State of Nebraska Driver's Motor Vehicle Crash Report

Questions? 1-402-479-4645

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COUNTY							TY									Total Number of Vehicles Involved															
H.S	ROAD ON WHICH STREET/HIGHWAY NO.(If no Hwy. No., identify by name)													P	Posted Speed Limit on the																
CRASH	CRASH OCCURRED DISTANCE FEET N S E W OF MILEPOST										OST	NO. HIGHWAY NO.								Street You Were Traveling											
P		FROM MILEPOST																				PRIVATE YES NO PROPERTY?									
Ŏ.	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY OFFEE											CCT	IF NOT AT INTERSECTION TO MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING																		
LOCATION	MANIE OF INTERIOCOTING HOADWAT											EEI	MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING																		
2	IF CR	ASH WAS O	JTSIE	DE C	ITY	MIL	LES			T	N S	E	w	ANI	D MIL	ES			N	S	E	w	OF I	NEAR	EST (CITY (OR TO	WN			
LIMITS, INDICATE DISTANCE FROM NEAREST TOWN VOLUM VIEHICLE AUTORED 1)									<u>Ļ</u>	OTHER VEHICLE (VEHICLE NUMBER - 2)																					
PHONE YOUR VEHICLE (VEHICLE NUMBER - 1) PHONE									D	DRIVER PHONE PHONE																					
CITY CTATE 7/D									_ D	DRIVER ADDRESS CITY, STATE, ZIP																					
													FEMAL MALE	.=											,				SEX	O FE	
DRIVER LICENSE	STATE	NUMBER					DA [*]	TE OF B	IRTH YYY)		/ /				DRIV LICEN		STATI	E \	IUMBE	:R						OF B		1	1		
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YEAR VEHICLE		IAKE		MOI	EL	E	BODY	STYLE	ļΨ		COLO	3			<u>,</u>			MAK	E		M	ODEL	L_ ·	ВС	DDY S	TYLE	ΙΨ		COLO	R	
VEHICLE	ID NO.	(VIN)		<u> </u>										-	VE	HICLE	ID NO). (VII	V)												
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OWNER NAME PHONE () —								ľ	OWNER NAME PHONE () —																						
OWNER ADDRESS CITY, STATE, ZIP								0	OWNER ADDRESS CITY, STATE, ZIP																						
INSURANCE C	OMPAN'	Y:				PO	DLICY I	NO.:						ΙΝ	NSURA	NCE C	OMPA	ANY:						POLI	CY NO	u:					
	С	omplete this	s sec	tion	for the	e dri	iver a	nd all i	njure	d per	sons in	you	r vehi	cle,	bicy	clists,	pede	estria	ins, o	r fatal	ities	invo	lved	in the	e cras	sh, as	appli	cable.			
00 - Not Depl	ployed oyed	(up to 4 choic	es)	Dr Ac	iver Dis	stract	ted By		S	ource 1 - Ha	of Distrands-free Mands-free Mand	actio Mobil	n le Phor	ne	inswe	Driv	er A	ctions	at Ti	me of Action	·······	h (up	to 4	choice	s) ed Mo	tor Vel	nicle in	Inatte	ntive,		***************************************
02 - Curtain 03 - Front 04 - Side				01	- Not D - Talkin - Manua	ng/List	tening		00	3 - Otl	ner Electro hicle-Integ	onic	Device		01 - Disregarded Red Light Careless, Negligent or Erratic Manner 02 - Disregarded Stop Sign 12 - Operated Motor Vehicle in Reckless or 03 - Disregarded Road Markings Aggressive Manner																
97 - Not Appli		helt etc.)		02	(textin	ng, dia	aling,	-	0.5	5 - Pa	ssenger/C				rist	st 04 - Disregarded Traffic Sign 13 - Over-Correcting/Over-Steering 05 - Failed to Keep in Proper Lane 14 - Ran Off Roadway															
99 - Other (knee, air belt, etc.) playing game, etc.) 06 - External 99 - Unknown 03 - Other Action (to vehicle/non-motorist (looking away 07 - Other Distraction										06 - Failed to Yield Right-of-Way 07 - Followed too Closely 15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle,																					
from task, etc.) 97 - Not Applicable (not distributed) 99 - Unknown 97 - Not Applicable (not distributed) 99 - Unknown 99 - Unknown									d) 09 - Improper Passing 16 - Wrong Side or Wrong Way																						
							L		99	9 - Un	known		L			10 -	Impro	oper 1	Γurn					nknov		uning /	CHOIT				
