

How to Complete the Back Side of the 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.

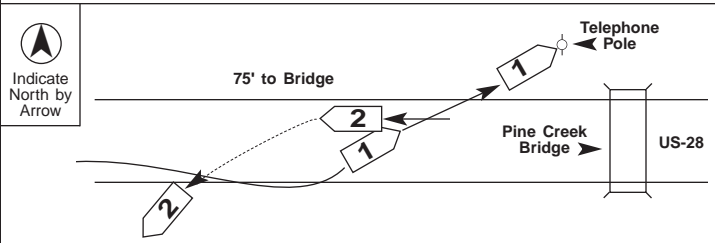
Do not forget to sign the accident report before mailing it to:

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

What to show on the diagram

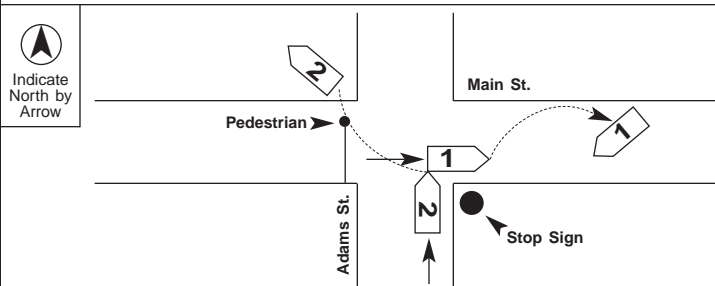
1. In the upper left corner, draw an arrow to indicate north.
2. Name all streets and roads.
3. Number each vehicle and use a solid arrow to show the paths the vehicles or pedestrians were traveling before the collision.
4. Draw the vehicle positions at the point of collision.
5. Use a dotted arrow to 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 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.

**Instruction Page for Page 2 of the Accident Report.
Discard this sheet after use.**

Use Black Ink

State of Nebraska

Driver's Motor Vehicle Accident Report

Questions? 1-402-479-4645

Mail within 10 days of accident to: Highway Safety, Nebraska Department of Roads, P.O. Box 94669, Lincoln, NE 68509-4669

DATE OF ACCIDENT: 20... TIME OF ACCIDENT... LOCATION OF ACCIDENT: COUNTY, CITY, ROAD ON WHICH ACCIDENT OCCURRED, DISTANCE FROM MILEPOST, IF AT INTERSECTION, IF NOT AT INTERSECTION, IF ACCIDENT WAS OUTSIDE CITY LIMITS...

YOUR VEHICLE (VEHICLE NUMBER - 1) and OTHER VEHICLE (VEHICLE NUMBER - 2) details including DRIVER, DRIVER ADDRESS, DRIVER LICENSE, VEHICLE LICENSE PLATE, YEAR, MAKE, MODEL, BODY STYLE, COLOR, VEHICLE ID NO., OWNER NAME, OWNER ADDRESS, PHONE.

VEHICLE MOVEMENT BEFORE COLLISION, POINT OF IMPACT AND MOST DAMAGED AREA, TRAFFIC CONTROL DEVICE, AIRBAG DEPLOYED, RESTRAINT USE, DISPOSITION OF VEHICLE.

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, 2. Ejected/Trapped, 3. Body Region with Most Severe Injury, 4. Injury Severity, 5. Transported to Medical Facility. Includes a grid for seating position and a table for personal information.

ON-LINE VERSION	DRIVER MUST COMPLETE IN FULL	
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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

ON-LINE VERSION	THIS SIDE FOR INSURANCE COMPANY USE ONLY	
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TO: Department of Motor Vehicles
 Financial Responsibility Section
 301 Centennial Mall South
 PO Box 94877
 LINCOLN NE 68509-4877

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.**