

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District	Agency Case No. 11-261	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? (X) YES () NO	1						
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						
A2	PLACE OF ACCIDENT	COUNTY	CITY	POLICE NOTIFIED	PRIVATE PROPERTY? <input type="radio"/> YES <input type="radio"/> NO	LATITUDE						
75	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. ROAD U	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	LONGITUDE						
C	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							
D	IF AT INTERSECTION			IF NOT AT INTERSECTION								
1	NAME OF INTERSECTING ROADWAY			<input type="radio"/> FEET <input checked="" type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING								
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN			MILES								
10	N S E W AND MILES			N S E W OF NEAREST CITY OR TOWN								
V2/M	MILES			MILES								
E	R. WORK ZONE CODES		S. PEDESTRIAN CLASSIFICATION CODES		DOES ACCIDENT INVOLVED DAMAGE TO STATE DEPT OF ROAD'S PROPERTY? () YES () NO X							
4	R1 R2 R3 R4		S1 S2 S3 S4 S5-a S5-b S6-a S6-b		() YES () NO X							
VEHICLE NO. 1												
F	DRIVER LICENSE NO.	G27001116			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE					
V1/N	DRIVER			PHONE		LOCAL NO.						
1	MRSNY,JEFFREY J			-		-						
V2/N	DRIVER ADDRESS			CITY,STATE, ZIP		DATE OF BIRTH (MM/DD/YYYY)						
G	85477 570 AVE WAYNE, NE 68787			CITATION Y <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/> NO		CITATION NO.						
2	OWNER			PHONE		LOCAL NO.						
H	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE						
5	27-1641			12		NE						
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR						
3	99	GMC	GENERAL MTRS	SIERRA	PICKUP	WHI						
V2/O	VEHICLE ID NO. (VIN)			POLICY NO.		ESTIMATED DAMAGE () TOTAL \$						
01	1GTEK14V4XE547281			2AE142B1		-						
J	TOWED TO			TOWED BY		INSURANCE COMPANY						
01	-			-		WESTERN ARGICULTURE INS						
VEHICLE NO. 2												
I	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE						
V1/P	DRIVER			PHONE		LOCAL NO.						
6	-			-		-						
V2/P	DRIVER ADDRESS			CITY,STATE, ZIP		DATE OF BIRTH (MM/DD/YYYY)						
J	OWNER			PHONE		LOCAL NO.						
01	-			-		-						
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE						
1	-			-		-						
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR						
01	-	-	-	-	-	-						
K	VEHICLE ID NO. (VIN)			POLICY NO.		ESTIMATED DAMAGE () TOTAL \$						
01	-			-		-						
L	TOWED TO			TOWED BY		INSURANCE COMPANY						
01	-			-		-						
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
0	-	-			-		Seat Position	Eject	Body Region	Injury	Trans	M F
LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.						
0	-			-		-						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM/DD/YYYY)		1	2	3	4	5	SEX
0	-	-			-		Seat Position	Eject	Body Region	Injury	Trans	M F
LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.						
0	-			-		-						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM/DD/YYYY)		1	2	3	4	5	SEX
0	-	-			-		Seat Position	Eject	Body Region	Injury	Trans	M F
LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.						
0	-			-		-						

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
11-261



Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

VEHICLE 1 WAS EASTBOUND ON ROAD U BEING PURSUED BY A STANTON COUNTY DEPUTY. VEHICLE 1 LOST CONTROL AND STRUCK A MAILBOX AND POST, THEN WENT INTO THE SOUTH DITCH AND ENTERED A CORN FIELD. DRIVER WAS ARRESTED BY STANTON COUNTY DEPUTY.

PROPERTY	OBJECT DAMAGED MAILBOX	OWNER NAME GOELLER,JULE	ADDRESS 150 U RD WISNER, NE 68791	PHONE 402-529-3992	APPROX. COST OF DAMAGE \$ 60.00
	OBJECT DAMAGED CORN FIELD	OWNER NAME GOELLER,DAVE	ADDRESS 711 AVE D WISNER, NE 68791	PHONE 402-529-2255	APPROX. COST OF DAMAGE \$ 20.00

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)		VEHICLE 1		VEHICLE 1		VEH 1	VEH 2	0			
1	E	RD U		VEHICLE 1		4		9		1	1	0			
2				POINT OF IMPACT	07	1 Deployed - front		1 None used - vehicle occupant		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian	
1	01	06 Turning left		MOST DAMAGED AREA	07	2 Deployed - side		2 Lap & shoulder belt used		Y	Y	Y	Y	Y	
2		07 Making U-turn				3 Deployed - both front/side		3 Shoulder belt only used		N	Y	N	N	N	
		08 Entering traffic lane				4 Not deployed		4 Lap belt only used		BAC LEVEL		0.000	0.000	0.000	
		09 Leaving traffic lane				5 Not applicable/ No airbag available		5 Child safety seat used		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1		Driver No. 2	
		10 Parked				6 Unknown		6 Child booster seat used		2					
		11 Slowing or stopped in traffic						7 DOT approved helmet used		1 Neither alcohol nor drugs suspected					
		12 Other						8 Costume helmet used		2 Yes - alcohol suspected					
		13 Unknown						9 Restraint use unknown		3 Yes - drugs suspected					
OFFICER NO.		TROOP/ TEAM/ BEAT		DEPARTMENT		VEHICLE 2		VEHICLE 2		4 Yes - alcohol & drugs suspected		5 Unknown		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9242 BROWN,DAVID				CUMING COUNTY SHERIFF											
INVESTIGATOR NAME (Print or Type)				INVESTIGATOR SIGNATURE				DATE OF REPORT		10/02/11					
9242 BROWN,DAVID				<i>Sgt David Brown</i>											