

ACCIDENT CLASSIFICATION		L. School Bus Related <i>(Enter one)</i>																							
<p><b>A. Weather Condition</b> <i>(Enter up to two)</i></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">01. Clear</td> <td style="width:50%;">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	<p>1. No 2. Yes, school bus directly involved 3. Yes, school bus indirectly involved 4. Unknown</p>														
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<p><b>B. Temperature</b></p>	<b>Complete this section for all injured persons</b>																								
<p><b>C. Light Condition</b> <i>(Enter one)</i></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">1. Daylight</td> <td style="width:50%;">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	<b>Transported to Medical Facility</b> <i>(Enter one)</i> <span style="float: right;"><b>5</b></span>																
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<p><b>F. Road Surface Condition</b> <i>(Enter one)</i></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">1. Dry</td> <td style="width:50%;">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 colspan="2">5. Sand, mud, dirt, oil, gravel</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		<p><b>Body Region with Most Severe Injury</b> <i>(Enter one)</i> <span style="float: right;"><b>3</b></span></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">01. Head</td> <td style="width:50%;">07. Elbow/lower arm/hand</td> </tr> <tr> <td>02. Face</td> <td>08. Abdomen/pelvis</td> </tr> <tr> <td>03. Neck</td> <td>09. Hip/upper leg</td> </tr> <tr> <td>04. Chest</td> <td>10. Knee/lower leg/foot</td> </tr> <tr> <td>05. Back/spine</td> <td>11. Entire body</td> </tr> <tr> <td>06. Shoulder/upper arm</td> <td>12. Unknown</td> </tr> </table>			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
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<p><b>G. Total Number of Through Lanes</b> <i>(Enter one)</i></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">1. One lane</td> <td style="width:50%;">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	6. Six or more lanes	<p><b>Ejected / Trapped</b> <i>(Enter one)</i> <span style="float: right;"><b>2</b></span></p> <p>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</p>																		
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<p><b>I. Contributing Circumstances, Environment</b> <i>(Enter one)</i></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">1. None</td> <td style="width:50%;">5. Animal in roadway</td> </tr> <tr> <td>2. Weather conditions</td> <td>6. Other*</td> </tr> <tr> <td>3. Vision obstruction</td> <td>7. Unknown</td> </tr> <tr> <td colspan="2">4. Glare</td> </tr> </table>	1. None	5. Animal in roadway	2. Weather conditions	6. Other*	3. Vision obstruction	7. Unknown	4. Glare																		
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<p><b>K. Type of Roadway Junction</b> <i>(Enter one)</i></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">01. Not at junction</td> <td style="width:50%;">08. Off-ramp</td> </tr> <tr> <td>02. Four-way intersection</td> <td>09. Crossover</td> </tr> <tr> <td>03. T-intersection</td> <td>10. Driveway</td> </tr> <tr> <td>04. Y-intersection</td> <td>11. Railroad grade crossing</td> </tr> <tr> <td>05. Traffic circle/roundabout</td> <td>12. Shared-use paths or trails</td> </tr> <tr> <td>06. Five-point, or more</td> <td>13. Unknown</td> </tr> <tr> <td colspan="2">07. On-ramp</td> </tr> </table>	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												
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<b>Total Number of Vehicles</b>		<b>Sequence of Events</b>										
<b>VEHICLE OVERLAY</b>												