1 Person Ty Motorist	/pe	***************************************	3		ating Po	ositio	on			6	Injury S			niury						/stems		orcyc	le He	met l							
Motorist Row 00 - No Apparent In 01 - Driver 01 - Front 01 - Fatal Injury 02 - Occupant 02 - Second 02 - Suspected Seri									01 - Booster Seats 12 - DOT-Compliant																						
03 - Third 03 - Suspected Mino Non-motorist 04 - Fourth 04 - Possible Injury								or In	njury 02 - Uniid Restraint - Forward Pacing 13 - Non DOT-Compliant 19ury 03 - Child Restraint - Rear Facing 14 - Unknown if DOT-Compliant 15 - No Helmet 15																						
(non-occupant of MV) 05 - Other Row (bus, 99 - Unknown 15-passenger van, etc.)										05 - Lap Belt Only Used 97 - Not Applicable 98 - Other																					
04 - Other Cyclist 99 - Unknown 05 - Pedestrian 4 Seat 7 Injury Area									07 - Restraint Used - Type Unknown 99 - Unknown 08 - Shoulder & Lap Belt Used																						
01 - Left								elvis	09 - Shoulder Belt Only Used 10 - Stretcher 11 - Wheelchair																						
1									9 Ejection 10 Source					Source	e of T	of Transport to First Medical Facility															
03 - Emotional (depressed, angry, disturbed, etc.) 04 - Ill (sick, fainted) 05 - Physically Impaired 06 - Under Influence of Alcohol, Drugs or Medication 97 - Not Applicable 5 Other Location 01 - Enclosed Cargo Area 02 - Riding on Motor Vehicle Exterior (non-trailing unit) 03 - Sleeper Section of Cab (truck) 04 - Trailing Unit) 05 - Lower Extremity (06 - Neck 07 - Spine 08 - Chest (thorax) 09 - Upper Extremity (10 - Unspecified						ty (le	gs)	gs) 01 - Not Ejected 00 - No 02 - Ejected, Partially 01 - El						MS Air	Transported S Air																
							03 - Ejected, Totally 02 - EM 97 - Not Applicable 03 - Lav						aw Ent	Enforcement																	
						fied	ty (ar	(arms) 99 - Unknown 98 - O						known																	
98 - Other 97 - Not Applicable 98 - Unknown if Impaired 98 - Other					99 - Unknown						E OF BIRTH		SE:	^	1 rson	2 Con-	3 Seating	4	5 Other	6 Injury	7 Injury	8 Restraint	9	10 Trans-							
NAME		i		99	- Unknov	wn									+	(MM /	י / טט	YYYY 1)	+-	Ty	pe o	fition	Row	Seat	Location	Severity	Area	System	Ejection	port
NAME																		<u> </u>		+	+							<u> </u>			
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LIGHT CONDITION 01 - Daylight	CONTRIBUTING CIRCUMSTANCES - ROADWAY ENVIRONMENT	TRAFFIC CONTROL DEVICE TYPE (up to 4 choices)	GRADE / ROADWAY ALIGNMENT Horizontal Alignment	VEHICLE MOVEMENT BEFORE COLLISION							
02 - Dawn/Dusk 03 - Dark-Lighted 04 - Dark-Not Lighted	(up to 2 choices) 00 - None 01 - Absence of Sidewalks	TCD Type(s) 00 - No Controls	01 - Curve Left 02 - Curve Right	VEH NO. N S E W ROAD OR HIGHWAY NAME							
05 - Dark-Not Lighted 05 - Dark-Unk. Lighting 06 - Dusk	02 - Animal(s) 03 - Prior Crash	01 - Person (flagger, law enforcement, crossing guard, etc.)	03 - Straight 99 - Unknown	1							
98 - Other 99 - Unknown	04 - Prior Non-Recurring Incident 05 - Backup Due to Regular Congestion	Signs 02 - Railroad Crossing Sign 03 - School Zone Sign	Grade 01 - Downhill	2							
WEATHER CONDITIONS	06 - Debris 07 - Glare	04 - Stop Sign 05 - Yield Sign	02 - Hillcrest 03 - Level	_							
(up to 2 choices) 01 - Blowing Sand, Soil, Dirt	08 - Obstructed Crosswalks 09 - Non-Highway Work	06 - "Curve Ahead" Warning Sign 07 - Pedestrian Crossing Sign	04 - Sag (bottom) 05 - Uphill 99 - Unknown	Vehicle 1 2 01 ☐ ☐ Essentially Straight Ahead							
02 - Blowing Snow 03 - Clear	10 - Obstruction in Roadway 11 - Related to a Bus Stop	08 - "Intersection Ahead" Warning Sign 09 - "Reduce Speed Ahead" Warning Sign	TRAFFICWAY DESCRIPTION	02 Backing 03 Changing Lanes							
