Overlay 1 DR Form 40, Jan 09 Investigator's Motor Vehic	cle Accident Report OVERLAY #1
ACCIDENT CLASSIFICATION	L. School Bus Related (Enter one)
A. Weather Condition (Enter up to two) 01. Clear 06. Snow 02. Cloudy 07. Severe crosswinds 03. Fog, smog, smoke 08. Blowing sand, soil, dirt, snow 04. Rain 09. Other* 05. Sleet, hail, freezing rain/drizzle 10. Unknown B. Temperature	<ol> <li>No</li> <li>Yes, school bus directly involved</li> <li>Yes, school bus indirectly involved</li> <li>Unknown</li> </ol>
C. Light Condition (Enter one) 1. Daylight 5. Dark - roadway not lighted	Complete this section for all injured persons
2. Dawn         6. Dark - unknown roadway lighting           3. Dusk         7. Other*	Transported to Medical Facility (Enter one) 5
4. Dark - lighted roadway 8. Unknown	If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:
D. Road Character (Enter one)         1. Straight and level       4. Curved and level         2. Straight and on slope       5. Curved and on slope         3. Straight and on hilltop       6. Curved and on hilltop	Source of Transport:         1. Not transported       3. Police       5. Unknown         2. EMS       4. Other*
E. Road Surface (Enter one)	Injury Severity (Enter one) 4
1. Concrete     4. Gravel       2. Asphalt     5. Dirt       3. Brick     6. Other*	<ol> <li>Killed</li> <li>Disabling - cannot leave scene without assistance</li> </ol>
F. Road Surface Condition (Enter one)         1. Dry       6. Water (standing, moving)         2. Wet       7. Slush         3. Snow       8. Other*         4. Ice       9. Unknown         5. Sand, mud, dirt, oil, gravel	(broken bones, severe cuts, prolonged unconsciousness, etc.) 3. Visible but not disabling (minor cuts, swelling, etc.) 4. Possible but not visible (complaint of pain, etc.) Body Region with Most Severe Injury (Enter one) 3
G. Total Number of Through Lanes (Enter one) 1. One lane 2. Two lanes 3. Three lanes 4. Four lanes 5. Five lanes 6. Six or more lanes H. Median Type (Enter one)	01. Head07. Elbow/lower arm/hand02. Face08. Abdomen/pelvis03. Neck09. Hip/upper leg04. Chest10. Knee/lower leg/foot05. Back/spine11. Entire body06. Shoulder/upper arm12. Unknown
<ol> <li>Median barrier</li> <li>Raised median (<i>curbed</i>)</li> <li>Grass median (<i>no curb</i>)</li> <li>None</li> </ol>	Ejected / Trapped (Enter one) 2
I. Contributing Circumstances, Environment (Enter one)         1. None       5. Animal in roadway         2. Weather conditions       6. Other*         3. Vision obstruction       7. Unknown         4. Glare       7. Unknown	<ol> <li>Not ejected or trapped</li> <li>Partially ejected</li> <li>Totally ejected</li> <li>Trapped - Occupant removed without use of equipment</li> <li>Trapped - Equipment used in extrication</li> <li>Unknown</li> </ol>
J. Contributing Circumstances, Road (Enter one)	Seating Position (Enter one) 1
01. None       07. Obstruction in roadway         02. Road surface condition (wet, icy, snow, slush, etc.)       08. Traffic control device inoperative, missing or obscured         03. Debris       09. Shoulders (none, low, soft, high)         04. Rut, holes, bumps       10. Non-highway work         05. Work zone (construction/ maintenance/utility)       11. Other*         06. Worn, travel-polished surface       12. Unknown	10. Other enclosed passenger/cargo area 11. Other unenclosed passenger/cargo area 12. Riding on vehicle exterior
K. Type of Roadway Junction (Enter one)         01. Not at junction       08. Off-ramp         02. Four-way intersection       09. Crossover         03. T-intersection       10. Driveway         04. Y-intersection       11. Railroad grade crossing         05. Traffic circle/roundabout       12. Shared-use paths or trails         06. Five-point, or more       13. Unknown         07. On-ramp       13. Unknown	<ul> <li>12. Hulling on Venicle exterior</li> <li>13. Sleeper section of truck cab</li> <li>14. Trailing unit</li> <li>15. Moped</li> <li>16. Motorcycle operator</li> <li>17. Motorcycle passenger</li> <li>18. Pedestrian</li> <li>19. Bicycle (pedalcycle)</li> <li>20. Unknown</li> </ul>