<p><b>M. Contributing Circumstances, Driver</b> <i>(Enter one per driver)</i></p> <ol style="list-style-type: none"> <li>01. No improper driving</li> <li>02. Failed to yield right of way</li> <li>03. Disregarded traffic signs, signals, road markings</li> <li>04. Exceeded authorized speed limit</li> <li>05. Driving too fast for conditions</li> <li>06. Made improper turn</li> <li>07. Wrong side or wrong way</li> <li>08. Followed too closely</li> <li>09. Failure to keep in proper lane or running off road</li> <li>10. Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner</li> <li>11. Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.</li> <li>12. Over-correcting/over-steering</li> <li>13. Visibility obstructed</li> <li>14. Inattention</li> <li>15. Mobile phone distraction</li> <li>16. Distracted - other</li> <li>17. Fatigued/asleep</li> <li>18. Operating defective equipment</li> <li>19. Other improper action</li> <li>20. Unknown</li> </ol>		<p>Enter the order of events by code number for Vehicle #1 and Vehicle #2, in boxes 1 thru 4 at lower right.</p> <p>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.</p> <p><b>Non-collision</b></p> <ol style="list-style-type: none"> <li>01. Overturn/rollover</li> <li>02. Fire/explosion</li> <li>03. Immersion</li> <li>04. Jackknife</li> <li>05. Cargo/equipment loss or shift</li> <li>06. Equipment failure (blown tire, brake failure, etc.)</li> <li>07. Separation of units</li> <li>08. Ran off road right</li> <li>09. Ran off road left</li> <li>10. Cross median/centerline</li> <li>11. Downhill runaway</li> <li>12. Other non-collision</li> <li>13. Unknown non-collision</li> </ol> <p><b>Collision with person, vehicle, or object not fixed</b></p> <ol style="list-style-type: none"> <li>14. Pedestrian</li> <li>15. Bicycle (pedalcycle)</li> <li>16. Railway vehicle (train, engine, etc.)</li> <li>17. Animal</li> </ol> <p><b>18. Motor vehicle in transport</b></p> <ol style="list-style-type: none"> <li>19. Parked motor vehicle</li> <li>20. Work zone maintenance equipment</li> <li>21. Other movable object</li> <li>22. Unknown movable object</li> </ol> <p><b>Collision with fixed object</b></p> <ol style="list-style-type: none"> <li>23. Impact attenuator/crash cushion</li> <li>24. Bridge overhead structure</li> <li>25. Bridge pier or abutment</li> <li>26. Bridge parapet end</li> <li>27. Bridge rail</li> <li>28. Guardrail face</li> <li>29. Guardrail end</li> <li>30. Median barrier</li> <li>31. Highway traffic sign post</li> <li>32. Overhead sign support</li> <li>33. Light/luminaire support</li> <li>34. Utility pole</li> <li>35. Other post, pole or support</li> <li>36. Culvert</li> <li>37. Curb</li> <li>38. Ditch</li> <li>39. Embankment</li> <li>40. Fence</li> <li>41. Mailbox</li> <li>42. Tree</li> <li>43. Other fixed object (wall, building, tunnel, etc.)</li> <li>44. Work zone maintenance equipment</li> <li>45. Unknown fixed object</li> <li>46. Other*</li> <li>47. Unknown</li> </ol>										
<p><b>N. Traffic Control Device</b> <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		
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<p><b>O. Extent of Damage</b> <i>(Enter one per vehicle)</i></p> <ol style="list-style-type: none"> <li>1. None/minor damage</li> <li>2. Functional damage</li> <li>3. Disabling damage (requires towing from scene)</li> <li>4. Severe/vehicle totaled</li> <li>5. Unknown</li> </ol>												
<p><b>P. Driver's Condition</b> <i>(Enter one per driver)</i></p> <ol style="list-style-type: none"> <li>1. Apparently normal</li> <li>2. Physical impairment</li> <li>3. Emotional (depressed, angry, disturbed, etc.)</li> <li>4. Illness</li> <li>5. Fell asleep, fainted, fatigued, etc.</li> <li>6. Under the influence of medications/drugs/alcohol</li> <li>7. Other*</li> <li>8. Unknown</li> </ol>												
<p><b>Q. Disposition of Vehicle</b> <i>(Enter one per vehicle)</i></p> <ol style="list-style-type: none"> <li>1. Towed - due to damages</li> <li>2. Towed - other reasons</li> <li>3. Left at scene</li> <li>4. Driven away</li> <li>5. Unknown</li> </ol>												
		<p><b>Vehicle #1</b></p> <p>1. First Event -----</p> <p>2. Second Event -----</p> <p>3. Third Event -----</p> <p>4. Fourth Event -----</p> <p>5. Most Harmful Event ---</p> <p>6. Vehicle Authorized Speed Limit (mph) ----</p> <p><b>Vehicle #2</b></p> <p>1. First Event -----</p> <p>2. Second Event -----</p> <p>3. Third Event -----</p> <p>4. Fourth Event -----</p> <p>5. Most Harmful Event ---</p> <p>6. Vehicle Authorized Speed Limit (mph) ----</p>										

