

State of Nebraska

Overlay 2 DR Form 40, Jan 09 Investigator's Motor Vehicle Accident Report

OVERLAY #2

Total Number of Vehicles

VEHICLE OVERLAY

M. Contributing Circumstances, Driver

(Enter one per driver)

- 01. No improper driving
- 02. Failed to yield right of way
- 03. Disregarded traffic signs, signals, road markings
- 04. Exceeded authorized speed limit
- 05. Driving too fast for conditions
- 06. Made improper turn
- 07. Wrong side or wrong way
- 08. Followed too closely
- 09. Failure to keep in proper lane or running off road
- 10. Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner
- 11. Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.
- 12. Over-correcting/over-steering
- 13. Visibility obstructed
- 14. Inattention
- 15. Mobile phone distraction
- 16. Distracted other
- 17. Fatigued/asleep
- 18. Operating defective equipment
- 19. Other improper action
- 20. Unknown

N. Traffic Control Device (Enter one per vehicle)

- 1. No controls
- 2. Traffic control signal
- 3. Flashing traffic control signal
- 4. School zone sign
- 5. Stop sign
- 6. Yield sign
- 7. Warning sign
- 8. Railroad crossing device
- 9. Unknown
- O. Extent of Damage (Enter one per vehicle)
 - 1. None/minor damage
 - 2. Functional damage
 - 3. Disabling damage (requires towing from scene)
 - 4. Severe/vehicle totaled
 - 5 Unknown

P. Driver's Condition (Enter one per driver)

- 1. Apparently normal
- Physical impairment
- 3. Emotional (depressed, angry, disturbed, etc.)
- 5. Fell asleep, fainted, fatigued, etc.
- 6. Under the influence of medications/drugs/alcohol
- 7. Other*
- 8. Unknown

Q. Disposition of Vehicle (Enter one per vehicle)

- 1. Towed due to damages
- 2. Towed other reasons
- 3. Left at scene 4. Driven away
- 5. Unknown

Sequence of Events

Enter the order of events by code number for Vehicle #1 and Vehicle #2, in boxes 1 thru 4 at lower right.

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.

Non-collision

- 01. Overturn/rollover
- 02. Fire/explosion
- 03 Immersion
- 04. Jackknife
- 05. Cargo/equipment loss or shift
- 06. Equipment failure (blown tire, brake failure, etc.)
- 07. Separation of units
- 08. Ran off road right
- 09. Ran off road left
- 10. Cross median/centerline
- 11. Downhill runaway
- 12. Other non-collision
- 13. Unknown non-collision

Collision with person, vehicle, or object not fixed

- 14. Pedestrian
- 15. Bicycle (pedalcycle)
- 16. Railway vehicle (train, engine, etc.)

18. Motor vehicle in transport

- 19. Parked motor vehicle
- 20. Work zone maintenance equipment
- 21. Other movable object
- 22. Unknown movable object

Collision with fixed object

- 23. Impact attenuator/crash cushion
- 24. Bridge overhead structure
- 25. Bridge pier or abutment 26. Bridge parapet end
- 27. Bridge rail
- 28. Guardrail face
- 29. Guardrail end 30. Median barrier
- 31. Highway traffic sign post
- 32. Overhead sign support
- 33. Light/luminaire support
- 34. Utility pole
- 35. Other post, pole or support
- 36. Culvert
- 37. Curb
- 38. Ditch
- 39. Embankment
- 40. Fence
- 41. Mailbox 42. Tree
- 43. Other fixed object (wall, building, tunnel, etc.)
- 44. Work zone maintenance equipment
- 45. Unknown fixed object
- 46 Other*
- 47. Unknown

Vehicle #1

- 1. First Event -----
- 2. Second Event-----

3. Third Event -----

4. Fourth Event -----

- 5. Most Harmful Event ---
- 6. Vehicle Authorized Speed Limit (mph) -----

Vehicle #2

- 1. First Event -----
- 2. Second Event-----
- 4. Fourth Event -----5. Most Harmful Event ---

