

# State of Nebraska Investigator's Motor Vehicle Accident Report

1	<b>Total Number of Vehicles</b>	Local No./ District	Agency Case No. 11-281	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? ( ) YES (X) NO
A1	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y	S M T W T H F S	TIME OF ACCIDENT (In Military Time)	STATE USE ONLY
A2	<b>PLACE OF ACCIDENT</b>	COUNTY CUMING		POLICE NOTIFIED	LATITUDE
B		CITY		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	0.0000000
C	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/ HIGHWAY NO. HWY 275		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE
C	<b>DISTANCE FROM MILEPOST</b>	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	<b>IF AT INTERSECTION</b>		<b>IF NOT AT INTERSECTION</b>		
D	NAME OF INTERSECTING ROADWAY		FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	MILES 0.0	N S E W AND MILES 1.0	N S E W OF NEAREST CITY OR TOWN	BEEMER	
E	<b>R. WORK ZONE CODES</b>	R1 R2 R3 R4	<b>S. PEDESTRIAN CLASSIFICATION CODES</b>	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT OF ROAD'S PROPERTY? ( ) YES ( ) NO X
<b>VEHICLE NO. 1</b>					
F	<b>DRIVER LICENSE NO.</b>	G07012775		<b>STATE (Of License)</b>	NE <b>SEX</b> <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	<b>DRIVER</b>	BUSSKOHL,STEPHEN D		<b>PHONE</b>	402-379-3226
V2/N	<b>DRIVER ADDRESS</b>	1207 KOENIGSTEIN AVE NORFOLK, NE 68701		<b>DATE OF BIRTH (MM/DD/YYYY)</b>	
G	<b>OWNER</b>	BUSSKOHL INC		<b>PHONE</b>	402-371-3850
G	<b>OWNER ADDRESS</b>	720 E NORFOLK AVE NORFOLK, NE 68701		<b>CITATION</b> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/> NO	<b>CITATION NO.</b>
H	<b>LICENSE PLATE NO.</b>	7COM104		<b>YEAR (Plate Expires)</b>	12 <b>STATE</b> NE
V1/O	<b>VEHICLE</b>	YEAR 11	MAKE DODGE	MODEL DURANGO	BODY STYLE SUV
V2/O	<b>VEHICLE ID NO. (VIN)</b>	1D4SE5GT3BC648654		<b>COLOR</b>	RED
V1/O	<b>VEHICLE ID NO. (VIN)</b>	1D4SE5GT3BC648654		<b>POLICY NO.</b>	XPP1119490-07
V2/O	<b>TOWED TO</b>	NORFOLK NE		<b>TOWED BY</b>	NATIONAL INTERSTATE
<b>VEHICLE NO. 2</b>					
I	<b>DRIVER LICENSE NO.</b>			<b>STATE (Of License)</b>	<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	<b>DRIVER</b>			<b>PHONE</b>	
V2/P	<b>DRIVER ADDRESS</b>			<b>DATE OF BIRTH (MM/DD/YYYY)</b>	
J	<b>OWNER</b>			<b>PHONE</b>	
J	<b>OWNER ADDRESS</b>			<b>CITATION</b> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/> NO	<b>CITATION NO.</b>
V1/Q	<b>LICENSE PLATE NO.</b>			<b>YEAR (Plate Expires)</b>	<b>STATE</b>
V2/Q	<b>VEHICLE</b>	YEAR	MAKE	MODEL	BODY STYLE
V1/Q	<b>VEHICLE ID NO. (VIN)</b>			<b>COLOR</b>	<b>ESTIMATED DAMAGE ( ) TOTAL \$</b>
V2/Q	<b>VEHICLE ID NO. (VIN)</b>			<b>POLICY NO.</b>	
I	<b>TOWED TO</b>			<b>TOWED BY</b>	<b>INSURANCE COMPANY</b>

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

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM/DD/YYYY)	Injury					M F	
				1 Seat Position	2 Eject	3 Body Region	4 Injury	5 Trans		
0										

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
11-281



Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

VEHICLE MOVED PRIOR TO OFFICERS ARRIVAL. DRIVER STATED HE WAS EAST BOUND 275 EAST OF BEEMER WHEN DEER RAN ON ROAD AND HE HIT DEER WITH VEHICLE #1.

WITNESSES	NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED		RESTRAINT USE		TOTAL OCCUPANTS										
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		0			
1	E				HWY 275				VEHICLE 1		VEHICLE 2		4		9		Y		Y		N	
2									POINT OF IMPACT		POINT OF IMPACT		1 Deployed - front		2 Lap & shoulder belt used		Driver No. 1		Driver No. 2		Pedestrian	
1	01				06 Turning left traffic lane				MOST DAMAGED AREA		MOST DAMAGED AREA		3 Deployed - both front/side		3 Shoulder belt only used		N		N		N	
2					07 Making U-turn traffic lane				01		01		4 Not deployed		4 Lap belt only used		0.000		0.000		0.000	
					08 Entering traffic lane				02		03		5 No airbag available		5 Child safety seat used		N		N		N	
					09 Leaving traffic lane				08		07		6 Not applicable/ No airbag available		6 Child booster seat used		N		N		N	
					10 Undercarriage				01		05		8 Unknown		7 DOT approved helmet used		N		N		N	
					11 Total (all areas)				08		06		8 Unknown		8 Costume helmet used use unknown		N		N		N	
					12 Other				07		06		VEHICLE 2		VEHICLE 2		N		N		N	
					05 Turning right				06		06		VEHICLE 2		VEHICLE 2		N		N		N	

OFFICER NO. 9243	SCHULTZ, LONNIE	DEPARTMENT CUMING COUNTY SHERIFF	Photographs taken? <input type="radio"/> YES <input checked="" type="radio"/> NO
INVESTIGATOR NAME (Print or Type) 9243	SCHULTZ, LONNIE	INVESTIGATOR SIGNATURE 	DATE OF REPORT 10/25/11