

# State of Nebraska Investigator's Motor Vehicle Accident Report

|   |   |                                       |   |   |  |   |
|---|---|---------------------------------------|---|---|--|---|
| 1   | <b>Total Number of Vehicles</b>   | Local No./ District                   | Agency Case No. 11-260  | HIT & RUN?<br><input type="radio"/> Yes <input checked="" type="radio"/> No | INVESTIGATION MADE AT SCENE?<br>( ) YES (X) NO   | L<br>1  |
| A1<br>01  | <b>DATE OF ACCIDENT</b>   | M M / D D / Y Y Y Y<br>10 / 02 / 2011 | S M T W T H F S<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | TIME OF ACCIDENT<br>00:30   | STATE USE ONLY   |   |
| A2  | <b>PLACE OF ACCIDENT</b>  | COUNTY CUMING                         | CITY  | POLICE NOTIFIED<br>09:20  | LATITUDE<br>0.0000000  |   |
| 48  | <b>ROAD ON WHICH ACCIDENT OCCURRED</b>  | STREET/HIGHWAY NO. HWY 275            |   | PRIVATE PROPERTY? <input type="radio"/> YES <input type="radio"/> NO        | ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO                            | 0.0000000   |
| 5   | <b>DISTANCE FROM MILEPOST</b>   | FEET 0                                | N S E W OF MILEPOST   | HIGHWAY NO.   | SHOULD LOCATION HAVE ENGINEERING STUDY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO |   |
| D<br>1  | <b>IF AT INTERSECTION</b>   |                                       | <b>IF NOT AT INTERSECTION</b>   |   |  |   |
|   | NAME OF INTERSECTING ROADWAY  |                                       | FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING   |   |  |   |
| V1/M<br>17  | ROAD E 0.0  |                                       |   |   |  |   |
| V2/M  | <b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b> |                                       |   |   |  |   |
|   | MILES 3.0   | N S E W AND MILES 0.0                 | N S E W OF NEAREST CITY OR TOWN WEST POINT  |   |  |   |
| E<br>2  | <b>R. WORK ZONE CODES</b>   | R1 R2 R3 R4                           | <b>S. PEDESTRIAN CLASSIFICATION CODES</b>   | S1 S2 S3 S4 S5-a S5-b S6-a S6-b   | DOES ACCIDENT INVOLVED DAMAGE TO STATE DEPT OF ROAD'S PROPERTY?<br>( ) YES ( ) NO X                      |   |
| <b>VEHICLE NO. 1</b>  |   |                                       |   |   |  |   |
| F<br>1  | <b>DRIVER LICENSE NO.</b>   | V00228453                             |   | <b>STATE (Of License)</b>   | NE   | <b>SEX</b> <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE |
| V1/N<br>1   | <b>DRIVER</b>   |                                       | KREIKEMEIER, LESLIE J   |   | PHONE  | 402-372-2283  |
| V2/N  | <b>DRIVER ADDRESS</b>   |                                       | 337 S FARRAGUT WEST POINT, NE 68788   |   | <b>DATE OF BIRTH (MM/DD/YYYY)</b>  |   |
| G<br>2  | <b>OWNER</b>  |                                       | KREIKEMEIER, TODD OR LESLIE   |   | PHONE  | 402-372-2283  |
| H<br>2  | <b>LICENSE PLATE NO.</b>  |                                       | 24-F913   |   | <b>YEAR (Plate Expires)</b>  | 12  |
| V1/O<br>2   | <b>VEHICLE</b>  | YEAR 03                               | MAKE CHRY CHRYSLER  | MODEL TOWN-CNTF   | BODY STYLE VAN   | COLOR SIL   |
| V2/O  | <b>VEHICLE ID NO. (VIN)</b>   | 2C4GP54L33R295200                     |   | <b>POLICY NO.</b>   | AU144688   |   |
|   | <b>TOWED TO</b>   | <b>TOWED BY</b>                       |   | <b>INSURANCE COMPANY</b>  |  |   |
|   |   |                                       |   | FARMERS MUTUAL  |  |   |
| <b>VEHICLE NO. 2</b>  |   |                                       |   |   |  |   |
| I<br>1  | <b>DRIVER LICENSE NO.</b>   |                                       |   | <b>STATE (Of License)</b>   |  | <b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE            |
| V1/P<br>8   | <b>DRIVER</b>   |                                       |   |   | PHONE  |   |
| V2/P  | <b>DRIVER ADDRESS</b>   |                                       |   |   | <b>DATE OF BIRTH (MM/DD/YYYY)</b>  |   |
| J<br>01   | <b>OWNER</b>  |                                       |   |   | PHONE  |   |
| V1/Q<br>4   | <b>LICENSE PLATE NO.</b>  |                                       |   |   | <b>YEAR (Plate Expires)</b>  |   |
| V2/Q  | <b>VEHICLE</b>  | YEAR                                  | MAKE  | MODEL   | BODY STYLE   | COLOR   |
|   | <b>VEHICLE ID NO. (VIN)</b>   |                                       |   | <b>POLICY NO.</b>   |  |   |
| 02  | <b>TOWED TO</b>   | <b>TOWED BY</b>                       |   | <b>INSURANCE COMPANY</b>  |  |   |
|   |   |                                       |   |   |  |   |
| <b>Complete this section for all injured persons</b><br>(Complete a continuation report, if more than three were injured) |   |                                       |   |   |  |   |
| VEH. #<br>0   | <b>NAME</b>   | <b>ADDRESS</b>                        |   | <b>DATE OF BIRTH (MM/DD/YYYY)</b>   | 1<br>Seat Position   | 2<br>Eject  |
|   | <b>LOCAL NO.</b>  | <b>MEDICAL FACILITY NAME</b>          | <b>EMS SERVICE NAME</b>   | <b>EMS RUN REPORT NO.</b>   | 3<br>Body Region   | 4<br>Injury   |
| VEH. #<br>0   | <b>NAME</b>   | <b>ADDRESS</b>                        |   | <b>DATE OF BIRTH (MM/DD/YYYY)</b>   | 5<br>Trans   | <b>SEX</b><br>M F   |
|   | <b>LOCAL NO.</b>  | <b>MEDICAL FACILITY NAME</b>          | <b>EMS SERVICE NAME</b>   | <b>EMS RUN REPORT NO.</b>   |  |   |
| VEH. #<br>0   | <b>NAME</b>   | <b>ADDRESS</b>                        |   | <b>DATE OF BIRTH (MM/DD/YYYY)</b>   |  |   |
|   | <b>LOCAL NO.</b>  | <b>MEDICAL FACILITY NAME</b>          | <b>EMS SERVICE NAME</b>   | <b>EMS RUN REPORT NO.</b>   |  |   |

