

Every operator of a motor vehicle involved in an accident resulting in either injury, death or damages over \$500.00 to the property of any one person (including the operator) must complete and return this confidential report within 10 days following the accident.

If the driver is physically unable to fill out the report, the owner of the motor vehicle is required to do so. If you have difficulty filling out the report, consult your insurance agent or nearest police authority. Failure to report an accident as required is a misdemeanor, punishable by a fine of \$50.00.

**Report Form Instructions** *(print in ink or type)*

**Accident location:**

After entering the date, county and city information, describe where the accident occurred. If the crash happened on a numbered rural highway, give the direction and number of feet from the nearest milepost. If your accident occurred on an urban highway, skip the "distance from milepost" section.

If the accident occurred at an intersection, enter the name of the intersecting roadway. For those accidents not located at an intersection, enter the approximate distance in feet from the nearest landmark (intersection, city limit, bridge name, etc.).

**Vehicle and driver involvement:**

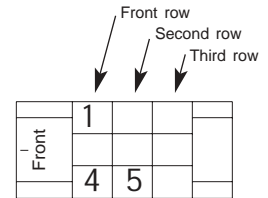
Answer the questions asked about your vehicle and any other vehicle involved in the accident to the best of your ability. If more than two vehicles were involved, complete an additional form(s). Refer to your vehicle as vehicle number 1 throughout the report. Information on bicycles may be entered in the "other vehicle" section.

Be careful when listing the estimated damage to your vehicle. Use a garage estimate whenever possible.

**Airbag deployment coding:**

For every occupant in your vehicle, including yourself, enter the correct airbag deployed code according to each person's seating position. For help in marking the car graph see the following example.

Example: There are a total of three occupants in the vehicle, with the driver and one occupant in front, and the third person in the back seat behind the driver. Both the driver and the front passenger seats are equipped with front air bags. The driver's air bag does not deploy during the crash, the front seat passenger's air bag does deploy. The passenger in the backseat does not have an airbag available. The car graph would be marked as shown.

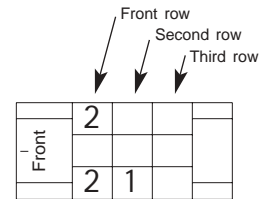


- 1 Deployed - front
- 2 Deployed - side
- 3 Deployed - both front/side
- 4 Not deployed
- 5 Not applicable/ No airbag available
- 6 Unknown

**Restraint use coding:**

For every occupant in your vehicle, including yourself, enter the correct restraint code according to each person's seating position. For help in marking the car graph, see the following example.

Example: If there were three occupants in the vehicle, with the driver and one occupant in front, both using lap and shoulder belts, and the third occupant in the back seat behind the driver not using any restraint, the car graph would be marked as shown.



- 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 Helmet used
- 8 Restraint use unknown

**How to enter information about injured persons:**

Carefully complete this section for each person injured in **your vehicle** and any **pedestrians** or **bicyclists** injured in the accident. After providing the name, address, date of birth, and sex of each injured person, answer questions 1-5 by writing your response in the appropriate box. If you need to provide injury information for more than four persons, complete another report form.

Example: Assume the car you were driving collided with a bicycle. The bicycle operator was seriously injured and rushed to the hospital. Although you bruised your shoulder and one of your passengers complained of neck pain, no one riding in your vehicle received immediate medical treatment.

NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX M F
			Seat Position	Eject	Body Region	Injury Sev.	Trans.	
Sam Public	123 Elm St. Lincoln, NE 68502	10 / 17 / 1993	1, 9		0, 5	2	2	M
Jan Doe	3456 Vermont Ave. Lincoln, NE 68503	07 / 31 / 1964	0, 1	1	0, 6	3	1	F
Mary Doe	3456 Vermont Ave. Lincoln, NE 68503	12 / 30 / 1989	0, 3	1	0, 3	4	1	F
NAME	ADDRESS	/ /						

## How to Complete Accident Report

Answer all of the questions asked about the crash by checking the proper box.

Draw a diagram to show what happened. Provide an explanation of the events which occurred. Instructions on what to show on the diagram are provided below.

If property was damaged, briefly describe it. Enter the owner's name and address and estimate the cost of the damage.

Check whether or not an investigator was contacted. If so, give the officer's name or badge number and the name of their agency.

