Due to new reporting standards, this form is provided in two different formats

Please fill out the form that coordinates with the date of your vehicle crash

- If the crash occurred on or before 12/31/2020 use the first form – *Pages 2 thru 5*

- If the crash occurred on or after 1/1/2021 use the second form – *Pages 7 thru 8*
Use Black or Blue 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 Transportation, P.O. Box 94669, Lincoln, NE 68509-4669

**DATE OF ACCIDENT**
M M D D Y Y Y Y S M T W T S
2 0

**TIME OF ACCIDENT**
(In Military Time)

**STATE USE ONLY**

**COUNTY**

**CITY**

**Total Number of Vehicles Involved**

**ROAD ON WHICH ACCIDENT OCCURRED**

**STREET/HIGHWAY NO. (If no Hwy., No., Identify by name)**

**DISTANCE FROM MILEPOST**

**FEET**

**N S E W**

**MILE NO.**

**HIGHWAY NO.**

**PRIVATE PROPERTY?**

**Yes No**

**ONE-WAY STREET?**

**IF AT INTERSECTION**

**NAME OF INTERSECTING ROADWAY**

**MILES**

**OF NEAREST STREET, BRIDGE, RAILROAD CROSSING**

**IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN**

**MILES**

**N S E W**

**OF NEAREST CITY OR TOWN**

**YOUR VEHICLE (VEHICLE NUMBER - 1)**

**DRIVER**

**PHONE**

**DRIVER ADDRESS**

**CITY, STATE, ZIP**

**SEX**

**FEMALE**

**MALE**

**DRIVER LICENSE**

**STATE**

**NUMBER**

**DATE OF BIRTH (MM/DD/YYYY)**

**LICENSE PLATE**

**YEAR (Plate expires)**

**STATE**

**NUMBER**

**ESTIMATED DAMAGE**

**Totaled $**

**VEHICLE**

**YEAR**

**MAKE**

**MODEL**

**BODY STYLE**

**COLOR**

**VEHICLE ID NO. (VIN)**

**LICENSE PLATE**

**YEAR (Plate expires)**

**STATE**

**NUMBER**

**ESTIMATED DAMAGE**

**Totaled $**

**VEHICLE**

**YEAR**

**MAKE**

**MODEL**

**BODY STYLE**

**COLOR**

**VEHICLE ID NO. (VIN)**

**OWNER NAME**

**PHONE**

**OWNER ADDRESS**

**CITY, STATE, ZIP**

**SEX**

**FEMALE**

**MALE**

**VEHICLE MOVEMENT BEFORE COLLISION**

**VEHICLE MOVEMENT BEFORE COLLISION**

**NUMBER**

**N S E W**

**ROAD OR HIGHWAY NAME**

**VEHICLE NO. 1**

**POINT OF IMPACT**

**MOST DAMAGED AREA**

**00 None**

**09 Top & windows**

**10 Undercarriage**

**12 Other**

**VEHICLE NO. 2**

**POINT OF IMPACT**

**MOST DAMAGED AREA**

**02 None**

**03 Front**

**04 Right Front**

**05 Left Front**

**06 Right Rear**

**07 Left Rear**

**TRAFFIC CONTROL DEVICE**

**Vehicle**

**1 2**

**2 1**

**1 2**

**3 4**

**3 4**

**4 3**

**5 6**

**6 5**

**7 8**

**8 7**

**9 0**

**0 9**

**DISPOSITION OF VEHICLE**

**Vehicle**

**1 2**

**2 1**

**1 2**

**3 4**

**3 4**

**4 3**

**5 6**

**6 5**

**7 8**

**8 7**

**9 0**

**0 9**

**AIRBAG DEPLOYED**

**For each person in your vehicle, enter an Airbag Deployed code for their seating position.**

**RERAINT USE**

**For each person in your vehicle, enter a Reainrt Use code for their seating position.**

**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. **Seat Position**

2. **Ejected/Trapped**

3. **Body Region with Most Severe Injury**

4. **Injury Severity**

5. **Transported to Medical Facility**

**DATE OF BIRTH**

**(MM/DD/YYYY)**

**NAME**

**ADDRESS**

**NAME**

**ADDRESS**

**NAME**

**ADDRESS**

**NAME**

**ADDRESS**

NDOT Form 41, July 17

Return all three completed pages to the address above.  Page 1
Driver Contributing Circumstances (Check one per driver)

