

State of Nebraska Investigator's Motor Vehicle Accident Report

2	Total Number of Vehicles	Local No./ District	Agency Case No. 11-271	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>(In Military Time)</small>	INVESTIGATION MADE AT SCENE? (X) YES () NO
A1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10 / 07 / 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 20:25	STATE USE ONLY
A2 01	PLACE OF ACCIDENT	COUNTY CUMING	CITY	POLICE NOTIFIED 20:30	LATITUDE 0.0000000
B 77	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. HIGHWAY 32	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 5	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		
V1/M	NAME OF INTERSECTING ROADWAY 23 ROAD		FEET 0.0 MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
E 2	R. WORK ZONE CODES 1	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 1	DRIVER LICENSE NO.	H12590186	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	JOHNSON, NICHOLAS J.	PHONE	402-380-8252	LOCAL NO.
G 2	DRIVER ADDRESS	605 LINCOLN ST LYONS, NE 68038	CITY, STATE, ZIP	LYONS, NE 68038	DATE OF BIRTH (MM/DD/YYYY)
V1/O 1	OWNER	JOHNSON, NICHOLAS J.	PHONE	402-380-8252	LOCAL NO.
V2/O 1	OWNER ADDRESS	605 LINCOLN ST LYONS, NE 68038	CITY, STATE, ZIP	LYONS, NE 68038	CITATION NO.
H 5	LICENSE PLATE NO.	31COM605	YEAR (Plate Expires)	12	STATE NE
V1/O 1	VEHICLE	YEAR 91 MAKE FORD MODEL F150 BODY STYLE PU PICKUP COLOR BLK	ESTIMATED DAMAGE (X) TOTAL \$	4,500.00	
V2/O 1	VEHICLE ID NO. (VIN)	1FTEX14H6MKB21200	POLICY NO.	7606-8987-17-29-FPPA-NE	
I 1	TOWED TO		TOWED BY		INSURANCE COMPANY AMERICAN FAMILY INS.
VEHICLE NO. 2					
I 1	DRIVER LICENSE NO.	H12714773	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	SATORIE, NATHAN A.	PHONE	402-660-2919	LOCAL NO.
V2/P 1	DRIVER ADDRESS	940 CATALPA ST NORTH BEND, NE 68649	CITY, STATE, ZIP	NORTH BEND, NE 68649	DATE OF BIRTH (MM/DD/YYYY)
J 01	OWNER	SATORIE, NATHAN A.	PHONE	402-660-2919	LOCAL NO.
V1/Q 4	OWNER ADDRESS	940 CATALPA ST NORTH BEND, NE 68649	CITY, STATE, ZIP	NORTH BEND, NE 68649	CITATION NO.
V2/Q 4	LICENSE PLATE NO.	SATURDAY	YEAR (Plate Expires)	12	STATE NE
V1/O 1	VEHICLE	YEAR 06 MAKE DODGE MODEL 2500 BODY STYLE PU PICKUP COLOR TAN	ESTIMATED DAMAGE (X) TOTAL \$	4,500.00	
V2/O 1	VEHICLE ID NO. (VIN)	3D7KS28C96G158991	POLICY NO.	122216907	
K 02	TOWED TO		TOWED BY		INSURANCE COMPANY PROGRESSIVE NORTHERN

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)	INJURY					SEX M F
				1 Seat Position	2 Eject	3 Body Region	4 Injury	5 Trans	
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.					
0									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

Investigator's Motor Vehicle Accident Continuation Report

Local No./ District

Agency Case No. 11-271

Sequence No 0

STATE USE ONLY

Vehicle Codes from Overlay #2	DATE OF ACCIDENT (MM/DD/YYYY)			PLACE OF ACCIDENT	COUNTY	CUMING	CITY
	10	07	2011				
ROAD ON WHICH ACCIDENT OCCURRED						HIGHWAY 32	

VEH. #	VEHICLE NO. 0							VEH. #			
0	DRIVER LICENSE NO.					STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	0		
	DRIVER	PULLED BY VEH #2				PHONE	--	LOCAL NO.			
	DRIVER ADDRESS					CITY, STATE, ZIP		DATE OF BIRTH (MM/DD/YYYY)			
	OWNER	FEALA, SETH				PHONE	--	LOCAL NO.			
	OWNER ADDRESS					CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.		
	LICENSE PLATE NO.	5X5526			YEAR (Plate Expires)	12	STATE	NE			
	VEHICLE	YEAR	MAKE	EXISS	MODEL	30' 4 WHEE	BODY STYLE	HORSE T	COLOR	WHT	ESTIMATED DAMAGE) TOTAL \$
	VEHICLE ID NO. (VIN)	4LAAH2223Y2007821					POLICY NO.				
	TOWED TO				TOWED BY		INSURANCE COMPANY				

