

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

1	Total Number of Vehicles	Local No./ District	Agency Case No. 11-204	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? (X YES) NO	L 1
A1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 08 / 02 / 2011	S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TIME OF ACCIDENT 11:45	STATE USE ONLY	
A2	PLACE OF ACCIDENT	COUNTY CUMING	CITY	POLICE NOTIFIED 13:00	LATITUDE 0.0000000	
B 95	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. X ROAD	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE 0.0000000	
C 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 01	IF AT INTERSECTION		IF NOT AT INTERSECTION			
V1/M 12	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	1100.0		W	HIGHWAY 9		
E 4	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V1/N 1	MILES 2.0	N S E W	MILES 0.3	N S E W	OF NEAREST CITY OR TOWN PENDER	
V2/N	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 1	DRIVER LICENSE NO.	6391522		STATE (Of License)	OR	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	GASTELUM, CONSUELO E.		PHONE	402-385-2561	
V2/N	DRIVER ADDRESS	2232 15TH RD P.O. BOX 611 PENDER, NE 68047		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)	
G 2	OWNER	PAREDES, MAUUEL		PHONE	402-385-2402	
V1/P 1	OWNER ADDRESS	2232 15TH RD PENDER, NE 68047		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING	CITATION NO.
V2/P	LICENSE PLATE NO.	24K512		YEAR (Plate Expires)	11	STATE NE
H 5	VEHICLE	YEAR 99	MAKE FORD	MODEL WINDSTAR	BODY STYLE VAN	COLOR WHT
V1/O 4	VEHICLE ID NO. (VIN)	2FMZA5240XBB16613		POLICY NO.	APNE 030233	
V2/O	TOWED TO	BEED'S TRANSFER		TOWED BY	BEED'S WRECKER SERVICE	
I 1	INSURANCE COMPANY	FARMERS UNION INSURANCE CO.				
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	-	
V2/P	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)	
J 1	OWNER			PHONE	-	
V1/Q 1	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING	CITATION NO.
V2/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE
1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V1/Q 1	VEHICLE ID NO. (VIN)			POLICY NO.		
V2/Q	TOWED TO			TOWED BY		
1	INSURANCE COMPANY					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 1	NAME	GASTELUM, CONSUELO E.		ADDRESS	2232 15TH RD P.O. BOX 611 PENDER, NE 68788	DATE OF BIRTH (MM/DD/YYYY)
VEH. # 1	NAME	PAREDES, DIEGO A.		ADDRESS	2232 15TH RD P.O. BOX 611 PENDER, NE 68047	07/12/2006
VEH. # 0	NAME			ADDRESS		
VEH. # 1	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. # 1	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. # 0	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. # 1	NAME			ADDRESS		
VEH. # 1	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. # 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.
11-204



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was going east on County Road X toward Highway 9. From the marks left on the roadway, it appears that vehicle #1's driver got over to the left shoulder of the road and over corrected when she saw that the vehicle was heading toward the ditch. The vehicle then went into a slide toward the right shoulder and hit the bridge railing on County Road X. It went through the railing landing on the drivers side of the van with the part of the vehicle in the creek. The driver of vehicle #1 stated that she was going to Pender on X road. The driver of vehicle #1 said she was going down a hill and lost control on some loose gravel and hit the bridge railing. Both the driver of vehicle #1 and the passenger of #1 were wearing the proper restraints at the time of the accident.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	BRIDGE	CUMING CO DEPT OF ROADS	WEST POINT, NE 68788	402-372-6008	\$ 2,500.00
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)		VEHICLE 1				VEHICLE 2				VEH 1	VEH 2	VEH 3	0		
1		E			X ROAD	VEHICLE 1	VEHICLE 2	1 Deployed - front				1 None used - vehicle occupant				ALCOHOL TESTING					
2						POINT OF IMPACT 08	POINT OF IMPACT	2 Deployed - side				2 Lap & shoulder belt used				Driver No. 1				Driver No. 2	Pedestrian
1	01				06 Turning left	MOST DAMAGED AREA 11	MOST DAMAGED AREA	3 Deployed - both front/side				3 Shoulder belt only used				ALCOHOL LEVEL TESTED					
2					08 Entering traffic lane	00 None	02 03 04	4 Not deployed				4 Lap belt only used				N N N N N N					
					09 Leaving traffic lane	01 Backing	05	5 Not applicable/ No airbag available				5 Child safety seat used				BAC LEVEL					
					10 Parked	02 Backing	06	6 Unknown				6 Child booster seat used				0.000 0.000 0.000					
					11 Slowing or stopped in traffic	03 Changing lanes	07	7 DOT approved helmet used				7 DOT approved helmet used				ALCOHOL/ DRUGS SUSPECTED					
					12 Other	04 Overtaking/ Passing	08	8 Costume helmet used				8 Costume helmet used				1 Driver No. 1				Driver No. 2	
					13 Unknown	05 Turning right	09	9 Restraint use unknown				9 Restraint use unknown				2 Yes - alcohol nor drugs suspected					
								VEHICLE 2				VEHICLE 2				3 Yes - alcohol suspected					
OFFICER NO.	BOYUM, BRADLEY I				TROOP/ TEAM/ BEAT	CUMING CO SHERIFFS OFFICE				Photographs taken?				<input type="radio"/> YES <input checked="" type="radio"/> NO							
INVESTIGATOR NAME (Print or Type)	BOYUM, BRADLEY E				INVESTIGATOR SIGNATURE				DATE OF REPORT				08/02/11								