

INVESTIGATOR'S MOTOR VEHICLE CRASH REPORT MANUAL

APRIL 2023

MMUCC 5TH EDITION

NEBRASKA

Good Life. Great Journey.

DEPARTMENT OF TRANSPORTATION

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Introduction

The Nebraska Department of Transportation (NDOT) acknowledges the many contributions of law enforcement and crash data user communities in the development of the updated Nebraska crash report forms.

The last significant update of the investigator's crash form was in 2002. The factors contributing to crashes have changed since 2002, such as the growth of cell phone use distraction and autonomous vehicles. The crash report form needed to be brought up to current national standards to support data-driven safety improvement decisions by law enforcement, engineers, elected officials, our safety partners, and the public. NDOT brought in law enforcement agencies from across Nebraska to identify what crash data to collect on the updated crash report form. Those discussions lead to the decision to upgrade our crash report form to the current national crash data standard, Model Minimum Uniform Crash Criteria version 5 (MMUCC5).

The information collected by law enforcement officers on these reports provides the foundation for the statewide crash database, which is the foundation for crash analysis and contributes to the success of the state's highway safety program. Accurate reporting of motor vehicle crashes ultimately serves to make Nebraska's roadways a safer place to travel.

This instruction manual was prepared by NDOT as a resource to help the investigator accurately complete the:

- Investigator's Motor Vehicle Crash Report (NDOT Form 40)
- Investigator's Motor Vehicle Crash Continuation Report (NDOT Form 40a)
- Investigator's Motor Vehicle Crash Report – Additional Vehicle (NDOT Form 40VC)
- Investigator's Supplemental Heavy Truck/Bus Crash Report (NDOT Form 174)
- Investigator's Supplemental Non-Motorist Crash Report (NDOT Form 178)
- Investigator's Supplemental Fatal Crash Report (NDOT Form 179)

When to complete an Investigator's Motor Vehicle Crash Report









State statute requires law enforcement officers to provide an original report of their investigation of any motor vehicle crash to NDOT within 10 days of the crash. Once an officer has physically arrived at the site and undertakes even a minimal investigatory act, such as viewing the damage to the vehicles, that officer is obligated to submit a report if the crash results in injury or death to any person or in which estimated damage equals or exceeds \$1,500 to the property of any one person.

Questions? 402-479-4645

or

www.dot.nebraska.gov/safety/crash-reporting/

Which Form Do I Use

Crash Type	Form Needed					
	General Crash Data	Continuation	Vehicle Continuation	Heavy Truck/Bus	Non- Motorist	Fatal
	40	40a	40VC	174	178	179
 1 vehicle	X					
 1 vehicle crash involving a heavy truck/bus	X			X		
 1 vehicle involving a pedestrian or bicycle	X				X	
 1 vehicle crash resulting in a fatality	X					X
 Multiple vehicle crash	X		1 form for each additional vehicle			
 Multiple vehicle crash involving at least 1 heavy truck/bus	X		1 form for each additional vehicle	X		
 Multiple vehicle crash resulting in a fatality	X		1 form for each additional vehicle			X
 Additional crash description, more than 2 damaged objects, or more than 2 witnesses	X	X				

Investigator's Motor Vehicle Crash Report (NDOT Form 40)

The Investigator's Motor Vehicle Crash Report is used to collect the primary crash data, such as information relating to crash circumstances, vehicles, drivers, and occupants.

1. **Sheet ___ of ___** – This field is used to help tie the multiple page paper reports together in the event of accidental separation. Electronic reports will automatically fill in the sheet numbers. In the second blank, enter the total number of sheets. Each side of a page will count as one sheet. In the first blank, identify the order of each sheet within the pack. You may include additional information such as full-page diagrams, witness statements, or supplemental reports. Include these pages in the total number of sheets.

Example: Your report for a 1 vehicle crash would have a minimum of 6 sheets (2 Investigator's Information (Crash Data) sheets, 2 Vehicle Information sheets, 1 Driver Information sheet, and 1 Driver and Occupant Information sheet). Each sheet would be appropriately marked.

The Investigator's page (front side):	Sheet <u>1</u> of <u>7</u>
The Investigator's page (back side):	Sheet <u>2</u> of <u>7</u>
The Vehicle page (front side):	Sheet <u>3</u> of <u>7</u>
The Vehicle (cont'd) page (back side):	Sheet <u>4</u> of <u>7</u>
The Driver page (front side):	Sheet <u>5</u> of <u>7</u>
The All Drivers and Occupants page:	Sheet <u>6</u> of <u>7</u>
Additional supplemental page:	Sheet <u>7</u> of <u>7</u>

2. **Total Number of Vehicles** – Enter the total number of vehicles involved in the crash in the box provided.
3. **Local No./District** – Some agencies want to keep track of additional local numbers or internal districts. If your agency has such a policy, enter the appropriate number(s) in the box provided. Otherwise, leave this box blank. This field is not required by the state.
4. **Agency Case No.** – Enter the internal case number assigned to the crash by your agency. If your agency does not have its own case numbers, leave this box blank. This field is not required by the state.
5. **Photographs Taken?** – Select "Yes" or "No" to indicate whether you took any photographs of the crash scene.
6. **Investigation Made at Scene?** – Select "Yes" or "No" to indicate whether the investigation of this crash was made at the scene.
7. **Date of Crash** – Enter the date of the crash (month, day, year) in the boxes provided, being careful to place one number in each box provided.

DATE OF CRASH	0	7	2	4	2	0	2	1
---------------	---	---	---	---	---	---	---	---

8. **Day of Week** – Select the box corresponding to the day of week when the crash occurred, making sure it agrees with the date of crash.
9. **Time of Crash** – Enter the hour and minute of the day when the crash occurred, using military time (*i.e.*, 1535 rather than 3:35 p.m.), being careful to place one number in each box provided.

TIME OF CRASH (Military Time)	1	5	3	5
-------------------------------------	---	---	---	---

10. **Time of Roadway Clearance** – Enter the hour and minute of the day when all lanes of traffic are available for traffic flow, using military time (*i.e.*, 1535 rather than 3:35 p.m.), being careful to place one number in each box provided.

TIME OF ROADWAY CLEARANCE	1	5	3	5
---------------------------------	---	---	---	---

Crash Location

Accurate reporting of crash locations is important for identifying crash patterns. Once a crash pattern has been recognized, safety improvements can be programmed which may reduce the number and severity of crashes.

Assign the crash to the place where the first injury or damage-producing event occurred.

Whenever possible, measure the distance from the crash site to a permanent reference point or landmark (intersections, bridges, railroad crossings, milepost markers, etc.). The instructions numbered 11-21 explain how to provide complete crash location information.

11. **County** – Enter the name of the county where the crash occurred in the box provided. If a crash occurs on the centerline of a county line road, the crash should be located in the county where the vehicle most at fault was traveling.
12. **City** – If the crash occurred within the corporate limits of a city or town, enter the city name in the box provided.
13. **Secondary Crash?** – Select “Yes” or “No” to indicate whether a motor vehicle traffic crash is within an active traffic incident scene or within a traffic queue in either direction resulting from a prior traffic incident.
14. **Private Property?** – Select “Yes” or “No” to indicate whether the crash occurred on private property.
15. **Latitude** – If you have Global Positioning System (GPS) equipment and can determine the coordinates of the crash, enter the latitude in the blanks provided. Otherwise, leave this field blank.

LATITUDE	0	4	1	.	2	9	1	1	1	7
----------	---	---	---	---	---	---	---	---	---	---

16. **Longitude** – If you have Global Positioning System (GPS) equipment and can determine the coordinates of the crash, enter the longitude in the blanks provided. Otherwise, leave this field blank. Do not include the negative sign.

LONGITUDE
0 9 9 . 3 7 8 8 3 2

17. **Road on Which Crash Occurred** – Enter the name of the roadway on which the crash occurred in this box. If the road has both a street name and a highway number, provide both.

ROAD ON WHICH CRASH OCCURRED	STREET/ HIGHWAY NO. 4th Street, US-275
------------------------------	--

If the crash happened on a county road, enter the county road name or number, if the roadway has such a designation.

ROAD ON WHICH CRASH OCCURRED	STREET/ HIGHWAY NO. County Road F
------------------------------	---

If the roadway does not have an official name, show the distance and direction from the nearest named street or road.

ROAD ON WHICH CRASH OCCURRED	STREET/ HIGHWAY NO. City Street (one block south of Lincoln Ave)
------------------------------	--

18. **Distance from Milepost** – Green milepost markers are placed along rural highways at one-mile intervals. (Milepost markers are not usually displayed within city limits.)

Enter the distance in feet, direction from the crash site, the nearest milepost to the crash site, and the highway number for crashes on highways where milepost markers are used. Do not use this field if the crash occurs on a local road.

- Enter the distance in feet.
- Select the direction the crash site is located from the nearest milepost.
- Enter the nearest milepost.
- Enter the highway number the crash occurred on.

DISTANCE FROM MILEPOST	FEET 220	N	S	E	W	OF MILEPOST 134	HIGHWAY NO. US-281
		X					

19. **If at Intersection** – When a crash occurs at an intersection, enter the road name and/or highway number of the intersecting street in this box.

IF AT INTERSECTION
NAME OF INTERSECTING ROADWAY 84th Street

20. If Not at Intersection – Crashes that do not occur at intersections are located more accurately when the measurement from the nearest intersecting street, bridge, or other landmark to the crash scene is provided.

- Enter the measurement distance.
- Select the appropriate box to indicate miles or feet.
- Select the direction the crash site is located from the nearest street, bridge, or other landmark.
- Enter the nearest intersecting street, bridge, or other landmark.

IF NOT AT INTERSECTION									
		N	S	E	W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
120	<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES		X			10th Street			

21. Crashes Outside the City Limits – In addition to the fields above, complete this information when the crash occurs outside the city limits.

IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
MILES	N	S	E	W	AND MILES	N	S	E	W	OF NEAREST CITY OR TOWN

- Enter the distance in miles.
- Select the direction the crash site is located from the nearest city or town.
- Enter the city or town.

The crash occurred four miles south of Thedford.

IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
MILES	N	S	E	W	AND MILES	N	S	E	W	OF NEAREST CITY OR TOWN
4		X								Thedford

The crash occurred three miles south and two miles east of Wilber.

IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
MILES	N	S	E	W	AND MILES	N	S	E	W	OF NEAREST CITY OR TOWN
3		X			2		X			Wilber

Crash Data

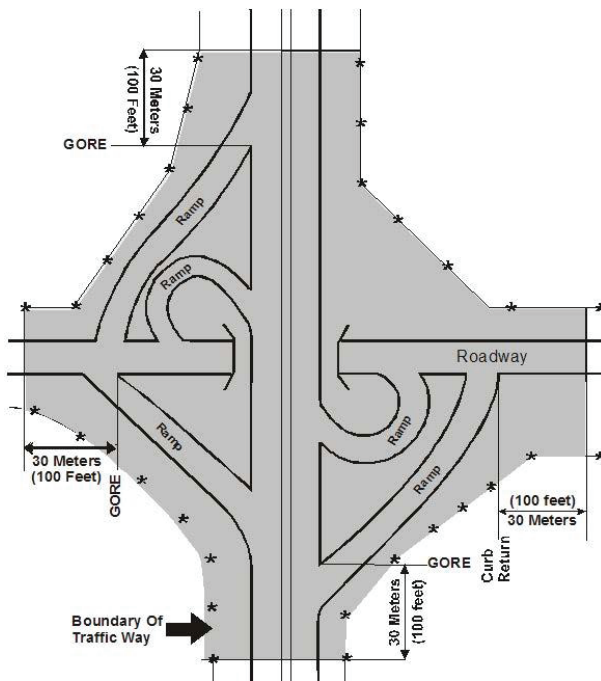
22. Does Crash Involve Damage to Nebraska Dept. of Transportation Property? – Select “Yes” or “No” to indicate whether there is property owned by the Nebraska Department of Transportation involved in the crash.

23. Relation to Junction (Within Interchange Area?) – Enter the appropriate code to indicate if the first harmful event at a crash location occurred within an interchange area.

Interchange: An interchange is a system of interconnecting roadways in conjunction with one or more grade separations, providing for the movement of traffic between two or more roadways on different levels.

Diagram of an Interchange

(Figure 1)



ANSI D16.1 - 2017, 8th Edition

Specific Junction Location

Enter the appropriate code in the box provided, that best describes the Specific Junction Location.

If you entered "01 - Yes" for the crash occurring "Within Interchange Area", enter codes 01 through 07, 98, or 99 in the box provided.

If you entered "02 - No" for the crash occurring "Within Interchange Area", enter codes 01 through 07 or 99 in the box provided.

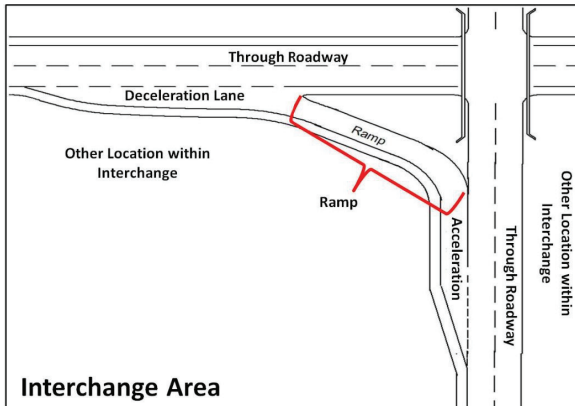
If you entered "99 - Unknown" for the crash occurring "Within Interchange Area", enter codes 00 - 07, 98, or 99 in the box provided.

***00 - Non-Junction:** Roadway outside an interchange area and does not occur in or related to an intersection, ramp, rail grade crossing, crossover, or shared-use path or trail.

***01 – Acceleration/Deceleration Lanes:** Within an interchange area an auxiliary or speed-change lane that allows vehicles to accelerate to highway speeds before entering the through roadway or decelerate to safe speeds to negotiate a ramp without interrupting traffic flow on the through roadway exited. (See *Figure 2*)

Diagram of Acceleration/Deleleration Lanes And Entrance/Exit Ramps

(Figure 2)



***02 – Crossover Related:** A crossover is the area of the median of a divided trafficway where motor vehicles are permitted to cross the opposing lane or traffic or execute a U-turn.

***03 – Driveway Access or Related:** The driveway access is a portion of the trafficway at the end of a driveway providing access to property adjacent to a trafficway. (See *Figure 3*)

- Involves a vehicle entering or leaving a driveway access where at least one vehicle, pedalcyclist, or pedestrian is physically on the driveway access within the trafficway.
- Crashes occurring on sidewalks within the driveway access
- Related to the movement of a vehicle, pedalcyclist, or pedestrian onto or out of a driveway.
- When a driveway access junction is also within an intersection, enter "05-Intersection or Related".

Example A: A car turning into a private residence driveway strikes a bicyclist riding on the sidewalk that crosses over the driveway access.

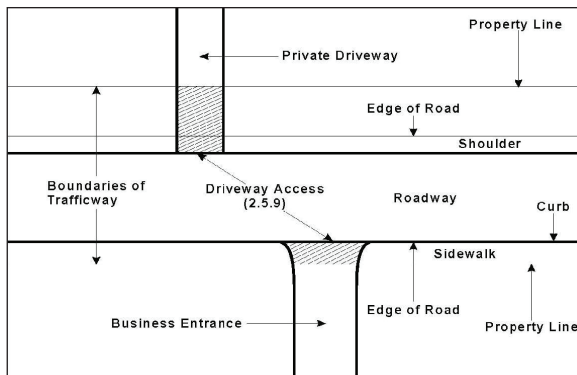
Example B: A tractor trailer backing out of a business entrance onto the trafficway, while partially on the driveway access, is struck by a car on the roadway.

Example C: A vehicle attempting to turn left into a driveway from the eastbound lanes is struck by another vehicle traveling in the westbound lanes.

Example D: A vehicle that has just entered the trafficway from a driveway is struck in the rear before it can gain speed.

Diagram of Driveway Access

(Figure 3)



ANSI D16.1 - 2007, 7th Edition

***04 – Entrance/Exit Ramp or Related:** When the crash occurs on an entrance or exit ramp and is not related to the movement of a vehicle, pedalcyclist, or pedestrian through an intersection. This would include all the areas between the acceleration/deceleration lanes and the entrance/exit ramp intersection. (See Figure 2)

- When the crash occurs off the entrance/exit ramp but is related to the use of or entry onto the ramp. (See Figure 2)
- If the crash occurs in the intersection of a ramp and a roadway, then use “05 - Intersection or Related”.
- If the crash occurs on the ramp outside of an intersection of the ramp and the surface roadway and is related to the movement of traffic through the intersection, then use “05 - Intersection or Related”.

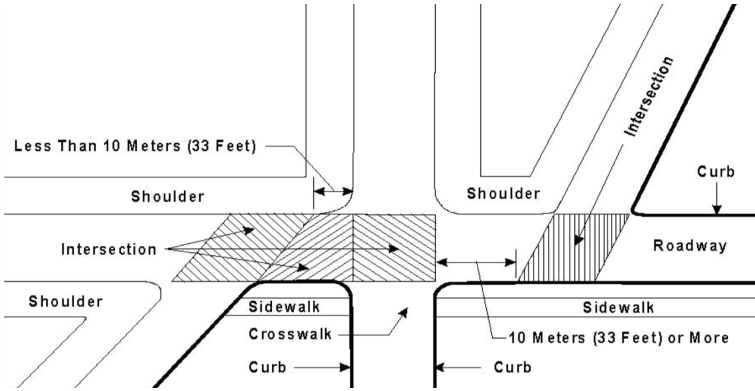
***05 – Intersection or Related:** The area that contains a crossing or connection of two or more roadways not classified as a driveway access. Where the distance along a roadway between two areas meeting these criteria is less than 33 feet, the two areas and the roadway connecting them are considered parts of a single intersection. (See Figure 4)

- Related to the movement of a vehicle, pedalcyclist, or pedestrian through the intersection.
- Crash occurs in a crosswalk at an intersection area.
- Crash occurs on an approach to or exit from an intersection.