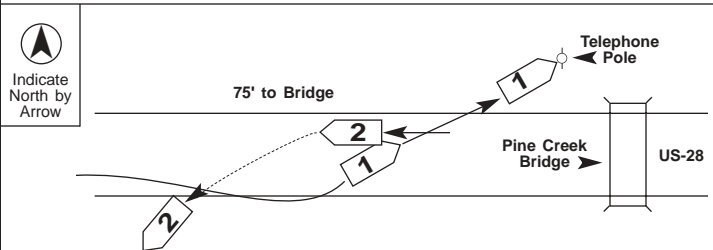
Do not forget to sign the accident report before mailing it to:

Highway Safety - Accident Records Bureau  
Nebraska Department of Roads  
P.O. Box 94669  
Lincoln, NE 68509-4669

### What to show on the diagram

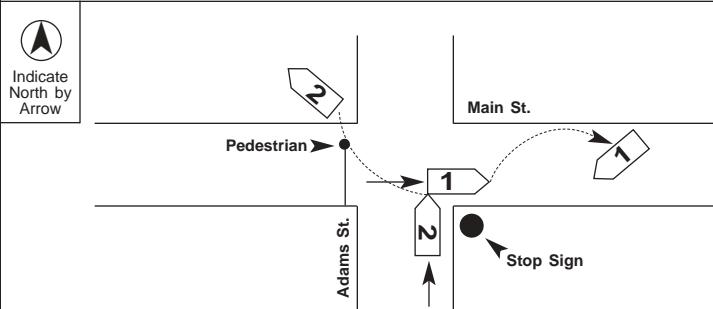
1. In the upper left corner, draw an arrow to indicate north.
2. Name all streets and roads.
3. Number each vehicle and use a solid arrow to show the paths the vehicles or pedestrians were traveling before the collision.
4. Draw the vehicle positions at the point of collision.
5. Use a dotted arrow to indicate the post-crash paths of the vehicles, and draw the vehicles where they came to rest.
6. Identify any objects involved (bridges, buildings, guardrail, animals, etc.) If the object was off the roadway, note the distance from the edge of the road.
7. Give distances to landmarks (intersections, mileposts, bridges, railroad crossings, etc.).

### Example Diagram: Typical Rural Accident



The right front wheel of No. 1 slipped off the edge of the pavement. While trying to get back on the pavement, the driver turned too sharply and allowed his car to cross the center line where it struck the left rear side of No. 2. Both vehicles left the roadway after the collision and No. 1 then struck a telephone pole.

### Example Diagram: Intersection-related Accident



No. 2, going north on Adams Street, failed to stop before entering the intersection with Main Street. No.1 was going east on Main Street. No. 2 struck the right side of No. 1 and No. 2 then went over the curb after striking a pedestrian, who was trying to cross Main Street.



