

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

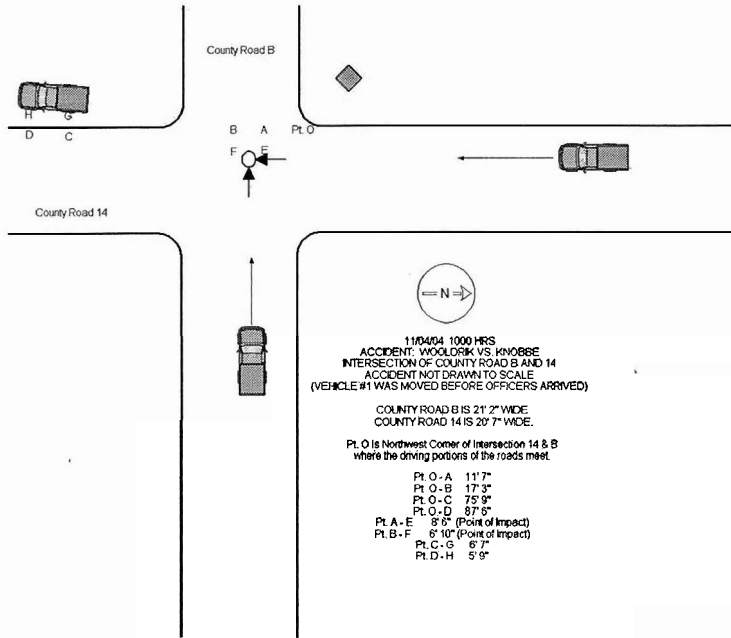
2	Total Number of Vehicles	Local No./ District	Agency Case No. 11-293	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>(In Military Time)</small>	INVESTIGATION MADE AT SCENE? (X) YES () NO	L 1				
A1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 11 / 04 / 2011	S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TIME OF ACCIDENT 10:10	STATE USE ONLY					
A2 01	PLACE OF ACCIDENT	COUNTY CUMING	POLICE NOTIFIED 10:23	LATITUDE 0.0000000						
B 38	CITY	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 14 ROAD	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE 0.0000000						
C 1	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 NAME OF INTERSECTING ROADWAY B ROAD			IF NOT AT INTERSECTION FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING 0.0 SNYDER						
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M 01	MILES 3.0	N S E W AND MILES 1.0	N S E W	OF NEAREST CITY OR TOWN						
E 4	R. WORK ZONE CODES	R1 R2 R3 R4 1	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 1	DRIVER LICENSE NO.	G24005041		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N 1	DRIVER	WOOLDRIK, LYLE D.		PHONE	402-372-2629					
V2/N 1	DRIVER ADDRESS	245 21 RD WEST POINT, NE 68788		CITY, STATE, ZIP						
G 2	OWNER	WOOLDRIK, LYLE D.		PHONE	402-372-2629					
V1/O 2	OWNER ADDRESS	245 21 RD WEST POINT, NE 68788		CITY, STATE, ZIP						
H 5	LICENSE PLATE NO.	24FRM2660		YEAR (Plate Expires)	12	STATE NE				
V1/O 2	VEHICLE	YEAR 92	MAKE CHEV CHEVROLET	MODEL K1500	BODY STYLE PU PICKUP	COLOR WHT				
V2/O 3	VEHICLE ID NO. (VIN)	2GCEK19KIN200407		POLICY NO.	0403612-B25-27A					
I 1	TOWED TO	TOWED BY		INSURANCE COMPANY						
VEHICLE NO. 2										
V1/P 1	DRIVER LICENSE NO.	H12922808		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V2/P 1	DRIVER	KNOBBE, ALLYN J.		PHONE	402-380-2513					
J 01	DRIVER ADDRESS	310 14TH RD WEST POINT, NE 68788		CITY, STATE, ZIP						
V1/Q 4	OWNER	KNOBBE, BRYAN		PHONE	402-372-5155					
V2/Q 1	OWNER ADDRESS	310 14TH RD WEST POINT, NE 68788		CITY, STATE, ZIP						
02	LICENSE PLATE NO.	24FRM1797		YEAR (Plate Expires)	11	STATE NE				
02	VEHICLE	YEAR 10	MAKE FORD FORD	MODEL F150	BODY STYLE PU PICKUP	COLOR RED				
02	VEHICLE ID NO. (VIN)	1FTFW1EV9AFA97815		POLICY NO.	AU183174					
02	TOWED TO	TOWED BY		INSURANCE COMPANY						
02	PETERSON BODY SHOP	BEED TOWING		FARMER MUTUAL INS.						
Complete this section for all injured persons <small>(Complete a continuation report, if more than three were injured)</small>										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury	5 Trans	SEX M F
0										
0		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
0										
0		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
0										
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.
11-293

Indicate North by Arrow



11/04/11 1000 HRS
ACCIDENT: WOOLDRIK VS. KNOBBS
INTERSECTION OF COUNTY ROAD B AND 14
ACCIDENT NOT DRAWN TO SCALE
(VEHICLE #1 WAS MOVED BEFORE OFFICERS ARRIVED)

COUNTY ROAD B IS 21' 2" WIDE
COUNTY ROAD 14 IS 20' 7" WIDE.

Pt. O is Northwest Corner of Intersection 14 & B
where the driving portions of the roads meet.

Pt. O - A 11' 7"
Pt. O - B 17' 3"
Pt. O - C 75' 9"
Pt. O - D 87' 9"
Pt. A - F 8' 9" (Point of Impact)
Pt. B - F 6' 10" (Point of Impact)
Pt. C - G 6' 7"
Pt. D - H 5' 9"

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was going west on County Road B. Vehicle #2 was going south on County Road 14. Vehicle #1 hit vehicle #2 in the drivers side door in the intersection of County Road B and 14. Driver of vehicle #1 said that he was only driving about 25 miles per hour when he saw vehicle #2 coming from the north on County Road 14 at a high rate of speed. Driver of vehicle #1 said that he hit his breaks and was almost stopped when his vehicle struck vehicle #2. Driver of vehicle #2 said that he saw vehicle #1 coming toward the intersection and to tried to drive through the intersection to avoid being hit. It should be noted that the intersection of County Roads B and 14 have limited visibility on the east side and the north side where both vehicles were coming from. Vehicle #1 was moved before officers arrived at the accident scene.

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 NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)						VEH 1	VEH 2	VEH 1
1	W				B ROAD	VEHICLE 1		4		2		1	1	1
2		S			14 ROAD	VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		1	1	1
1	01				06 Turning left	POINT OF IMPACT	1	POINT OF IMPACT	7	2 Deployed - side	3 Shoulder belt only used	Y	Y	Y
2	01				08 Entering traffic lane	MOST DAMAGED AREA	1	MOST DAMAGED AREA	7	3 Deployed - both front/side	4 Lap belt only used	N	N	N
01	Essentially straight ahead	09 Leaving traffic lane			00 None					4 Not deployed	5 Child safety seat used			
02	Backing	10 Parked			01					5 Not applicable/ No airbag available	6 Child booster seat used			
03	Changing lanes	11 Slowing or stopped in traffic			02					6 Unknown	7 DOT approved helmet used			
04	Overtaking/ Passing	12 Other			03						8 Costume helmet used			
05	Turning right	13 Unknown			04						9 Restraint use unknown			
OFFICER NO. 9241		HERRICK, STANLEY		TROOP/ TEAM/ BEAT		DEPARTMENT		CUMING CO SHERIFF OFFICE		Photographs taken?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT
924 BOYUM, BRADLEY E	<i>Bradley E. Boyum</i>	11/04/11