# State of Nebraska
## Investigator’s Motor Vehicle Accident Report

### ACCIDENT CLASSIFICATION

#### A. Weather Condition (Enter up to two)
- 01. Clear
- 02. Cloudy
- 03. Fog, smog, smoke
- 04. Rain
- 05. Sleet, hail, freezing rain/drizzle
- 06. Snow
- 07. Severe crosswinds
- 08. Blowing sand, soil, dirt, snow
- 09. Other*
- 10. Unknown

#### B. Temperature

#### C. Light Condition (Enter one)
- 01. Daylight
- 02. Dawn
- 03. Dusk
- 04. Dark - lighted roadway
- 05. Dark - roadway not lighted
- 06. Dark - unknown roadway lighting
- 07. Unknown

#### D. Road Character (Enter one)
- 01. Straight and level
- 02. Straight and on slope
- 03. Straight and on hilltop
- 04. Curved and level
- 05. Curved and on slope
- 06. Curved and on hilltop
- 07. Unknown

#### E. Road Surface (Enter one)
- 01. Concrete
- 02. Asphalt
- 03. Brick
- 04. Gravel
- 05. Dirt
- 06. Other*

#### F. Road Surface Condition (Enter one)
- 01. Dry
- 02. Wet
- 03. Slick
- 04. Slush
- 05. Snow
- 06. Ice
- 07. Sand, mud, dirt, oil, gravel
- 08. Water (standing, moving)
- 09. Unknown

#### G. Total Number of Through Lanes (Enter one)
- 01. One lane
- 02. Two lanes
- 03. Three lanes
- 04. Four lanes
- 05. Five lanes
- 06. Six or more lanes

#### H. Median Type (Enter one)
- 01. Median barrier
- 02. Raised median (curbed)
- 03. Grass median (no curb)
- 04. Painted (no curb)
- 05. None

#### I. Contributing Circumstances, Environment (Enter one)
- 01. None
- 02. Weather conditions
- 03. Vision obstruction
- 04. Glare
- 05. Animal in roadway
- 06. Other*
- 07. Inoperative, missing or obscured
- 08. Obstruction in roadway
- 09. Non-highway work
- 10. Obstructed view
- 11. Other*
- 12. Unknown

#### J. Contributing Circumstances, Road (Enter one)
- 01. None
- 02. Road surface condition
- 03. Debris
- 04. Rut, holes, bumps
- 05. Work zone (construction/maintenance/utility)
- 06. Worn, travel-polished surface
- 07. Obstruction in roadway
- 08. Traffic control device
- 09. Shoulders (none, low, soft, high)
- 10. Non-highway work
- 11. Other*
- 12. Unknown

#### K. Type of Roadway Junction (Enter one)
- 01. Not at junction
- 02. Four-way intersection
- 03. T-intersection
- 04. Y-intersection
- 05. Railroad grade crossing
- 06. Five-point, or more
- 07. Off-ramp
- 08. Driveway
- 09. Crossover
- 10. Shared-use paths or trails
- 11. Railroad grade crossing
- 12. Unknown

### L. School Bus Related (Enter one)
- 01. No
- 02. Yes, school bus directly involved
- 03. Yes, school bus indirectly involved
- 04. Unknown

### Complete this section for all injured persons

#### Transported to Medical Facility (Enter one)
- 01. Not transported
- 02. EMS
- 03. Police
- 04. Other*

#### Injury Severity (Enter one)
- 01. Killed
- 02. Not killed but could not leave scene without assistance (broken bones, severe cuts, prolonged unconsciousness, etc.)
- 03. Visibly disabled but not disabling (minor cuts, swelling, etc.)
- 04. Possible but not visible (complaint of pain, etc.)

#### Body Region with Most Severe Injury (Enter one)
- 01. Head
- 02. Face
- 03. Neck
- 04. Chest
- 05. Back/spine
- 06. Shoulder/upper arm
- 07. Elbow/lower arm/hand
- 08. Abdomen/pelvis
- 09. Hip/upper leg
- 10. Knee/lower leg/foot
- 11. Entire body
- 12. Shoulders/upper arm

#### Ejected/Trapped (Enter one)
- 01. Not ejected or trapped
- 02. Partially ejected
- 03. Totally ejected
- 04. Trapped - Occupant removed without use of equipment
- 05. Trapped - Equipment used in extrication
- 06. Unknown

#### Seating Position (Enter one)
- 01. Front seat (driver)
- 02. Front seat (passenger)
- 03. Front seat (other)
- 04. Rear seat (first)
- 05. Rear seat (second)
- 06. Rear seat (other)
- 07. Other enclosed passenger/cargo area
- 08. Other unenclosed passenger/cargo area
- 09. Riding on vehicle exterior
- 10. Other enclosed passenger/cargo area
- 11. Other unenclosed passenger/cargo area
- 12. Sleeper section of truck cab
- 13. Sleeper section of bus
- 14. Trailering unit
- 15. Moped
- 16. Motorcycle operator
- 17. Motorcycle passenger
- 18. Pedestrian
- 20. Unknown