04 - Cloudy 05 - Fog, Smog, Smoke	12 - Road Surface Condition (wet, icy, snow, slush, etc.) 13 - Roadway Width Restricted	10 - Bicycle Crossing Sign 11 - Other Warning Sign	Travel Directions	04 Entering Traffic Lane							
06 - Freezing Rain/Drizzle 07 - Rain	14 - Ruts, Holes, Bumps 15 - Shoulders (none, low, soft, high)	Signals 12 - Flashing Traffic Control Signal	01 - One-Way 02 - Two-Way	06							
08 - Severe Crosswinds 09 - Sleet or Hail	16 - Toll Booth/Plaza Related 17 - Traffic Control Device	13 - Ramp Meter Signal 14 - Lane Use Control Signal	Divided 00 - Not Divided	08 Parked 09 Passing/Overtaking a Vehicle							
10 - Snow 98 - Other 99 - Unknown	18 - Traffic Incident 19 - Visual Obstruction(s)	15 - Traffic Control Signal 16 - Flashing Railroad Crossing Signal	01 - Not Divided, With a Continuous Left-Turn Lane	10 Slowing 11 Stopped in Traffic							
ROADWAY SURFACE	20 - Weather Conditions 21 - Work Zone	(may include gates) 17 - Flashing School Zone Signal	02 - Divided, Flush Median (greater than 4 ft. wide)	12 Turning Left 13 Turning Right							
01 - Asphalt 02 - Brick	(construction/maintenance/utility) 22 - Worn, Travel-Polished Surface	18 - Other Signal Pavement Markings	03 - Divided, Raised Median (curbed) 04 - Divided, Depressed Median 99 - Unknown	98 Other 99 Unknown							
03 - Concrete 04 - Dirt	98 - Other 99 - Unknown	19 - School Zone 20 - Railroad Crossing	Barrier Type	INITIAL CONTACT POINT							
05 - Gravel 98 - Other	ROADWAY SURFACE CONDITION	21 - Pedestrian Crossing 22 - Bicycle Crossing	00 - No Barrier 01 - Cable Barrier	VEH.1 VEH.2							
99 - Unknown	01 - Dry 02 - Ice/Frost 03 - Mud, Dirt, Gravel	23 - Other Pavement Marking (excluding edge lines, centerlines or lane lines) 98 - Other	02 - Concrete Barrier (e.g. Jersey barrier)	00 - Non-Collision							
Was the crash in a construction, maintenance	04 - Oil 05 - Sand	99 - Unknown	03 - Earth Embankment 04 - Guardrail	13 - Top 14 - Undercarriage							
or utility work zone, or was it related to an activity within a work zone?	06 - Slush 07 - Snow	TRAFFIC CONTROL DEVICE WORKING 00 - No Controls	98 - Other VEHICLE TOWED	15 - Cargo Loss 16 - Vehicle Not at Scene 99 - Unknown							
01 - Yes 02 - No	08 - Water (standing, moving) 09 - Wet	01 - Device Functioning Properly 02 - Device Functioning Improperly	01 - Not Towed 02 - Towed-Disabling Damage	12							
99 - Unknown	98 - Other 99 - Unknown	03 - Device Not Functioning 99 - Unknown	03 - Towed-No Disabling Damage	1 1							
	INDICATE BY	DIAGRAM WHAT HAPPENED		10/2							
Indicate											
North											
				8 4							
				7 5							
				6 DAMAGED AREAS							
				00 - No Damage 13 - Top							
				14 - Undercarriage 15 - All Areas							
				16 - Vehicle Not at Scene 99 - Unknown							
				VEH.1 VEH.1 VEH.2 VEH.2							
				VEH.1 VEH.1 VEH.2 VEH.2							
				VEH.1 VEH.1 VEH.2 VEH.2							
DESCRIBE WHAT HAPPENED (Refer to your vehicle as No. 1, any others as No. 2, No. 3, etc.)											
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W-000000000000000000000000000000000000											
NON-VEHICLE OBJECT DAMAG	SED OWNER NAME	ADDESS	Tayloria	Lipppey 2007 27 27 27 27							
ERT		ADDRESS	PHONE	APPROX. COST OF DAMAGE \$							
NON-VEHICLE OBJECT DAMAG	ED OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE							
WAS A POLICE OFFICER CONTAC	OFFICER NAME OR BADGE NUI	MBER DEPARTMENT (Na	nme of City, County, etc.)								
I certify, to the best of my k	nowledge. OPERATOR SIGNATURE	(Required if physically able)		DATE:							