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet \_\_\_\_\_ of \_\_\_\_\_

<b>Total Number of Vehicles</b>		Local No./ District	Agency Case No.	<b>HIT &amp; RUN?</b> <input type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input type="radio"/> NO	L					
A/1	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y	S M T W T H F S (In Military Time)	TIME OF ACCIDENT	STATE USE ONLY						
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY	POLICE NOTIFIED		LATITUDE						
B		CITY	PRIVATE PROPERTY? <input type="radio"/> YES <input type="radio"/> NO		LONGITUDE						
C	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/HIGHWAY NO.		ONE-WAY STREET? <input type="radio"/> YES <input type="radio"/> NO	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input type="radio"/> NO						
	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.							
D	<b>IF AT INTERSECTION</b>			<b>IF NOT AT INTERSECTION</b>							
	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V1/M	<b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>										
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
E	<b>R. WORK ZONE CODES</b>	R1 R2 R3 R4	<b>S. PEDESTRIAN CLASSIFICATION CODES</b>	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	<b>DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?</b> <input type="radio"/> YES <input type="radio"/> NO						
<b>VEHICLE NO. 1</b>											
F	<b>DRIVER LICENSE NO.</b>				<b>STATE (Of License)</b>	<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE					
V1/N	DRIVER	PHONE ( ) -			LOCAL NO.						
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			<b>DATE OF BIRTH (MM / DD / YYYY)</b>	V1/1					
G	OWNER	PHONE ( ) -			LOCAL NO.						
V1/2	OWNER ADDRESS	CITY, STATE, ZIP			<b>CITATION</b> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING	CITATION NO.					
H	<b>LICENSE PLATE NO.</b>				<b>YEAR (Plate Expires)</b>	<b>STATE (Of Plate)</b>					
V1/3	<b>VEHICLE</b>	YEAR	MAKE	MODEL	BODY STYLE	COLOR					
V1/4						<b>ESTIMATED DAMAGE</b> <input type="radio"/> TOALED \$					
V1/O	<b>VEHICLE ID NO. (VIN)</b>				INSURANCE COMPANY						
V2/O	TOWED TO	TOWED BY			POLICY NO.						
V1/5											
V1/6											
<b>VEHICLE NO. 2</b>											
I	<b>DRIVER LICENSE NO.</b>				<b>STATE (Of License)</b>	<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE					
V1/P	DRIVER	PHONE ( ) -			LOCAL NO.						
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			<b>DATE OF BIRTH (MM / DD / YYYY)</b>	V2/1					
V2/2	OWNER	PHONE ( ) -			LOCAL NO.						
J	OWNER ADDRESS	CITY, STATE, ZIP			<b>CITATION</b> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING	CITATION NO.					
V2/3	<b>LICENSE PLATE NO.</b>				<b>YEAR (Plate Expires)</b>	<b>STATE (Of Plate)</b>					
V1/Q	<b>VEHICLE</b>	YEAR	MAKE	MODEL	BODY STYLE	COLOR					
V2/4						<b>ESTIMATED DAMAGE</b> <input type="radio"/> TOALED \$					
V2/5	<b>VEHICLE ID NO. (VIN)</b>				INSURANCE COMPANY						
V2/6	TOWED TO	TOWED BY			POLICY NO.						
K											
<b>Complete this section for all injured persons</b> (Complete a continuation report, if more than three were injured)											
<b>VEH. #</b>	<b>NAME</b>	<b>ADDRESS</b>			<b>DATE OF BIRTH (MM / DD / YYYY)</b>	<b>1</b> Seat Position	<b>2</b> Eject	<b>3</b> Body Region	<b>4</b> Injury Sev.	<b>5</b> Trans.	<b>SEX</b> M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.						
<b>VEH. #</b>	<b>NAME</b>	<b>ADDRESS</b>			<b>DATE OF BIRTH (MM / DD / YYYY)</b>						
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.						
<b>VEH. #</b>	<b>NAME</b>	<b>ADDRESS</b>			<b>DATE OF BIRTH (MM / DD / YYYY)</b>						
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.						

