

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District	Agency Case No. 11-210	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>(In Military Time)</small>	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1	
A1 02	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	CITY	POLICE NOTIFIED	LATITUDE		
B 76	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 14 ROAD		PRIVATE PROPERTY? <input type="radio"/> YES <input type="radio"/> NO	LONGITUDE		
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 12	NAME OF INTERSECTING ROADWAY						
V2/M	266.0		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
E 4	R. WORK ZONE CODES R1 R2 R3 R4						
F 2	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b						
V1/N 1	DOES ACCIDENT INVOLVED DAMAGE TO STATE DEPT OF ROAD'S PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
VEHICLE NO. 1							
V1/N 1	DRIVER LICENSE NO.	H13498652		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V2/N	DRIVER	MARSH, ALEXIS CHEYENNE LEA		PHONE	402-317-8222		
G 2	DRIVER ADDRESS	253 N LINDEN ST SNYDER, NE 68664		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)		
H 5	OWNER	THISBY, CAROLYN A.		PHONE	402-640-9886		
V1/O 4	OWNER ADDRESS	207 CEDAR ST SNYDER, NE 68664		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V2/O	LICENSE PLATE NO.	5A6217		YEAR (Plate Expires)	12	STATE NE	
V1/P 8	VEHICLE	YEAR 94	MAKE BUICK	MODEL REGAL	BODY STYLE 4D SEDAN 4DR	COLOR GRN	
V2/P	VEHICLE ID NO. (VIN)	2G4WB55L4R1469299		POLICY NO.	131679370		
J 01	TOWED TO	WEST POINT, NE		TOWED BY	BEED TOWING		
V1/Q 1	INSURANCE COMPANY	PROGRESSIVE NORTHERN					
VEHICLE NO. 2							
V1/P 8	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V2/P	DRIVER			PHONE			
J 01	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)		
V1/Q 1	OWNER			PHONE			
V2/Q	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
01	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE	
V1/Q 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
V2/Q	VEHICLE ID NO. (VIN)			POLICY NO.			
01	TOWED TO			TOWED BY			
01	INSURANCE COMPANY						

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	
0									

Case Number: 11-210

Date: 8/5/2011

Location: Int 14 & C (266' North)

Description:
Marsh, Alexis Accident
Cuming County Sheriff's Office
Case # 11-210 Date 08/05/2011
Chief Deputy Stanley Herrick



Not To Scale