Total Number	Sequence of Events	
of Vehicles	Enter the order of events by code nu Vehicle #2, in boxes 1 thru 4 at lower	
VEHICLE OVERLAY	Enter the Most Harmful Event in box	•
M. Contributing Circumstances, Driver (Enter one per driver)	produced the most severe injury or g this vehicle.	
01. No improper driving 02. Failed to yield right of way	New collision	
03. Disregarded traffic signs, signals, road markings	Non-collision 01. Overturn/rollover	
04. Exceeded authorized speed limit 05. Driving too fast for conditions	02. Fire/explosion	
06. Made improper turn	03. Immersion	
07. Wrong side or wrong way	04. Jackknife 05. Cargo/equipment loss or shift	
08. Followed too closely 09. Failure to keep in proper lane or running off road	06. Equipment failure (blown tire, brake	failure, etc.)
10. Operating vehicle in erratic, reckless, careless, negligent,	07. Separation of units	
or aggressive manner 11. Swerving or avoiding due to wind, slippery surface, vehicle,	08. Ran off road right 09. Ran off road left	
object, non-motorist in roadway, etc.	10. Cross median/centerline	
12. Over-correcting/over-steering	11. Downhill runaway 12. Other non-collision	
13. Visibility obstructed 14. Inattention	13. Unknown non-collision	
15. Mobile phone distraction		
16. Distracted - other 17. Fatigued/asleep	Collision with person, vehicle, or obje	ect not fixed
18. Operating defective equipment	14. Pedestrian	
19. Other improper action 20. Unknown	<ul><li>15. Bicycle (pedalcycle)</li><li>16. Railway vehicle (train, engine, etc.)</li></ul>	
	17. Animal	
	18. Motor vehicle in transport 19. Parked motor vehicle	
N. Traffic Control Device (Enter one per vehicle)	20. Work zone maintenance equipment	Vehicle #1
1. No controls 6. Yield sign	21. Other movable object	
2. Traffic control signal 7. Warning sign	22. Unknown movable object	1. First Event
<ol> <li>Flashing traffic control signal</li> <li>School zone sign</li> <li>Unknown</li> </ol>		
5. Stop sign	Collision with fixed object 23. Impact attenuator/crash cushion	2. Second Event
	24. Bridge overhead structure	
	25. Bridge pier or abutment 26. Bridge parapet end	3. Third Event
O. Extent of Damage (Enter one per vehicle)	20. Bridge parapet end 27. Bridge rail	1 Fourth Event
1. None/minor damage	28. Guardrail face	4. Fourth Event
<ol> <li>Functional damage</li> <li>Disabling damage (requires towing from scene)</li> </ol>	<ul> <li>29. Guardrail end</li> <li>30. Median barrier</li> </ul>	5. Most Harmful Event
4. Severe/vehicle totaled	31. Highway traffic sign post	5. WOST HARMINI EVENT
5. Unknown	32. Overhead sign support	6. Vehicle Authorized
	<ul><li>33. Light/luminaire support</li><li>34. Utility pole</li></ul>	Speed Limit (mph)
P. Driver's Condition (Enter one per driver)	35. Other post, pole or support	
1. Apparently normal	36. Culvert 37. Curb	Vehicle #2
2. Physical impairment	38. Ditch	
<ol> <li>Emotional (depressed, angry, disturbed, etc.)</li> <li>Illness</li> </ol>	39. Embankment	1. First Event
<ol> <li>Inness</li> <li>Fell asleep, fainted, fatigued, etc.</li> </ol>	40. Fence 41. Mailbox	
6. Under the influence of medications/drugs/alcohol	42. Tree	2. Second Event
7. Other* 8. Unknown	43. Other fixed object	
o. onwhown	(wall, building, tunnel, etc.) 44. Work zone maintenance equipment	3. Third Event
	45. Unknown fixed object 46. Other*	4. Fourth Event
Q. Disposition of Vehicle (Enter one per vehicle)	47. Unknown	
<ol> <li>Towed - due to damages</li> <li>Towed - other reasons</li> </ol>		5. Most Harmful Event
3. Left at scene		6. Vehicle Authorized
4. Driven away 5. Unknown		Speed Limit (mph)