If you enter "05 – Intersection or Related" for the Specific Junction Location, you must enter the appropriate codes for the Type of Intersection fields.

Diagram of an Intersection

(Figure 4)



ANSI D16.1 - 2007, 7th Edition

***06 – Railway Grade Crossing:** An intersection between a roadway and train tracks that cross each other at the same level.

***07 – Shared Use Path or Trail:** A shared-use path is a bikeway separated from motorized vehicular traffic by an open space or barrier and either within the highway right of way or an independent right of way. Shared-use paths will also be used by pedestrians, skaters, wheelchairs, joggers, and other non-motorist users. A shared-use path is not a sidewalk, and where a shared-use path crosses another land way is similar, but not, a crosswalk. MMUCC - Shared-Use Path or Trail – A bikeway physically separated from motor vehicle traffic by an open space or barrier. They may also be used by pedestrians, skaters, wheelchair users, joggers, and other non-motorized users. Most have two-way travel.

***98 – Other Location (median, shoulder, or roadside within an interchange area):** Within an Interchange, off the roadway (e.g., median, shoulder, roadside) and is not related to the use of or the entry onto a ramp. (See Figure 1)

Example A: A vehicle on the through roadway portion of the interchange departs the roadway and overturns in the median.

Example B: A vehicle leaves the through roadway portion of the interchange and strikes a vehicle parked on the shoulder.

RELATION TO JUNCTION Within Interchange Area?	
01 - Yes	<input type="checkbox"/>
02 - No	<input type="checkbox"/>
99 - Unknown	
Specific Junction Location	
00 - Non-Junction	
01 - Acceleration/Deceleration Lane	
02 - Crossover Related	
03 - Driveway Access or Related	
04 - Entrance/Exit Ramp or Related	
05 - Intersection or Related	
06 - Railway Grade Crossing	<input type="checkbox"/>
07 - Shared Use Path or Trail	
98 - Other Location (median, shoulder or roadside)	
99 - Unknown	

24. Road Surface Condition – Enter the appropriate code in the box provided, that best describes the condition of the road surface at the time of the crash.

ROADWAY SURFACE CONDITION	
01 - Dry	
02 - Ice/Frost	
03 - Mud, Dirt, Gravel	
04 - Oil	<input type="text"/>
05 - Sand	
06 - Slush	
07 - Snow	
08 - Water (standing, moving)	
09 - Wet	
98 - Other	
99 - Unknown	

25. Road Surface – Enter the appropriate code in the box provided that identifies the type of material used to surface the road at the crash site.

ROADWAY SURFACE	
01 - Asphalt	
02 - Brick	
03 - Concrete	
04 - Dirt	<input type="text"/>
05 - Gravel	
98 - Other	
99 - Unknown	

26. Type of Intersection – An intersection consists of two or more roadways that intersect at the same level. If the crash occurred within an intersection, enter the appropriate code that best describes the Number of Approaches (roads that lead up to or out of an intersection), Overall Intersection Geometry, and Overall Traffic Control Device.

If you entered “05 – Intersection or Related” for the Specific Junction Location, you must enter the appropriate codes for the Type of Intersection fields.

TYPE OF INTERSECTION	
Number of Approaches	
01 - Not at Intersection	
02 - Two (2)	
03 - Three (3)	
04 - Four (4)	<input type="text"/>
05 - Five or more (5+)	
Overall Intersection Geometry	
01 - Angled/Skewed Y	
02 - Roundabout/Traffic Circle O	
03 - Perpendicular + or T	<input type="text"/>
97 - Not Applicable	
Overall Traffic Control Device	
01 - No Control	
02 - Signalized	
03 - Stop - All Way	<input type="text"/>
04 - Stop - Partial	
05 - Yield	
97 - Not Applicable	

27. Weather Conditions (up to 2 choices) – Enter the appropriate code(s) in the box(es) provided that best describe the weather conditions at the time of the crash. Enter up to 2 choices for weather conditions into the boxes. If only one weather condition applies, leave the second box blank.

WEATHER CONDITIONS	
<i>(up to 2 choices)</i>	
01 - Blowing Sand, Soil, Dirt	<input type="text"/>
02 - Blowing Snow	
03 - Clear	<input type="text"/>
04 - Cloudy	
05 - Fog, Smog, Smoke	
06 - Freezing Rain/Drizzle	
07 - Rain	
08 - Severe Crosswinds	
09 - Sleet or Hail	
10 - Snow	
98 - Other	
99 - Unknown	

28. Light Condition – Enter the appropriate code in the box provided that best describes the light conditions at the time of the crash.

LIGHT CONDITION	
01 - Daylight	<input type="text"/>
02 - Dawn/Dusk	
03 - Dark-Lighted	
04 - Dark-Not Lighted	
05 - Dark-Unk. Lighting	
98 - Other	
99 - Unknown	

29. Contributing Circumstances - Roadway Environment
(up to 2 choices) – Enter the appropriate code(s) which indicate any environmental or roadway condition which may have contributed to the occurrence of the crash. If only one contributing circumstance applies, leave the second box blank.

If you believe that the presence of a work zone at this location contributed to the cause of the crash, indicate this fact by entering “21 – Work Zone”, then enter the appropriate codes for the Work Zone fields.

CONTRIBUTING CIRCUMSTANCES – ROADWAY ENVIRONMENT	
(up to 2 choices)	
00 - None	<input type="text"/>
01 - Absence of Sidewalks	
02 - Animal(s)	<input type="text"/>
03 - Prior Crash	
04 - Prior Non-Recurring Incident	
05 - Backup Due to Regular Congestion	
06 - Debris	
07 - Glare	
08 - Obstructed Crosswalks	
09 - Non-Highway Work	
10 - Obstruction in Roadway	
11 - Related to a Bus Stop	
12 - Road Surface Condition (wet, icy, snow, slush, etc.)	
13 - Roadway Width Restricted	
14 - Ruts, Holes, Bumps	
15 - Shoulders (none, low, soft, high)	
16 - Toll Booth/Plaza Related	
17 - Traffic Control Device	
18 - Traffic Incident	
19 - Visual Obstruction(s)	
20 - Weather Conditions	
21 - Work Zone (construction/maintenance/utility)	
22 - Worn, Travel-Polished Surface	
98 - Other	
99 - Unknown	

30. Manner of Crash/Collision Impact – Enter the appropriate code in the box provided that identifies the way the two motor vehicles in transport initially came together without regard to the direction of travel.

Example A: If Vehicle 1 hits Vehicle 2 head on, the manner of crash would be “02-Front-to-Front”.

Example B: If Vehicle 1 was backing and hits the front of Vehicle 2 with the rear of their vehicle, the manner of crash would be “03-Front-to-Rear”.

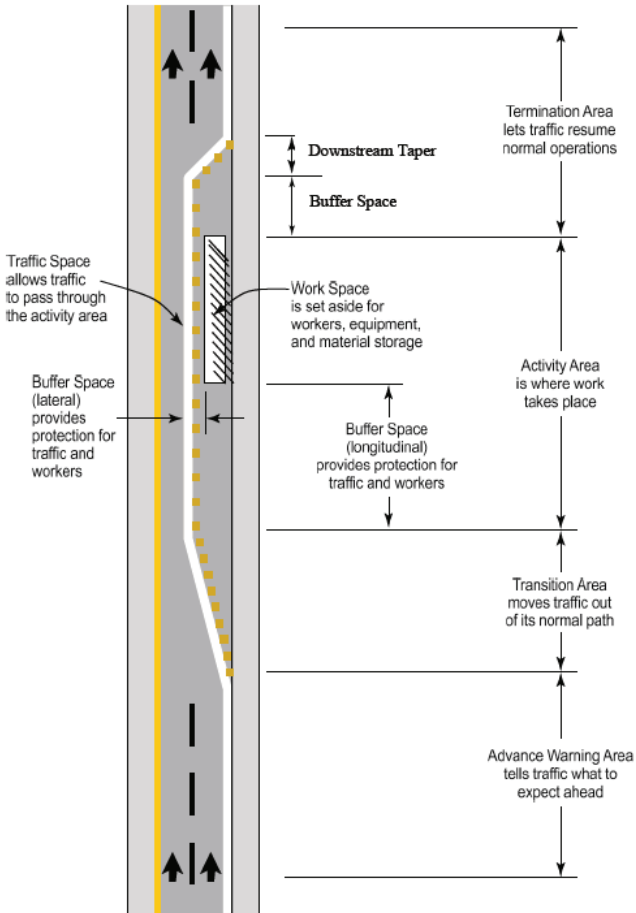
Example C: If Vehicle 1 makes a left-hand turn in front of Vehicle 2 and Vehicle 2 hits the side of Vehicle 1, the manner of crash would be “01-Angle”.

MANNER OF CRASH / COLLISION IMPACT	
00 - Not a Collision Between Two Motor Vehicles	<input type="text"/>
01 - Angle	
02 - Front-to-Front	
03 - Front-to-Rear	
04 - Rear-to-Rear	
05 - Rear-to-Side	
06 - Sideswipe-Opposite Direction	
07 - Sideswipe-Same Direction	
98 - Other	
99 - Unknown	

Work Zone Codes

A crash should be considered work zone related if it occurs in or near a construction, maintenance, or utility work zone, whether workers were actually present at the time of the crash or not. Work zone related crashes include those involving vehicles slowed or stopped because of the work zone, even if the first harmful event was before the first warning sign.

Diagram of a Work Zone Area



31. Work Zone – Enter the appropriate code to indicate if the first harmful event at a crash location occurred within a work zone.

If you entered “01” for the crash occurring within a work zone, enter the appropriate codes in the boxes provided for Worker’s Present, Type of Work Zone, Location of the Crash, and Law Enforcement Present.

If you entered “02” for the crash occurring within a work zone, enter “97” in the boxes provided for Worker’s Present, Type of Work Zone, Location of the Crash, and Law Enforcement Present.

If you entered “99” for the crash occurring within work zone, enter “99” in the boxes provided for Worker’s Present, Type of Work Zone, Location of the Crash, and Law Enforcement Present.

WORK ZONE	
Was the crash in a construction, maintenance or utility work zone, or was it related to an activity within a work zone?	
01 - Yes	
02 - No	
99 - Unknown	<input type="text"/>
Workers Present?	
01 - Yes	
02 - No	
97 - Not Applicable	<input type="text"/>
99 - Unknown	
Type of Work Zone	
01 - Intermittent or Moving Work	
02 - Lane Closure	
03 - Lane Shift/Crossover	
04 - Work on Shoulder or Median	
97 - Not Applicable	
98 - Other	<input type="text"/>
99 - Unknown	
Location of the Crash	
01 - Before Work Zone Warning Sign	
02 - Advance Warning Area	
03 - Transition Area	
04 - Activity Area	
05 - Termination Area	
97 - Not Applicable	<input type="text"/>
98 - Other	
99 - Unknown	
Law Enforcement Present	
01 - Officer Present	
02 - Not Present	
03 - Only Law Enforcement Vehicle Present	
97 - Not Applicable	<input type="text"/>
99 - Unknown	

32. School Bus Related – Enter the appropriate code into the box provided which best describes whether a school bus was directly or indirectly involved in the crash.

SCHOOL BUS RELATED	<input type="text" value="02"/>
00 - No	
01 - School Bus Directly Involved	
02 - School Bus Indirectly Involved	
99 - Unknown	

A *school bus is directly involved* when it is a contact vehicle in a crash. A *school bus is indirectly involved* if it is a non-contact vehicle, but its presence played a role in the crash.

Example: A student who has just disembarked from a stopped school bus steps into traffic and is struck by another vehicle would be coded as “School Bus Indirectly Involved”.

33. Property – If property, other than the motor vehicles involved, was damaged in the crash, complete this section. Provide the following for each owner whose property was damaged:

- A brief description of the damaged object(s)
- The name, address, and phone number of the owner
- The approximate total cost of the damage to that owner’s property

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Fence	John Grisby	742 Elm St. Lincoln NE	402-442-2114	\$ 3500.00
	Mailbox	Sandra Johnson	744 Elm St. Lincoln NE	402-442-7080	\$ 75.00

34. Witnesses – Enter the names, addresses, and phone numbers of any witnesses to the crash.

WITNESSES	NAME	ADDRESS	PHONE
	Rhonda Smith	3210 Adams St. Falls City NE 68355	402-487-0989
	Patrick Smith	3210 Adams St. Falls City NE 68355	402-487-0989

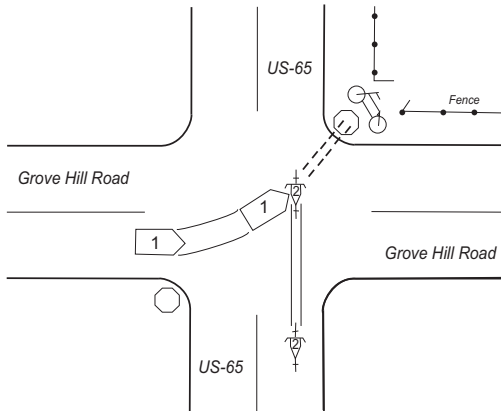
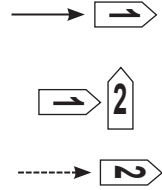
35. Investigator Information – Complete the report by filling in the officer information at the bottom of the form. ***It is important that you sign your name.***

Instructions for the Back Page of the Report

36. Indicate by Diagram What Happened – A diagram should be drawn for all crashes. The diagram is critical for analysts to understand how the crash occurred. If the vehicles were moved prior to your arrival at the scene, use the information obtained from your investigation to draw the diagram. The state does not require that the diagram be drawn to scale. If the space provided on the NDOT Form 40 is inadequate for your diagram, submit your diagram on a separate sheet of paper. If you use a separate sheet of paper, be sure to indicate the county and date of the crash and the drivers’ names on that sheet.

What to Show on the Diagram

- All streets and highways should be properly labeled with their name and/or number.
- Number each vehicle. Use a solid arrow to show the paths the vehicles or any involved pedestrians were traveling prior to the collision.
- Draw the vehicle positions at the time of impact.
- Use a dotted arrow to indicate the post-crash paths of the vehicles and draw where the vehicles came to rest after the crash.
- The distance and direction to landmarks (intersections, mileposts, bridges, railroad crossings, etc.) should be indicated and identified by name or number. Choose a landmark that would best help a person unfamiliar with the local area to pinpoint the crash on a map.



37. Description of Crash Based on Officer's Investigation – Provide a complete description of the crash. Refer to the vehicles by number. Your narrative along with the diagram should describe the main events of the crash.

DESCRIPTION OF CRASH BASED ON OFFICER'S INVESTIGATION
<i>Vehicle #1 was stopped at the stop sign, eastbound on Grove Hill Road. Driver #1 pulled out to make a left-turn onto US-65 and struck Vehicle #2, a northbound motorcycle. Driver #1 stated that he did not see Vehicle #2. Driver #2 stated that she did not expect Vehicle #1 to pull out in front of her and could not avoid the collision. After being hit by Vehicle #1, Vehicle #2 struck and damaged a fence at the residence on the northeast corner of the intersection.</i>

Vehicles

Each vehicle involved in a crash will need separate sheets consisting of a "Vehicle" sheet and a "Vehicle (cont'd)" sheet. The vehicle sheets include information about the vehicle owner, information about the vehicle itself, and a few details related to the vehicle's involvement in the crash.

VEHICLE NO. <input style="width: 40px;" type="text"/>	MOTOR VEHICLE UNIT TYPE 01 - Motor Vehicle in Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment <input style="width: 40px;" type="text"/>	DRIVER PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE OWNER NAME (Last, First, Middle)		CONTACT PHONE
MAILING ADDRESS		CITY
		STATE
		ZIP
LICENSE PLATE NO.	STATE	REG. YEAR
		MAKE
		MODEL
		MODEL YEAR
		COLOR
LICENSE PLATE TYPE	VIN	
INSURANCE COVERAGE 01 - Yes 02 - No 99 - Unk. <input style="width: 40px;" type="text"/>	INSURANCE COMPANY	INSURANCE POLICY NO.

- 38. Vehicle No.** – Enter a sequential number for each vehicle involved in the crash.

VEHICLE NO.

- 39. Motor Vehicle Unit Type** – Enter the Motor Vehicle Unit Type code into the box provided.

MOTOR VEHICLE UNIT TYPE
01 - Motor Vehicle in Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment

- 40. Driver Present?** – Select the appropriate box to indicate whether or not the driver was present at the crash scene.
- 41. Vehicle Owner Name** – Enter the full name, contact phone number, and current mailing address of the vehicle owner. Be sure to include owner information for any parked motor vehicles that are involved in crashes.

VEHICLE OWNER NAME (Last, First, Middle) John and Ellen Andrews	CONTACT PHONE 505-421-2980
MAILING ADDRESS 640 Diablo Dr.	CITY Santa Fe
	STATE NM
	ZIP 87505

- 42. License Plate No.** – Enter the license plate number in the box provided.

LICENSE PLATE NO.

- 43. State (of Plate)** – Enter the two-character state code (e.g., NE for Nebraska) for the state that issued the vehicle license plate in the box provided.

STATE

- 44. Registration Year** – Enter the four-digit year that the vehicle was licensed (registered) in the box provided.

REG. YEAR

- 45. Vehicle Make** – Enter the make of the vehicle (Chevrolet, Ford, Honda, Dodge, etc.) in the box provided.

