

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District	Agency Case No. 11-284	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	STATE USE ONLY					
A2	PLACE OF ACCIDENT	COUNTY CUMING	CITY	POLICE NOTIFIED	LATITUDE					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. HWY 275		ONE-WAY STREET?	LONGITUDE					
C	DISTANCE FROM MILEPOST	FEET 50	N S E W OF MILEPOST 115	HIGHWAY NO. 275	SHOULD LOCATION HAVE ENGINEERING STUDY?					
D	IF AT INTERSECTION			IF NOT AT INTERSECTION						
1	NAME OF INTERSECTING ROADWAY			FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M	MILES 1.0	N S E W AND MILES 0.0	N S E W	CITY OR TOWN WEST POINT						
2	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.	G24001345		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N	DRIVER	VRBKA, JOHN E		PHONE	402-672-5762					
	DRIVER ADDRESS	809 BORDEAUX AV BELLEVUE, NE 68123		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)					
	OWNER	VRBKA, JOHN & CLOSTINA		PHONE	402-672-5762					
G	OWNER ADDRESS	809 BORDEAUX AV BELLEVUE, NE 68123		CITY, STATE, ZIP	CITATION N <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.				
H	LICENSE PLATE NO.	SBE839		YEAR (Plate Expires)	12	STATE NE				
V1/O	VEHICLE	YEAR 09	MAKE HONDA	MODEL ACCORD LX	BODY STYLE 4D SEDAN 4DR	COLOR BLU				
V2/O	TOWED TO			TOWED BY						
	JHMCP26309C010060			POLICY NO. 75344218-7						
	INSURANCE COMPANY			PROGRESSIVE						
VEHICLE NO. 2										
	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P	DRIVER			PHONE						
V2/P	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)					
	OWNER			PHONE						
J	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.				
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE				
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR				
	VEHICLE ID NO. (VIN)				ESTIMATED DAMAGE () TOTAL \$					
01	TOWED TO			TOWED BY						
	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
0					Seat Position	Eject	Body Region	Injury	Trans	M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
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.					
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.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
11-284

Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Deer ran out in front of vehicle. Driver was not able to avoid hitting the deer and struck the deer with the left front corner 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 (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS	VEH 1	3	VEH 2	0
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2						
1	E	HWY 275	POINT OF IMPACT 08	POINT OF IMPACT	4	2	2			
2			MOST DAMAGED AREA 08	MOST DAMAGED AREA	4	2				
1	01	06 Turning left	00 None	02 03 04	1 Deployed - front	1 None used - vehicle occupant				
2		07 Making U-turn	09 Top & windows	01 05	2 Deployed - side	2 Lap & shoulder belt used				
		08 Entering traffic lane	10 Undercarriage	08 07 06	3 Deployed - both front/side	3 Shoulder belt only used				
		09 Leaving traffic lane	11 Total (all areas)		4 Not deployed	4 Lap belt only used				
		10 Parked	12 Other		5 Not applicable/ No airbag available	5 Child safety seat used				
		11 Slowing or stopped in traffic			6 Unknown	6 Child booster seat used				
		12 Other				7 DOT approved helmet used				
		13 Unknown				8 Costume helmet used				
						9 Restraint use unknown				
OFFICER NO.	TIENKEN, LYLE		TROOP/ TEAM/ BEAT	DEPARTMENT			CUMING CO SHERIFFS OFFICE		Photographs taken?	<input type="radio"/> YES <input checked="" type="radio"/> NO
INVESTIGATOR NAME (Print or Type)	TIENKEN, LYLE		INVESTIGATOR SIGNATURE			DATE OF REPORT		10/30/11		