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
11-260

Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

VEHICLE 1 WAS NORTBOUND ON HWY 275 WHEN THE DRIVER SAID SHE FELL ASLEEP AND RAN OVER THE MARKER SIGNS ON THE MEDIAN LOCATED AT INTERSECTION OF ROAD E.

|                |                           |                      |       |                       |
|----------------|---------------------------|----------------------|-------|-----------------------|
| OBJECT DAMAGED | OWNER NAME                | ADDRESS              | PHONE | APROX. COST OF DAMAGE |
| SIGN POSTS     | STATE OF NE DEPT OF ROADS | WEST POINT, NE 68788 | - -   | \$ 160.00             |
| OBJECT DAMAGED | OWNER NAME                | ADDRESS              | PHONE | APROX. 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 1        | VEH 2        | VEH 3        | VEH 4      |
| N   S   E   W                     |    | (Enter numbers for each vehicle)      |  | VEHICLE 1                 |    | VEHICLE 1                             |  | Driver No. 1                          |   | Driver No. 2 | Driver No. 3 | Driver No. 4 | Pedestrian |
| 1                                 | N  | HWY 275                               |  | POINT OF IMPACT           | 08 | POINT OF IMPACT                       |  | ALCOHOL TESTED                        | Y | Y            | Y            | Y            | Y          |
| 2                                 |    |                                       |  | MOST DAMAGED AREA         | 08 | MOST DAMAGED AREA                     |  | ALCOHOL LEVEL TESTED                  | N | N            | N            | N            | N          |
| 1                                 | 01 | 06 Turning left                       |  | 00 None                   |    | 1 Deployed - front                    |  | BAC LEVEL                             |   | 0.000        | 0.000        | 0.000        |            |
| 2                                 |    | 07 Making U-turn                      |  | 02   03   04              |    | 2 Deployed - side                     |  | ALCOHOL/ DRUGS SUSPECTED              |   | 1            |              |              |            |
|                                   |    | 08 Entering traffic lane              |  | 01                        |    | 3 Deployed - both front/side          |  | 1 Neither alcohol nor drugs suspected |   |              |              |              |            |
|                                   |    | 09 Leaving traffic lane               |  | 02                        |    | 4 Not deployed                        |  | 2 Yes - alcohol suspected             |   |              |              |              |            |
|                                   |    | 10 Parked                             |  | 03                        |    | 5 Not applicable/ No airbag available |  | 3 Yes - drugs suspected               |   |              |              |              |            |
|                                   |    | 11 Slowing or stopped in traffic      |  | 04                        |    | 6 Unknown                             |  | 4 Yes - alcohol & drugs suspected     |   |              |              |              |            |
|                                   |    | 12 Other                              |  | 05                        |    |                                       |  | 5 Unknown                             |   |              |              |              |            |
|                                   |    | 13 Unknown                            |  | 06                        |    |                                       |  |                                       |   |              |              |              |            |

|                                   |                        |                       |                          |                                     |
|-----------------------------------|------------------------|-----------------------|--------------------------|-------------------------------------|
| OFFICER NO.                       | TROOP/                 | DEPARTMENT            | Photographs taken?       | YES                                 |
| 9242                              | BROWN, DAVID           | CUMING COUNTY SHERIFF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| INVESTIGATOR NAME (Print or Type) | INVESTIGATOR SIGNATURE | DATE OF REPORT        |                          |                                     |
| 9242                              | BROWN, DAVID           | 10/02/11              |                          |                                     |