

# State of Nebraska Investigator's Motor Vehicle Accident Report

1	<b>Total Number of Vehicles</b>	Local No./ District	Agency Case No. 11-298	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? ( X ) YES ( ) NO
A1	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y	S M T W T H F S	TIME OF ACCIDENT	STATE USE ONLY
A2	<b>PLACE OF ACCIDENT</b>	COUNTY CUMING		POLICE NOTIFIED	LATITUDE
B		CITY		PRIVATE PROPERTY?	0.0000000
C	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/ HIGHWAY NO. HWY 275		ONE-WAY STREET?	0.0000000
D	<b>DISTANCE FROM MILEPOST</b>	FEET 0	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO
	<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	300.0		S COUNTY ROAD B		
V2/M	<b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>				
	MILES 5.0	N S E W AND MILES 0.0	N S E W OF NEAREST CITY OR TOWN WEST POINT		
E	<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? ( ) YES ( ) NO X

**VEHICLE NO. 1**

F	<b>DRIVER LICENSE NO.</b>	H12966117	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	<b>DRIVER</b>	ULRICH, TERESA M	PHONE	402-380-2776 LOCAL NO.	
V2/N	<b>DRIVER ADDRESS</b>	1720 N 87TH ST LINCOLN, NE 68505	<b>DATE OF BIRTH (MM/DD/YYYY)</b>		
	<b>OWNER</b>	ULRICH, DAVID M & LILLY L	PHONE	402-372-5868 LOCAL NO.	
G	<b>OWNER ADDRESS</b>	641 10 RD WEST POINT, NE 68788	<b>CITATION N</b>	<input type="radio"/> YES <input type="radio"/> NO	<b>CITATION NO.</b>
H	<b>LICENSE PLATE NO.</b>	24C657	<b>YEAR (Plate Expires)</b>	12	<b>STATE</b> NE
V1/O	<b>VEHICLE</b>	YEAR 08 MAKE PONTIAC MODEL G6 GT BODY STYLE 4D SEDAN 4DR COLOR RED	<b>ESTIMATED DAMAGE ( ) TOTAL \$ 4,000.00</b>		
V2/O	<b>VEHICLE ID NO. (VIN)</b>	1G2ZH57NX84226344	<b>POLICY NO.</b>	000100741	
	<b>TOWED TO</b>	WEST POINT	<b>TOWED BY</b>	BEED WRECKER SERVICE INSURANCE COMPANY NORTH STAR	

**VEHICLE NO. 2**

I	<b>DRIVER LICENSE NO.</b>		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	<b>DRIVER</b>		PHONE		
V2/P	<b>DRIVER ADDRESS</b>		<b>DATE OF BIRTH (MM/DD/YYYY)</b>		
	<b>OWNER</b>		PHONE		
J	<b>OWNER ADDRESS</b>		<b>CITATION</b>	<input type="radio"/> YES <input type="radio"/> NO	<b>CITATION NO.</b>
V1/Q	<b>LICENSE PLATE NO.</b>		<b>YEAR (Plate Expires)</b>		<b>STATE</b>
V2/Q	<b>VEHICLE</b>	YEAR MAKE MODEL BODY STYLE COLOR	<b>ESTIMATED DAMAGE ( ) TOTAL \$</b>		
	<b>VEHICLE ID NO. (VIN)</b>		<b>POLICY NO.</b>		
	<b>TOWED TO</b>		<b>TOWED BY</b>	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
				Seat Position	Eject	Body Region	Injury	Trans	
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.  
11-298



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver stated that there was a deer on the right side of the roadway. The deer then turned and ran out in front of the vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				--	\$
PROPERTY	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 1	VEH 2	0	
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)							
1	S	HWY 275	VEHICLE 1	VEHICLE 2	4					
2			POINT OF IMPACT	POINT OF IMPACT	4	2				
1	01	06 Turning left	MOST DAMAGED AREA	MOST DAMAGED AREA	1 Deployed - front	1 None used - vehicle occupant	ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
2		07 Making U-turn			2 Deployed - side	2 Lap & shoulder belt used	ALCOHOL LEVEL TESTED	Y	Y	Y
		08 Entering traffic lane			3 Deployed - both front/side	3 Shoulder belt only used		N	N	N
		09 Leaving traffic lane			4 Not deployed	4 Lap belt only used	BAC LEVEL	0.000	0.000	0.000
		10 Parked			5 Not applicable/ No airbag available	5 Child safety seat used	ALCOHOL/ DRUGS SUSPECTED		1	
		11 Total (all areas)			6 Unknown	6 Child booster seat used	1 Neither alcohol nor drugs suspected			
		12 Other				7 DOT approved helmet used	2 Yes - alcohol suspected			
		13 Unknown				8 Costume helmet used	3 Yes - drugs suspected			
						9 Restraint use unknown	4 Yes - alcohol & drugs suspected			
							5 Unknown			

OFFICER NO. 9245	TROOP/TEAM/BEAT TIENKEN, LYLE	DEPARTMENT CUMING CO SHERIFFS OFFICE	Photographs taken? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) 9245 TIENKEN, LYLE	INVESTIGATOR SIGNATURE 		DATE OF REPORT 11/06/11