#### Source of Transport (Enter one)
- 01. Not reported
- 02. EMS
- 03. Police
- 04. Other*

#### Injuries Resulting from (Enter one)
- 01. Hit by vehicle
- 02. Hit by object
- 03. Hit by another vehicle
- 04. Fall or stumble
- 05. Other*
- 06. Unknown

#### If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:
- 01. Not transported
- 02. EMS
- 03. Police
- 04. Other*
- 05. Unknown

#### Injury Source (Enter one)
- 01. Hit by vehicle
- 02. Hit by object
- 03. Hit by another vehicle
- 04. Fall or stumble
- 05. Other*
- 06. Unknown

#### Injuries Resulting from (Enter one)
- 01. Hit by vehicle
- 02. Hit by object
- 03. Hit by another vehicle
- 04. Fall or stumble
- 05. Other*
- 06. Unknown
Sequence of Events

Enter the order of events by code number for Vehicle #1 and Vehicle #2, in boxes 1 thru 4 at lower right.
Enter the Most Harmful Event in box 5. This is the event which produced the most severe injury or greatest property damage for this vehicle.

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

Collision with person, vehicle, or object not fixed
14. Pedestrian
15. Bicycle (pedalcycle)
16. Railway vehicle (train, engine, etc.)
17. Animal
18. Motor vehicle in transport
19. Parked motor vehicle
20. Work zone maintenance equipment
21. Other movable object
22. Unknown movable object
23. Impact attenuator/crash cushion
24. Bridge overhead structure
25. Bridge pier or abutment
26. Bridge parapet end
27. Bridge rail
28. Guardrail face
29. Guardrail end
30. Median barrier
31. Highway traffic sign post
32. Overhead sign support
33. Light/luminaire support
34. Utility pole
35. Other post, pole or support
36. Culvert
37. Curb
38. Ditch
39. Embankment
40. Fence
41. Mailbox
42. Tree
43. Other fixed object (wall, building, tunnel, etc.)
44. Work zone maintenance equipment
45. Unknown fixed object
46. Other
47. Unknown

O. Extent of Damage (Enter one per vehicle)
1. None/minor damage
2. Functional damage
3. Disabling damage (requires towing from scene)
4. Severe/vehicle totaled
5. Unknown

P. Driver’s Condition (Enter one per driver)
1. Apparently normal
2. Physical impairment
3. Emotional (depressed, angry, disturbed, etc.)
4. Illness
5. Fell asleep, fainted, fatigued, etc.
6. Under the influence of medications/drugs/alcohol
7. Other
8. Unknown

Q. Disposition of Vehicle (Enter one per vehicle)
1. Towed - due to damages
2. Towed - other reasons
3. Left at scene
4. Driven away
5. Unknown
State of Nebraska
Investigator’s Motor Vehicle Accident Report

<table>
<thead>
<tr>
<th>Total Number of Vehicles</th>
<th>Agency Name</th>
<th>RET &amp; RUN?</th>
<th>INVESTIGATION MADE AT SCENE</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>DATE OF ACCIDENT</th>
<th>PLACE OF ACCIDENT</th>
<th>ROAD ON WHICH ACCIDENT OCCURRED</th>
<th>DISTANCE FROM MILEPOST</th>
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<td>M D Y Y Y</td>
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<td>STREET HIGHWAY NO.</td>
<td>FEET MILES N S E W</td>
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<table>
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<tr>
<th>IF AT INTERSECTION</th>
<th>IF NOT AT INTERSECTION</th>
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<th>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</th>
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<tr>
<td>MILES N S E W OF MILEPOST</td>
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<td>VEHICLE ID NO.</td>
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<th>VEHICLE NO. 2</th>
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<tr>
<td>DRIVER ADDRESS</td>
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<tr>
<td>PHONE</td>
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<td>DRIVER ADDRESS</td>
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<td>PHONE</td>
</tr>
<tr>
<td>LICENSE PLATE NO.</td>
</tr>
<tr>
<td>VEHICLE ID NO.</td>
</tr>
<tr>
<td>TOWED TO</td>
</tr>
</tbody>
</table>

Complete this section for all injured persons
(Complete a continuation report, if more than three were injured)

<table>
<thead>
<tr>
<th>VEH. 1</th>
<th>VEH. 2</th>
<th>VEH. 3</th>
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</thead>
<tbody>
<tr>
<td>LOCAL NO.</td>
<td>MEDICAL FACILITY NAME</td>
<td>EMS SERVICE NAME</td>
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<tr>
<td>ADDRESS</td>
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</table>

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DR Form 40, Jan 09

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED
The following information is required for all accidents:

Indicate by diagram what happened.