MAKE

46. Vehicle Model – Enter the complete model name of the vehicle (Accord, Taurus, Voyager, Blazer, etc.) in the box provided.

MODEL	Explorer
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47. Vehicle Year – Enter the model year of the vehicle in the box provided.

YEAR	2019
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48. Vehicle Color – Enter the color of the vehicle in the box provided.

COLOR	White
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49. License Plate Type – Enter the two-character code for the type of license plate. The two-character code for this box can be found on a vehicle’s registration. If the vehicle registration is unavailable, leave field blank.

Ex: PA – Passenger
MC – Motorcycle
TE – Tax Exempt

LICENSE PLATE TYPE	PA
--------------------	----

50. Vehicle Identification Number (VIN) – Enter the Vehicle Identification Number (VIN). A VIN is composed of 17 characters (digits and capital letters) that act as a unique identifier for the vehicle.

VIN	1FABP0525BW100065
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51. Insurance Coverage – Enter the appropriate code to indicate if the vehicle was covered by insurance at the time of the crash in the box provided.

INSURANCE COVERAGE	01
01 - Yes 02 - No 99 - Unk.	

52. Insurance Company – Enter the name of the insurance company for this vehicle in the box provided.

INSURANCE COMPANY	XYZ Insurance
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53. Insurance Policy No. – Enter the insurance policy number for this vehicle in the box provided.

INSURANCE POLICY NO.	197-0497-E02
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54. Motor Vehicle Type Category – The category indicates the general configuration or shape of the motor vehicle involved in the crash. Personal conveyances – such as skateboards, motorized toy cars, and wheelchairs are not considered motor vehicles.

Body Type - Enter the appropriate code in the box provided, that best describes the body type of the motor vehicle (passenger car, pickup, school bus, etc.) involved in the crash. A Heavy Truck/Bus Report (NDOT Form 174) must be completed for the body type codes designated with double asterisks (**).

Did this motor vehicle display a hazardous materials (HM) placard? -

Enter the appropriate code in the box provided indicating whether this motor vehicle is displaying an HM placard. A Heavy Truck/Bus Report (NDOT Form 174) must be completed if "01 - Yes" is entered.

Number of trailing units - Enter the number of trailing units behind this vehicle in the appropriate box. If there are no trailing units, enter "97" in the appropriate box.

MOTOR VEHICLE TYPE CATEGORY		<input type="text"/>
Body Type		
01 - All-Terrain Vehicle/Cycle (ATV/ATC)		
02 - Golf Cart		
03 - Low Speed Vehicle		
04 - Recreational Off-Highway Vehicles (ROV)		
05 - Snowmobile		
06 - Moped or motorized bicycle		
07 - Motorcycle - 2 Wheel		
08 - Motorcycle - 3 Wheel		
09 - Autocycle		
10 - Passenger Car		
11 - Passenger Van (less than 9 seats)		
12 - (Sport) Utility Vehicle		
13 - Pickup (10,000 lbs or less)		
14 - Pickup (greater than 10,000 lbs)**		
15 - Medium/Heavy Truck (greater than 10,000 lbs GVWR)**		
16 - Single-Unit Truck**		
17 - Truck Tractor**		
18 - Other Trucks		
19 - 9 or 12-Passenger Van**		
20 - 15-Passenger Van**		
21 - Cargo Van (10,000 lbs or less)		
22 - Cargo Van (greater than 10,000 lbs GVWR)**		
23 - Large Limo**		
24 - Mini-bus**		
25 - School Bus**		
26 - Transit Bus**		
27 - Other Bus Type**		
28 - Motor Home (10,000 lbs or less GVWR)		
29 - Motor Home (greater than 10,000 lbs GVWR)**		
30 - Motorcoach**		
31 - Construction Equipment (backhoe, bulldozer, etc.)		
32 - Farm Equipment (tractor, combine harvester, etc.)		
98 - Other		
99 - Unknown		
Did this motor vehicle display a hazardous materials (HM) placard?		
01 - Yes**	97 - Not Applicable	<input type="text"/>
02 - No	99 - Unknown	<input type="text"/>
**Heavy Truck/Bus form must be completed		
Number of trailing units		
97 - Not Applicable (vehicle with no trailing units)		<input type="text"/>

INITIAL CONTACT POINT

00 - Non-Collision
13 - Top
14 - Undercarriage
15 - Cargo Loss
16 - Vehicle Not at Scene
99 - Unknown

55. Initial Contact Point – Enter the appropriate code in the box provided, that best describes the contact point on this vehicle associated with this vehicle’s initial harmful event.

Although the diagram on the report depicts a car, these codes apply to any body style of vehicle. If you are coding a motorcycle, only four points should be used.

56. Damaged Area(s)
(Check all that apply) – Check all the appropriate boxes that identify the areas damaged on the vehicle as the result of this crash.

DAMAGED AREA(S) (check all that apply)

00 - No Damage 15 - All Areas
 13 - Top 16 - Vehicle Not at Scene
 14 - Undercarriage 99 - Unknown

57. Damage Estimate – Enter a damage estimate that you believe is close to what it would cost to repair the vehicle. If the vehicle is damaged so severely that the vehicle is a total loss, you may check “Totaled.” These estimates may sometimes be difficult to make, but they are very important for purposes of determining whether a crash meets the state’s reportability criteria.

Crashes in which the damage equals or exceeds \$1,500 are classified as reportable.

DAMAGE ESTIMATE

Totaled

\$ _____

If a good estimate is not easy to identify, you may enter an estimate of “1,500” to denote damages equal to or exceeding \$1,500 in order to classify the crash as reportable. Enter “1,499” to denote damages less than \$1,500.

58. Extent of Damage – Enter the appropriate code that best describes the amount of damage the motor vehicle received from the crash.

EXTENT OF DAMAGE

00 - No Damage
 01 - Minor Damage
 02 - Functional Damage
 03 - Disabling Damage
 04 - Vehicle Not at Scene

***No Damage** - There was no damage to the motor vehicle during the crash.

***Minor Damage** - Damage that does not affect the operation of or disable the motor vehicle in transport. Ex: Scratches, dents, cracked or broken plastic on lights or trim.

***Functional Damage** - Damage that affects operation of the motor vehicle or its parts but is not disabling and is not extensive enough to require towing.

***Disabling Damage** - Damage that is enough to require that the vehicle be towed from the scene.

***Vehicle Not at Scene** - Vehicle was not at the crash scene to assess the extent of damage.

59. Special Function of Motor Vehicle in Transport –

The type of special function being served by this vehicle regardless of whether the function is marked on the vehicle, at the time of the crash. Buses are any motor vehicle with seats to transport nine (9) or more people, including the driver seat, but not including vans owned and operated for personal use.

SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT

00 - No Special Function
 01 - Ambulance
 02 - Bus – Charter/Tour
 03 - Bus – Childcare/Daycare
 04 - Bus – Intercity
 05 - Bus – School (Public or Private)
 06 - Bus – Shuttle
 07 - Bus – Transit/Commuter
 08 - Bus – Other
 09 - Farm Vehicle
 10 - Fire Truck
 11 - Highway/Maintenance
 12 - Mail Carrier
 13 - Military
 14 - Non-Transport Emergency Services Vehicle
 15 - Other Incident Response
 16 - Police
 17 - Public Utility
 18 - Rental Truck (Over 10,000 lbs)
 19 - Safety Service Patrols – Incident Response
 20 - Taxi
 21 - Towing – Incident Response
 22 - Truck Acting as Crash Attenuator
 23 - Vehicle Used for Electronic Ride-hailing (Uber, Lyft, etc.)
 98 - Other
 99 - Unknown

60. Hit and Run? – Enter the appropriate code to indicate whether this was a hit and run crash.

HIT AND RUN?	
01 - Yes - Driver or Car/Driver Left Scene	<input type="text"/>
02 - No - Did Not Leave Scene	
99 - Unknown	

61. Vehicle Maneuver/Action – Enter the appropriate code that best describes the movement of the vehicle prior to the crash.

VEHICLE MANEUVER / ACTION	
01 - Movement Essentially Straight Ahead	<input type="text"/>
02 - Backing	
03 - Changing Lanes	
04 - Entering Traffic Lane	10 - Slowing
05 - Leaving Traffic Lane	11 - Stopped in Traffic
06 - Making a U-Turn	12 - Turning Left
07 - Negotiating a Curve	13 - Turning Right
08 - Parked	98 - Other
09 - Passing/Overtaking a Vehicle	99 - Unknown

62. Emergency Motor Vehicle Use – Enter the appropriate code that best describes the operation of any motor vehicle that is legally authorized by a government authority to respond to emergencies with or without the use of emergency warning equipment, such as a police vehicle, fire truck, or ambulance while actually engaged in such response.

EMERGENCY MOTOR VEHICLE USE	
01 - Emergency Operation, Emergency Warning Equipment in Use	<input type="text"/>
02 - Emergency Operation, Emergency Warning Equipment Not in Use	
03 - Non-Emergency, Non-Transport	
04 - Non-Emergency, Transport	
97 - Not Applicable	
99 - Unknown	

63. Motor Vehicle Automated Driving System(s) – “The hardware and software that are collectively capable of performing part or all of the dynamic driving task on a sustained basis; this term is used generically to describe any system capable of level 1-5 driving automation.”

Automation System(s) in Vehicle? – Enter the appropriate code to indicate whether a vehicle has an automation system(s).

If you entered “01” for Automation System(s) in Vehicle, enter the appropriate codes in the boxes provided for Automation System Levels in Vehicle and Automation System Levels Engaged at the Time of Crash.

If you entered “02” for Automation System(s) in Vehicle, enter “00” in the first box provided for Automation System Levels in Vehicle and Automation System Levels Engaged at the Time of Crash.

If you entered “99” for Automation System(s) in Vehicle, enter “99” in the first box provided for Automation System Levels in Vehicle and Automation System Levels Engaged at the Time of Crash.

MOTOR VEHICLE AUTOMATED DRIVING SYSTEM(S)	
Automation System(s) in Vehicle?	<input type="text"/>
01 - Yes	
02 - No	
99 - Unknown	
Automation System Levels in Vehicle <i>(up to 5 choices)</i>	<input type="text"/>
00 - No Automation	<input type="text"/>
01 - Driver Assistance	<input type="text"/>
02 - Partial Automation	<input type="text"/>
03 - Conditional Automation	<input type="text"/>
04 - High Automation	<input type="text"/>
05 - Full Automation	<input type="text"/>
06 - Automation Level Unknown	<input type="text"/>
99 - Unknown	<input type="text"/>
Automation System Levels Engaged at Time of Crash <i>(up to 5 choices)</i>	<input type="text"/>
00 - No Automation	<input type="text"/>
01 - Driver Assistance	<input type="text"/>
02 - Partial Automation	<input type="text"/>
03 - Conditional Automation	<input type="text"/>
04 - High Automation	<input type="text"/>
05 - Full Automation	<input type="text"/>
06 - Automation Level Unknown	<input type="text"/>
99 - Unknown	<input type="text"/>

Automation System Levels Engaged at the Time of Crash (up to 5 choices) – Enter the appropriate code(s) that indicate the Automation System Levels that were engaged at the time of the crash.

***No Automation:** The full-time performance by the human driver of all aspects of the dynamic driving task, even when enhanced by warning or intervention systems.

***Driver Assistance:** Driver assistance system of either steering or acceleration/deceleration using information about the driving environment and with the expectation that the human driver performs all remaining aspects of the dynamic driving task.

***Partial Automation:** The driving mode-specific execution by one or more driver assistance systems of both steering and acceleration/deceleration using information about the driving environment and with the expectation that the human driver performs all remaining aspects of the dynamic driving task.

***Conditional Automation:** The driving mode-specific performance by an automated driving system of all aspects of the dynamic driving task with the expectation that the human driver will respond appropriately to a request to intervene.

***High Automation:** The driving mode-specific performance by an automated driving system of all aspects of the dynamic driving task, even if a human driver does not respond appropriately to a request to intervene.

***Full Automation:** The full-time performance by an automated driving system of all aspects of the dynamic driving task under all roadway and environmental conditions that can be managed by a human driver.

64. Vehicle Contributing

Circumstance(s) – Enter the appropriate code that best describes the pre-existing motor vehicle defects or maintenance conditions that may have contributed to the crash.

VEHICLE CONTRIBUTING CIRCUMSTANCE(S)	
00 - None	
01 - Body, Doors	
02 - Brakes	<input type="text"/>
03 - Exhaust System	
04 - Lights (head, signal, tail)	
05 - Mirrors	
06 - Power Train	
07 - Steering	
08 - Suspension	
09 - Tires	
10 - Truck Coupling/Trailer Hitch/Safety Chains	
11 - Wheels	
12 - Windows/Windshield	
13 - Wipers	
98 - Other	
99 - Unknown	

65. Towed Due to Disabling Damage –

Enter the appropriate code that indicates what happened to the vehicle after the crash. If the vehicle is towed away after a crash, indicate whether the towing was due to disabling damage received in the collision, or for other reasons, such as the driver being arrested for drunk driving.

TOWED DUE TO DISABLING DAMAGE	
01 - Not Towed	
02 - Towed Due to Disabling Damage	<input type="text"/>
03 - Towed Not Due to Disabling Damage	

66. Vehicle Number (cont'd) – Enter a sequential number for each vehicle involved in the crash.

VEHICLE NO. (cont'd.)

67. Sequence of Events (up to 4 choices) – For each vehicle determine the various events that took place in the crash and enter the appropriate codes in the boxes provided. Enter the appropriate event code(s) from the available list.

Space is available for only four events. If more than 4 events occurred, the least important event(s) can be excluded. If less than four events apply to a vehicle, leave the unneeded boxes blank.

Example A:

A vehicle traveling on a narrow two-lane highway with no paved shoulder drops a tire off the right edge of the road. In attempting to return to the roadway, the driver overcorrects, causing the vehicle to run off the left side of the road, overturn, and strike a tree.

Sequence of Events:

Ran Off Road Right First Event
 Ran Off Road Left Second Event
 Overturn/Rollover Third Event
 Tree (standing) Fourth Event

Example B:

Vehicle 1 was northbound on a two-lane rural highway, crossed the centerline and struck southbound Vehicle 2 head-on. Vehicle 2 went off the east side of the roadway and struck a guardrail. Vehicle 1 left the roadway on the west side.

Sequence of Events for Vehicle 1:

Cross Centerline First Event
 MV in Transport Second Event
 Ran Off Road Left Third Event
 Leave Blank Fourth Event

Sequence of Events for Vehicle 2:

MV in Transport First Event
 Ran Off Road Left Second Event
 Guardrail Face Third Event
 Leave Blank Fourth Event

SEQUENCE OF EVENTS (up to 4 choices)	
Non-Harmful Events	<input type="text"/> First Event
01 - Cross Centerline	<input type="text"/> Second Event
02 - Cross Median	<input type="text"/> Third Event
03 - End Departure (T-intersection, dead-end, etc.)	<input type="text"/> Fourth Event
04 - Downhill Runaway	
05 - Equipment Failure (blown tire, brake failure, etc.)	
06 - Ran Off Roadway Left	
07 - Ran Off Roadway Right	
08 - Reentering Roadway	
09 - Separation of Units	
10 - Other Non-Harmful Event	
Non-Collision Harmful Events	
11 - Cargo/Equipment Loss or Shift	
12 - Fell/Jumped from Motor Vehicle	
13 - Fire/Explosion	
14 - Immersion, Full or Partial	
15 - Jackknife	
16 - Other Non-Collision Harmful Event	
17 - Overturn/Rollover	
18 - Thrown or Falling Object	
Collision With Person, Motor Vehicle or Non-Fixed Object	
19 - Animal (live)	
20 - Construction Equipment (backhoe, bulldozer, etc.)	
21 - Farm Equipment (tractor, combine harvester, etc.)	
22 - Motor Vehicle in Transport	
23 - Other Non-Fixed Object	
24 - Other Non-Motorist	
25 - Parked Motor Vehicle	
26 - Pedalcycle	
27 - Pedestrian	
28 - Railway Vehicle (train, engine)	
29 - Strikes Object at Rest from Motor Vehicle in Transport	
30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle	
31 - Work Zone/Maintenance Equipment	
Collision With Fixed Object	
32 - Bridge Overhead Structure	
33 - Bridge Pier or Support	
34 - Bridge Rail	
35 - Cable Barrier	
36 - Concrete Traffic Barrier	
37 - Culvert	
38 - Curb	
39 - Ditch	
40 - Embankment	
41 - Fence	
42 - Guardrail End Terminal	
43 - Guardrail Face	
44 - Impact Attenuator/Crash Cushion	
45 - Mailbox	
46 - Other Fixed Object (wall, building, tunnel, etc.)	
47 - Other Post, Pole or Support	
48 - Other Traffic Barrier	
49 - Traffic Sign Support	
50 - Traffic Signal Support	
51 - Tree (standing)	
52 - Utility Pole/Light Support	
53 - Unknown Fixed Object	

68. Most Harmful Event for this Motor Vehicle – Enter the appropriate code from the events coded in Sequence of Events. Choose the event that was most harmful (caused the most damage or injury). The Non-Harmful Events are not available for the Most Harmful Event.