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R. Work Zone Codes	S. Pedestrian/Non-Motorist Classification Codes
Complete this section for accidents in Work Zones Enter code numbers in boxes R1 to R4 on front of Investigator's Accident Report	Complete this section for all injured Non-Motorists in the accident (Pedestrians & Bicyclists)
R1 Was the crash in or near a construction maintenance or utility work zone? (Enter one)	Enter code numbers in boxes S1 to S6-b on front of Investigator's Accident Report
1. No 2. Unknown 3. Yes (complete sub-fields R2, R3 and R4)	S1 Non-Motorist location prior to impact (Enter one, in box S1)
<ul> <li>R2 Location of the crash:</li> <li>1. Before the first work zone warning sign</li> <li>2. Advance warning area (after the first warning sign, but before the work area)</li> <li>3. Transition area (where lanes are shifted or tapered for lane closure)</li> <li>4. Activity area (adjacent to actual work area, whether workers and equipment were present or not)</li> <li>5. Termination area (after the activity area but before traffic resumes normal conditions)</li> </ul>	<ul> <li>O1. Marked crosswalk at intersection</li> <li>O2. At intersection but no crosswalk</li> <li>O3. Non-intersection crosswalk</li> <li>O4. Driveway access crosswalk</li> <li>O5. In roadway</li> <li>O6. Not in roadway</li> <li>O7. Median (but not on shoulder)</li> <li>O8. Island</li> <li>O9. Shoulder</li> <li>O1. Sidewalk</li> <li>O1. Sidewalk</li> <li>O1. Within 10 feet of roadway</li> <li>(but not shoulder, median, sidewalk, or island)</li> <li>O1. Sidewalk</li> <li>O1. Sidewalk</li> <li>O1. Within 10 feet of roadway</li> <li>(within trafficway)</li> <li>Outside trafficway</li> <li>Outside trafficway</li> <li>Outside trafficway</li> <li>Outside trafficway</li> <li>Shoulder</li> <li>Outside trafficway</li> </ul>
R3 Type of Work Zone: 1. Lane closure 2. Lane shift/crossover 3. Work on shoulder or median 4. Intermittent or moving work 5. Other	1. Entering or crossing specified location       7. Standing         2. Walking, running, jogging, playing, cycling       8. Other*         3. Working       9. Unknown         4. Pushing vehicle       9. Unknown         5. Approaching or leaving vehicle       6. Playing or working on vehicle
R4 Workers present? 1. Yes 2. No 3. Unknown	S3 Non-Motorist Condition (Enter one, in box S3)         1. Apparently normal       5. Fell asleep, fainted, fatigued, etc.         2. Physical impairment       6. Under influence of         3. Emotional (depressed, angry, disturbed, etc.)       7. Other∗         4. Illness       8. Unknown
Work Zone Note: If work zone layout or configuration actually contributed to the cause of the accident, mark item #5 in Contributing Circumstances, Road (Box J on the front of Overlay #1).	S4 Alcohol / Drugs Suspected (Enter one, in box S4)         Officer's assessment of whether alcohol or drugs were used.         1. Neither alcohol nor drugs suspected         2. Yes - alcohol suspected         3. Yes - drugs suspected         4. Yes - alcohol and drugs suspected         5. Unknown
	S5 Contributing Circumstances, Non-Motorist (Enter up to two, in boxes S5-a and S5-b)01. Improper crossing 02. Darting 03. Lying and/or illegally in roadway 04. Failure to yield right of way 05. Not visible (dark clothing) 06. Inattentive (talking, eating, etc.)07. Failure to obey traffic signs, signal, officer 08. Wrong side of road 09. Other* 10. Unknown
	S6 Non-Motorist Safety Equipment (Enter up to two, in boxes S6-a and S6-b)         1. None used       5. Lighting         2. Helmet used       6. Not applicable         3. Protective pads used       7. Other*         (elbows, knees, shins, etc.)       8. Unknown         4. Reflective clothing

### How to Use the Accident Report Overlays

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

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

Correct Way:	F S ⊠⊠	YES NO	₿5	$\begin{array}{c c} \hline v_{1/M} \\ \hline 12 \\ \hline 2_1 0 \\ \hline 0 \\ \hline 2 \\ \hline 2 \\ \hline 4 \\ \hline 2 \\ \hline 0 \\ \hline 0 \\ \hline 0 \\ \hline 0 \\ \hline 2 \\ \hline 2 \\ \hline 4 \\ \hline 2 \\ \hline 0 $	v v 0 9
Wrong Way:	F S □X	YES NO	<sup>₿</sup>	V1/M         Seat         M         M         D         D         Y         Y           12         20         24         20         0         0	v v 0 9

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

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

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

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

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

### Weather Conditions

#### Selected Examples

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

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

A/1	A. Weather Condition (Enter up to	o two)
05	01. Clear 06. 5	
A/2		Severe crosswinds Blowing sand, soil, dirt, snow
07		Other*
	05. Sleet, hail, freezing rain/drizzle 10. U	Jnknown
В	B. Temperature	
/4		