DATE OF ACCIDENT		M M / D D / Y Y Y Y		S M T W T H F S		TIME OF ACCIDENT (In Military Time)		STATE USE ONLY						
LOCATION OF ACCIDENT	COUNTY				CITY				Total Number of Vehicles Involved					
	ROAD ON WHICH ACCIDENT OCCURRED		STREET/HIGHWAY NO. (If no Hwy. No., identify by name)						Posted Speed Limit on the Street You Were Traveling					
	DISTANCE FROM MILEPOST		FEET		N S E W		OF MILEPOST NO.		HIGHWAY NO.					
									PRIVATE PROPERTY? YES NO ONE-WAY STREET? YES NO					
	IF AT INTERSECTION				IF NOT AT INTERSECTION									
NAME OF INTERSECTING ROADWAY				O FEET O MILES		N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				MILES		N S E W		AND MILES						
YOUR VEHICLE (VEHICLE NUMBER - 1)					OTHER VEHICLE (VEHICLE NUMBER - 2)									
DRIVER				PHONE		DRIVER				PHONE				
DRIVER ADDRESS				CITY, STATE, ZIP		DRIVER ADDRESS				CITY, STATE, ZIP				
				SEX						SEX				
DRIVER LICENSE		STATE		NUMBER		DATE OF BIRTH (MM/DD/YYYY)		DRIVER LICENSE		STATE				
LICENSE PLATE		YEAR (Plate expires)		STATE		NUMBER		LICENSE PLATE		YEAR (Plate expires)				
VEHICLE		YEAR		MAKE		MODEL		VEHICLE		YEAR				
VEHICLE ID NO. (VIN)		VEHICLE ID NO. (VIN)		VEHICLE ID NO. (VIN)		VEHICLE ID NO. (VIN)		VEHICLE ID NO. (VIN)		VEHICLE ID NO. (VIN)				
OWNER NAME				PHONE		OWNER NAME				PHONE				
OWNER ADDRESS				CITY, STATE, ZIP		OWNER ADDRESS				CITY, STATE, ZIP				
VEHICLE MOVEMENT BEFORE COLLISION			POINT OF IMPACT AND MOST DAMAGED AREA			TRAFFIC CONTROL DEVICE			AIRBAG DEPLOYED			RESTRAINT USE		
VEH NO. N S E W ROAD OR HIGHWAY NAME			YOUR VEHICLE NO. 1 OTHER VEHICLE NO. 2			Vehicle 1 2			For each person in your vehicle, enter an Airbag Deployed code for their seating position			For each person in your vehicle, enter a Restraint Use code for their seating position		
1						1 No controls			Front			1 None used		
2						2 Traffic control signal			2 Deployed - front			2 Lap & shoulder belt used		
						3 Flashing traffic control signal			3 Deployed - side			3 Shoulder belt only used		
						4 School zone signal			3 Deployed - both front/side			4 Lap belt only used		
						5 Stop sign			4 Not deployed			5 Child safety seat used		
						6 Yield sign			5 Not applicable/ No airbag available			6 Child booster seat used		
						7 Warning sign			6 Unknown			7 Helmet used		
						8 Railroad crossing device						8 Restraint use unknown		
						9 Unknown								
Vehicle 1 2			MOST DAMAGED AREA			DISPOSITION OF VEHICLE								
01 Essentially straight ahead			00 None			Vehicle 1 2								
02 Backing			09 Top & windows			1 Towed - due to damages								
03 Changing lanes			10 Undercarriage			2 Towed - other reasons								
04 Overtaking/Passing			11 Total (all areas)			3 Left at scene								
05 Turning right			12 Other			4 Driven away								
06 Turning left						5 Unknown								
07 Making U-turn						Total number of persons in your vehicle								
08 Entering traffic lane														
09 Leaving traffic lane														
10 Parked														
11 Slowing or stopped in traffic														
12 Other														
13 Unknown														
Complete this section for all injured persons in your vehicle, also any bicyclists, pedestrians or fatalities involved in the accident. Enter the code number which best answers questions 1- 5 in the appropriate box located at the lower right.														
1. Seating Position (Enter one)			2. Ejected/Trapped (Enter one)			3. Body Region with Most Severe Injury (Enter one)			4. Injury Severity (Enter one)			5. Transported to Medical Facility (Enter one)		
10. Other enclosed passenger/cargo area			1. Not ejected or trapped			01. Head			1. Killed			If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:		
11. Other unenclosed passenger/cargo area			2. Partially ejected			02. Face			2. Disabling - cannot leave scene without assistance (broken bones, severe cuts, prolonged unconsciousness, etc.)			Source of Transport:		
12. Riding on vehicle exterior			3. Totally ejected			03. Neck			3. Visible but not disabling (minor cuts, swelling, etc.)			1. Not transported		
13. Sleeper section of truck cab			4. Trapped - Occupant removed without use of equipment			04. Chest			4. Possible but not visible (complaint of pain, etc.)			2. EMS (Ambulance)		
14. Trailing unit			5. Trapped - Equipment used in extrication			05. Back/spine			5. None			3. Police		
15. Moped			6. Unknown			06. Shoulder/upper arm						4. Other		
16. Motorcycle operator						07. Elbow/lower arm/hand						5. Unknown		
17. Motorcycle passenger						08. Abdomen/pelvis								
18. Pedestrian						09. Hip/upper leg								
19. Bicycle (pedalcycle)						10. Knee/lower leg/foot								
20. Unknown						11. Entire body								
						12. Unknown								
						13. None								
NAME			ADDRESS			DATE OF BIRTH (MM / DD / YYYY)			1 2 3 4 5 SEX					
									Seat Position Eject Body Region Injury Sev. Trans. M F					
NAME			ADDRESS											
NAME			ADDRESS											
NAME			ADDRESS											