MOST HARMFUL EVENT FOR THIS MOTOR VEHICLE	
<p>Non-Collision Harmful Events</p> <p>11 - Cargo/Equipment Loss or Shift</p> <p>12 - Fell/Jumped from Motor Vehicle</p> <p>13 - Fire/Explosion</p> <p>14 - Immersion, Full or Partial</p> <p>15 - Jackknife</p> <p>16 - Other Non-Collision Harmful Event</p> <p>17 - Overturn/Rollover</p> <p>18 - Thrown or Falling Object</p>	<p>Collision With Fixed Object</p> <p>32 - Bridge Overhead Structure</p> <p>33 - Bridge Pier or Support</p> <p>34 - Bridge Rail</p> <p>35 - Cable Barrier</p> <p>36 - Concrete Traffic Barrier</p> <p>37 - Culvert</p> <p>38 - Curb</p> <p>39 - Ditch</p> <p>40 - Embankment</p> <p>41 - Fence</p> <p>42 - Guardrail End Terminal</p> <p>43 - Guardrail Face</p> <p>44 - Impact Attenuator/Crash Cushion</p> <p>45 - Mailbox</p> <p>46 - Other Fixed Object (wall, building, tunnel, etc.)</p> <p>47 - Other Post, Pole or Support</p> <p>48 - Other Traffic Barrier</p> <p>49 - Traffic Sign Support</p> <p>50 - Traffic Signal Support</p> <p>51 - Tree (standing)</p> <p>52 - Utility Pole/Light Support</p> <p>53 - Unknown Fixed Object</p>
<p>Collision With Person, Motor Vehicle or Non-Fixed Object</p> <p>19 - Animal (live)</p> <p>20 - Construction Equipment (backhoe, bulldozer, etc.)</p> <p>21 - Farm Equipment (tractor, combine harvester, etc.)</p> <p>22 - Motor Vehicle in Transport</p> <p>23 - Other Non-Fixed Object</p> <p>24 - Other Non-Motorist</p> <p>25 - Parked Motor Vehicle</p> <p>26 - Pedalcycle</p> <p>27 - Pedestrian</p> <p>28 - Railway Vehicle (train, engine)</p> <p>29 - Strikes Object at Rest from Motor Vehicle in Transport</p> <p>30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle</p> <p>31 - Work Zone/Maintenance Equipment</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto; margin-right: auto;"></div>

Explanation of Event Codes

Non-Harmful Events

- *01 - **Cross Centerline:** A vehicle leaving the lane(s) where it is intended to travel and crossing into the lane(s) intended for travel in the opposite direction, by crossing the centerline (marked or assumed).
- *02 - **Cross Median:** A vehicle leaving the lane(s) where it is intended to travel and crossing into the lane(s) intended for travel in the opposite direction, by crossing the median.
- *03 - **End Departure (T-intersection, dead-end, etc.):** A vehicle leaving the roadway through a dead-end or a T-intersection.
- *04 - **Downhill Runaway:** A vehicle, usually a heavy truck, going out of control and reaching very high speeds on a lengthy or steep downhill grade.
- *05 - **Equipment Failure (blown tire, brake failure, etc.):** A breakdown or failing of some part of the vehicle's equipment, leading to deterioration or loss of function.
- *06 - **Ran Off Road Left:** A vehicle leaving the roadway to the left, in relation to the original direction of travel.
- *07 - **Ran Off Road Right:** A vehicle leaving the roadway to the right, in relation to the original direction of travel.

- *08 - **Reentering Roadway:** A vehicle enters the roadway after having run off the roadway.
- *09 - **Separation of Units:** Parts of a multi-unit vehicle coming apart, such as a trailer being towed by another vehicle becoming unhitched.
- *10 - **Other Non-Harmful Event:** Any non-collision event that results in damage or injury but does not fit into any of the other available categories.

Non-Collision Harmful Events

- *11 - **Cargo/Equipment Loss or Shift:** Material, gear, or other load falling from a vehicle or shifting position on a vehicle and affecting its balance.
- *12 - **Fell/Jumped from Motor Vehicle:** Motor vehicle occupant either involuntarily fell or intentionally leapt from the vehicle.
- *13 - **Fire/Explosion:** A vehicle catches fire or explodes while in transport.
- *14 - **Immersion, Full or Partial:** A vehicle plunges into water, such as a lake, river, or creek.
- *15 - **Jackknife:** Contact between any two units of a multi-unit vehicle, such as the tractor and trailer of a truck combination.
- *16 - **Other Non-Collision Harmful Event:** Any non-collision event that results in damage or injury but does not fit into any of the other available categories. Examples include vehicle damage caused by driving through potholes or standing water without overturning or collision, damage to lawns from vehicles driving on them, or injury to vehicle occupants without a collision.
- *17 - **Overturn/Rollover:** A vehicle upsets onto its top or side.
- *18 - **Thrown or Falling Object:** An object is thrown or falls on or near a motor vehicle in transport at the time of the crash.

Collision with Person, Motor Vehicle or Non-Fixed Object

- *19 - **Animal (live):** Any animal which is herded or unattended, such as deer, cows, etc. Animals that are being ridden or are pulling vehicles, such as carts and buggies, are considered transport vehicles and should be coded as "23 - Other Non-Fixed Object."
- *20 - **Construction Equipment (backhoe, bulldozer, etc.):** A piece of machinery used for construction.
- *21 - **Farm Equipment (tractor, combine harvester, etc.):** A piece of machinery used for farming.
- *22 - **Motor Vehicle in Transport:** Should be used for all events when one motor vehicle collides with another motor vehicle.
- *23 - **Other Non-Fixed Object:** A collision event involving an object that is movable or moving (but not set in motion by a motor vehicle, in which case it is considered a part of the motor vehicle). Examples include vehicles drawn by animals, animals (such as a horse) being ridden by a person, objects dropped from motor vehicles, but not in motion (such as a chair that has fallen from a pickup truck and is lying in the roadway), and fallen trees or rocks which are no longer moving.

***24 - Other Non-Motorist:** Included are persons on foot or using pedestrian conveyances, such as roller skates, wheelchairs, baby carriages, scooters, etc.

***25 - Parked Motor Vehicle:** A collision event with a motor vehicle not in transport. This includes vehicles parked in places designated for parking, vehicles parked or stopped along the roadway where parking is permitted by normal usage (such as on the shoulder), vehicles stopped or parked illegally, but not in the roadway traffic lanes, and vehicles stopped, disabled, or abandoned off the roadway. Vehicles stopped or parked in traffic lanes where parking is prohibited are not considered parked vehicle but are motor vehicles in transport.

***26 - Pedalcycle:** Any non-motorized road vehicle propelled by pedaling, including bicycles, tricycles, unicycles, or pedal cars.

***27 - Pedestrian:** Any person involved in a collision event who is not an occupant of a motor vehicle or a pedalcyclist.

***28 - Railway Vehicle (train, engine, etc.):** Any vehicle which is designed to move on rails, including engines or any other track-mounted railroad vehicles.

***29 - Strikes Object at Rest from Motor Vehicle in Transport:** Used when a motor vehicle in-transport impacts a non-fixed object at rest that is known to have been the cargo or part of another motor vehicle in-transport. This is considered a two-vehicle crash. Do not use this attribute for debris from a prior crash. This attribute does not include vehicle occupants that are ejected or fall from a motor vehicle in-transport.

***30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle:** Motor vehicle or non-motorist is struck by cargo or other object that was set in motion by a motor vehicle. This is considered a two-vehicle crash. Examples include logs falling off or coming loose from a truck and striking a vehicle behind the truck, or a motor vehicle striking a parked car and pushes it into a passing pedestrian.

***31 - Work Zone Maintenance Equipment:** A collision event with any construction machinery or road maintenance equipment that is actively engaged in work. Examples include a snowplow while plowing snow or a road grader while grading a road. These same pieces of equipment, if moving from place to place on a road and not in the process of working, would be considered motor vehicles in transport.

Collision with Fixed Objects

***32 - Bridge Overhead Structure:** The main bridge structure that carries a roadway or railroad track over another roadway. Collisions with the bridge piers are not included. The most common use of this code would be when a truck with an unusually high load attempts to go under a bridge and strikes the overhead structure.

***33 - Bridge Pier or Support:** The walls or columns that support a bridge structure. Collisions with these objects will normally involve vehicles traveling under bridges.

- *34 - **Bridge Rail:** A barrier that extends along the length of a bridge structure which is intended to prevent straying vehicles from going over the side of the structure. The most common types of bridge rail are metal rails or concrete parapets.
- *35 - **Cable Barrier:** Refers to a flexible barrier system which uses several cables typically supported by steel posts. These can be used on the roadside or as a median barrier.
- *36 - **Concrete Traffic Barrier:** The concrete traffic barrier located along the road surface, in a median, or in gore areas. This includes all temporary concrete barriers regardless of location (i.e., temporary barrier on a bridge being used to control traffic during bridge repair/construction).
- *37 - **Culvert:** Drainage structures designed to carry water under a roadway. The culvert opening, headwalls, wing walls, and inlets should all be considered part of a culvert.
- *38 - **Curb:** A structure built along the edge of a roadway to provide drainage control, pavement edge support, and pavement edge delineation. It is normally twelve inches or less in height and may be vertical or sloped.
- *39 - **Ditch:** A narrow channel built along the side of a roadway to collect and carry the surface water that has run off the roadway.
- *40 - **Embankment:** A raised structure often, but not always, made of earth. It may be built intentionally to hold back water or to carry a roadway, or may be the result of excavation or washout. The backslope of a cut section of highway, as well as creek beds should be coded as embankments.
- *41 - **Fence:** A barrier intended for containment, such as to prevent animals from escaping, or to mark a boundary.
- *42 - **Guardrail End Terminal:** The end of a guardrail installation, if struck by a vehicle, is particularly hazardous. Because of this, special end treatments are used on most guardrail installations.
- *43 - **Guardrail Face:** The face is the front portion of the guardrail that is intended to be struck by vehicles that stray from the roadway. It represents by far the greatest part of a guardrail system.
- *44 - **Impact Attenuator/Crash Cushion:** A protective device designed to prevent errant vehicles from impacting fixed object hazards. It is intended to lessen the effect of a crash by absorbing energy at a controlled rate. Most often used on high volume roadways, several different types of devices are common, including sand barrels and collapsible systems employing water or plastic foam.
- *45 - **Mailbox:** A receptacle intended for the deposit of mail, including its post or other supports.
- *46 - **Other Fixed Object (wall, building, tunnel, etc.):** Any fixed object not included in another category.

*47 - **Other Post, Pole or Support:** Any posts, poles, or supports that don't fit into another category.

*48 - **Other Traffic Barrier:** Barriers other than guardrails, concrete traffic barriers, or cable barriers. They may be composed of material such as wood or rock.

*49 - **Traffic Sign Support:** A post used to support all traffic regulatory, warning, and guide signs along a roadway. Private advertising signs or billboards are not included in this category.

*50 - **Traffic Signal Support:** A pole, post or other type of support for a traffic signal.

*51 - **Tree (standing):** Any tree or other woody plants and bushes.

*52 - **Utility Pole/Light Support:** Poles or other structures that light the roadway or support wires or cables belonging to a public utility (electrical power, telephone, television, etc.).

*53 - **Unknown Fixed Object:** A fixed object of undetermined nature.

69. Traffic Control Device Type (up to 4 choices) – Enter the appropriate code(s) that indicates all traffic control devices (signs, signals, pavement markings) that were controlling the vehicle's movement at the time of the crash.

Example: A right angle collision occurs at the intersection of 4th & Green Streets. There are stop signs on Green Street, but 4th Street traffic is not required to stop. Vehicle 1, which was traveling on Green Street, should be coded "04 - Stop Sign". Vehicle 2, which was traveling on 4th Street, should be coded "00 - No Controls".

Traffic Control Device Working – Enter the appropriate code to indicate whether the traffic control device was functioning for this vehicle at the time of the crash.

TRAFFIC CONTROL DEVICE TYPE	
<i>(up to 4 choices)</i>	
TCD Type(s)	<input type="text"/>
00 - No Controls	
01 - Person (flagger, law enforcement, crossing guard, etc.)	<input type="text"/>
Signs	
02 - Railroad Crossing Sign	<input type="text"/>
03 - School Zone Sign	
04 - Stop Sign	
05 - Yield Sign	
06 - "Curve Ahead" Warning Sign	
07 - Pedestrian Crossing Sign	
08 - "Intersection Ahead" Warning Sign	
09 - "Reduce Speed Ahead" Warning Sign	
10 - Bicycle Crossing Sign	
11 - Other Warning Sign	
Signals	
12 - Flashing Traffic Control Signal	
13 - Ramp Meter Signal	
14 - Lane Use Control Signal	
15 - Traffic Control Signal	
16 - Flashing Railroad Crossing Signal (may include gates)	
17 - Flashing School Zone Signal	
18 - Other Signal	
Pavement Markings	
19 - School Zone	
20 - Railroad Crossing	
21 - Pedestrian Crossing	
22 - Bicycle Crossing	
23 - Other Pavement Marking (excluding edge lines, centerlines or lane lines)	
98 - Other	
99 - Unknown	
TRAFFIC CONTROL DEVICE WORKING	
00 - No Controls	
01 - Device Not Functioning	<input type="text"/>
02 - Device Functioning Improperly	
03 - Device Functioning Properly	
99 - Unknown	

70. Trafficway Description – Indication of whether the trafficway for this vehicle is divided and whether it serves one-way or two-way traffic.

Travel Directions - Enter the appropriate code to indicate whether the crash occurred on a one-way street. One-way streets almost always occur in urban settings. Divided roadways, such as the Interstate, are not considered one-way streets.

Divided - Enter the appropriate code to indicate if a crash occurs on a divided trafficway.

Barrier Type - Enter the appropriate code that best describes the type of median that separates opposing lanes of traffic.

TRAFFICWAY DESCRIPTION	
Travel Directions	
01 - One-Way	<input type="text"/>
02 - Two-Way	
Divided	
00 - Not Divided	<input type="text"/>
01 - Not Divided, With a Continuous Left-Turn Lane	
02 - Divided, Flush Median (greater than 4 ft. wide)	
03 - Divided, Raised Median (curbed)	<input type="text"/>
04 - Divided, Depressed Median	
99 - Unknown	
Barrier Type	
00 - No Barrier	<input type="text"/>
01 - Cable Barrier	
02 - Concrete Barrier (e.g. Jersey barrier)	
03 - Earth Embankment	
04 - Guardrail	
98 - Other	

71. Direction of Travel – Enter the appropriate code that shows the vehicle’s direction of travel on the roadway before the crash.

Name of street traveling on - Enter the name of the road on which the vehicle was moving or parked before the crash.

DIRECTION OF TRAVEL	
00 - Not on Roadway	<input type="text"/>
01 - Northbound	
02 - Southbound	
03 - Eastbound	
04 - Westbound	
99 - Unknown	
Name of street traveling on:	

72. Posted Speed Limit – Enter the posted speed limit for the road on which the vehicle was traveling (in miles per hour).

POSTED SPEED LIMIT	
97 - Not Applicable	<input type="text"/> mph
99 - Unknown	

73. Pavement Markings – The markings (paint, plastic, or other) used on the roadway surface to guide or control the path followed by drivers. Enter the appropriate codes for Edgeline Presence/Type, Centerline Presence/Type, and Lane Line Markings.

PAVEMENT MARKINGS	
Edgeline Presence/Type	
00 - No Marked Edgeline	<input type="text"/>
01 - Standard Width Edgeline	
02 - Wide Edgeline	
98 - Other	
99 - Unknown	
Centerline Presence/Type	
00 - No Marked Centerline	<input type="text"/>
01 - Centerline With Centerline Rumble Strip	
02 - Standard Centerline Markings	
99 - Unknown	
Lane Line Markings	
00 - No Lane Markings	<input type="text"/>
01 - Standard Lane Line	
02 - Wide Lane Line	
99 - Unknown	

74. Grade/Roadway Alignment –The geometric or layout and inclination characteristics of the roadway in the direction of travel for this vehicle.

Horizontal Alignment - Enter the appropriate code that best describes the horizontal alignment of the road where the crash occurred.

Grade - Enter the appropriate code that best describes the grade of the road where the crash occurred.

GRADE / ROADWAY ALIGNMENT	
Horizontal Alignment	
01 - Curve Left	
02 - Curve Right	
03 - Straight	<input type="text"/>
99 - Unknown	
Grade	
01 - Downhill	
02 - Hillcrest	
03 - Level	<input type="text"/>
04 - Sag (Bottom)	
05 - Uphill	
99 - Unknown	

75. Total Lanes in Roadway – Total number of lanes in the roadway on which this motor vehicle was traveling. The number of through lanes is counted differently whether the roadway is divided or undivided. If the trafficway is undivided, count the through lanes in both directions. If the trafficway is divided, only count the through lanes in the vehicle’s direction. The “Total Lanes in Roadway” is collected in two parts as “Number of Through Lanes” and “Number of Auxiliary Lanes”.

Through Lanes - Lanes that allow traffic to flow straight ahead, including lanes allowing vehicles to either turn or travel straight ahead.

Auxiliary Lanes - Includes collector-distributor lanes, weaving lanes, frontage road lanes, parking lanes, acceleration/deceleration lanes, and truck climbing lanes.

If the crash occurs in a non-trafficway area, enter “97 - Not Applicable” in all four boxes.

If there are no auxiliary lanes associated to the trafficway, enter “97 - Not Not Applicable”.

TOTAL LANES IN ROADWAY	
Undivided Trafficways	
Number of Through Lanes in Both Directions, excluding Auxiliary Lanes	<input type="text"/>
97 - Not Applicable	
Number of Auxiliary Lanes in Both Directions	<input type="text"/>
97 - Not Applicable	
Divided Trafficways	
Number of Through Lanes in the Vehicle’s Direction, excluding Auxiliary Lanes	<input type="text"/>
97 - Not Applicable	
Number of Auxiliary Lanes in the Vehicle’s Direction	<input type="text"/>
97 - Not Applicable	

76. Presence/Type of Bicycle Facility – Any road, path, or way which is specifically designated as being open to bicycle travel regardless of whether such facilities are designated for the exclusive use of bicycles or are to be shared with other transportation modes.