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

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# State of Nebraska Investigator's Supplemental Truck and Bus Accident Report This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

		Accident R	eport	, if an	y or	the vehicles involve	a meet the ch	teria il	sted on the back of	this to	Sheet of				
LOCAL NO./DISTRICT			DATE	OF ACCI	DENT	COUNTY		CITY			STATE USE ONLY				
AGENCY CASE NO.			OCCUR	RED ON H	HIGHWA	 Y/ROAD/STREET									
						TDUOK									
DRIVER (Print or type full nam	ne)					TRUCK	B02 - 1								
, , , , , , , , , , , , , , , , ,							CARRIER IDENTIFICAT		1 U.S. DOT		1 ICC MC				
CARRIER NAME (Print or type	e full name)						GROSS VEHIC		GHT RATING (GVWR)		10.000 Lbs. or Less				
							or GROSS CO	MBINAT	ION VEHICLE		(Requires Haz Mat Placards)				
CARRIER ADDRESS (Street of	or R.F.D.)			CITY, STAT	FE. ZIP		(Combined rating		icles and trailers)		10,001 Lbs. – 26,000 Lbs. More than 26,000 Lbs.				
	,						VEHICI	E CON	FIGURATION		CARGO BODY TYPE				
							VENICE	(Check			(Check one)				
TRAILER		Year				State	2 Single-			1 🗆					
LICENSE PLATE No							(10,001 3		0 Lbs. GVWR) ck	2	(seats 9-15, including driver) Bus				
COMMERCE	<u>,    </u>				<u> </u>				26,000 Lbs. GVWR)		(seats 15+, including driver)				
CLASSIFICATIO	DN	TRUC (Widest part			ler)	DRIVER'S LICENSE CLASS CODE	4  Truck T 5 Truck v		,		Van/Enclosed Box Grain/Chips/Gravel				
(Check one)		<b>1</b> 🗌 96 ir	nches				6 Tractor		-	5	Pole				
1 Interstate Com		<b>2</b> 102		;			7 Tractor	with Do	oubles	6	Cargo Tank				
2 Intrastate Com		3 🗌 Othe	er <i>(Spe</i>	ecify)		в 0 с	8 C Tractor 9 C Unknow				Dump				
3 Not Applicable					-	•			5, including driver)		Concrete Mixer				
	HAZAR	DOUS MATE	RIAL	INVO	VED				, including driver)	11	Auto Transporter Garbage/Refuse				
Did vehicle have a	PI	acard Inform	ation:			hazardous cargo	39 🗔 Haz Ma 40 🗍 Haz Ma		•	12	Other (Specify)				
Haz Mat Placard?	1-Digit	Hazard Class	Numl	ber		ased? (Do not count from fuel tank)	(van, n	nini van,	pickup, sport utility)	10					
	from be Placare	ottom of Diam	ond			1 🗌 Yes	(10,000	) Lbs. oi	r less GVWR)	13	13 🗌 Unknown				
2 🗌 No						2 🗌 No	<b>1</b> 🗆 Not a	Due	BUS US 3 Charter Bus	_					
	I-Digit	No					2 🗌 Trans		4 School Bus		Intercity Bus 7 Other				
	)					TRUCK	BUS - 2								
DRIVER (Print or type full nam	ie)						CARRIER IDENTIFICAT		1 U.S. DOT		1 ICC MC				
CARRIER NAME (Print or type	e full name)								GHT RATING (GVWR)		10,000 Lbs. or Less				
							or GROSS CO WEIGHT RATIN				(Requires Haz Mat Placards) 10,001 Lbs. – 26,000 Lbs.				
CARRIER ADDRESS (Street of	or R.F.D.)			CITY, STAT	ΓE, ZIP		(Combined rating	g for veh	icles and trailers)		More than 26,000 Lbs.				
							VEHICL	E CON	NFIGURATION		CARGO BODY TYPE (Check one)				
TRAILER		Year				State	2 Single-			1					
LICENSE PLATE No							(10,001 3 Single-		0 Lbs. GVWR) ck	2	(seats 9-15, including driver) Bus				
	<u>''    </u>					DRIVER'S LICENSE	(Greate	er than 2	26,000 Lbs. GVWR)		(seats 15+, including driver)				
CLASSIFICATIO (Check one)	N	TRUC (Widest part			iler)	CLASS CODE	4 🔄 Truck T 5 🗌 Truck v	,	,	4	Van/Enclosed Box Grain/Chips/Gravel				
1  Interstate Com	merce	<b>1</b> 🗌 96 ir				A 🔄 M 🔄	6 🗌 Tractor	with Se	mi-Trailer	5	Pole Cargo Tank				
2 Intrastate Com		<b>2</b> 102				B 🗌 O 🗌	7 Tractor 8 Tractor			7	Flatbed				
3 Not Applicable		3 🗌 Othe	a (Spe	ony)		С 🗌	9 🗆 Unknov			8	Dump Concrete Mixer				
							· ·		5, including driver)		Auto Transporter				
Did ushiels have		DOUS MATE				h	38 🔄 Bus (se 39 🗔 Haz Ma		<i>⊦, including driver)</i> enger Car	11 12	Ŭ				
Did vehicle have a Haz Mat Placard?		acard Inform				hazardous cargo ased? (Do not count	40 🗌 Haz Ma	at Light	Truck	14					
1 🗌 Yes		Hazard Class ottom of Diam		oer		from fuel tank)	(van, h (10,000	) Lbs. oi	pickup, sport utility) r less GVWR)	13	Unknown				
<b>2</b> 🗌 No	Placard					1 Yes			BUS US	SE					
	1-Digit	No				2 🗌 No	<b>1</b> — Not a <b>2</b> — Trans		3 Charter Bus 4 School Bus		Intercity Bus 7  Other Not Reported				
INVESTIGATOR NAME (Print of	or type)		INVI	ESTIGATO	R SIGN	ATURE	DEPARTM	ENT			OFFICER NO. DATE OF REPORT				
DR Form 174, Jan (	09	THIS FORM REPLA	CES DR	FORM 174	, JAN 02	MAIL TO: Accide	nt Records Bure	au, Nebr	aska Department of Roa	ds, PO E	Box 94669, Lincoln, NE 68509-4669				
,	-	PREVIOUS EDITIO	DNS WILL	BE DESTE	ROYED.										