## Description of Accident Based on Officer's Investigation

<table>
<thead>
<tr>
<th>Vehicle Movement</th>
<th>Point of Impact</th>
<th>Most Damaged Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Collision</td>
<td>Point of Impact</td>
<td>Most Damaged Area</td>
</tr>
<tr>
<td></td>
<td>Point of Impact</td>
<td>Most Damaged Area</td>
</tr>
</tbody>
</table>

### Vehicle 1

- **Most Damaged Area:**
  - 00 None
  - 09 Top & windows
  - 10 Underramage
  - 11 Total (all areas)
  - 12 Other

### Vehicle 2

- **Most Damaged Area:**
  - 00 None
  - 09 Top & windows
  - 10 Underramage
  - 11 Total (all areas)
  - 12 Other

#### Restraint Use

- **Vehicle 1:**
  - None used - vehicle occupant
  - Lap & shoulder belt used
  - Shoulder belt only used
  - Lap belt only used
  - Not applicable

- **Vehicle 2:**
  - Child safety seat used
  - Child booster seat used
  - DOT approved helmet used

#### Alcohol/Drugs Suspected

- **Vehicle 1:**
  - Neither alcohol nor drugs suspected
  - 2 Yes - alcohol suspected
  - 3 Yes - drugs suspected
  - 4 Yes - alcohol & drugs suspected

- **Vehicle 2:**
  - Unknown

#### Total Occupants

- **Vehicle 1:**
  - 2

- **Vehicle 2:**
  - 2

#### Airbag Deployed

- **Vehicle 1:**
  - 1 Deployed - front
  - 2 Deployed - side
  - 3 Deployed - both front/side

- **Vehicle 2:**
  - 1 Deployed - front
  - 2 Deployed - side
  - 3 Deployed - both front/side

#### Alcoholic Testing

- **Vehicle 1:**
  - Y

- **Vehicle 2:**
  - Y

#### BAC Level

- **Vehicle 1:**
  - N

- **Vehicle 2:**
  - N

#### Photographs taken?

- **Vehicle 1:**
  - Yes

- **Vehicle 2:**
  - No

---

**Officer No.**

**Trooper/Team/Beat:**

**Department:**

**Investigator Name:**

**Investigator Signature:**

**Date of Report:**

/ /20__
### R. Work Zone Codes

Complete this section for accidents in Work Zones
Enter code numbers in boxes R1 to R4 on front of Investigator's Accident Report

**R1 Was the crash in or near a construction maintenance or utility work zone? (Enter one)**
1. No
2. Unknown
3. Yes (complete sub-fields R2, R3 and R4)

**R2 Location of the crash:**
1. Before the first work zone warning sign
2. Advance warning area
3. Transition area (where lanes are shifted or tapered for lane closure)
4. Activity area (adjacent to actual work area, whether workers and equipment were present or not)
5. Termination area (after the activity area, but before traffic resumes normal conditions)

**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

**R4 Workers present?**
1. Yes
2. No
3. 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).

### S. Pedestrian/Non-Motorist Classification Codes

Complete this section for all injured Non-Motorists in the accident (Pedestrians & Bicyclists)
Enter code numbers in boxes S1 to S6-b on front of Investigator's Accident Report

**S1 Non-Motorist location prior to impact**
(Enter one, in box S1)
1. Marked crosswalk at intersection
2. At intersection but no crosswalk
3. Non-intersection crosswalk
4. Driveway access crosswalk
5. In roadway
6. Not in roadway
7. Median (but not on shoulder)
8. Island
9. Shoulder
10. Sidewalk
11. Within 10 feet of roadway (but not shoulder, median, sidewalk, or island)
12. Beyond 10 feet of roadway (within trafficway)
13. Outside trafficway
14. Shared-use path or trail
15. Unknown

**S2 Non-Motorist Action**
(Enter one, in box S2)
1. Entering or crossing specified location
2. Walking, running, jogging, playing, cycling
3. Working
4. Pushing vehicle
5. Approaching or leaving vehicle
6. Playing or working on vehicle
7. Standing
8. Other*
9. Unknown

**S3 Non-Motorist Condition**
(Enter one, in box S3)
1. Apparently normal
2. Physical impairment
3. Emotional (depressed, medications/drugs/alcohol angry, disturbed, etc.)
4. Illness
5. Fell asleep, fainted, fatigued, etc.
6. Under influence of
7. Other*
8. Unknown

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

**S6 Non-Motorist Safety Equipment**
(Enter up to two, in boxes S6-a and S6-b)
1. None used
2. Helmet used
3. Protective pads used (elbows, knees, shins, etc.)
4. Reflective clothing
5. Lighting
6. Not applicable
7. Other*
8. Unknown
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.

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.