Facility – Enter the appropriate code that indicates the type of bicycle facility.

Signed Bicycle Route? – Enter the appropriate code that indicates if this was a signed bicycle route.

PRESENCE / TYPE OF BICYCLE FACILITY	
Facility	
00 - None	
01 - Marked Bicycle Lane	<input type="text"/>
02 - Separate Bicycle Path/Trail	
03 - Unmarked Paved Shoulder	
04 - Wide Curb Lane	
99 - Unknown	
Signed Bicycle Route?	
01 - Yes	
02 - No	
97 - Not Applicable	<input type="text"/>
99 - Unknown	

Drivers

Enter the information for each driver involved in the crash on separate sheets. Information about the driver is listed first and then the information about the vehicle is listed second.

VEHICLE NO. <input type="text"/> (cont'd.)							
DRIVER NAME (Last, First, Middle)					CONTACT PHONE		SEX 01 - Male <input type="checkbox"/> 02 - Female <input type="checkbox"/> 99 - Unk. <input type="checkbox"/>
MAILING ADDRESS				CITY	STATE	ZIP	
DATE OF BIRTH (MMDDYYYY)	D.O.B. Unk.	DRIVER'S LICENSE NO.			STATE	CITATION <input type="checkbox"/> NO VIOLATION <input type="checkbox"/> UNKNOWN	
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	

77. Vehicle Number (cont'd) – Enter the number of the vehicle in which the driver was driving.

VEHICLE NO. <input style="width: 40px; text-align: center;" type="text" value="1"/> (cont'd.)

78. Driver Name / Mailing Address – Enter the driver’s full name exactly as it appears on the driver’s license. Any aliases may be noted in parentheses. Enter the driver’s current mailing address and contact phone number in the appropriate boxes.

DRIVER NAME (Last, First, Middle)			CONTACT PHONE	
MAILING ADDRESS		CITY	STATE	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

79. Sex – Enter the appropriate code to indicate the gender of the driver.

SEX 01 - Male <input type="checkbox"/> 02 - Female <input type="checkbox"/> 99 - Unk. <input type="checkbox"/>

80. Date of Birth - Enter the driver’s date of birth in the spaces provided. Use two digits for the month, two digits for the day, and four digits for the year (MM/DD/YYYY). If the driver’s date of birth is unknown, select the “D.O.B. Unk.” checkbox.

DATE OF BIRTH (MMDDYYYY)	D.O.B. Unk.
<input style="width: 20px; text-align: center;" type="text" value="1"/> <input style="width: 20px; text-align: center;" type="text" value="2"/> <input style="width: 20px; text-align: center;" type="text" value="1"/> <input style="width: 20px; text-align: center;" type="text" value="4"/> <input style="width: 20px; text-align: center;" type="text" value="1"/> <input style="width: 20px; text-align: center;" type="text" value="9"/> <input style="width: 20px; text-align: center;" type="text" value="7"/> <input style="width: 20px; text-align: center;" type="text" value="5"/>	<input type="checkbox"/>

81. Driver License Number / State – Enter the driver license number and the two-letter state abbreviation (i.e., NE for Nebraska) for the state that issued the individual’s driver license in the appropriate boxes.

DRIVER'S LICENSE NO. H12345678	STATE NE
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82. Citation (up to 2) – If a driver was issued a citation(s) as a result of the crash, enter the citation number(s). If no citations were issued, select “No Violation”. If it is unknown if the driver was issued a citation, select “Unknown”.

CITATION <input type="checkbox"/> NO VIOLATION <input type="checkbox"/> UNKNOWN
1 _____ 2 _____

83. Driver License Jurisdiction – Enter the appropriate code for the driver license jurisdiction.

***Name of Jurisdiction** - Provide the specific State, Province, or Nation indicated on the driver license for driver license jurisdictions designated with an asterisk (*).

DRIVER LICENSE JURISDICTION	
00 - Not Licensed	
01 - Canadian*	
02 - Indian Nation*	<input type="text"/>
03 - International License* (other than Mexico, Canada)	
04 - Mexican*	
05 - U.S. State	
06 - U.S. Government	
97 - Not Applicable	
99 - Unknown	
*Name of Jurisdiction Include the specific State, Province or Nation indicated on the Driver's License	
<input type="text"/>	

DRIVER LICENSE STATUS	
Type Applicable for this Person	
01 - Commercial Driver License (CDL)	<input type="text"/>
02 - Non-CDL Driver License	
03 - Non-CDL Restricted Driver License (learner's permit, temporary/limited, graduated driver license, etc.)	
99 - Unknown	
Status	
00 - Not Licensed	<input type="text"/>
01 - Canceled or Denied	
02 - Disqualified (CDL)	
03 - Expired	
04 - Revoked	
05 - Suspended	
06 - Valid License	
99 - Unknown	

84. Driver License Status – Enter the appropriate code for the driver license type applicable and status for this driver at the time of the crash.

85. Driver License Restrictions (up to 3 choices) – Enter the appropriate code for the restrictions assigned to an individual's driver license by the license issuer. This information is available on the individual's driver license.

DRIVER LICENSE RESTRICTIONS <i>(up to 3 choices)</i>	
00 - None	<input type="text"/>
01 - Alcohol Interlock Device	<input type="text"/>
02 - Automatic Transmission	<input type="text"/>
03 - CDL Intrastate Only	
04 - Corrective Lenses	
05 - Except Class A & Class B Bus	
06 - Except Class A Bus	
07 - Except Tractor-Trailer	
08 - Farm Waiver	
09 - Intermediate License Restrictions	
10 - Learner's Permit Restrictions	
11 - Limited to Daylight Only	
12 - Limited to Employment	
13 - Limited-Other	
14 - Mechanical Devices (special brakes, hand controls, or other adaptive devices)	
15 - Military Vehicles Only	
16 - Motor Vehicles Without Air Brakes	
17 - Outside Mirror	
18 - Prosthetic Aid	
98 - Other	
99 - Unknown	

86. Driver License Type – Enter the appropriate code for the driver license type. This information is available on the individual's driver license. Note: A Provisional Operator's Permit (POP) would be entered as "02 - Intermediate Driver License".

DRIVER LICENSE TYPE	
00 - Not Licensed	<input type="text"/>
01 - Full Driver License	
02 - Intermediate Driver License	
03 - Learner's Permit	
04 - School Permit	
05 - Temporary License	
99 - Unknown License Type	

87. Commercial Driver License (CDL) – Enter the appropriate code that indicates whether the individual's driver license is a commercial driver license (CDL).

COMMERCIAL DRIVER LICENSE (CDL)	
01 - Yes	<input type="text"/>
02 - No	
99 - Unknown	

88. Class - Class indicates the type of driver license issued by the State and the type of motor vehicle the driver is qualified to drive. Enter the appropriate code for driver license class. This information is available on the individual's driver license.

CLASS	
00 - None	<input type="text"/>
01 - Class A	
02 - Class B	
03 - Class C	
04 - Class M	
05 - Regular Driver License	
97 - Not Applicable	
98 - Other	
99 - Unknown	

***Class A:** Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.

***Class B:** Any single vehicle with a GVWR of 26,001 or more pounds, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.

***Class C:** Any single vehicle, or combination of vehicles, that does not meet the definition of Class A or Class B, but is either designed to transport 16 or more passengers, including the driver, or is used in the transportation of materials found to be hazardous, which require the motor vehicle to be placarded.

***Class M:** Motorcycles, mopeds, motor-driven cycles.

***Regular Driver License Class:** Any regular or standard driver license issued for the operation of automobiles and light trucks by States that separate these vehicles from Class C. A Class O Nebraska driver license would be entered as "05-Regular Driver License". Other states may use class designation codes such as "D", "R", and other letters to indicate a regular driver license class.

89. Endorsements (up to 4 choices) – This indicates any endorsements to the driver license, both commercial and non-commercial. Enter the appropriate code(s) for the driver license endorsements. This information is available on the individual's driver license.

ENDORSEMENTS <i>(up to 4 choices)</i>	
00 - None	<input type="text"/>
01 - H - Hazardous Materials	
02 - M - Motorcycle	<input type="text"/>
03 - N - Tank Vehicle	
04 - P - Passenger	<input type="text"/>
05 - S - School	
06 - T - Double/Triple Trailers	<input type="text"/>
07 - X - Combination Tank Vehicle & Hazardous Materials	<input type="text"/>
98 - Other Non-Commercial License Endorsements	
99 - Unknown	

90. Alcohol Interlock Present? – Enter the appropriate code for whether the vehicle has an alcohol interlock device present in the vehicle.

ALCOHOL INTERLOCK PRESENT?	
01 - Yes	
02 - No	<input type="text"/>
99 - Unknown	

91. Speeding Related – Enter the appropriate code to indicate whether you suspect that the driver involved in the crash was speeding based on verbal or physical evidence and not on speculation alone.

SPEEDING RELATED	
00 - No	<input type="text"/>
01 - Exceeded Speed Limit	
02 - Racing	
03 - Too Fast for Conditions	
99 - Unknown	

92. Driver Actions at Time of Crash
 (up to 4 choices) – Enter the appropriate code(s) that best describes any actions of the driver that may have contributed to the crash.

DRIVER ACTIONS AT TIME OF CRASH (up to 4 choices)		<input type="text"/>	<input type="text"/>
00 - No Contributing Action			
01 - Disregarded Red Light			
02 - Disregarded Stop Sign			
03 - Disregarded Road Markings	12 - Operated Motor Vehicle in Reckless or Aggressive Manner		
04 - Disregarded Traffic Sign	13 - Over-Correcting/Over-Steering		
05 - Failed to Keep in Proper Lane	14 - Ran Off Roadway		
06 - Failed to Yield Right-of-Way	15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc.		
07 - Followed too Closely	16 - Wrong Side or Wrong Way		
08 - Improper Backing	98 - Other Contributing Action		
09 - Improper Passing	99 - Unknown		
10 - Improper Turn			
11 - Operated Motor Vehicle in Inattentive, Careless, Negligent or Erratic Manner			

93. Driver Distracted By – Enter the appropriate code(s) that best describes the distraction that may have influenced the driver's performance, involving both an action taken by the driver and the source of the distraction.

DRIVER DISTRACTED BY		<input type="text"/>
Action		
00 - Not Distracted		
01 - Talking/Listening		
02 - Manually Operating (texting, dialing, playing game, etc.)		
03 - Other Action (looking away from task, etc.)		
99 - Unknown		
Source		
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 (to vehicle/non-motorist area)		
07 - Other Distraction (animal, food, grooming, etc.)		
08 - Other cell phone use like GPS navigation		
97 - Not Applicable (not distracted)		
99 - Unknown		

DRIVER CONDITION AT TIME OF CRASH (up to 2 choices)		<input type="text"/>
01 - Apparently Normal		
02 - Asleep or Fatigued		
03 - Emotional (depressed, angry, disturbed, etc.)		
04 - Ill (sick, fainted)		
05 - Physically Impaired		
06 - Under Influence of Alcohol, Drugs or Medication		
97 - Not Applicable		
98 - Other		
99 - Unknown if Impaired		

94. Driver Condition at Time of Crash
 (up to 2 choices) – Enter the appropriate code(s) that indicate any relevant condition of the driver that is directly related to the crash.

95. Alcohol Suspected – Enter the appropriate code to indicate whether you suspect alcohol use. This entry should be based on your personal assessment of whether alcohol was used. Positive test results are not required for this field.

ALCOHOL SUSPECTED		<input type="text"/>
01 - Yes		
02 - No		
99 - Unknown		

96. Alcohol Test Status – Enter the appropriate code to indicate whether an alcohol test was given or refused.

ALCOHOL TEST STATUS		<input type="text"/>
01 - Test Given		
02 - Test Not Given		
03 - Test Refused		
99 - Unknown if Tested		

97. Alcohol Test Type – Enter the appropriate code that indicates the type of alcohol test given to the driver.

ALCOHOL TEST TYPE	
01 - Blood "BAC"	<input type="text"/>
02 - Breathalyzer "BrAC"	
03 - Urine	
98 - Other	
99 - Not Applicable	
99 - Unknown	

98. Alcohol Test Result – Enter the appropriate code that indicates the result of any test made to determine level of alcohol intoxication, including field sobriety tests, preliminary breath tests, or chemical tests. If the Blood Alcohol Concentration (BAC) results are known, enter them in the box provided.

ALCOHOL TEST RESULT	
01 - Negative	<input type="text"/>
02 - Positive	
03 - Pending	
99 - Unknown	
BAC Level: (ex: 0.132) _____	

99. Drugs Suspected – Enter the appropriate code to indicate whether you suspect drug use. This entry should be based on your personal assessment of whether drugs were used. Positive test results are not required for this field.

DRUGS SUSPECTED	
01 - Yes	<input type="text"/>
02 - No	
99 - Unknown	

DRUG TEST STATUS	
01 - Test Given	<input type="text"/>
02 - Test Not Given	
03 - Test Refused	
99 - Unknown if	

100. Drug Test Status – Enter the appropriate code to indicate whether a drug test was given or refused.

101. Drug Test Type – Enter the appropriate code that indicates the type of drug test given to the driver.

DRUG TEST TYPE	
01 - Blood	<input type="text"/>
02 - Urine	
03 - Saliva	
98 - Other	
99 - Unknown	

102. Drug Test Result – Enter the appropriate code that indicates the results of any test made to determine level of drug influence applies, including field tests or lab tests.

DRUG TEST RESULT	
01 - Negative	<input type="text"/>
02 - Positive	

103. Drug Type (up to 4 choices) – Enter the appropriate code(s) for the type of drug(s) related to a positive drug test. This excludes drugs administered post-crash.

DRUG TYPE (up to 4 choices)			
01 - Amphetamine	06 - PCP	(excludes post-crash drugs)	
02 - Cocaine	07 - Other Drug		
03 - Marijuana			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

All Drivers & Occupants

Information for every driver and occupant in a crash is collected.

All Drivers & Occupants																													
Vehicle No. <input style="width: 30px;" type="text"/>		Occupant No. <input style="width: 30px;" type="text"/>		NAME OF PERSON INVOLVED (Last, First, Middle)				SEX 01 - Male 02 - Female 99 - Unk. <input style="width: 30px;" type="text"/>																					
ADDRESS (Injured persons only)						CITY, STATE, ZIP		DATE OF BIRTH (MMDDYYYY)		D.O.B. Unk. <input type="checkbox"/>																			
Person Type			Seating Position				Restraint System / Helmet Use			Injury																			
P1	<input type="checkbox"/>	P2	<input type="checkbox"/>	P3	<input type="checkbox"/>	P4	<input type="checkbox"/>	P5	<input type="checkbox"/>	P6	<input type="checkbox"/>	P7	<input type="checkbox"/>	P8	<input type="checkbox"/>	P9	<input type="checkbox"/>	P10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P11	<input type="checkbox"/>	P12	<input type="checkbox"/>	P13	<input type="checkbox"/>	P14	<input type="checkbox"/>
MEDICAL FACILITY NAME						EMS SERVICE NAME						EMS RUN NO.																	

104. Vehicle Number – Enter the number of the vehicle in which the driver or occupant was riding. If the person was a pedestrian, bicyclist, or other non-motorist, leave this box blank and complete an NDOT Non-Motorist Crash Report (NDOT Form 178).

Vehicle No. <input style="width: 30px; text-align: center; color: red;" type="text" value="1"/>	Occupant No. <input style="width: 30px; text-align: center; color: red;" type="text" value="1"/>
--	---

105. Name of Person Involved – Enter the driver/occupant’s full name. Any aliases may be noted in parentheses.

NAME OF PERSON INVOLVED (Last, First, Middle) <div style="text-align: center; color: red; font-size: 1.2em;">Smith, John, Z.</div>

106. Address – Enter the driver’s or occupant’s current mailing address in the box.

ADDRESS (Injured persons only) <div style="text-align: center; color: red; font-size: 1.2em;">999 Main St</div>	CITY, STATE, ZIP <div style="text-align: center; color: red; font-size: 1.2em;">Lincoln, NE, 68505</div>
--	---

107. Sex – Enter the appropriate code to indicate the gender of the driver/occupant.

SEX 01 - Male 02 - Female 99 - Unk. <input style="width: 30px;" type="text"/>
--

108. Date of Birth – Enter the driver’s/occupant’s date of birth in the spaces provided. Use two digits for the month, two digits for the day, and four digits for the year (MM/DD/YYYY). If the driver’s/occupant’s date of birth is unknown, select the “D.O.B. Unk.” checkbox.

DATE OF BIRTH (MMDDYYYY) <div style="text-align: center; color: red; font-size: 1.2em;">1 2 1 4 1 9 7 5</div>	D.O.B. Unk. <input type="checkbox"/>
--	---

P1 through P14 – Enter the appropriate codes for Person Type, Seating Position, Restraint System/Helmet Use, and Injury. If a driver/occupant is not injured, leave P12, P13, and P14 blank.