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.



Indicate North by Arrow

Large empty grid area for drawing the accident diagram.

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Large empty text area for describing the accident based on the officer's investigation.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE (    )    -	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE (    )    -	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME			ADDRESS	PHONE (    )    -
	NAME			ADDRESS	PHONE (    )    -

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS				ALCOHOL/DRUGS SUSPECTED						
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1		VEH 2		Driver No. 1		Driver No. 2		Pedestrian		
					ROAD OR HIGHWAY NAME	POINT OF IMPACT	MOST DAMAGED AREA	POINT OF IMPACT	MOST DAMAGED AREA	1	2	3	4	5	6	7	8	9	Y	N	Y	N	Y	N	BAC LEVEL	1	2
1																											
2																											
1					06 Turning left																						
2					08 Entering traffic lane																						
					01 Essentially straight ahead																						
					02 Backing																						
					03 Changing lanes																						
					04 Overtaking/Passing																						
					05 Turning right																						
					09 Leaving traffic lane																						
					10 Parked																						
					11 Slowing or stopped in traffic																						
					12 Other																						
					13 Unknown																						
OFFICER NO.					TROOP/TEAM/BEAT					DEPARTMENT					Photographs taken? <input type="radio"/> YES <input type="radio"/> NO												
INVESTIGATOR NAME (Print or Type)										INVESTIGATOR SIGNATURE										DATE OF REPORT				/ /20__			

R. Work Zone Codes	S. Pedestrian/Non-Motorist Classification Codes																		
<p><b>Complete this section for accidents in Work Zones</b> Enter code numbers in boxes R1 to R4 on front of Investigator's Accident Report</p>	<p><b>Complete this section for all injured Non-Motorists in the accident (Pedestrians &amp; Bicyclists)</b></p>																		
<p><b>R1 Was the crash in or near a construction maintenance or utility work zone?</b> <i>(Enter one)</i></p> <ol style="list-style-type: none"> <li>1. No</li> <li>2. Unknown</li> <li>3. Yes (complete sub-fields R2, R3 and R4)</li> </ol>	<p>Enter code numbers in boxes S1 to S6-b on front of Investigator's Accident Report</p>																		
<p><b>R2 Location of the crash:</b></p> <ol style="list-style-type: none"> <li>1. Before the first work zone warning sign</li> <li>2. Advance warning area (after the first warning sign, but before the work area)</li> <li>3. Transition area (where lanes are shifted or tapered for lane closure)</li> <li>4. Activity area (adjacent to actual work area, whether workers and equipment were present or not)</li> <li>5. Termination area (after the activity area but before traffic resumes normal conditions)</li> </ol>	<p><b>S1 Non-Motorist location prior to impact</b> <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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08. Island																			
09. Shoulder																			
<p><b>R3 Type of Work Zone:</b></p> <ol style="list-style-type: none"> <li>1. Lane closure</li> <li>2. Lane shift/crossover</li> <li>3. Work on shoulder or median</li> <li>4. Intermittent or moving work</li> <li>5. Other</li> </ol>	<p><b>S2 Non-Motorist Action</b> <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><b>R4 Workers present?</b></p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol>	<p><b>S3 Non-Motorist Condition</b> <i>(Enter one, in box S3)</i></p> <table border="0"> <tr> <td>1. Apparently normal</td> <td>5. Fell 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. Fell 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><b>Work Zone Note:</b> 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><b>S4 Alcohol / Drugs Suspected</b> <i>(Enter one, in box S4)</i> <b>Officer's assessment of whether alcohol or drugs were used.</b></p> <ol style="list-style-type: none"> <li>1. Neither alcohol nor drugs suspected</li> <li>2. Yes - alcohol suspected</li> <li>3. Yes - drugs suspected</li> <li>4. Yes - alcohol and drugs suspected</li> <li>5. Unknown</li> </ol>																		
	<p><b>S5 Contributing Circumstances, Non-Motorist</b> <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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<p><b>S6 Non-Motorist Safety Equipment</b> <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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## How to Use the Accident Report Overlays

