway. The shoulder and median are not part of the roadway. A vehicle legally parked or stopped totally on the shoulder is not In Transport.

Trafficway

A trafficway is defined as any land way open to the public as a matter of right or custom for moving persons or property from one place to another. The limits of a trafficway include its entire width between property lines, or other boundary lines. (See diagram below.)



Trafficways include approaches to public buildings, docks, and stations, but exclude private driveways, parking stalls and parking aisles of public parking lots, and roads on airfields, farms, industrial premises, mines, quarries, and private grounds.

Land ways within areas with guarded entrances, such as military posts or private residential developments, are trafficways if the guards customarily admit public traffic.

Construction Areas/Closed Roads

Land ways under construction are not trafficways if traffic is prohibited from entering by signing or barriers that are in conformance with applicable standards. This is true even when used by authorized vehicles, such as maintenance vehicles, or when intentionally or inadvertently used by unauthorized vehicles.

However, if any part of a land way is open to traffic while the remainder is closed, that portion which is open is a trafficway. Any temporary bypass of a construction site is a trafficway. A land way open only to local traffic is not considered closed, and is a trafficway.

Location of Accident in Relation to Trafficway

An accident is considered a traffic accident if the unstabilized situation originates or terminates on a trafficway. If the unstabilized situation originates and terminates off a trafficway, but during the course of events the motor vehicle crosses the trafficway without incident, the accident is a non-traffic accident.

One Accident or Multiple Accidents?

Sometimes complex situations arise, resulting in a question of whether an incident is a single accident or multiple accidents. In these instances, remember the definition of an unstabilized situation. An unstabilized situation is a set of events not under human control that originates when control is lost and terminates when control is regained, or when all persons and property are at rest. There is a definite beginning and end to accidents and everything that happens during this time period (from when control is lost until control is regained) is considered part of the accident.

Chain Reaction Accidents – A chain reaction accident occurs when several motor vehicles are involved in crashes in the same vicinity within a short period of time. They often occur when driving conditions are adversely affected, such as reduced visibility due to fog. In a chain reaction accident, it is often difficult to determine whether or not the situation stabilized between harmful events. Unless you can clearly establish that the chain reaction was a series of separate accidents, consider a chain reaction crash to be a single motor vehicle accident.

Persons in an Accident

Persons involved in an accident should be categorized by their roles. Use the following definitions to determine a person's role.

Occupant – Any person who is a part of a vehicle. This includes drivers and passengers.

Driver – An occupant who is in actual physical control of a vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.

Passenger – Any occupant of a vehicle other than its driver. This includes:

- Persons upon a vehicle, or set in motion by a vehicle
- Persons boarding or alighting a vehicle
- Persons attached to or in position to move with a vehicle

Pedestrian – Any person who is not an occupant.

When does a vehicle occupant become a pedestrian?

- If a person is entering or exiting a vehicle, make sure he/she has successfully changed from pedestrian/occupant
- If a person is on his/her feet outside the vehicle, he/she should be considered a pedestrian

Changing Roles – A person does not change roles during an accident. Once the unstabilized situation begins, a driver should remain a driver, a pedestrian a pedestrian, etc.