## **General Instructions**

This supplemental report must be completed in *addition* to the DR Form 40, "Investigator's Motor Vehicle Accident Report" for any:

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

You will need to complete additional supplementary forms if more than two trucks/buses were involved in the accident.

### **Data Elements**

- 1. Date of Accident and Location Information: Enter this information just as you did on the Investigator's Motor Vehicle Accident Report.
- 2. Agency Case Number: If your agency has assigned an internal case number to the accident, enter the number just as you did on the Investigator's Motor Vehicle Accident Report.
- 3. Driver Name: Copy the name of the truck or bus driver from the Investigator's Motor Vehicle Accident Report.
- 4. Carrier Name and Address: A motor carrier is defined as the person, company, or organization responsible for directing the transportation of the cargo or persons. The owner of the vehicle is often not the carrier. For further explanation, consult the "Instructions for Completing the Investigator's Motor Vehicle Accident Report Forms" booklet *(revised edition January 2009)*.
- 5. Trailer License Plate: If a truck has an attached trailer with a separate license plate, enter the following information in the boxes provided: the license plate number of the trailer, the state of issuance, and the year of registration as displayed.
- 6. Commerce Classification: Check the "Interstate Commerce" box if the commercial vehicle can legally trade, traffic, or transport property across state lines. Mark the "Intrastate Commerce" box when the commercial vehicle is restricted to commerce within one state.
- **7. Truck Width:** Measure the widest part of the truck or trailer and then check the appropriate box. If "Other" is checked, specify the width in inches on the line provided.
- 8. Driver's License Class Code: Check the appropriate box. Class A, B, or C - Commercial License Class M - Motorcycle Class O - Operator
- **9. Hazardous Material Involved:** Determine if the vehicle has a Hazardous Material Placard and then indicate the 1-digit Hazard Class Number located on the bottom of the Diamond Placard.
- **10.** Carrier Identification Number: Vehicles engaged in intrastate/interstate transport have either a six- or seven-digit US DOT or ICC MC number. Some trucks may not have an identifying number.
- 11. Gross Vehicle Weight Rating (GVWR) and/or Gross Combination Vehicle Weight Rating (GCVWR): The Gross Vehicle Weight Rating (GVWR) is the weight specified by the manufacturer. The Gross Combination Vehicle Weight Rating (GCVWR) for a vehicle towing a trailer or trailers is the sum of the ratings for each unit. Check the appropriate box.
- 12. Vehicle Configuration: Check the appropriate box. If box 37 or 38 is checked, check appropriate box in "Bus Use" element.
- 13. Cargo Body Type: Check the appropriate box.
- **14. Bus Use:** Check the box indicating what the bus was being used for at the time of accident. *Note:* School bus means the use of a school bus to transport only school children and/or school personnel from home to school and from school to home.
- 15. Investigating Officer Information: Complete this section and be sure to sign the report.