<b>Driver Contributing Circumstances</b> <i>(Check one per driver)</i> <b>Vehicle</b> 1 2 01 <input type="checkbox"/> No improper driving 02 <input type="checkbox"/> Failed to yield right of way 03 <input type="checkbox"/> Disregarded traffic signs, signals, road markings 04 <input type="checkbox"/> Exceeded authorized speed limit 05 <input type="checkbox"/> Driving too fast for conditions 06 <input type="checkbox"/> Made improper turn 07 <input type="checkbox"/> Wrong side or wrong way 08 <input type="checkbox"/> Followed too closely 09 <input type="checkbox"/> Failure to keep in proper lane or running off road 10 <input type="checkbox"/> Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner 11 <input type="checkbox"/> Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc. 12 <input type="checkbox"/> Over-correcting/over-steering 13 <input type="checkbox"/> Visibility obstructed 14 <input type="checkbox"/> Inattention 15 <input type="checkbox"/> Mobile phone distraction 16 <input type="checkbox"/> Distracted - other 17 <input type="checkbox"/> Fatigued/asleep 18 <input type="checkbox"/> Operating defective equipment 19 <input type="checkbox"/> Other improper action 20 <input type="checkbox"/> Unknown	<b>Driver Condition</b> <i>(Check one per driver)</i> <b>Vehicle</b> 1 2 1 <input type="checkbox"/> Apparently normal 2 <input type="checkbox"/> Physical impairment 3 <input type="checkbox"/> Emotional (depressed, angry, disturbed, etc.) 4 <input type="checkbox"/> Illness 5 <input type="checkbox"/> Fell asleep, fainted, fatigued, etc. 6 <input type="checkbox"/> Under the influence of medications/drugs/alcohol 7 <input type="checkbox"/> Other <i>(specify)</i> 8 <input type="checkbox"/> Unknown  <b>Road Contributing Circumstances</b> <i>(Check one)</i> 01 <input type="checkbox"/> None 02 <input type="checkbox"/> Road surface condition (wet, icy, snow, slush, etc.) 03 <input type="checkbox"/> Debris 04 <input type="checkbox"/> Rut, holes, bumps 05 <input type="checkbox"/> Work zone (construction/maintenance/utility) 06 <input type="checkbox"/> Worn, travel-polished surface 07 <input type="checkbox"/> Obstruction in roadway 08 <input type="checkbox"/> Traffic control device inoperative, missing or obscured 09 <input type="checkbox"/> Shoulders (none, low, soft, high) 10 <input type="checkbox"/> Non-highway work 11 <input type="checkbox"/> Other <i>(specify)</i> 12 <input type="checkbox"/> Unknown	<b>Road Character</b> <i>(Check one)</i> 1 <input type="checkbox"/> Straight and level 2 <input type="checkbox"/> Straight and on slope 3 <input type="checkbox"/> Straight and on hilltop 4 <input type="checkbox"/> Curved and level 5 <input type="checkbox"/> Curved and on slope 6 <input type="checkbox"/> Curved and on hilltop  <b>Environment Contributing Circumstances</b> <i>(Check one)</i> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Weather conditions 3 <input type="checkbox"/> Vision obstruction 4 <input type="checkbox"/> Glare 5 <input type="checkbox"/> Animal in roadway 6 <input type="checkbox"/> Other <i>(specify)</i> 7 <input type="checkbox"/> Unknown  <b>Light Condition</b> <i>(Check one)</i> 1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Dawn 3 <input type="checkbox"/> Dusk 4 <input type="checkbox"/> Dark-lighted roadway 5 <input type="checkbox"/> Dark-roadway not lighted 6 <input type="checkbox"/> Dark-unknown roadway lighting 7 <input type="checkbox"/> Other <i>(specify)</i> 8 <input type="checkbox"/> Unknown	<b>Road Surface</b> <i>(Check one)</i> 1 <input type="checkbox"/> Concrete 2 <input type="checkbox"/> Asphalt 3 <input type="checkbox"/> Brick 4 <input type="checkbox"/> Gravel 5 <input type="checkbox"/> Dirt 6 <input type="checkbox"/> Other <i>(specify)</i>  <b>Total Number of Through Lanes</b> <i>(Check one)</i> 1 <input type="checkbox"/> One lane 2 <input type="checkbox"/> Two lanes 3 <input type="checkbox"/> Three lanes 4 <input type="checkbox"/> Four lanes 5 <input type="checkbox"/> Five lanes 6 <input type="checkbox"/> Six or more lanes  <b>Weather Condition</b> <i>(Check up to two)</i> 01 <input type="checkbox"/> None 02 <input type="checkbox"/> Cloudy 03 <input type="checkbox"/> Fog, smog, smoke 04 <input type="checkbox"/> Rain 05 <input type="checkbox"/> Sleet, hail, freezing rain/drizzle 06 <input type="checkbox"/> Snow 07 <input type="checkbox"/> Severe crosswinds 08 <input type="checkbox"/> Blowing sand, soil, dirt, snow 09 <input type="checkbox"/> Other <i>(specify)</i> 10 <input type="checkbox"/> Unknown	<b>Road Surface Condition</b> <i>(Check one)</i> 1 <input type="checkbox"/> Dry 2 <input type="checkbox"/> Wet 3 <input type="checkbox"/> Snow 4 <input type="checkbox"/> Ice 5 <input type="checkbox"/> Sand, mud, dirt, oil, gravel 6 <input type="checkbox"/> Water <i>(standing, moving)</i> 7 <input type="checkbox"/> Slush 8 <input type="checkbox"/> Other <i>(specify)</i> 9 <input type="checkbox"/> Unknown  <b>Median Type</b> <i>(Check one)</i> 1 <input type="checkbox"/> Median barrier 2 <input type="checkbox"/> Raised median <i>(curbed)</i> 3 <input type="checkbox"/> Grass median <i>(no curb)</i> 4 <input type="checkbox"/> Painted <i>(no curb)</i> 5 <input type="checkbox"/> None
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<p style="text-align: center; margin: 0;"><b>Indicate North by Arrow</b></p>	INDICATE BY DIAGRAM WHAT HAPPENED
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <!-- Grid for diagram --> </div>	

