

State of Nebraska Investigator's Motor Vehicle Accident Report

1	Total Number of Vehicles	Local No./ District	Agency No. 11-259	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? () YES (X) NO
A1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y	S M T W T H F S	TIME OF ACCIDENT 03:35	STATE USE ONLY
A2	PLACE OF ACCIDENT	COUNTY CUMING	CITY	POLICE NOTIFIED 03:45	LATITUDE 0.000000
B 43	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. 22 ROAD		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE 0.000000
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 11	NAME OF INTERSECTING ROADWAY		0.6 N M ROAD		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
E 4	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

VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H13146381	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	NOVOTNY, ANTHONY D.		PHONE	402-682-1629
V2/N	DRIVER ADDRESS	1272 22 RD WEST POINT, NE 68788		DATE OF BIRTH (MM/DD/YYYY)	
G 2	OWNER	NOVOTNY, CHERYL J		PHONE	402-372-2677
V1/1 18	OWNER ADDRESS	1272 22 RD WEST POINT, NE 68788		CITATION <input type="radio"/> N <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/2 17	LICENSE PLATE NO.	5C2436		YEAR (Plate Expires)	11
V1/3 09	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V1/4 01	99	FORD	EXPLORER	UTILITY	COLOR GRN
V1/5 01	VEHICLE ID NO. (VIN)	1FMZU35P5XZB82945		POLICY NO.	0702079-D27-27A
V1/6 50	TOWED TO	WEST POINT		TOWED BY	BEED TOWING
V1/6 50	INSURANCE COMPANY	STATE FARM INSURANCE			

VEHICLE NO. 2					
I	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER			PHONE	--
V2/P	DRIVER ADDRESS			DATE OF BIRTH (MM/DD/YYYY)	
J 01	OWNER			PHONE	--
V2/3	OWNER ADDRESS			CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V2/4	LICENSE PLATE NO.			YEAR (Plate Expires)	
V2/5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/6	01				
V2/6	VEHICLE ID NO. (VIN)			POLICY NO.	
V2/6	TOWED TO			TOWED BY	
V2/6	INSURANCE COMPANY				

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM/DD/YYYY)						
VEH. #	NAME	ADDRESS	LOCAL NO.	1 Seat Position	2 Eject	3 Body Region	4 Injury	5 Trans	SEX M F	
1	NOVOTNY, ANTHONY D.	1272 22 RD WEST POINT, NE 68788		01	1	11	3	2	M	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						
0		ST FRANCIS MEMORIAL HOSPITAL	WEST POINT RESCUE							
0										
0										

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
11-259



Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was northbound on 22 Road. Driver advised swerved to miss a skunk. Apparently dropped vehicle wheels off west ditch, lost control, and rolled vehicle. Vehicle came to rest across roadway.

WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APROX. COST OF DAMAGE
				--	\$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APROX. COST OF DAMAGE
				--	\$
	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	0
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)				1	1	0
1	N	22 ROAD	VEHICLE 1	VEHICLE 2	4				
2			POINT OF IMPACT	POINT OF IMPACT	4	I			
1	01	06 Turning left	MOST DAMAGED AREA	MOST DAMAGED AREA	1 Deployed - front	1 None used - vehicle occupant			
2		07 Making U-turn	00 None	02 03 04	2 Deployed - side	2 Lap & shoulder belt used			
		08 Entering traffic lane	01	05	3 Deployed - both front/side	3 Shoulder belt only used			
		09 Leaving traffic lane	09 Top & windows	08 07 06	4 Not deployed	4 Lap belt only used			
		10 Parked	10 Undercarriage		5 Not applicable/ No airbag available	5 Child safety seat used			
		11 Slowing or stopped in traffic	11 Total (all areas)		6 Unknown	6 Child booster seat used			
		12 Other	12 Other			7 DOT approved helmet used			
		13 Unknown				8 Costume helmet used			
						9 Restraint use unknown			

OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT	Photographs taken?
		CUMING CO. SHERIFF OFFICE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT	
9241 HERRICK, STANLEY	<i>Chief Deputy Stanley Herrick</i>	09/30/11	

Case Number: CF# 11-259

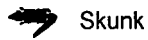
Date: 9/30/2011

Location: .3 mile north of M Road on 22 Road, Cuming County, Nebraska

Description:
Anthony D. Novotny Accident
Cuming Co. Sheriff's Office
Chief Deputy Stan Herrick



Not To Scale



Skunk



Overturn



Path of Travel



Ditch

