

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District	Agency Case No. 11-233	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
A2	PLACE OF ACCIDENT	COUNTY CUMING		19:47	
B 67		CITY		19:49	LATITUDE 0.0000000
C 1	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. HIGHWAY 9		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE 0.0000000
	DISTANCE FROM MILEPOST	FEET 305	N S E W OF MILEPOST 3	HIGHWAY NO 9	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY		FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 01	COUNTY ROAD L 0.0				
V2/M 18	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
	MILES 3.0	N S E W AND MILES 0.0	N S E W OF NEAREST CITY OR TOWN WEST POINT		
E 2	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. H12693436	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	HENSEL, AMANDA M	PHONE	402-936-3201	
V2/N	DRIVER ADDRESS	1967 J RD WEST POINT, NE 68788	CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)	
	OWNER	HENSEL, AMANDA M & LINDA A.	PHONE	402-936-3201	
G 2	OWNER ADDRESS	1967 J RD WEST POINT, NE 68788	CITY, STATE, ZIP	CITATION N <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H 5	LICENSE PLATE	NO. 24F224	YEAR (Plate Expires)	12	STATE NE
V1/O 4	VEHICLE	YEAR 00	MAKE SATURN	MODEL SL1	BODY STYLE 4D SEDAN 4DR
V2/O	VEHICLE ID NO. (VIN)	1G8ZH5285Y2211521		COLOR	GRN
	TOWED TO HOME	TOWED BY OWNER	ESTIMATED DAMAGE (X) TOTAL \$		
			POLICY NO. 0769748E2327A		
			INSURANCE COMPANY STATE FARM INS		

VEHICLE NO. 2

I	DRIVER LICENSE	NO. H12861428	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	PARKER, JORDEN L	PHONE	402-380-4565	
	DRIVER ADDRESS	338 N FARRAGUT ST #18 WEST POINT, NE 68788	CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)	
	OWNER	PARKER, JORDEN L & LORIANNE J	PHONE	402-380-4565	
J 01	OWNER ADDRESS	118 LAMBRECHT ST PO BOX 161 BEEMER, NE 68716	CITY, STATE, ZIP	CITATION Y <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO	CITATION NO. T2003007
V1/Q 1	LICENSE PLATE	NO. 24C686	YEAR (Plate Expires)	12	STATE NE
V2/Q 1	VEHICLE	YEAR 04	MAKE CHEVY	MODEL MALIBU	BODY STYLE 4D SEDAN 4DR
	VEHICLE ID NO. (VIN)	1G1ND52F34M696997		COLOR	SIL
	TOWED TO WEST POINT	TOWED BY BEED WRECKER SERVICE	ESTIMATED DAMAGE () TOTAL \$ 8,000.00		
			POLICY NO. 0754371C0127		
			INSURANCE COMPANY STATE FARM INS		

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 M F
				Seat Position	Eject	Body Region	Injury	Trans	
2	PARKER, JORDEN L	338 N FARRAGUT ST #18 WEST POINT, NE 68788	06/18/1986	01	1	06	4	2	M
	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.
11-233



Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was northbound on highway 9. Vehicle #2 was eastbound on county road L when vehicle #2 failed to stop for the stop sign at highway 9 and broadsided vehicle #1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				--	\$
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 1	VEH 2	1																									
VEH NO.	N S E W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																																
1	N	HWY 9				VEHICLE 1	VEHICLE 2	<table border="1"> <tr><td></td><td>1</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>1</td><td></td><td></td></tr> </table>			1								1			<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>1</td><td></td><td></td></tr> </table>										1						
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2	E	CORD L				POINT OF IMPACT	07	POINT OF IMPACT	01	1 None used - vehicle occupant	Driver No. 1	Driver No. 2	Pedestrian																									
1	01	06 Turning left traffic lane				MOST DAMAGED AREA	07	MOST DAMAGED AREA	01	2 Lap & shoulder belt used	Y	Y	Y																									
2	01	07 Making U-turn traffic lane								3 Shoulder belt only used	N	N	N																									
		08 Entering traffic lane								4 Lap belt only used	N	Y	N																									
		09 Leaving traffic lane								5 Child safety seat used	0.000	0.000	0.000																									
		10 Parked								6 Child booster seat used	ALCOHOL/DRUGS SUSPECTED																											
		11 Total (all areas)								7 DOT approved helmet used	1	2																										
		12 Other								8 Costume helmet used	1 Neither alcohol nor drugs suspected																											
		13 Unknown								9 Restraint use unknown	2 Yes - alcohol suspected																											
											3 Yes - drugs suspected																											
											4 Yes - alcohol & drugs suspected																											
											5 Unknown																											

OFFICER NO. 9245	TIENKEN, LYLE	TROOP/TEAM/BEAT	DEPARTMENT CUMING CO SHERIFFS OFFICE	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) 9245 TIENKEN, LYLE	INVESTIGATOR SIGNATURE <i>Lyle D. Tienken</i>		DATE OF REPORT 09/03/11	

Location: Hwy 9 & County Road L

Description:
Hensel, Amanda M. vs Parker, Jordan L.



Not To Scale

Date of Accident 09-03-2011
Time of Accident 1949
Case #11-233

RP to POI = 30'-09" N & 9'-04" W
RP to A = 74'-09" N & 14'-04" W
RP to B = 81'-11" N & 20'-02" W
RP to C = 247'-07" N & 19'-08" E
RP to D = 256'-00" & 16'-01" E