Please answer all the questions asked on all report Overlay sheets which relate to the accident. If questions important to understanding the case are not answered, the investigating agency may be contacted and asked to provide additional information.

Please use a black ballpoint pen to completely fill in the appropriate ovals, check-boxes, or boxes for numbers and letters on all pages of the Investigator's Motor Vehicle Accident Report form, as shown below. PENCILS, MARKERS, FELT-TIP, OR OTHER COLOR PENS ARE NOT ACCEPTABLE.

<b>Correct Way:</b>	F <input type="checkbox"/> S <input checked="" type="checkbox"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	B <input style="width: 30px; height: 20px;" type="text" value="5"/>	V1/M <input style="width: 30px; height: 20px;" type="text" value="12"/>	Seat Position <input style="width: 30px; height: 20px;" type="text" value="20"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">/</td><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">/</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">2</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y																	
0	2		2	4		2	0	0	9																	
<b>Wrong Way:</b>	F <input type="checkbox"/> S <input checked="" type="checkbox"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	B <input style="width: 30px; height: 20px;" type="text" value="5"/>	V1/M <input style="width: 30px; height: 20px;" type="text" value="12"/>	Seat Position <input style="width: 30px; height: 20px;" type="text" value="20"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">/</td><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">/</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td> </tr> <tr> <td style="width: 20px;"></td><td style="width: 20px; text-align: center;">2</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y		2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y																	
	2		2	4		2	0	0	9																	

A minimum amount of "white-out" is acceptable to correct errors.

Using the Overlay Sheets, fill in the corresponding boxes located down both sides of the main Investigator's Report form. The questions on the Overlay Sheets lettered A to Q correspond with the boxes down the left and right side margins of the Investigator's Motor Vehicle Accident Report.

Questions 1-5 pertain to injured persons and are answered in the boxes located on the bottom right-hand corner of the report.

Each question on the overlay has an arrow which helps guide you to its corresponding box on the report.

Fill in the box with the code you believe best answers the question. If you choose a response of "Other" for any of the overlay categories, briefly explain why in the area provided for the description of the accident.

### Selected Examples

#### Weather Conditions

Enter the code which best describes the weather condition at the time of the accident in Box A/1. If more than one code applies, enter the second code in Box A/2.

Remember to write the temperature (in degrees Fahrenheit) in Box B.

A/1	<input style="width: 30px; height: 20px;" type="text" value="05"/>	<p><b>A. Weather Condition</b> (Enter up to two)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">01. Clear</td> <td style="width: 50%;">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
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04. Rain	09. Other*											
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A/2	<input style="width: 30px; height: 20px;" type="text" value="07"/>											
B	<input style="width: 30px; height: 20px;" type="text" value="74"/>											

When filling in rows of boxes, always start at the first box on the left, and leave no spaces. Leave remaining blank boxes to the right end of rows. Dashes are optional. Two examples:

LICENSE PLATE	NO.	5	3	-	C	2	9	1					YEAR <small>(Plate Expires)</small>	2	0	0	9	STATE <small>(Of Plate)</small>	N	E
LICENSE PLATE	NO.	P	R	K	6	9	9	7					YEAR <small>(Plate Expires)</small>	2	0	0	9	STATE <small>(Of Plate)</small>	M	N