

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	<b>Total Number of Vehicles</b>	Local No./ District	Agency Case No. 11-241	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? ( X YES ) NO
A1	DATE OF ACCIDENT	M M / D D / Y Y Y Y	S M T W T H F S	TIME OF ACCIDENT (In Military Time)	STATE USE ONLY
		09 / 12 / 2011	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16:48	
A2	PLACE OF ACCIDENT	COUNTY	POLICE NOTIFIED		
		CUMING	17:11		LATITUDE
B		CITY	PRIVATE PROPERTY?	YES <input type="radio"/> NO <input checked="" type="radio"/>	0.000000
			ONE-WAY STREET?	YES <input type="radio"/> NO <input checked="" type="radio"/>	0.000000
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.	RD S		LONGITUDE
					0.000000
1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO
		0			
D	IF AT INTERSECTION		IF NOT AT INTERSECTION		
4	NAME OF INTERSECTING ROADWAY		X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
			50.0 W ROAD 4		
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
12	MILES	N S E W AND MILES	N S E W OF NEAREST CITY OR TOWN	WISNER	
V2/M	3.0	W	0.0		
E	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
4	1				

<b>VEHICLE NO. 1</b>					
E	DRIVER LICENSE NO.	H13334870	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	JOHNSON, ZACHERY L	PHONE	402-396-9149	LOCAL NO.
1					
V2/N	DRIVER ADDRESS	57551 OLD HWY 8 PILGER, NE 68768	CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)	
2					
G	OWNER	JOHNSON, RAYMON OR KATHY	PHONE		LOCAL NO.
2					
G	OWNER ADDRESS	57551 OLD HWY 8 PILGER, NE 68768	CITY, STATE, ZIP	CITATION N <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO <input type="radio"/>	CITATION NO.
2					
H	LICENSE PLATE NO.	53-G150	YEAR (Plate Expires)	11	STATE NE
5					
V1/O	VEHICLE	CHEVROLET	MODEL	TRAILBLAZER	BODY STYLE
3				UTILITY	UT
V2/O	VEHICLE ID No. (V1/N)	1GNDT13S742293201	COLOR	WHI	ESTIMATED DAMAGE ( ) TOTAL \$ 5,000.00
3					
V2/O	TOWED TO RESIDENCE	TOWED BY	BRUNING REPAIR	INSURANCE COMPANY	PROGRESSIVE
3					

<b>VEHICLE NO. 2</b>					
I	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER		PHONE		LOCAL NO.
1					
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)	
1					
J	OWNER		PHONE		LOCAL NO.
01					
J	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO <input type="radio"/>	CITATION NO.
01					
V1/Q	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE
1					
V2/Q	VEHICLE		MAKE	MODEL	BODY STYLE
1					
V2/Q	VEHICLE ID No. (V1/N)		COLOR		ESTIMATED DAMAGE ( ) TOTAL \$
1					
J	TOWED TO		TOWED BY		INSURANCE COMPANY
01					

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						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.  
11-241



Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

VEHICLE 1 WAS EASTBOUND ON ROAD S. DRIVER OF VEHICLE 1 CAME AROUND A CURVE IN THE ROAD AND SAID HE OBSERVED A COMBINE ON THE ROAD. DRIVER SAID HE HIT HIS BRAKES AND LOST CONTROL. VEHICLE 1 WENT INTO THE NORTH DITCH STRIKING THE EMBANKMENT AND ROLLED ONTO ITS SIDE.

PROPERTY	MAILBOX POST	OWNER NAME ROTH FEEDLOT	ADDRESS 458 S RD WISNER, NE 68791	PHONE 402-529-6608	APPROX. COST OF DAMAGE \$ 25.00
	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				RDS																																																										
2																																																															
1	01				06 Turning left																																																										
2					08 Entering traffic lane																																																										
01 Essentially straight ahead				09 Leaving traffic lane				00 None				02				03				04																																											
02 Backing				10 Parked				09 Top & windows				01				05				1				None used - vehicle occupant																																							
03 Changing lanes				11 Slowing or stopped in traffic				10 Undercarriage				02				06				2 Lap & shoulder belt used				ALCOHOL TESTING																																							
04 Overtaking/ Passing				12 Other				11 Total (all areas)				03				07				3 Shoulder belt only used				Driver No. 1																																							
05 Turning right				13 Unknown				12 Other				04				08				4 Lap belt only used				Driver No. 2																																							
																				5 Child safety seat used				Pedestrian																																							
																								6 Child booster seat used				Y																																			
																												7 DOT approved helmet used				N																															
																																8 Costume helmet used				N																											
																																				9 Restraint use unknown				N																							
																																												ALCOHOL/ DRUGS SUSPECTED				1															

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>Det David Brown</i>	DATE OF REPORT 09/12/11	