VEH. #	VEHICLE NO. 0							VEH. #			
0	DRIVER LICENSE NO.					STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	0		
	DRIVER					PHONE	--	LOCAL NO.			
	DRIVER ADDRESS					CITY, STATE, ZIP		DATE OF BIRTH (MM/DD/YYYY)			
	OWNER					PHONE	--	LOCAL NO.			
	OWNER ADDRESS					CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.		
	LICENSE PLATE NO.				YEAR (Plate Expires)		STATE				
	VEHICLE	YEAR	MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE) TOTAL \$
	VEHICLE ID NO. (VIN)						POLICY NO.				
	TOWED TO						INSURANCE COMPANY				

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA		AIRBAG DEPLOYED	RESTRAINT USE	TOTAL OCCUPANTS	VEH 0-0	VEH 0-0
VEH NO.	N S E W ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)		VEHICLE 0	VEHICLE 0	ALCOHOL TESTING	Driver No. 0	Driver No. 0
0		VEHICLE 0				ALCOHOL LEVEL TESTED	Y N	Y N
1	06 Turning left	POINT OF IMPACT	POINT OF IMPACT	1 Deployed - front	1 None used - vehicle occupant	BAC LEVEL	0.000	0.000
2	07 Making U-turn	MOST DAMAGED AREA	MOST DAMAGED AREA	2 Deployed - side	2 Lap & shoulder belt used	ALCOHOL/ DRUGS SUSPECTED		Driver No. 0
	08 Entering traffic lane	00 None	01 02 03 04	3 Deployed - both front/side	3 Shoulder belt only used	1 Neither alcohol nor drugs suspected		Driver No. 0
	09 Leaving traffic lane	01	05	4 Not deployed	4 Lap belt only used	2 Yes - alcohol suspected		
	10 Parked	02	06	5 Not applicable/ No airbag available	5 Child safety seat used	3 Yes - drugs suspected		
	11 Slowing or stopped in traffic	03		6 Unknown	6 Child booster seat used	4 Yes - alcohol & drugs suspected		
	12 Other	04			7 DOT approved helmet used	5 Unknown		
	13 Unknown	05			8 Costume helmet used			
		06			9 Restraint use unknown			

Complete this section for all injured persons						DATE OF BIRTH (MM/DD/YYYY)		1	2	3	4	5	SEX	
VEH. #	NAME	ADDRESS						Seat Position	Eject	Body Region	Injury	Trans	M	F
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.						
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.
11-271



Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Veh #1 was eastbound on Hwy 32, Veh #2 was also eastbound on Hwy 32. Veh #2 was slowing to turn north onto 23 Road, when Veh #1 passed Veh #2. Veh #2 turned into Veh #1. During accident investigation the left rear brake light did not work after the accident. Right rear brake light did work.

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)						VEH 1	0	VEH 2	0																									
1	E	HWY 32		VEHICLE 1		VEHICLE 2		<table border="1"> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> </table>		4				4				<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td></tr> </table>						9				<table border="1"> <tr><td>Driver No. 1</td><td>Driver No. 2</td><td>Pedestrian</td></tr> <tr><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>N</td><td>N</td><td>N</td></tr> </table>		Driver No. 1	Driver No. 2	Pedestrian	Y	Y	Y	N	N	N
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4																																						
9																																						
Driver No. 1	Driver No. 2	Pedestrian																																				
Y	Y	Y																																				
N	N	N																																				
2	E	HWY 32		POINT OF IMPACT	02	POINT OF IMPACT	08	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td></td><td></td><td></td></tr> </table>		1	2	3	4	5	6	7	8	9				<table border="1"> <tr><td>0.000</td><td>0.000</td><td>0.000</td></tr> </table>		0.000	0.000	0.000												
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1	2	3	4																																			
5	6	7	8																																			
9																																						
01 Essentially straight ahead		09 Leaving traffic lane		09 Top & windows		VEHICLE 2		<table border="1"> <tr><td>5</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td></tr> </table>		5				5				9				<p>11 Total (all areas) 12 Other</p>																
5																																						
5																																						
9																																						
02 Backing		10 Parked		10 Undercarriage		VEHICLE 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></td><td></td><td></td></tr> </table>														<p>13 Unknown</p>																
03 Changing lanes		11 Slowing or stopped in traffic		11 Total (all areas)		VEHICLE 2		<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></td><td></td><td></td></tr> </table>														<p>14 Other</p>																
04 Overtaking/ Passing		12 Other		12 Other		VEHICLE 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></td><td></td><td></td></tr> </table>														<p>15 Unknown</p>																
05 Turning right		13 Unknown		13 Unknown		VEHICLE 2		<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></td><td></td><td></td></tr> </table>														<p>16 Unknown</p>																

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 10/07/11	