Person Type			Seating Position				Restraint System / Helmet Use					Injury				
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10				P11	P12	P13	P14

PERSON TYPE	SEATING POSITION	RESTRAINT SYSTEM / HELMET USE	INJURY
P1. Incident Responder? 01 - Yes 02 - No P2. If yes, type of Incident Responder 01 - EMS 02 - Fire 03 - Police 04 - Tow Operator 05 - Transportation (maintenance workers, safety service operators, etc.) 98 - Other 99 - Unknown Does the crash involve a Non-Motorist? 01 - Yes – Complete Non-Motorist Report NODT Form 178 for the following person types: - Bicyclist - Other Cyclist - Pedestrian - Other Pedestrian (wheelchair, skater, person in a building, parked vehicle, or a personal conveyance, etc.) - Occupant of a Non-Motor Vehicle Transportation Device - Unknown Type of Non-Motorist** 02 - No – Continue to P3 below. P3. Occupant of Motor Vehicle 01 - Driver 02 - Occupant 03 - Occupant of MV Not in Transport	P4. Row 01 - Front 02 - Second 03 - Third 04 - Fourth 05 - Other Row (bus, 15-passenger van, etc.) 99 - Unknown P5. Seat 01 - Left 02 - Middle 03 - Right 98 - Other 99 - Unknown P6. Other Location 01 - Enclosed Cargo Area 02 - Riding on Motor Vehicle Exterior (non-trailing unit) (truck) 03 - Sleeper Section of Cab 04 - Trailing Unit 05 - Unenclosed Cargo Area 97 - Not Applicable 98 - Other 99 - Unknown P7. Ejection 01 - Not Ejected 02 - Ejected, Partially 03 - Ejected, Totally 97 - Not Applicable 99 - Unknown	P8. Restraint System 01 - Booster Seat 02 - Child Restraint System - Forward Facing 03 - Child Restraint System - Rear Facing 04 - Child Restraint System - Type Unknown 05 - Lap Belt Only Used 06 - None Used - Motor Vehicle Occupant 07 - Restraint Used - Type Unknown 08 - Shoulder & Lap Belt Used 09 - Shoulder Belt Only Used 10 - Stretcher 11 - Wheelchair Motorcycle Helmet Use 12 - DOT-Compliant Motorcycle Helmet 13 - Non DOT-Compliant Motorcycle Helmet 14 - Unknown If DOT-Compliant Motorcycle Helmet 15 - No Helmet 97 - Not Applicable 98 - Other 99 - Unknown P9. Any Indication of Improper Restraint Use? 01 - Yes 02 - No 99 - Unknown P10. Air Bag Deployed (up to 4 choices) 00 - Not Deployed 01 - Unknown 02 - Curtain 03 - Front 04 - Side 97 - Not Applicable 98 - Other (neze, air belt, etc.) 99 - Unknown P11. School Bus Restraint Availability (excludes driver) 00 - No Restraint Available 01 - Lap Belt Available & Not Used 02 - Shoulder & Lap Available & Not Used 97 - Not Applicable 99 - Unknown	P12. Injury Status 00 - No Apparent Injury 01 - Fatal Injury (must complete Fatal Crash Report NODT Form 179) 02 - Suspected Serious Injury* 03 - Suspected Minor Injury 04 - Possible Injury 99 - Unknown *Suspected Serious Injury (A): Any injury, other than fatal, which results in one or more of the following: Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood, broken or distorted extremity (arm or leg), crush injuries, suspected skull, chest, or abdominal injury other than bruises or minor lacerations, significant burns (second and third degree burns over 10% or more of the body), unconsciousness when taken from the crash scene, or paralysis. P13. Injury Area 00 - None 01 - Abdomen & Pelvis 02 - Entire Body 03 - Face 04 - Head 05 - Lower Extremity (legs) 06 - Neck 07 - Spine 08 - Chest (thorax) 09 - Upper Extremity (arms) 10 - Unspecified 99 - Unknown P14. Source of Transport to First Medical Facility 00 - Not Transported 01 - EMS Air 02 - EMS Ground 03 - Law Enforcement 98 - Other 99 - Unknown

Person Type

P1. Incident Responder? – Select “01-Yes” or “02-No” to indicate if the person was an incident responder at an active crash scene.

Incident Responder - Law enforcement, fire response, emergency medical services (EMS), towing operators, or other people assisting with trafficway incident management at an active crash scene.

P2. If yes, type of Incident Responder – Enter the appropriate code that indicates the type of incident responder.

Does the crash involve a Non-Motorist? – A non-motorist is any person who is not an occupant of a motor vehicle. This includes pedestrians, bicyclists, and other cyclists. Select “01-Yes” or “02-No” to indicate whether the person involved in the crash was a non-motorist.

If “01-Yes” was selected, stop here and a complete a Non-Motorist Crash Report (NODT Form 178).

If “02-No” was selected, continue completing the information for each driver and occupant.

P3. Occupant of Motor Vehicle – Enter the appropriate code for the type of person involved in the crash.

Seating Position

The seating position for every driver and occupant in or on a motor vehicle prior to the first event in the sequence of events.

P4. Row – Enter the appropriate code for the row in which the driver or occupant was seated in the vehicle. All motorcycle drivers should be entered as “01-Front”. All motorcycle passengers should be entered as “02-Second”.

P5. Seat – Enter the appropriate code for the seat in which the driver or occupant was seated in the vehicle. All motorcyclists should be entered as “01-Left”.

P6. Other Location – Additional seating position choices are available for occupants not in a typical vehicle seat.

- *01. Enclosed cargo area
Rear cargo area commonly found in utility vehicles, mini-vans, etc.
- *02. Riding on motor vehicle exterior
Hood, running boards, fenders and bumpers
- *03. Sleeper section of cab (truck)
Back section of semi-tractor used for sleeping
- *04. Trailing unit
Towed car or trailer
- *05. Unenclosed cargo area
Bed of a pickup truck

P7. Ejection – Enter the appropriate code that indicates if a driver or occupant is totally or partially thrown from the interior of the motor vehicle, excluding motorcycles, as a result of a crash.

Restraint System/Helmet Use

Restraint use information should be provided for every driver and occupant of vehicles involved in a crash.

P8. Restraint System – Enter the appropriate code that best describes the restraint equipment in use by the driver/occupant, or the helmet use by a motorcyclist, at the time of the crash.

P9. Any Indication of Improper Restraint Use? – Enter the appropriate code for any indication of improper restraint/helmet use.

P10. Air Bag Deployed (up to 4 choices) – Enter the appropriate code(s) that best describes the airbag deployment for each driver and occupant.

P11. School Bus Restraint Availability (excludes driver) – Enter the appropriate code that indicates the availability of restraints in a school bus.

Injury

This section should only be completed if a driver or occupant is injured.

P12. Injury Status – The injury severity level for a person Involved in a crash. The determination of which attribute to assign should be based on the latest information available at the time the report is completed, except as described below for fatal Injuries.

***Fatal Injury (K):** A fatal injury is any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification should be changed from the attribute previously assigned to the attribute "Fatal Injury." A Fatal Crash Report (NDOT Form 179) must be completed for all drivers involved in a fatal crash.

***Suspected Serious Injury (A):** A suspected serious injury is any injury other than fatal which results in one or more of the following:

- Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood
- Broken or distorted extremity (arm or leg)
- Crush injuries
- Suspected skull, chest, or abdominal injury other than bruises or minor lacerations
- Significant burns (second and third degree burns over 10% or more of the body)
- Unconsciousness when taken from the crash scene
- Paralysis

***Suspected Minor Injury (B):** A minor injury is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).

***Possible Injury (C):** A possible injury is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.

***No Apparent Injury (O):** No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

P13. Injury Area – The primary or most obvious area of the person's body injured during the crash. Enter the appropriate code that from your observation best describes where the person was most severely injured.

P14. Source of Transport to First Medical Facility – Enter the appropriate code to indicate whether and how the injured person was moved from the crash site to a medical facility for treatment.

109. Medical Facility Name – Enter the name of the hospital or other medical facility to which the injured person was transported.

MEDICAL FACILITY NAME

110. EMS Service Name – Enter the name of the Emergency Medical Service that transported the injured person by ambulance.

EMS SERVICE NAME

111. EMS Run Number – Enter the run report number from the Nebraska Ambulance and Rescue System Information System (NARSIS) report. These are the forms EMS Services are required to fill out when they respond to an emergency call and send to the Nebraska Health and Human Services System. The run report number is pre-printed in red in the upper right corner of the NARSIS form.

EMS RUN NO.

Investigator's Motor Vehicle Crash Continuation Report (NDOT Form 40a)

This report can only be used when submitted with a completed Investigator's Motor Vehicle Crash Report (NDOT Form 40). The continuation report has space for additional crash description, items of damaged property, or witnesses. Before submitting the report, remember to sign it.

NDOT KEY NO.		State of Nebraska		Investigator's Motor Vehicle Crash Continuation Report		Sheet ____ of ____
LOCAL NO./DISTRICT			AGENCY CASE NO.			STATE USE ONLY
DATE OF CRASH	M	M	/	D	D	Y
ROAD ON WHICH CRASH OCCURRED	STREET/HIGHWAY NO.					
PLACE OF CRASH	COUNTY				CITY	
CRASH DESCRIPTION - CONT'D.						
PROPERTY DAMAGE - CONT'D.						
PROPERTY - CONT'D.	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE	
WITNESS NAMES - CONT'D.						
WITNESSES - CONT'D.	NAME	ADDRESS				PHONE
	NAME	ADDRESS				PHONE
	NAME	ADDRESS				PHONE
	NAME	ADDRESS				PHONE
OFFICER NO.		TROOP/TEAM/BEAT		DEPARTMENT		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT	
					/ /20__	

NDOT Form 40a, Feb 2020

Investigator's Motor Vehicle Crash Report - Additional Vehicle (NDOT Form 40VC)

This report can only be used when submitted with a completed Investigator's Motor Vehicle Crash Report (NDOT Form 40). The vehicle continuation (VC) report is used for crashes that have more than one vehicle. Enter information for all additional vehicles on a NDOT Form 40VC. The 40VC continuation report has 4 sheets which consist of 2 Vehicle sheets, 1 Driver sheet, and 1 All Driver and Occupants sheet.

NDOT FORM 40VC

Investigator's Motor Vehicle Crash Report - Vehicle

Sheet of

VEHICLE NO. <input type="text"/>		MOTOR VEHICLE IDENT TYPE (By Motor Vehicle Type)		<input type="checkbox"/> Disabled Motor Vehicle <input type="checkbox"/> Non-Working Motor/Vehicle <input type="checkbox"/> Other	
VEHICLE IDENTIFICATION (Last Four Digits)					
MAKE AND MODEL: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
YEAR: <input type="text"/> COLOR: <input type="text"/> WEIGHT: <input type="text"/>					
LICENSE PLATE TYPE: <input type="text"/> LICENSE PLATE NUMBER: <input type="text"/>					
REGISTRATION CATEGORY: <input type="text"/>					
MOTOR VEHICLE TYPE CATEGORY (See Legend)		SPECIAL FUNCTION OF MOTOR VEHICLE OR TRANSPORT <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> School Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Towing <input type="checkbox"/> Utility <input type="checkbox"/> Other		EMERGENCY MOTOR VEHICLE USE <input type="checkbox"/> Emergency Response Operations <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Other	
VEHICLE IDENTIFICATION FACTORS <input type="checkbox"/> 1980-1989 <input type="checkbox"/> 1990-1999 <input type="checkbox"/> 2000-2009 <input type="checkbox"/> 2010-2019 <input type="checkbox"/> 2020-2029 <input type="checkbox"/> 2030-2039 <input type="checkbox"/> 2040-2049 <input type="checkbox"/> 2050-2059 <input type="checkbox"/> 2060-2069 <input type="checkbox"/> 2070-2079 <input type="checkbox"/> 2080-2089 <input type="checkbox"/> 2090-2099 <input type="checkbox"/> 2100-2109 <input type="checkbox"/> 2110-2119 <input type="checkbox"/> 2120-2129 <input type="checkbox"/> 2130-2139 <input type="checkbox"/> 2140-2149 <input type="checkbox"/> 2150-2159 <input type="checkbox"/> 2160-2169 <input type="checkbox"/> 2170-2179 <input type="checkbox"/> 2180-2189 <input type="checkbox"/> 2190-2199 <input type="checkbox"/> 2200-2209 <input type="checkbox"/> 2210-2219 <input type="checkbox"/> 2220-2229 <input type="checkbox"/> 2230-2239 <input type="checkbox"/> 2240-2249 <input type="checkbox"/> 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Investigator's Supplemental Heavy Truck/Bus Crash Report (NDOT Form 174)

This supplemental report must be completed in addition to the Investigator's Motor Vehicle Crash Report NDOT Form 40, for any:

- Truck with a Gross Vehicle Weight Rating (GVWR) or Gross Combination Vehicle Weight Rating (GCVWR) of 10,001 pounds or more
- Vehicle displaying a hazardous materials placard
- Bus designed to transport nine or more passengers, including the driver

LOCAL NO./DISTRICT				AGENCY CASE NO.			STATE USE ONLY		
DATE OF CRASH	M	M	D	D	Y	Y	PLACE OF CRASH	COUNTY	CITY
ROAD ON WHICH CRASH OCCURRED		STREET/HIGHWAY NO.							

112. Vehicle Number – Enter the number of the vehicle in which the driver was driving, as entered on the NDOT Form 40.

VEHICLE NO. <input style="width: 80px;" type="text"/>

113. Driver Name – Enter the driver's full name exactly as it appears on the driver license. Any aliases may be noted in parentheses.

DRIVER NAME (Last, First, Middle) Craig R Jones

114. Carrier Name – Enter the motor carrier name in the box provided.

CARRIER NAME Cleaver Enterprises
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115. Carrier Address – Enter the motor carrier address in the box provided.

CARRIER ADDRESS 2940 Carrington Ave	CITY, STATE, ZIP, COUNTRY Knox MN 56107
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116. Company Unit Number – Enter the number assigned by the company(owner) to identify this piece of equipment.

COMPANY UNIT NO <input style="width: 150px;" type="text"/>
--

117. Sleep Log Hours – From the driver's sleep log, enter the number of hours of sleep the driver had in the previous 24 hours and the number of hours since waking up.

SLEEP LOG HOURS NUMBER OF HOURS OF SLEEP IN THE PREVIOUS 24 HOURS <input style="width: 50px;" type="text"/>	NUMBER OF HOURS SINCE WAKING UP <input style="width: 50px;" type="text"/>
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118. CMV License Status – CDL Status indicates the status of a driver's Commercial Driver's License (CDL) if applicable.

Compliance with CDL Endorsement(s) -

Enter the appropriate code that indicates whether the vehicle driven at the time of the crash requires endorsement(s) on a CDL and whether this driver is complying with the CDL endorsements.

CMV LICENSE STATUS 00 - No CDL <input style="width: 30px;" type="text"/> 01 - Canceled/Denied 02 - Disqualified 03 - Expired 04 - Revoked 05 - Suspended 06 - Valid 07 - Learners Permit 98 - Other, Not Valid 99 - Unknown	COMPLIANCE WITH CDL ENDORSEMENT(S) 00 - No Endorsement(s) Required for Vehicle 01 - Endorsement(s), Complied With 02 - Endorsement(s), Not Complied With 03 - Endorsement(s), Compliance Unknown 99 - Unknown, if Required <input style="width: 30px;" type="text"/>
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119. Vehicle Configuration – Enter the appropriate code that best describes the general configuration of the truck or bus involved in the crash.

VEHICLE CONFIGURATION		
01 - Less than 10,000 GVWR with HazMat Placard		
02 - Bus/Large Van (seats for 9-15 occupants, including driver)		<input type="checkbox"/>
03 - Bus (seats more than 15 occupants, including driver)		
04 - Single-Unit Truck (2-axle and GVWR more than 10,000 lbs)		
05 - Single-Unit Truck (3 or more axles)		
06 - Truck Pulling Trailer(s)		
07 - Truck Tractor (bobtail)		
08 - Truck Tractor/Semi-Trailer		
09 - Truck Tractor/Double		
10 - Truck Tractor/Triple		
11 - Truck More Than 10,000 lbs, cannot classify		
99 - Unknown		
SPECIAL SIZING (up to 4 choices)	<input type="checkbox"/>	Permitted?
00 - No Special Sizing	<input type="checkbox"/>	01 - Non-Permitted Load
01 - Over Height	<input type="checkbox"/>	02 - Permitted Load
02 - Over Length	<input type="checkbox"/>	97 - Not Applicable
03 - Over Weight	<input type="checkbox"/>	99 - Unknown
04 - Over Width	<input type="checkbox"/>	Escort / Pilot Vehicle Present?
99 - Unknown	<input type="checkbox"/>	01 - Yes
		02 - No
		97 - Not Applicable
		99 - Unknown

Special Sizing (up to 4 choices) - Enter the appropriate code(s) that indicate the special sizing of the vehicle.

Permitted? - Enter the appropriate code that indicate whether or not the vehicle had a permitted load.

Escort/Pilot Vehicle Present? - Enter the appropriate code that indicates whether there was an escort or pilot vehicle present.

120. Gross Vehicle Weight/Weight Rating – The value specified by the manufacturer as the recommended maximum loaded weight of a single motor vehicle. This rating includes the maximum rated capacity of a vehicle, including the base vehicle, mounted equipment, and any cargo and passengers. Most of the time, the GVWR is the sum of the maximum rated capacity of the axles of the vehicle. Enter the appropriate code that indicates the Gross Vehicle Weight/Weight Rating.