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

Correct Way:

Wrong Way:

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.

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

Weather Conditions

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

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

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 degrees Fahrenheit) in Box B.

A. Weather Condition (Enter up to two)

01. Clear
02. Cloudy
03. Fog, smog, smoke
04. Rain
05. Sleet, hail, freezing rain/drizzle
06. Snow
07. Severe crosswinds
08. Blowing sand, soil, dirt, snow
09. Other
10. Unknown

B. Temperature

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:

<table>
<thead>
<tr>
<th>LICENSE PLATE</th>
<th>NO.</th>
<th>YEAR (Plate Expires)</th>
<th>STATE (Of Plate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>53</td>
<td>2009</td>
<td>NE</td>
</tr>
<tr>
<td></td>
<td>PRK</td>
<td>2009</td>
<td>MN</td>
</tr>
<tr>
<td>VEH. #</td>
<td>DRIVER LICENSE NO.</td>
<td>VEHICLE NO.</td>
<td>STATE (OF License)</td>
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<td>P</td>
<td>LICENSE PLATE NO.</td>
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<table>
<thead>
<tr>
<th>VEHICLE MOVEMENT BEFORE COLLISION</th>
<th>POINT OF IMPACT AND MOST DAMAGED AREA</th>
<th>AIRBAG DEPLOYED VEHICLE</th>
<th>RESTRAINT USE VEHICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROAD OR HIGHWAY NAME</td>
<td>MOST DAMAGED AREA</td>
<td></td>
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</tr>
<tr>
<td>N</td>
<td>S</td>
<td>E</td>
<td>W</td>
</tr>
<tr>
<td>01</td>
<td>Turning left</td>
<td>.</td>
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</tr>
<tr>
<td>02</td>
<td>Entering</td>
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<td>03</td>
<td>Leaving</td>
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<tr>
<td>04</td>
<td>Traffic lane</td>
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<tr>
<td>05</td>
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<th>TOTAL OCCUPANTS</th>
<th>VEH</th>
<th>VEH</th>
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Complete this section for all injured persons

<table>
<thead>
<tr>
<th>VEH. #</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>LOCAL NO.</th>
<th>MEDICAL FACILITY NAME</th>
<th>EMS SERVICE NAME</th>
<th>EMS RUN REPORT NO.</th>
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<td>OBJECT DAMAGED</td>
<td>OWNER NAME</td>
<td>ADDRESS</td>
<td>PHONE</td>
<td>APPROX. COST OF DAMAGE</td>
<td></td>
</tr>
<tr>
<td>----------</td>
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<td>APPROX. COST OF DAMAGE</td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT**

Indicate North by Arrow

**PROPERTY**

**OFFICER NO.**

**TEAM/BEAT**

**INVESTIGATOR NAME (Print or Type)**

**INVESTIGATOR SIGNATURE**

**DATE OF REPORT** / 20__
### Truck/Bus - 1

<table>
<thead>
<tr>
<th>VEHICLE CONFIGURATION</th>
<th>CARGO BODY TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Single-Unit Truck (10,001–26,000 Lbs. GVWR)</td>
<td>1 Bus (seats 9-15, including driver)</td>
</tr>
<tr>
<td>3 Single-Unit Truck (Greater than 26,000 Lbs. GVWR)</td>
<td>2 Bus (seats 15+, including driver)</td>
</tr>
<tr>
<td>4 Truck Tractor (bobtail)</td>
<td>3 Van/Enclosed Box</td>
</tr>
<tr>
<td>5 Truck with Trailer</td>
<td>4 Grain/Chips/Gravel</td>
</tr>
<tr>
<td>6 Tractor with Semi-Trailer</td>
<td>5 Pole</td>
</tr>
<tr>
<td>7 Tractor with Doubles</td>
<td>6 Cargo Tank</td>
</tr>
<tr>
<td>8 Tractor with Triples</td>
<td>7 Flatbed</td>
</tr>
<tr>
<td>9 Unknown Heavy Truck</td>
<td>8 Dump</td>
</tr>
<tr>
<td>37 Bus (seats 9-15, including driver)</td>
<td>9 Concrete Mixer</td>
</tr>
<tr>
<td>38 Bus (seats 15+, including driver)</td>
<td>10 Auto Transporter</td>
</tr>
<tr>
<td>39 Haz Mat Passenger Car</td>
<td>11 Garbage/Refuse</td>
</tr>
<tr>
<td>40 Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)</td>
<td>12 Other (Specify)</td>
</tr>
<tr>
<td>13 Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### Hazards Material Involved

<table>
<thead>
<tr>
<th>Did vehicle have a Haz Mat Placard?</th>
<th>Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No.</th>
<th>Was hazardous cargo released? (Do not count fuel from fuel tank)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>1</td>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
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### TRUCK/Bus - 2

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</tr>
</tbody>
</table>
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.