

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

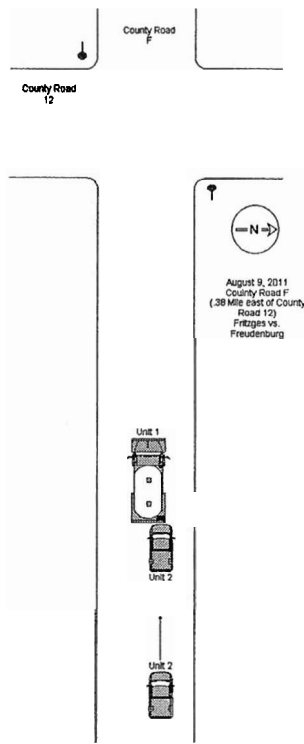
2	Total Number of Vehicles	Local No./ District	Agency Case No. 11-213	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? (X YES) NO				
A1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y	S M T W T H F S	TIME OF ACCIDENT	STATE USE ONLY				
A/2	PLACE OF ACCIDENT	COUNTY CUMING	CITY	POLICE NOTIFIED	LATITUDE				
B 78	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. COUNTY ROAD F		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	41.8153200				
C 1	DISTANCE FROM MILEPOST	FEET 0	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE				
D 01	IF AT INTERSECTION		IF NOT AT INTERSECTION						
V1/M 01	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
V2/M 13	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN								
E 4	R. WORK ZONE CODES	F1 F2 F3 F4	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.	G23005558		STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N 1	DRIVER	FRITZGES, LEE H.		PHONE	402-889-6085				
V2/N 1	DRIVER ADDRESS	3261 290TH AVE ST. EDWARD, NE 68660		DATE OF BIRTH (MM/DD/YYYY)					
G 2	OWNER	CHS INC.		PHONE	715-554-1115				
H 5	LICENSE PLATE NO.	PRY 9302		YEAR (Plate Expires)	11 STATE MN				
V1/O 2	VEHICLE	YEAR 10	MAKE KW	MODEL	BODY STYLE TK TRUCK				
V2/O 4	VEHICLE ID NO. (VIN)	1NKDX0EX4BR277847		COLOR	WHT				
I 3	DRIVER LICENSE NO.		G07025397		STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P 1	DRIVER	FREUDENBURG, GREGORY A.		PHONE	402-380-3365				
V2/P 1	DRIVER ADDRESS	120 S MAPLE ST WEST POINT, NE 68788		DATE OF BIRTH (MM/DD/YYYY)					
J 1	OWNER	KAUP PRODUCE INC		PHONE	402-372-5588				
V1/Q 4	LICENSE PLATE NO.	24-706TC		YEAR (Plate Expires)	11 STATE NE				
V2/Q 1	VEHICLE	YEAR 07	MAKE CHEV CHEVROLET	MODEL SILVERADO	BODY STYLE 4 DR EX				
1	VEHICLE ID NO. (VIN)	2GCEK19JT11672802		COLOR	WHT				
TOWED TO		KAUP PRODUCE		TOWED BY	KAUP PRODUCE				
INSURANCE COMPANY		LIBERTY MUTUAL FIRE INS.							
ESTIMATED DAMAGE () TOTALLED \$		3,000.00							
POLICY NO.		AS2-641-004264-010							
INSURANCE COMPANY		CONTINENTAL WESTERN							
ESTIMATED DAMAGE (X) TOTALLED \$		10,000.00							
POLICY NO.		CDP266731325							
INSURANCE COMPANY		CONTINENTAL WESTERN							
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)	1	2	3	4	5	SEX
2	FRUDENBURG, GREGORY A.	120 S MAPLE ST WEST POINT, NE 68788		01	1	07	4	1	M
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
0									
0									

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
11-213

Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #1 stated that he was going west on County Road F. Driver #1 said that he slowed down to pull over to the side of the road and he felt a vehicle hit his. Driver #2 stated the he was going west on County Road F. Driver #2 said that there was a big cloud of dust in front of him and that he knew that there was a vehicle in front of him. He said that the cloud of dust got bigger and the he knew that hte vehicle in front of him was slowing down.and that he started to slow down. Driver #2 said that he then hit vehicle #1. He said that he knew that it was slowing down, but he dkdn't know that it had almost stopped.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE

WITNESSE	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	W	CT R D F								VEH 1		VEH 2		0	
2	W	CT R D F								VEH 1		VEH 2		0	
1	11	06 Turning left traffic lane				VEHICLE 1		1 Deployed - front		1 None used - vehicle occupant		ALCOHOL TESTING		Driver No. 1	
2	01	07 Making U-turn				VEHICLE 2		2 Deployed - side		2 Lap & shoulder belt used		ALCOHOL LEVEL TESTED		Driver No. 2	
		08 Entering traffic lane				POINT OF IMPACT		3 Deployed - both front/side		3 Shoulder belt only used		BAC LEVEL		0.000	
		09 Leaving traffic lane				POINT OF IMPACT		4 Not deployed		4 Lap belt only used		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	
		10 Parked				MOST DAMAGED AREA		5 Not applicable/ No airbag available		5 Child safety seat used		Driver No. 2		0.000	
		11 Total (all areas)				MOST DAMAGED AREA		6 Unknown		6 Child booster seat used		1 Neither alcohol nor drugs suspected		0.000	
		12 Other				00 None		7 DOT approved helmet used		7 Restraint use unknown		2 Yes - alcohol suspected		0.000	
		01 Essentially straight ahead				02 Top & windows		8 Costume helmet used		8 Restraint use unknown		3 Yes - drugs suspected		0.000	
		02 Backing				03		VEHICLE 2		VEHICLE 2		4 Yes - alcohol & drugs suspected		0.000	
		03 Changing lanes				04		1		2		5 Unknown		0.000	
		04 Overtaking/ Passing				05									
		05 Turning right				06									
		13 Unknown				07									

OFFICER NO. 924	BOYUM, BRADLEY I	TROOP/ TEAM/ RFAT	DEPARTMENT CUMING CO SHERIFFS OFFICE	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) 924	BOYUM, BRADLEY E	INVESTIGATOR SIGNATURE <i>Bradley E. Boyum</i>	DATE OF REPORT 08/09/11	