VEHICLE ACCIDENT REPORT

Transportation Services
1931 n. 14th Street
Lincoln, NE 68588-0603

Risk Management
501 Bldg. Room 128
Lincoln, NE 68588-0244

_____

DEPARTMENT NAME / NUMBER

TO BE USED BY ALL STATE AGENCIES to make immediate report of all motor vehicle accidents involving State employees, vehicles, equipment or where highways could result in claim against State. For reports of non-motor vehicle accidents and occurrence that could result in a claim being filed against the State use State Claims Board's "Injury or Damage Report, Non-Vehicle". THIS REPORT IS NOT a substitute for Motor Vehicle Department's required "Motor Vehicle Accident Report" and THIS REPORT IS NOT a substitute for Worker's Compensation Court's required "First Report of Alleged Accident".

TIME

Date of accident............................20.....Day of week.............................Hour..........A.M. ☐ P.M. ☐

LOCATION

Road on which accident occurred
At its intersection with
If not at intersection.................feet north, south, east, west, of ....show nearest intersecting street or highway house number, bridge, railroad crossing, underpass or milepost.

Place where accident occurred: County.............................City, town, or township.....................State.......................
If accident was outside city limits, indicate distance from nearest town.............miles. North ☐   South ☐   East ☐   West ☐

VEHICLES TOTAL # ....INVOLVEDED

University Vehicle – No. 1 Equipment # _____

YEAR	MAKE	TYPE (SEDAN, TRUCK)

VEHICLE
LICENSE PLATE #   YEAR   STATE   NUMBER

DRIVER'S FULL NAME

DRIVER'S ADDRESS

Age ....Male ☐ Driver's
       Female ☐ License # ....
Owner
            (If State use Agency Name)
Owner's Address
       (If State-place where garage

Parts of vehicle damaged
Estimated cost to repair $ ....

VEHICLE – No. 2

YEAR	MAKE	TYPE (SEDAN, TRUCK)

VEHICLE
LICENSE PLATE #   YEAR   STATE   NUMBER

DRIVER'S FULL NAME

DRIVER'S ADDRESS

Age ....Male ☐ Driver's
       Female ☐ License # ....
Owner

Owner's Address

Parts of vehicle damage
Estimated cost to repair $........................

PROPERTY

Damage to property other than vehicles
                    Name object and state nature of damage

Name and address of owner of object struck.........................Approximate cost $.........
                                                                    To repair

DESCRIBE WHAT HAPPENED
Refer to State vehicle as "No.1"
others "No.2. No. 3" etc.
examples of descriptions and
diagrams can be demonstrated on
back side of this form and submitted
to Dept. of Motor Vehicles.

Indicate on this diagram what happened. Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers. Show signs, signals, warning and traffic controls.

Indicate North
by arrow

Street name or highway Number