3. Third Event -----

6. Vehicle Authorized Speed Limit (mph)

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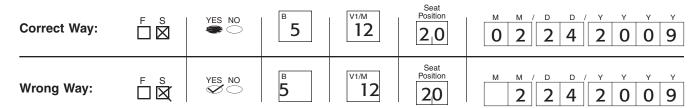
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R.	Work Zone Codes	S. Pedestrian/Non-Motorist Classification Codes									
C	Complete this section for accidents in Work Zones Enter code numbers in boxes R1 to R4 on front of Investigator's Accident Report	Complete this section for all injured Non-Motorists in the accident (Pedestrians & Bicyclists)									
R1	Was the crash in or near a construction maintenance or utility work zone? (Enter one)	Enter code numbers in boxes S1 to S6-b on front of Investigator's Accident Report									
	 No Unknown Yes (complete sub-fields R2, R3 and R4) 	S1 Non-Motorist location prior to impact (Enter one, in box S1)									
R2	Location of the crash: 1. Before the first work zone warning sign 2. Advance warning area (after the first warning sign, but before the work area) 3. Transition area (where lanes are shifted or tapered for lane closure) 4. Activity area (adjacent to actual work area, whether workers and equipment were present or not) 5. Termination area (after the activity area	01. Marked crosswalk at intersection 02. At intersection but no crosswalk 03. Non-intersection crosswalk 04. Driveway access crosswalk 05. In roadway 06. Not in roadway 07. Median (but not on shoulder) 08. Island 09. Shoulder 10. Sidewalk 11. Within 10 feet of roadway (but not shoulder, sidewalk, or island) 12. Beyond 10 feet of roadway (within trafficway) 13. Outside trafficway 14. Shared-use path or trail 15. Unknown									
	but before traffic resumes normal conditions)	S2 Non-Motorist Action (Enter one, in box S2) 1. Entering or crossing specified location 7. Standing									
R3	Type of Work Zone: 1. Lane closure 2. Lane shift/crossover 3. Work on shoulder or median 4. Intermittent or moving work	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									
	5. Other	S3 Non-Motorist Condition (Enter one, in box S3)									
R4	Workers present? 1. Yes 2. No 3. Unknown	1. Apparently normal 2. Physical impairment 3. Emotional (depressed, angry, disturbed, etc.) 4. Illness 5. Fell asleep, fainted, fatigued, etc. 6. Under influence of medications/drugs/alcohol 7. Other* 8. Unknown									
Wo	ork Zone Note:	S4 Alcohol / Drugs Suspected (Enter one, in box S4)									
If w	work zone layout or configuration actually contributed to cause of the accident, mark item #5 in Contributing cumstances, Road (Box J on the front of Overlay #1).	Officer's assessment of whether alcohol or drugs were used. 1. Neither alcohol nor drugs suspected 2. Yes - alcohol suspected 3. Yes - drugs suspected 4. Yes - alcohol and drugs suspected 5. Unknown									
		S5 Contributing Circumstances, Non-Motorist (Enter up to two, in boxes S5-a and S5-b)									
		01. Improper crossing 02. Darting 03. Lying and/or illegally in roadway 04. Failure to yield right of way 05. Not visible (dark clothing) 06. Inattentive (talking, eating, etc.) 07. Failure to obey traffic signs, signal, officer 08. Wrong side of road 09. Other* 10. Unknown									
		S6 Non-Motorist Safety Equipment (Enter up to two, in boxes S6-a and S6-b) 1. None used 2. Helmet used 3. Protective pads used (elbows, knees, shins, etc.) 4. Reflective clothing									

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.



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.

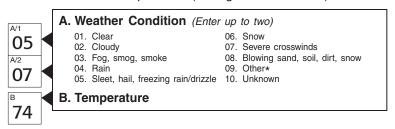
Fill in the box with the code you believe best answers the question. If you choose a response of "Other" for any of the overlay categories, briefly explain why in the area provided for the description of the accident.

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 degress Fahrenheit) in Box B.



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 (Plate Expires)	2	0	0	9	STATE (Of Plate)	N	Е
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