

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District	Agency Case No. 11-232	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? () YES (X) NO
A1 02	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09 / 02 / 2011	S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TIME OF ACCIDENT 19:00 <small>(In Military Time)</small>	STATE USE ONLY
A2	PLACE OF ACCIDENT	COUNTY CUMING	CITY	POLICE NOTIFIED 19:56	LATITUDE 0.0000000
B 74	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2 ROAD		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE 0.0000000
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 2	IF AT INTERSECTION		IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY		FEET <input type="radio"/> MILES <input checked="" type="radio"/> N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 01			0.5	S	B ROAD
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
	MILES 1.5	N S E W AND MILES 0.0	N S E W OF NEAREST CITY OR TOWN	HOWELLS	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4 1	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.	H13138175		STATE (Of License)	NE <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	FORSBERG, JUSTIN S.		PHONE 402-380-3607	LOCAL NO.
V2/N	DRIVER ADDRESS	400 N OAKLAND ST APT B OAKLAND, NE 68045		DATE OF BIRTH (MM/DD/YYYY)	
G 2	OWNER ADDRESS	404 N OAKLAND AV OAKLAND, NE 68045		CITATION N <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
H 5	LICENSE PLATE NO.	31A405		YEAR (Plate Expires)	12 STATE NE
V1/O 4	VEHICLE	YEAR 97	MAKE OLDS OLDSMOBILE	MODEL 88	BODY STYLE 4D SEDAN 4DR
V2/O	VEHICLE ID NO. (VIN)	1G3HN52K2V4814439		COLOR	GRN ESTIMATED DAMAGE (X) TOTAL \$ 7,500.00
	TOWED TO	WEST POINT, NE		TOWED BY	BEED TOWING
				INSURANCE COMPANY	
VEHICLE NO. 2					
I 1	DRIVER LICENSE NO.			STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER			PHONE	LOCAL NO.
V2/P	DRIVER ADDRESS			DATE OF BIRTH (MM/DD/YYYY)	
J 02	OWNER ADDRESS			CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/Q 1	LICENSE PLATE NO.			YEAR (Plate Expires)	STATE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
	VEHICLE ID NO. (VIN)			COLOR	ESTIMATED DAMAGE () TOTAL \$
01	TOWED TO			TOWED BY	INSURANCE COMPANY
Complete this section for all injured persons <i>(Complete a continuation report, if more than three were injured)</i>					
VEH. # 0	NAME	ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	1 2 3 4 5 SEX Seat Eject Body Injury Trans M F Position Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. # 0	NAME	ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	1 2 3 4 5 SEX Seat Eject Body Injury Trans M F Position Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. # 0	NAME	ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	1 2 3 4 5 SEX Seat Eject Body Injury Trans M F Position Region
	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.
11-232



Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was southbound on 2 Road, when apparently hit standing water, hydroplained, lost control, went into west ditch, and rolled coming to rest on the top of the vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
WITNESSES	NAME				--
	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		S			2 ROAD															
2																				
1	01				06 Turning left															
2					07 Making U-turn															
				08 Entering traffic lane																
				09 Leaving traffic lane																
				10 Parked																
				11 Slowing or stopped in traffic																
				12 Other																
				13 Unknown																

OFFICER NO. 9241	HERRICK, STANLEY	TROOP/TEAM/BEAT	DEPARTMENT CUMING CO. SHERIFF OFFICE	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) 9241	HERRICK, STANLEY	INVESTIGATOR SIGNATURE <i>Chief Deputy Stanley Herrick</i>	DATE OF REPORT 09/03/11	