

State of Nebraska Investigator's Motor Vehicle Accident Report

1	Total Number of Vehicles	Local No./ District	Agency Case No. 11-254	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>(In Military Time)</small>	INVESTIGATION MADE AT SCENE? (X YES) () NO	1
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	
A2	PLACE OF ACCIDENT	COUNTY ICUMING		04:20		
B 50	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. HWY 51		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE 0.0000000	
5	DISTANCE FROM MILEPOST	FEET 0	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE 0.0000000	
D 2	IF AT INTERSECTION		IF NOT AT INTERSECTION		<input type="radio"/> YES <input checked="" type="radio"/> NO	
V1/M 01	NAME OF INTERSECTING ROADWAY		FEET 1050.0	MILES W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING RD 21	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E 2	MILES 3.5	N S E W AND MILES 0.0	OF NEAREST CITY OR TOWN BANCROFT			
F	R. WORK ZONE	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	
V1/N 1	DRIVER LICENSE NO. H12297515		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
G 2	DRIVER GARBER, DANIEL L		PHONE 402-372-6039	LOCAL NO.		
H 4	DRIVER ADDRESS 610 N MAIN ST WEST POINT, NE 68788		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)		
I 5	OWNER GARBER, DANIEL OR SHU		PHONE	LOCAL NO.		
J 01	OWNER ADDRESS 610 N MAIN ST WEST POINT, NE 68788		CITY, STATE, ZIP	CITATION N <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
K 1	LICENSE PLATE NO. 24-G295	YEAR (Plate Expires) 12	STATE NE			
L 01	VEHICLE 98	MAKE BUICK	MODEL LE SABRE	BODY STYLE 4-DOOR CAR	COLOR GRN	ESTIMATED DAMAGE (X) TOTAL \$
M 01	VEHICLE ID NO. (VIN) 1G4HP52K3WH428466	POLICY NO. pa 100001070				
N 01	TOWED TO WEST POINT	TOWED BY BEED TRANSPORTATION	INSURANCE COMPANY BUCKEYE STATE MUTUAL			
VEHICLE NO. 2						
O 1	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE			
P 01	DRIVER		PHONE	LOCAL NO.		
Q 01	DRIVER ADDRESS		CITY, STATE,	DATE OF BIRTH (MM/DD/YYYY)		
R 01	OWNER		PHONE	LOCAL NO.		
S 01	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
T 01	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE			
U 01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V 01	VEHICLE ID NO. (VIN)	POLICY NO.				
W 01	TOWED TO	TOWED BY	INSURANCE COMPANY			

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
				Seat Position	Eject	Body Region	Injury	Trans	
0									

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
11-254

Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

VEHICLE 1 WAS EASTBOUND ON HWY 51 WHEN IT STRUCK A COW THAT WAS STANDING IN THE MIDDLE OF THE ROADWAY.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	COW	BRUNING,PATRICK	2117 HWY 51 BANCROFT, NE 68004	402-648-7435	\$ 900.00
PROPERTY	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			E		HWY 51				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2				0							
2									VEHICLE 1				VEHICLE 2				Driver No. 1				Driver No. 2				Pedestrian							
1					01				POINT OF IMPACT				1				2				Y				Y				Y			
2					01				POINT OF IMPACT				1				2				N				N				N			
1					06 Turning left traffic lane				MOST DAMAGED AREA				1 Deployed - front				1 None used - vehicle occupant				0.000				0.000				0.000			
2					07 Making U-turn traffic lane				MOST DAMAGED AREA				2 Deployed - side				2 Lap & shoulder belt used				0.000				0.000				0.000			
1					08 Entering traffic lane				00 None				3 Deployed - both front/side				3 Shoulder belt only used				0.000				0.000				0.000			
2					09 Leaving traffic lane				01 Top & windows				4 Not deployed				4 Lap belt only used				0.000				0.000				0.000			
1					10 Parked				10 Undercarriage				5 Not applicable/ No airbag available				5 Child safety seat used				0.000				0.000				0.000			
2					11 Total (all areas)				11 Total (all areas)				6 Unknown				6 Child booster seat used				0.000				0.000				0.000			
1					12 Other				12 Other								7 DOT approved helmet used				0.000				0.000				0.000			
2																	8 Costume helmet used				0.000				0.000				0.000			
1																	9 Restraint use unknown				0.000				0.000				0.000			
2																					10				10				10			
1																					11				11				11			
2																					12				12				12			

OFFICER NO.	9242	BROWN,DAVID	TROOP/TEAM/BEAT	DEPARTMENT	CUMING COUNTY SHERIFF	Photographs taken?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type)	9242	BROWN,DAVID	INVESTIGATOR SIGNATURE	<i>Sgt David Brown</i>		REPORT	09/27/11