

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

2	Total Number of Vehicles	Local No./ District	Agency Case No. 11-246	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? (X) YES () NO
A1	OF ACCIDENT	M M / D D / Y Y Y Y	S S M M T T W W T T H H F F S S	TIME OF ACCIDENT (In Military Time)	STATE USE ONLY
02		09 / 17 / 2011	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	14:55	
A2	PLACE OF ACCIDENT	COUNTY	CITY	POLICE NOTIFIED	LATITUDE
B		CUMING	BEEMER	15:00	0.0000000
	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
C	DISTANCE FROM MILEPOST	0	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO
D	IF AT INTERSECTION		IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY		FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M	MAIN ST		0.0		
02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	MILES	0.0	N S E W AND MILES	0.0	E W OF NEAREST CITY OR TOWN
E	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	DRIVER LICENSE NO.	G24006380	STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V1/N	DRIVER	DOERNEMANN, BEATRICE A			PHONE	402-372-2991		LOCAL NO.	
V2/N	DRIVER ADDRESS	901 CENTENNIAL RD WEST POINT, NE 68788			CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)			
G	OWNER	DOERNEMANN, BEATRICE A			PHONE	402-372-2991		LOCAL NO.	
4	OWNER ADDRESS	901 CENTENNIAL RD WEST POINT, NE 68788			CITY, STATE, ZIP	CITATION N	<input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
H	LICENSE PLATE NO.	24B147		YEAR (Plate Expires)	12	STATE	NE		
V1/O	VEHICLE	YEAR	10	MAKE	CHRY CHRYSLER	MODEL	SEBRING	BODY STYLE	4D SEDAN 4DR
3	VEHICLE ID NO. (VIN)	1C3CC5FV9AN157510			COLOR	WHT		ESTIMATED DAMAGE () TOTAL \$	3,500.00
V2/O	TOWED TO	BEED TRANSFER			TOWED BY	BEED TRANSFER			
3					INSURANCE COMPANY	143-3153-A18-271			

VEHICLE NO. 2									
I	DRIVER LICENSE NO.	G59034354	STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V1/P	DRIVER	PRIER, KATHERINE D			PHONE	-		LOCAL NO.	
V2/P	DRIVER ADDRESS	817 DONEGAL DR PAPILLION, NE 68046			CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)			
J	OWNER	PRIER, KATHRINE D			PHONE	-		LOCAL NO.	
01	OWNER ADDRESS	817 DONEGAL DR PAPILLION, NE 68046			CITY, STATE, ZIP	CITATION N	<input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO.	RPKP4NU		YEAR (Plate Expires)	12	STATE	NE		
V2/Q	VEHICLE	YEAR	10	MAKE	FORD FORD	MODEL	FUSION	BODY STYLE	4D SEDAN 4DR
1	VEHICLE ID NO. (VIN)	3FADP0L31AR388415			COLOR	GRN		ESTIMATED DAMAGE () TOTAL \$	3,500.00
02	TOWED TO	BRUNNING TOWING			TOWED BY	BRUNNING TOWING			
					INSURANCE COMPANY	00112-17-88U			

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM/DD/YYYY)		1	2	3	4	5	SEX	
VEH. #	NAME	ADDRESS					MM/DD/YYYY	Seat Position	Eject	Body Region	Injury	Trans	M	F
0														
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.								
0														
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.								
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.
11-246

Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witness stated his vehicle and vehicle #2 were west bound thru Beemer near the intersection of Main St and Hwy 275 when vehicle #1 which was North bound on Main St. failed to yield at the stop sign and came out onto Hwy 275 hitting vehicle #2. (Vehicles had been moved prior to officers arrival)

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				- -	\$
S	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				- -	\$
WITNESSES	NAME				
	CONWAY, PATRICK				1335 W 14TH ST LINCOLN, NE 68508
S	NAME				
					- -

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		(Enter numbers for each vehicle)															
1	N				MAIN ST		VEHICLE 1		VEHICLE 2				VEHICLE 1				VEHICLE 2					
2	W				HWY 275		POINT OF IMPACT	02	POINT OF IMPACT	08	4				2				Driver No. 1 Driver No. 2 Pedestrian			
1	01				06 Turning left		MOST DAMAGED AREA	02	MOST DAMAGED AREA	08	1 Deployed - front				1 None used - vehicle occupant				ALCOHOL TESTING			
2	01				07 Making left traffic lane						2 Deployed - side				2 Lap & shoulder belt used				Driver No. 1 Driver No. 2 Pedestrian			
					08 Entering traffic lane						3 Deployed - both front/side				3 Shoulder belt only used				ALCOHOL LEVEL TESTED			
					09 Leaving traffic lane						4 Not deployed				4 Lap belt only used				N N N N			
					10 Parked						5 Not applicable/ No airbag available				5 Child safety seat used				BAC LEVEL			
					11 Slowing or stopped in traffic						6 Unknown				6 Child booster seat used				0.000 0.000 0.000			
					12 Other						7 DOT approved helmet used				7 Restraint use unknown				ALCOHOL/ DRUGS SUSPECTED			
					13 Unknown						8 Costume helmet used				8 Costume helmet used				1 1			
											9 Restraint use unknown				9 Restraint use unknown				1 Neither alcohol nor drugs suspected			
											VEHICLE 2				VEHICLE 2				2 Yes - alcohol suspected			
											4				2				3 Yes - drugs suspected			
																			4 Yes - alcohol & drugs suspected			
																			5 Unknown			
OFFICER NO.	SCHULTZ, LONNIE			TROOP/ TEAM/ BEAT	CUMING COUNTY S O				Photographs taken?				<input type="radio"/> YES <input checked="" type="radio"/> NO									
INVESTIGATOR NAME (Print or Type)	SCHULTZ, LONNIE			INVESTIGATOR SIGNATURE				REPORT				09/17/11										