Every operator of a motor vehicle involved in an accident resulting in either injury, death, or damages over $1,000.00 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 accident 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.

**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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>DATE OF BIRTH (MM / DD / YYYY)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam Public</td>
<td>123 Elm St.</td>
<td>10 / 17 / 1993</td>
<td>19</td>
<td>2</td>
<td>2</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan Doe</td>
<td>3456 Vermont Ave.</td>
<td>07 / 31 / 1964</td>
<td>01</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Mary Doe</td>
<td>3456 Vermont Ave.</td>
<td>12 / 30 / 1989</td>
<td>03</td>
<td>4</td>
<td>1</td>
<td>F</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

**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.

Costume helmet – Non-DOT approved helmet.

**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.

<table>
<thead>
<tr>
<th>DATE OF BIRTH (MM / DD / YYYY)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**Instruction Page for Page 1 of the Accident Report.**
Discard this sheet after use.
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

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 centerline 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 or Blue Ink

**Driver’s Motor Vehicle Accident Report**

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

**DATE OF ACCIDENT**

<table>
<thead>
<tr>
<th>M</th>
<th>M</th>
<th>D</th>
<th>D</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME OF ACCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>(In Military Time)</td>
</tr>
</tbody>
</table>

**STATE USE ONLY**

- Total Number of Vehicles Involved
- Posted Speed Limit on the Street You Were Traveling
- Name of intersection roadway
- Feet
- Miles
- Estimated Damage

**DR Form 41, October 2014**

---

**LOCATION OF ACCIDENT**

- Street/Highway No.
- Distance from Milepost
- Feet
- Miles
- If accident was outside city limits, indicate distance from nearest town
- Feet
- Miles

**NAME OF INTERSECTING ROADWAY**

- Town
- Name of any highway
- Milepost
- Interstate
- U.S. Highway
- State Highway
- County Road
- Private

**Vehicles Involved**

- Year
- Make
- Model
- Color
- Body Style
- Estimated Damage

**DATE OF BIRTH**

- MM/DD/YYYY

---

**INJURY SEVERITY**

- Head
- Face
- Neck
- Chest
- Back/spine
- Shoulder/upper arm
- Elbow/forearm/hand
- Abdomen/pelvis
- Hip/upper leg
- Knee/ankle/foot

**DATE OF BIRTH**

- MM/DD/YYYY

**SEAT POSITION**

- Driver
- Passenger
- Backseat
- Other

**Vehicles Involved**

- Vehicle No. 1
- Driver
- Phone

- Vehicle No. 2
- Driver
- Phone

---

**DISPOSITION OF VEHICLE**

- Towed – due to damages
- Towed – other reasons
- Left at scene
- Driven away
- Unknown

---

**AIRBAG DEPLOYED**

- Left
- Right
- Top
- Both front
- Both side

---

**RESTRUM USE**

- None
- Lap belt only
- Shoulder belt only
- Both belt used

---

**Restraint Use**

- Driver
- Passenger
- Backseat
- Other

---

**Ejected/Trapped**

- Not ejected or trapped
- Partially ejected
- Totally ejected
- Driver
- Passenger

---

**Body Region with Most Severe Injury**

- Head
- Face
- Neck
- Chest
- Back/spine
- Shoulder/upper arm
- Elbow/forearm/hand
- Abdomen/pelvis
- Hip/upper leg
- Knee/ankle/foot

---

**Position**

- Front
- Rear
- Side

---

**Other**

- Yes
- No

---

**Transported to Medical Facility**

- None
- EMS (Ambulance)
- Police
- Other

---

**Source of Transport**

- 1. Not transported
- 2. EMS (Ambulance)
- 3. Police
- 4. Other
- 5. Unknown

---

**Return all three completed pages to the address above.**
### Driver Contributing Circumstances

**Vehicle**
- [ ] No improper driving
- [ ] Failed to yield right of way
- [ ] Disregarded traffic signs, signals, road markings
- [ ] Exceeded authorized speed limit
- [ ] Driving too fast for conditions
- [ ] Made improper turn
- [ ] Wrong side or wrong way
- [ ] Followed too closely
- [ ] Failure to keep in proper lane or running off road
- [ ] Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner
- [ ] Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.

### Driver Condition

**Vehicle**
- [ ] Apparently normal
- [ ] Physical impairment
- [ ] Emotional (depressed, angry, disturbed, etc.)
- [ ] Illness
- [ ] Fell asleep, fainted, fatigued, etc.
- [ ] Under the influence of medications/drugs/alcohol
- [ ] Other (specify)
- [ ] Unknown

### Road Contributing Circumstances

**Vehicle**
- [ ] None
- [ ] Road surface condition (wet, icy, snow, slush, etc.)
- [ ] Debris
- [ ] Work zone (construction/maintenance/utility)
- [ ] Worn, travel-polished surface
- [ ] Obstruction in roadway
- [ ] Traffic control device inoperative, missing or obscured
- [ ] Shoulders (none, low, soft, high)
- [ ] Non-highway work
- [ ] Other (specify)
- [ ] Unknown

### Road Character

**Surface**
- [ ] Straight and level
- [ ] Straight and on hilltop
- [ ] Curved and level
- [ ] Curved and on slope
- [ ] Under the influence of medications/drugs/alcohol

### Environment Contributing Circumstances

**Vehicle**
- [ ] None
- [ ] Weather conditions
- [ ] Vision obstruction
- [ ] glare
- [ ] Animal in roadway
- [ ] Other (specify)
- [ ] Unknown

### Weather Condition

- [ ] Daylight
- [ ] Dawn
- [ ] Dusk
- [ ] Dark-lighted roadway
- [ ] Dark-roadway not lighted
- [ ] Dark-unknown roadway lighting
- [ ] Other (specify)
- [ ] Unknown

### Light Condition

**Surface**
- [ ] Concrete
- [ ] Asphalt
- [ ] Brick
- [ ] Gravel
- [ ] Dirt
- [ ] Other (specify)

### Road Surface Condition

**Surface**
- [ ] Dry
- [ ] Wet
- [ ] Snow
- [ ] Ice
- [ ] Sand, mud, dirt, oil, gravel
- [ ] Water (standing, moving)
- [ ] Other (specify)
- [ ] Unknown

### Median Type

- [ ] Median barrier
- [ ] Raised median (curbed)
- [ ] Grass median (no curb)
- [ ] Painted (no curb)
- [ ] None

### NON-VEHICLE OBJECT DAMAGED

<table>
<thead>
<tr>
<th>PROPERTY</th>
<th>OWNER NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>APPROX. COST OF DAMAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Vehicle Object Damaged</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NON-VEHICLE OBJECT DAMAGED

<table>
<thead>
<tr>
<th>PROPERTY</th>
<th>OWNER NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>APPROX. COST OF DAMAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Vehicle Object Damaged</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Was a Police Officer Contacted?

- [ ] Yes
- [ ] No

**OFFICER NAME OR BADGE NUMBER**

**DEPARTMENT (Name of City, County, etc.)**

**DATE**

I certify, to the best of my knowledge, that this report is true and accurate.

OPERATOR SIGNATURE (Required if physically able)

Return all three completed pages of Accident Report to address located on top of Page 1.
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

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.