- 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
- Sweating or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.
- Over-correcting/over-correcting
- Visibility obstructed
- Inattention
- Mobile phone distraction
- Distracted – other
- Fatigued/sleepy
- Operating defective equipment
- Other improper action
- Unknown

Vehicle
- Apparent 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 Character (Check one)
- Straight and level
- Straight and on slope
- Straight and on hilltop
- Curved and level
- Curved and on slope
- Curved and on hilltop
- Other (specify)
- Unknown

Surface (Check one)
- Concrete
- Asphalt
- Brick
- Gravel
- Dirt
- Other (specify)
- Unknown

Environment Contributing Circumstances (Check one)
- None
- Weather conditions
- Vision obstruction
- glare
- Animal in roadway
- Other (specify)
- Unknown

Light Condition (Check one)
- Daylight
- Dawn
- Dusk
- Dark-lighted roadway
- Dark-roadway not lighted
- Dark-unknown roadway
- Other (specify)
- Unknown

Weather Condition (Check one)
- Clear
- Sunny
- Cloudy
- Fog, smoke, scum
- Rain
- Snow
- Sleet, hail, freezing rain/sleet
- Other (specify)
- Unknown

Was the crash in or near a construction maintenance or utility work zone? (Check one)
- No
- Unknown
- Yes

INDICATE BY DIAGRAM WHAT HAPPENED

Describe what happened (Refer to your vehicle as No. 1, any others as No. 2, No. 3, etc.)

Was a Police Officer Contacted? [ ] Yes [ ] No

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

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 94877  
Lincoln NE 68509-4877

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

Do not return form if policy was in effect.

(please complete)

Name of Insurance Company

Authorized Representative

Date

INSURANCE INFORMATION

Please read instructions carefully.

Return this entire page with the completed Accident Report.
This page marks where the 2020 form ends and the 2021 form begins.
Complete this section for the driver and all injured persons in your vehicle, bicyclists, pedestrians, or fatalities involved in the crash, as applicable. In the boxes labeled 1-10, enter the option which best answers the questions in the appropriate box below.

**Air Bags Deployed (up to 4 choices)**
- 00 - Not Deployed
- 02 - Adequate or Failure
- 03 - Emotional (depressed, angry, disturbed, etc.)
- 04 - Ill (sick, fainting)
- 05 - Physically Impaired
- 06 - Under Influence of Alcohol, Drugs or Medication
- 99 - Not Applicable
- 98 - Other
- 99 - Unknown or Unfamiliar

**Seating Position**
- Row 01 - Front
- 02 - Second
- 03 - Third
- 04 - Fourth
- 05 - Other Row (bus, 15-passenger van, etc.)
- 99 - Unknown

**Source of Distraction**
- 01 - Hands-free Mobile Phone
- 02 - Hand-held Mobile Phone
- 03 - Other Electronic Device
- 04 - Vehicle-Integrated Device
- 05 - Passenger/Other Non-Motorist
- 06 - External
- 07 - Other Distraction
- 99 - Not Applicable (not distracted)

**Driver Actions at Time of Crash (up to 4 choices)**
- 00 - No Contributing Action
- 01 - Disregarded Red Light
- 02 - Disregarded Stop Sign
- 03 - Disregarded Road Markings
- 04 - Disregarded Traffic Sign
- 05 - Failed to Keep in Proper Lane
- 06 - Failed to Yield Right-of-Way
- 07 - Followed too Closely
- 08 - Improper Backing
- 09 - Improper Passing
- 10 - Improper Turn
- 11 - Other
- 12 - Operated Motor Vehicle in Intoxication
- 13 - Operated Motor Vehicle in Reckless or Aggressive Manner
- 14 - Ran Off Roadway
- 15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc.
- 16 - Wrong Side or Wrong Way
- 17 - Other
- 99 - Unknown

**DATE OF BIRTH**
- (MM/DD/YYYY)
- SEX

**Includes**
- Name
- Address
- Phone Number
- Occupation
- Motor Vehicle
- Restraint Systems
- Motorcycle Helmet Use
- Ejection
- Source of Transport to First Medical Facility