GROSS VEHICLE WEIGHT/WEIGHT RATING	
GROSS VEHICLE WEIGHT RATING (GVWR), GROSS VEHICLE WEIGHT (GVW), or GROSS COMBINATION WEIGHT RATING (GCWR), whichever is greater	
01 - 10,000 lbs or less (Requires HazMat Placards)	
02 - 10,001 lbs - 26,000 lbs	
03 - 26,001 - 50,000 lbs	
04 - 50,001 - 80,000 lbs	
05 - More than 80,000 lbs	<input type="checkbox"/>

121. Cargo Body Type – Enter the code that best describes the Cargo Body Type of the vehicle.

CARGO BODY TYPE	
00 - No Cargo Body (bobtail, light MV with hazardous materials [HM] placard, etc.)	<input type="checkbox"/>
01 - Bus	
02 - Auto Transporter	
03 - Cargo Tank	
04 - Concrete Mixer	
05 - Dump	
06 - Flatbed	
07 - Garbage/Refuse	
08 - Grain/Chips/Gravel	
09 - Intermodal Container Chassis	
10 - Log	
11 - Motorcoach	
12 - Pole-Trailer	
13 - Van/Enclosed Box	
14 - Vehicle Towing Another Vehicle	
97 - Not Applicable (MV 10,000 lbs or less, not displaying HM placard)	
98 - Other	
99 - Unknown	

122. Identification Type – Interstate vehicles have unique numbers that are assigned to them by the U.S. Department of Transportation (U.S. DOT). Although federal regulations require most interstate trucks to have ID numbers, not all do. In addition, many trucks and buses that operate strictly within one state

IDENTIFICATION TYPE	
01 - U.S. DOT Number	
02 - State Number	<input type="checkbox"/>
97 - Not Applicable	
99 - Unknown	
Country/State Code Non-U.S. Country Code (e.g. Mexico or Canada) or U.S. State Code	<input type="checkbox"/>

(intrastate) may not have a number. Enter the appropriate code for the identification type.

Country/State Code - Enter the appropriate code for Non-U.S. Country Code or U.S. State Code.

Carrier Identification

U.S. DOT Number – U.S. DOT numbers have six digits and are found only on vehicles of interstate private carriers. The number is always preceded by the letters “US DOT,” so it can be spotted easily. Enter the 8-digit U.S. DOT number.

If not entering a U.S. DOT number, include State issued I.D. number and State.

State - Enter the U.S. state that issued the identification number.

I.D. Number - If there is no U.S. DOT number, enter a State issued carrier identification number.

CARRIER IDENTIFICATION	
U.S. DOT	00191986
<i>If not a U.S. DOT number, include State issued I.D. number and State</i>	
State	_____
I.D. No.	_____

123. Type of Carrier – Enter the appropriate code that indicates the vehicle’s commerce status.

TYPE OF CARRIER	
01 - Interstate Commerce	<input type="checkbox"/>
02 - Intrastate Commerce	<input type="checkbox"/>
03 - Not in Commerce/Government	<input type="checkbox"/>
04 - Not in Commerce/Other Truck, Bus, or Farm Vehicle	<input type="checkbox"/>

124. Hazardous Materials (Cargo Only) – In most cases, vehicles carrying hazardous materials (HazMat) are required by law to clearly display a placard indicating the class, type, or the specific name of the hazardous material cargo. Hazardous materials placards are diamond shaped with a 1-digit Hazard Class Number located at the bottom point of the diamond. Some placards may also have a 4-digit number printed in the middle of the placard or displayed on a rectangular orange panel below the diamond.

4-Digit HazMat ID Number - Enter the 4-digit HazMat ID number displayed on the vehicle’s HazMat placard.

1-Digit HazMat ID Number - Enter the 1-digit HazMat ID number displayed on the vehicle’s HazMat placard.

Hazardous Materials released from a cargo compartment? - Enter the appropriate code to indicate whether any of the hazardous cargo was released. Although fuel is regarded as a hazardous material, do not include fuel spilled from the vehicle’s own fuel tank. The intent of this question is to determine whether any of the placarded material was released.

HAZARDOUS MATERIALS (Cargo Only)	
HazMat ID No.	_____ <input type="checkbox"/>
4-Digit _____	<input type="checkbox"/>
0000 - No HM Placard Displayed	
9999 - Unknown	
HazMat Class No.	_____ <input type="checkbox"/>
1-Digit _____	<input type="checkbox"/>
00 - No HM Placard Displayed	
99 - Unknown	
Hazardous Materials released from a cargo compartment? <i>(Do not count fuel from fuel tank)</i>	
01 - Yes	<input type="checkbox"/>
02 - No	<input type="checkbox"/>
97 - Not Applicable	<input type="checkbox"/>
99 - Unknown if released	<input type="checkbox"/>

125. Total Number of Axles – Enter the number of axles in use at the time of the crash on each unit of a large truck or combination-unit vehicle. “Lift” or “tag” axles that are down should be included in this total.

TOTAL NO. OF AXLES	TRUCK TRACTOR <input type="checkbox"/>	FIRST TRAILER BEHIND TRACTOR <input type="checkbox"/>	SECOND TRAILER BEHIND TRACTOR <input type="checkbox"/>	THIRD TRAILER BEHIND TRACTOR <input type="checkbox"/>
	99 - Unknown	99 - Unknown	99 - Unknown	99 - Unknown

126. Trailer – Trailer License Plate – Truck license plate information should be entered on the Investigator’s Motor Vehicle Crash Report NDOT Form 40. If a truck has an attached trailer with a separate license plate, enter the trailer information in the boxes provided.

TRAILER	FIRST TRAILER BEHIND TRACTOR		EQUIPMENT I.D.				VIN NO.				<input type="checkbox"/> N/A		
	REG. YEAR	LICENSE PLATE TYPE	<input type="checkbox"/> N/A	LICENSE PLATE NO.			<input type="checkbox"/> N/A	MAKE	<input type="checkbox"/> N/A	MODEL	<input type="checkbox"/> N/A	YEAR	<input type="checkbox"/> N/A
	SECOND TRAILER BEHIND TRACTOR		EQUIPMENT I.D.				VIN NO.				<input type="checkbox"/> N/A		
	REG. YEAR	LICENSE PLATE TYPE	<input type="checkbox"/> N/A	LICENSE PLATE NO.			<input type="checkbox"/> N/A	MAKE	<input type="checkbox"/> N/A	MODEL	<input type="checkbox"/> N/A	YEAR	<input type="checkbox"/> N/A
	THIRD TRAILER BEHIND TRACTOR		EQUIPMENT I.D.				VIN NO.				<input type="checkbox"/> N/A		
	REG. YEAR	LICENSE PLATE TYPE	<input type="checkbox"/> N/A	LICENSE PLATE NO.			<input type="checkbox"/> N/A	MAKE	<input type="checkbox"/> N/A	MODEL	<input type="checkbox"/> N/A	YEAR	<input type="checkbox"/> N/A

Equipment ID - Enter the equipment number for the trailer.

EQUIPMENT I.D.	1861565
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Trailer Vehicle Identification Number (VIN) - Enter the Vehicle Identification Number (VIN).

VIN	289423
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Trailer Registration Year - Enter the four-digit year that the vehicle was licensed (registered).

REG. YR.	2020
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Trailer License Plate Type - Enter the two-character code for the type of license plate. The two-character code for this box can be found on a vehicle’s registration. If the vehicle registration is unavailable, leave field blank.

- Ex: AT – Apportioned Trailer
 XT – Trailer
 TE – Tax Exempt

Trailer License Plate No. - Enter the license plate number.

LICENSE PLATE NO.	161708
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Trailer Make - Enter the make of the trailer.

MAKE	Great Dane
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Trailer Model - Enter the complete model name of the trailer.

MODEL	
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Trailer Year - Enter the model year of the trailer.

MODEL YEAR	2015
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127. Investigator Information – Complete the supplemental report by filling in the information identifying the investigating officer. Be sure to *remember to sign the report.*

OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT
INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT / /20__

Investigator's Supplemental Non-Motorist Crash Report (NDOT Form 178)

128. Non-Motorist Number – Enter the number of the non-motorist.

Vehicle Number Striking Non-Motorist - Enter the number of the vehicle that struck the non-motorist.

NON-MOTORIST NO. <input style="width: 40px;" type="text"/>	Vehicle No. Striking Non-Motorist	<input style="width: 40px;" type="text"/>
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129. Non-Motorist Name/Address – Enter the Non-Motorist's full name and address.

NON-MOTORIST NAME (Last, First, Middle) James, Lilah W	
ADDRESS (Injured persons only) 777 Main St	CITY, STATE, ZIP Lincoln, NE 68505

130. Sex – Enter the appropriate code to indicate the gender of the driver.

SEX 01 - Male 02 - Female 99 - Unk. <input style="width: 30px;" type="text"/>
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131. Date of Birth – Enter the non-motorist's date of birth in the spaces provided.

Use two digits for the month, two digits for the day, and four digits for the year (MM/DD/YYYY). If the non-motorist's date of birth is unknown, select the "D.O.B. Unk." checkbox.

DATE OF BIRTH (MMDDYYYY) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> <td style="width: 20px; border: 1px solid black;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	D.O.B. Unk. <input type="checkbox"/>
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>		

132. Medical Facility Name – Enter the name of the hospital or other medical facility to which the injured person was transported.

MEDICAL FACILITY NAME

133. EMS Service Name – Enter the name of the Emergency Medical Service that transported the injured person by ambulance.

EMS SERVICE NAME

134. EMS Run Number – Enter the run report number from the Nebraska Ambulance and Rescue System Information System (NARSIS) report. These are the forms EMS Services are required to fill out when they respond to an emergency call and send to the Nebraska Health and Human Services System. The run report number is pre-printed in red in the upper right corner of the NARSIS form.

EMS RUN NO.

135. Non-Motorist Type – Enter the appropriate code the non-motorist type.

NON-MOTORIST TYPE (not occupant of MV) 03 - Bicyclist** <input style="width: 30px;" type="text"/> 04 - Other Cyclist** 05 - Pedestrian** 06 - Other Pedestrian (wheelchair, person in a building, parked vehicle, skater, personal conveyance, etc.)** 07 - Occupant of a Non-Motor Vehicle Transportation Device** 08 - Unknown Type of Non-Motorist** 99 - Unknown <i>**If attribute is selected, Non-Motorist Section must be completed.</i>

136. Non-Motorist Contributing Action(s)/ Circumstance(s) (up to 2 choices) – Enter the appropriate code(s) that indicates the actions or circumstances the non-motorist that may have contributed to the crash.

137. Non-Motorist Action/Circumstance Prior to Crash – Enter the appropriate code that indicates the action of the non-motorist immediately prior to the crash.

NON-MOTORIST CONTRIBUTING ACTION(S)/CIRCUMSTANCE(S) (up to 2 choices)
00 - None (No improper action)
01 - Dart/Dash
02 - Disabled Vehicle-Related (working on, pushing, leaving/ approaching)
03 - Distracted Walking/Running/Cycling (texting/talking on, listening to mobile device)
04 - Entering/Exiting Parked/Standing Vehicle
05 - Failure to Obey Traffic Signs, Signals, or Officer
06 - Failure to Yield Right-of-Way
07 - Improper Passing
08 - Improper Turn/Merge
09 - Inattentive (talking, eating, etc.)
10 - Not Visible (dark clothing, no lighting, etc.)
11 - In Roadway Improperly (standing, lying, playing, working)
12 - Under the Influence of Drugs/ Alcohol
13 - Wrong-Way Riding or Walking
98 - Other <input type="text"/>
99 - Unknown <input type="text"/>

NON-MOTORIST ACTION / CIRCUMSTANCE PRIOR TO CRASH	NON-MOTORIST LOCATION AT TIME OF CRASH
Action / Circumstance	Roadway Facility
00 - None <input type="text"/>	01 - Intersection - Marked Crosswalk
01 - Adjacent to Roadway (e.g., shoulder, median) <input type="text"/>	02 - Intersection - Unmarked Crosswalk
02 - Crossing Roadway	03 - Intersection - Other
03 - In Roadway - Other	04 - Median/Crossing Island
04 - Waiting to Cross Roadway	05 - Midblock - Marked Crosswalk
05 - Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)	06 - Shoulder/Roadside
06 - Walking/Cycling along Roadway with Traffic (in or adjacent to travel lane)	07 - Travel Lane - Other Location
07 - Walking/Cycling on Sidewalk	Bicycle Facility
08 - Working in Trafficway (incident response)	08 - Signed Route (no pavement marking)
98 - Other <input type="text"/>	09 - Shared Lane Markings
99 - Unknown	10 - On-Street Bicycle Lanes
Origin / Destination	11 - On-Street Buffered Bicycle Lanes
01 - Going to or from School (K-12)	12 - Separated Bicycle Lane
02 - Going to or from Transit	13 - Off-Street Trails/Sidepaths
97 - Not Applicable <input type="text"/>	Other Facility
99 - Unknown <input type="text"/>	14 - Driveway Access
	15 - Non-Trafficway Area
	16 - Shared-Use Path or Trail
	17 - Sidewalk
	98 - Other <input type="text"/>
	99 - Unknown

Origin/Destination - Enter the appropriate code that indicates whether the non-motorist was walking/cycling to/from school.

Non-Motorist Location at Time of Crash - Enter the appropriate code that best describes the location of the non-motorist with respect to the roadway at the time of the crash.

138. Non-Motorist Distracted By – Enter the appropriate code(s) that best describes the distraction that may have influenced the non-motorist’s performance, involving both an action taken by the non-motorist and the source of the distraction.

NON-MOTORIST DISTRACTED BY	Source
Action	
00 - Not Distracted <input type="text"/>	01 - Hands-free Mobile Phone <input type="text"/>
01 - Talking/Listening	02 - Hand-held Mobile Phone <input type="text"/>
02 - Manually Operating (texting, dialing, playing game, etc.)	03 - Other Electronic Device
03 - Other Action (looking away from task, etc.)	04 - Vehicle-Integrated Device
99 - Unknown	05 - Passenger/Other Non-Motorist
	06 - External (to vehicle/non-motorist area)
	07 - Other Distraction (animal, food, grooming, etc.)
	97 - Not Applicable (not distracted)
	99 - Unknown

NON-MOTORIST CONDITION AT TIME OF CRASH (up to 2 choices)
01 - Apparently Normal
02 - Asleep or Fatigued
03 - Emotional (depressed, angry, disturbed, etc.) <input type="text"/>
04 - Ill (sick, fainted) <input type="text"/>
05 - Physically Impaired <input type="text"/>
06 - Under Influence of Alcohol, Drugs or Medication
97 - Not Applicable
98 - Other
99 - Unknown

139. Non-Motorist Condition at Time of Crash (up to 2 choices) – Enter the appropriate code(s) that indicate any relevant condition of the non-motorist that is directly related to the crash.

140. Non-Motorist Safety Equipment
(up to 5 choices) – Enter the appropriate code(s) that describes the safety equipment(s) used by the non-motorist.

NON-MOTORIST SAFETY EQUIPMENT (up to 5 choices)	
00 - None	<input type="text"/>
01 - Helmet	<input type="text"/>
02 - Lighting	<input type="text"/>
03 - Protective Pads Used (elbows, knees, shins, etc.)	<input type="text"/>
04 - Reflective Wear (backpack, triangles, etc.)	<input type="text"/>
05 - Reflectors	<input type="text"/>
98 - Other	<input type="text"/>
99 - Unknown	<input type="text"/>

Injury

141. Injury Status – The injury severity level for a person Involved in a crash. The determination of which attribute to assign should be based on the latest information available at the time the report is completed, except as described below for fatal Injuries.

***Fatal Injury (K):** A fatal injury is any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification should be changed from the attribute previously assigned to the attribute "Fatal Injury." A Fatal Crash Report (NDOT Form 179) must be completed for all drivers involved in a fatal crash.

***Suspected Serious Injury (A):** A suspected serious injury is any injury other than fatal which results in one or more of the following:

- Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood
- Broken or distorted extremity (arm or leg)
- Crush injuries
- Suspected skull, chest, or abdominal injury other than bruises or minor lacerations
- Significant burns (second and third degree burns over 10% or more of the body)
- Unconsciousness when taken from the crash scene
- Paralysis

***Suspected Minor Injury (B):** A minor injury is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).

INJURY	
Injury Status	<input type="text"/>
00 - No Apparent Injury	
01 - Fatal Injury (killed)	
02 - Suspected Serious Injury*	
03 - Suspected Minor Injury	
04 - Possible Injury	
99 - Unknown	
*Suspected Serious Injury (A): Any injury, other than fatal, which results in one or more of the following: Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood, broken or distorted extremity (arm or leg), crush injuries, suspected skull, chest, or abdominal injury other than bruises or minor lacerations, significant burns (second and third degree burns over 10% or more of the body), unconsciousness when taken from the crash scene, or paralysis.	
Injury Area	<input type="text"/>
00 - None	
01 - Abdomen & Pelvis	
02 - Entire Body	
03 - Face	
04 - Head	
05 - Lower Extremity (legs)	
06 - Neck	
07 - Spine	
08 - Chest (thorax)	
09 - Upper Extremity (arms)	
10 - Unspecified	
99 - Unknown	
Source of Transport to First Medical Facility	<input type="text"/>
00 - Not Transported	
01 - EMS Air	
02 - EMS Ground	
03 - Law Enforcement	
98 - Other	
99 - Unknown	

***Possible Injury (C):** A possible injury is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.

***No Apparent Injury (O):** No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

Injury Area - The primary or most obvious area of the person's body injured during the crash. Enter the appropriate code that from your observation best describes where the person was most severely injured.

Source of Transport to First Medical Facility - Enter the appropriate code to indicate whether and how the injured person was moved from the crash site to a medical facility for treatment.

142. Initial Point of Contact on Non-Motorist – Enter the appropriate code for the initial point of contact on the non-motorist by the motor vehicle.

INITIAL POINT OF CONTACT ON NON-MOTORIST	
01 - Front	<input type="text"/>
02 - Right	
03 - Rear	
04 - Left	
98 - Not Applicable	
99 - Unknown	

143. Alcohol Suspected – Enter the appropriate code to indicate whether you suspect alcohol use. This entry should be based on your personal assessment of whether alcohol was used. Positive test results are not required for this field.