DESCRIBE WHAT HAPPENED (Refer to your vehicle as No. 1, any others as No. 2, No. 3, etc.)			
Description area			

PROPERTY	NON-VEHICLE OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE (    )    -	APPROX. COST OF DAMAGE \$
	NON-VEHICLE OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE (    )    -	APPROX. COST OF DAMAGE \$
<b>Was a Police Officer Contacted?</b> <input type="radio"/> YES <input type="radio"/> NO		OFFICER NAME OR BADGE NUMBER		DEPARTMENT <i>(Name of City, County, etc.)</i>	
I certify, to the best of my knowledge, that this report is true and accurate.		OPERATOR SIGNATURE <i>(Required if physically able)</i> <span style="font-size: 2em; font-weight: bold; vertical-align: middle;">X</span>			DATE

<b>ON-LINE VERSION</b>	<b>DRIVER MUST COMPLETE IN FULL</b>	
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**You, the driver, must provide information about the liability insurance covering the motor vehicle you were driving. Please complete the following.**

Name of Insurance Company Affording Liability Coverage on Date of Accident \_\_\_\_\_

Address \_\_\_\_\_

Vehicle Information: VIN No. \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Name of Agent Who Sold Policy \_\_\_\_\_ Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Date of Accident \_\_\_\_\_ In or near \_\_\_\_\_, Nebraska  
(Month) (Day) (Year)

Driver \_\_\_\_\_ Address \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

**SR-21L**

<b>ON-LINE VERSION</b>	<b>THIS SECTION FOR INSURANCE COMPANY USE ONLY</b>	
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**TO: Department of Motor Vehicles**  
 Financial Responsibility Section  
 301 Centennial Mall South  
 PO Box 94789  
 LINCOLN NE 68509-4789

*Please return this form immediately if policy was not in effect as described by motorist.*

**Do not return form if policy was in effect.**

The undersigned company advises that the insurance policy, as described on the reverse side, does not afford liability coverage to both the driver and owner in the limits of \$25,000 – \$50,000 bodily injury and \$25,000 property damage for this accident **because of the following reasons:**

\_\_\_\_\_  
*(please complete)*

\_\_\_\_\_  
*Name of Insurance Company*

\_\_\_\_\_  
*Authorized Representative*

\_\_\_\_\_  
*Date*

**INSURANCE INFORMATION**  
**Please read instructions carefully.**  
**Return this entire page with the completed Accident Report.**