

State of Nebraska Investigator's Motor Vehicle Accident Report

2	Total Number of Vehicles	Local No./ District	Agency Case No. 11-262	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? (X YES () NO	L 1
A1 01	DATE OF ACCIDENT	M / D / Y 10 / 03 / 2011	S M T W T H F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TIME OF ACCIDENT 16:41	STATE USE ONLY	
A2	PLACE OF ACCIDENT	COUNTY CUMING	CITY BEEMER	POLICE NOTIFIED 16:45	LATITUDE 0.000000	
B 81	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. HWY 275 (FRONT ST)		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE 0.000000	
C 1	DISTANCE FROM MILEPOST	FEET 0	N S E W OF MILEPOST	HIGHWAY NO	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
V1/M 02	NAME OF INTERSECTING ROADWAY BEEMER RD					
V2/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E 1	R. WORK ZONE CODES R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVED DAMAGE TO STATE DEPT OF ROAD'S PROPERTY? () YES () NO X		
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G24005955		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	BRACHT, LOIS A		PHONE	402-372-5936	
V2/N 01	DRIVER ADDRESS	2159 H RD WEST POINT, NE 68788		DATE OF BIRTH (MM/DD/YYYY)		
G 4	OWNER	BRACHT, TOM		PHONE	402-372-5936	
H 5	LICENSE PLATE NO.	24F704		YEAR (Plate Expires)	12	STATE NE
V1/O 1	VEHICLE	YEAR 09	MAKE CHEV CHEVROLET	MODEL TRAVERSE	BODY STYLE SUV SPORT UTILIT	COLOR WHT
V2/O 1	VEHICLE ID NO. (VIN)	1GNEV33D99S139222		POLICY NO.	AUNE017680	
I 1	TOWED TO			TOWED BY	INSURANCE COMPANY COLUMBIA INS	
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.	H13231948		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V2/P 1	DRIVER	HABERMAN, GRACE A		PHONE	402-278-0507	
J 01	DRIVER ADDRESS	56080 896 RD FORDYCE, NE 68736		DATE OF BIRTH (MM/DD/YYYY)		
V1/Q 4	OWNER	NUTRIENT ADVISORS LLC		PHONE	402-372-2236	
V2/Q 4	OWNER ADDRESS	449 DEERE ST WEST POINT, NE 68788		CITATION N <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
K 02	LICENSE PLATE NO.	24TC2236		YEAR (Plate Expires)	11	STATE NE
L 02	VEHICLE	YEAR 02	MAKE FORD FORD	MODEL F250 PICKUP	BODY STYLE PK PICKUP	COLOR WHT
M 02	VEHICLE ID NO. (VIN)	1FTNX21L62EB12801		POLICY NO.	ACUITY	
N 02	TOWED TO			TOWED BY	INSURANCE COMPANY L65037	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 0	NAME	ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	1 Seat Position	2 Eject
VEH. # 0	LOCAL NO	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	3 Body Region	4 Injury
VEH. # 0	NAME	ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	5 Trans	SEX M F
VEH. # 0	LOCAL NO	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO		
VEH. # 0	NAME	ADDRESS		DATE OF BIRTH (MM/DD/YYYY)		
VEH. # 0	LOCAL NO	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
11-262



Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

VEHICLES MOVED PRIOR TO OFFICERS ARRIVAL. Driver of vehicle # 1 stated she was eastbound on Hwy 275 thru Beemer signaled to switch lanes started switching lanes and struck vehicle # 2 which was then in the outside lane next to vehicle #1 Driver #1 stated she felt vehicle #2 was speeding. Driver vehicle #2 stated both vehicles were eastbound Hwy 275 when vehicle #1 started to switch lanes from the inside to the outside lane and struck vehicle #2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				--	\$
WITNESSES	NAME				--
	NAME				--

VEHICLE MOVEMENT BEFORE COLLISION VEH NO. N S E W ROAD OR HIGHWAY NAME 1 E HWY 275 2 E HWY 275		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) VEHICLE 1 VEHICLE 2 POINT OF IMPACT 02 POINT OF IMPACT 08 MOST DAMAGED AREA 03 MOST DAMAGED AREA 07				AIRBAG DEPLOYED VEHICLE 1 4		RESTRAINT USE VEHICLE 1 9		TOTAL OCCUPANTS Driver No. 1 Driver No. 2 Pedestrian ALCOHOL TESTING Y Y Y ALCOHOL LEVEL TESTED N N N BAC LEVEL 0.000 0.000 0.000			
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown		00 None 01 [Diagram: Front view of a car with a vertical line through the center, indicating impact on the front end.] 02 Top & windows 03 Undercarriage 04 Total (all areas) 05 Other				1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL/ DRUGS SUSPECTED Driver No. 1 Driver No. 2 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			
OFFICER NO. 9243 SCHULTZ, LONNIE INVESTIGATOR NAME (Print or Type) 9243 SCHULTZ, LONNIE		TROOP/ TEAM/ BEAT DEPARTMENT CUMING COUNTY SHERIFF		INVESTIGATOR SIGNATURE 		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF REPORT 10/03/11					