ALCOHOL SUSPECTED	
01 - Yes	<input type="text"/>
02 - No	
99 - Unknown	

144. Alcohol Test Status – Enter the appropriate code to indicate whether an alcohol test was given or refused.

ALCOHOL TEST STATUS	
01 - Test Given	<input type="text"/>
02 - Test Not Given	
03 - Test Refused	
99 - Unknown if Tested	

145. Alcohol Test Type – Enter the appropriate code that indicates the type of alcohol test given to the non-motorist.

ALCOHOL TEST TYPE	
01 - Blood "BAC"	<input type="text"/>
02 - Breathalyzer "BrAC"	
03 - Urine	
98 - Other	
97 - Not Applicable	
99 - Unknown	

146. Alcohol Test Result – Enter the appropriate code that indicates the result of any test made to determine level of alcohol intoxication, including field sobriety tests, preliminary breath tests, or chemical tests. If the Blood Alcohol Concentration (BAC) results are known, enter them in the box provided.

ALCOHOL TEST RESULT	
01 - Negative	<input type="text"/>
02 - Positive	
03 - Pending	
99 - Unknown	
BAC Level: (ex: 0.132) _____	

147. Drugs Suspected – Enter the appropriate code to indicate whether you suspect drug use. This entry should be based on your personal assessment of whether drugs were used. Positive test results are not required for this field.

DRUGS SUSPECTED 01 - Yes 02 - No 99 - Unknown <input type="text"/>

148. Drug Test Status – Enter the appropriate code to indicate whether a drug test was given or refused.

DRUG TEST STATUS 01 - Test Given 02 - Test Not Given 03 - Test Refused 99 - Unknown if Tested <input type="text"/>
--

149. Drug Test Type – Enter the appropriate code that indicates the type of drug test given to the non-motorist.

DRUG TEST TYPE 01 - Blood 02 - Urine 03 - Saliva 98 - Other 99 - Unknown <input type="text"/>
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150. Drug Test Result – Enter the appropriate code that indicates the results of any test made to determine level of drug influence applies, including field tests or lab tests.

DRUG TEST RESULT 01 - Negative 02 - Positive <input type="text"/>

151. Drug Type (up to 4 choices) – Enter the appropriate code(s) for the type of drug(s) related to a positive drug test. This excludes drugs administered post-crash.

DRUG TYPE <i>(up to 4 choices)</i>	
01 - Amphetamine	06 - PCP
02 - Cocaine	07 - Other Drug (excludes post-crash drugs)
03 - Marijuana	97 - Not Applicable
04 - Opiate	99 - Unknown
05 - Other Controlled Substance	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Investigator's Supplemental Fatal Crash Report (NDOT Form 179)

This supplemental report must be completed in addition to the NDOT Form 40 for all drivers involved in a fatal crash.

152. Driver of Vehicle Number – Enter the number of the vehicle for the driver information being recorded below.

DRIVER OF VEHICLE NO. <input style="width: 40px; height: 15px;" type="text"/>

153. Attempted Avoidance Maneuver – Enter the appropriate code for the movement or action taken by the driver after the driver realizes there is an impending danger.

ATTEMPTED AVOIDANCE MANEUVER	
00 - No Driver Present/Unk. if Driver Present	<input style="width: 40px; height: 15px;" type="text"/>
01 - No Avoidance Maneuver	
02 - Accelerating	
03 - Accelerating & Steering Left	
04 - Accelerating & Steering Right	
05 - Braking	
06 - Braking & Steering Left	
07 - Braking & Steering Right	
08 - Braking (Lockup)	
09 - Braking (Lockup Unk.)	
10 - Releasing Brakes	
11 - Steering Left	
12 - Steering Right	
98 - Other Actions	
99 - Unknown	

154. Pre-Impact Stability – Enter the appropriate code for the stability of the vehicle after the driver's attempted avoidance maneuvers and before the first impact.

PRE-IMPACT STABILITY	
00 - No Driver Present/Unk. if Driver Present	<input style="width: 40px; height: 15px;" type="text"/>
01 - Skidding Laterally, Clockwise Rotation	
02 - Skidding Laterally, Counter-Clockwise Rotation	
03 - Skidding Laterally, Rotation Direction Unknown	
04 - Skidding Longitudinally	
05 - Tracking	
98 - Other Vehicle Loss-Of-Control	
99 - Pre-crash Stability Unknown	

***00 - No Driver Present/Unknown if Driver Present:** When the element DRIVER PRESENCE is coded as 0 (No Driver Present/Not Applicable).

***01 - Skidding Laterally Clockwise Rotation:** When the vehicle rotates clockwise, relative to the driver's seating position. The vehicle must rotate 30 degrees or more. This attribute also applies when the driver attempts a steering input (e.g., steers right), but the vehicle rotates clockwise.

***02 - Skidding Laterally Counter-Clockwise Rotation:** When the vehicle rotation is relative to the driver's seating position. The vehicle must rotate 30 degrees or more. This attribute also applies when the driver attempts a steering input (e.g., swerves left), but the vehicle rotates counterclockwise.

***03 - Skidding Laterally, Rotation Direction Unknown:** When the vehicle rotates 30 degrees or more, but it cannot be determined from the crash investigation whether it was clockwise or counterclockwise rotation.

***04 - Skidding Longitudinally Rotation Less Than 30 Degrees:** When there is brake lockup or whenever tire marks are apparent without brake lockup (braking or non-braking) and rotation is less than 30 degrees clockwise or counterclockwise. If there is no information to support rotation greater than or equal to 30 degrees, then use this attribute.

***05 - Tracking:** When there is no brake lockup and the vehicle continued along its intended path without rotation. Stopped, slowing, turning, or accelerating to avoid a rear-end collision are examples.

***98 - Other Vehicle Loss-of-Control:** When a driver loses control of a vehicle prior to the critical event.

***99 - Precrash Stability Unknown:** When the stability of the vehicle cannot be determined.

Definitions

Nebraska follows the ANSI D.16-2017, Manual on Classification of Motor Vehicle Traffic Crashes, as a guideline for defining and classifying crashes. The purpose of this document is to promote uniformity and comparability of motor vehicle traffic crash statistics developed in states and local jurisdictions.

The following definitions are based on information included in ANSI D.16-2017:

Characteristics of Motor Vehicle Traffic Crashes

Motor vehicle traffic crashes have a number of characteristics that are used to distinguish between motor vehicle traffic crashes and other events such as noncrashes, aircraft or railway accidents and other motor vehicles, cataclysms, and nontraffic crashes. The questions below address all the distinguishing characteristics of motor vehicle traffic crashes. If the answer to each question below is “yes”, then the incident is a motor vehicle traffic crash.

1. Did the incident include one or more occurrences of injury or damage?
2. Was there at least one occurrence of injury or damage which was not a direct result of a cataclysm?
3. Did the incident involve one or more motor vehicles?
4. Of the motor vehicles involved, was at least one in-transport?
5. Was the incident an unstabilized situation?
6. Did the unstabilized situation originate on a trafficway or did injury or damage occur on a trafficway?
7. If the incident involved a railway train in-transport, did a motor vehicle in-transport become involved prior to any injury or damage involving a train?
8. Is it true that neither an aircraft in-transport nor a watercraft in-transport was involved in the incident?

If an incident meets all eight criteria and the statutory reportability threshold is met, a Motor Vehicle Crash Report (NDOT Form 40) should be completed and sent to the NDOT. If these criteria are not met, no report is required by the state. The reportability threshold used in Nebraska (Nebraska Revised Statute, 60-695) is: any crash resulting in injury or death to any person or in which estimated damage equals or exceeds \$1,500 to the property of any one person. When in doubt as to whether the criteria or threshold are met, a report should be submitted.

1. **Did the incident include one or more occurrences of injury or damage?**
An injury is bodily harm to a person. Damage is harm to property that reduces the monetary value of that property.
2. **Was there at least one occurrence of injury or damage which was not a direct result of a cataclysm?**

A cataclysm is defined as a natural occurrence.

Examples of cataclysms are:

- Avalanche, landslide, hurricane, cyclone, downburst, flood, torrential rain, cloudburst, lightning, tornado, tidal wave, earthquake, or volcanic eruption

Timing of a Cataclysm

The timing of a cataclysm is critical in determining if a crash has occurred. If the first harmful event is a direct result of a cataclysm, then there is no crash. If, on the other hand, a cataclysm has stopped when the first harmful event occurs, the incident is considered a crash.

Examples:

- If a motor vehicle in transport is washed away with a bridge during a flood, a crash has not occurred.
- If a motor vehicle is driven into the water after a bridge was washed out by a flood, a crash has occurred.

3. Did the incident involve one or more motor vehicles?

Whether a device is considered a motor vehicle does not depend on registration requirements.

Inclusions:

- Automobiles, buses, motorized cycles (any type), trucks, vans, utility vehicles, and trolleys not operating on rails
- Snowplows, construction machinery, farm and industrial machinery, road rollers, tractors, army tanks, motor graders, or similar devices equipped with wheels or treads while in transport under their own power
- Special motorized devices such as go-carts, snowmobiles, dune buggies, or similar devices while in transport under their own power

Exclusions:

- Personal conveyances such as rideable toys, motorized rideable toys, or devices for mobility assistance
- Devices used primarily within buildings and their premises, such as forklifts
- Skis, scooters, roller skates, baby carriages

4. Of the motor vehicles involved, was at least one in-transport?

A motor vehicle is in-transport if it meets either of the following conditions and is not a working motor vehicle.

1. In motion
2. On a roadway

A motor vehicle on a roadway is considered in-transport, even when it is stopped, disabled, or abandoned.

The roadway is the traveled portion of a trafficway. The shoulder and median are not part of the roadway. A vehicle legally parked or stopped totally on the shoulder is not in-transport.

Working Motor Vehicles

A working motor vehicle is a motor vehicle in the act of performing construction, maintenance, or utility work related to the trafficway. This "work" may be located within open or closed portions of the trafficway and motor vehicles performing these activities can be within or outside of the trafficway boundaries. Working motor vehicles are still motor vehicles but are not considered to be in-transport.

Inclusions:

- Devices not designed primarily for moving persons or property, such as construction machinery, farm or industrial machinery, snowplows, army tanks, etc.
- Any truck that is doing work upon the roadway, while it is in the act of working

Examples:

1. A maintenance truck in the act of striping the road is working.
2. A utility truck performing maintenance on the power lines along the roadway.

Exclusions:

- Construction, maintenance, utility vehicle while moving from one job site to another
- Law enforcement vehicle performing other work activities, such as traffic stops, crash investigation, patrolling, and traffic control, which is not related to construction, maintenance, or utility work
- Vehicle performing a work activity other than highway construction, maintenance, or utility work

Examples:

1. Garbage truck, delivery truck, taxi, emergency vehicle, tow truck, etc.
2. A maintenance truck transporting persons or supplies from one job site to another.

5. Was the incident an unstabilized situation?

A **crash** is defined as an unstabilized situation which includes at least one harmful event (occurrence of injury or damage).

An **unstabilized situation** is a set of events not under human control. It originates when control is lost and terminates when control is regained or, in the absence of persons who can regain control, when all persons and property are at rest.

The phrase "under human control" is a key to determining whether a crash was a crash. Most traffic crashes are unintentional, and therefore not under human control.

Examples of Motor Vehicle Crashes

Collision Crashes

- A motor vehicle strikes another motor vehicle, parked or in transport, causing damage or injury
- Damage or injury resulting from a motor vehicle colliding with a railway train
- A pedestrian is injured after being hit by a motor vehicle
- A motor vehicle hits a utility pole, causing damage or injury
- A motor vehicle hits a deer, causing damage to the vehicle

Non-Collision Crashes

- A motor vehicle is damaged after it strikes a pothole or bump in the road surface
- A bridge gives way under the weight of a motor vehicle, causing damage to the motor vehicle and injury to the occupants
- As a result of carbon monoxide generated from the motor vehicle, an occupant is accidentally poisoned
- A person jumps from a motor vehicle in transport and sustains injuries that were not intended
- A fire which started in a moving motor vehicle causes property damage
- A chair, while being hauled in the bed of a pickup truck, falls out and damages another motor vehicle
- While driving down the road a truck hits a stone, setting the stone in motion. The stone then damages an oncoming motor vehicle.

Events that are not crashes

If an event is deliberately caused, the event is under human control and is not considered a crash. Events under human control generally fall under the following two categories:

1. Deliberate Intent
2. Legal Intervention

Deliberate Intent is the classification given to the cause of an event which occurs when a person acts deliberately to cause the event or deliberately refrains from prudent acts which would prevent occurrence of the event. To exclude a crash for deliberate intent, injury or damage must be intentionally inflicted.

Inclusions:

- Suicide
- Self-inflicted injury
- Homicide
- Injury purposely inflicted
- Damage purposely inflicted

Legal Intervention is a category of deliberate intent where the person who acts or refrains from acting is a law enforcement officer. For a crash to be excluded because of legal intervention, the law enforcement officer must intentionally act to force or stop a lawbreaker’s vehicle.

Inclusions:

- If a lawbreaker crashes either intentionally or unintentionally into a roadblock set up by police to stop the lawbreaker
- If a police car is intentionally driven into another vehicle

Exclusions:

- If a driver other than a lawbreaker crashes into a roadblock
- If a lawbreaker being pursued by police loses control of their vehicle and crashes (unless the police intended for the lawbreaker to crash)
- If, during a pursuit, a police vehicle strikes a vehicle that is not the subject of the pursuit, a pedestrian or other non-motorist, or another object

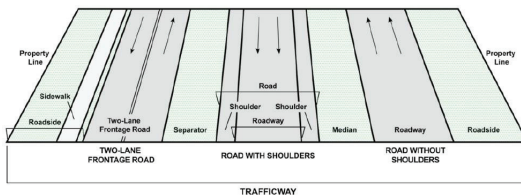
Other Exclusions:

There are two other situations that would exclude an event from being considered a crash.

1. If the first harmful event is produced by the discharge of a firearm or explosive device.
2. If the first harmful event directly resulted from a cataclysm where the timing is such that the cataclysm is occurring at the time of the crash.

6. Did the unstabilized situation originate on a trafficway or did injury or damage occur on a trafficway?

A trafficway is defined as any land way open to the public as a matter of right or custom for moving persons or property from one place to another. The limits of a trafficway include its entire width between property lines, or other boundary lines. (See diagram below.)



Trafficways include approaches to public buildings, docks, and stations, but exclude private driveways, parking stalls and parking aisles of public parking lots, and roads on airfields, farms, industrial premises, mines, quarries, and private land not open to the public. Land ways within areas with guarded entrances, such as military posts or private residential developments, are trafficways if the guards customarily admit public traffic.

Construction Areas/Closed Roads

Land ways under construction are not trafficways if traffic is prohibited from entering by signing or barriers that are in conformance with applicable standards. This is true even when used by authorized vehicles, such as maintenance vehicles, or when intentionally or inadvertently used by unauthorized vehicles.

However, if any part of a land way is open to traffic while the remainder is closed, that portion which is open is a trafficway. Any temporary bypass of a construction site is a trafficway. A land way open only to local traffic is not considered closed and is a trafficway.

Location of Crash in Relation to Trafficway

A crash is considered a traffic crash if the unstabilized situation originates on a trafficway or a harmful event occurs on a trafficway. If the unstabilized situation originates and terminates off a trafficway, but during the course of events the motor vehicle crosses the trafficway without a harmful event occurring on the trafficway, the crash is a non-traffic crash.

- 7. If the incident involved a railway train in-transport, did a motor vehicle in-transport become involved prior to any injury or damage involving a train?**

A railway train is any motorized railway vehicle.

- 8. Is it true that neither an aircraft in-transport nor a watercraft in-transport was involved in the incident?**

An aircraft is a transport vehicle designed primarily for, or in use for, moving persons or property through the air from one place to another.

A watercraft is a transport vehicle designed primarily for, or in use for, moving persons or property on or through, and supported by, water from one place to another.

One Crash or Multiple Crashes?

Sometimes complex situations arise, resulting in a question of whether an incident is a single crash or multiple crashes. In these instances, remember the definition of an unstabilized situation. An unstabilized situation is a set of events not under human control that originates when control is lost and terminates when control is regained, or when all persons and property are at rest. A crash has a definite beginning and a definite end, and everything that happens during this time period (from when control is lost until control is regained or all persons and property are at rest) is considered part of the crash.

Chain Reaction Crashes – A chain reaction crash occurs when several motor vehicles are involved in crashes in the same vicinity within a short period of time. They often occur when driving conditions are adversely affected, such as reduced visibility due to fog. In a chain reaction crash, it is often difficult to determine whether the situation stabilized between harmful events. Unless you can clearly establish that the chain reaction was a series of separate crashes, consider a chain reaction crash to be a single motor vehicle crash.

Persons in a Crash

Persons involved in a crash are categorized by their roles. Use the following definitions to determine a person's role.

Occupant – Any person who is a part of a vehicle. This includes drivers and passengers.

Driver – An occupant who is in actual physical control of a vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.

Passenger – Any occupant of a vehicle other than its driver. This includes:

- Persons upon a vehicle, or set in motion by a vehicle
- Persons boarding or alighting a vehicle
- Persons attached to or in position to move with a vehicle

Pedestrian – Any person who is not an occupant.

When does a vehicle occupant become a pedestrian?

- If a person is entering or exiting a vehicle, make sure the person has successfully changed from pedestrian/occupant
- If a person is on their feet outside the vehicle, the person should be considered a pedestrian

Changing Roles – A person does not change roles during a crash.

Once the unstabilized situation begins, a driver remains a driver, a pedestrian remains a pedestrian, etc.

Vehicle Load – The load of a vehicle, including any object being towed, such as a trailer, is considered a part of that vehicle, making the vehicle and its load a single unit. If the load of one vehicle includes another vehicle, the entire unit is considered a single vehicle. The following are considered part of the load:

- Persons or property upon, or set in motion by, a vehicle
- Persons boarding or alighting from a vehicle
- Persons or property attached to and in position to move with a vehicle

