

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

1	<b>Total Number of Vehicles</b>	Local No./ District	Agency Case No. 11-263	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? ( ) YES (X) 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
		10 / 03 / 2011	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23:00	
A2	<b>PLACE OF ACCIDENT</b>	COUNTY	CITY	POLICE NOTIFIED	LATITUDE
		CUMING		00:00	0.0000000
B		ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.	PRIVATE PROPERTY?	LONGITUDE
55		PRIVATE DRIVE		<input checked="" type="radio"/> YES <input type="radio"/> NO	0.0000000
C		DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.
5		0			
D		IF AT INTERSECTION		IF NOT AT INTERSECTION	
4		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			
05		MILES	N S E W AND MILES	N S E W	OF NEAREST CITY OR TOWN
V2/M		1.5	E 0.0		BEEMER
E		R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b
4		1			
<b>VEHICLE NO. 1</b>					
F		DRIVER LICENSE NO.	H12816035	STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N		DRIVER	WURDINGER, ALAN J	PHONE	402-953-9973
1		DRIVER ADDRESS	305 N 10 NORFOLK, NE 68701	CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)
V2/N		OWNER	GORDON, WIDHALM OR DEBRA	PHONE	LOCAL NO.
G		OWNER ADDRESS	17308 280TH ST COLUMBUS, NE 68601	CITY, STATE, ZIP	CITATION N <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
2		LICENSE PLATE NO.	10-E877	YEAR (Plate Expires)	11 STATE NE
H		VEHICLE	YEAR 04 MAKE HONDA	MODEL CIVIC	BODY STYLE 2D COLOR BLK
V1/O		VEHICLE ID NO. (VIN)	1HGEM22994L071740	POLICY NO.	436085896
3		TOWED TO	WEST POINT	TOWED BY	BEED TRANSPORTATION
V2/O		INSURANCE COMPANY	PROGRESSIVE NORTHERN INS	ESTIMATED DAMAGE ( ) TOTAL \$	
<b>VEHICLE NO. 2</b>					
I		DRIVER LICENSE NO.		STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P		DRIVER		PHONE	LOCAL NO.
8		DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)
V2/P		OWNER		PHONE	LOCAL NO.
J		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
01		LICENSE PLATE NO.		YEAR (Plate Expires)	STATE
V1/Q		VEHICLE	YEAR	MAKE	MODEL
1					BODY STYLE
V2/Q		VEHICLE ID NO. (VIN)		POLICY NO.	
01		TOWED TO		TOWED BY	INSURANCE COMPANY

<b>Complete this section for all injured persons</b> (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.  
11-263



Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

VEHICLE 1 TURNED OFF HWY 275 ONTO A PRIVATE DRIVEWAY. VEHICLE 1 CAME TO A CURVE IN THE DRIVEWAY AND SLID INTO THE DITCH AND ROLLED ONTO ITS TOP IN A BEAN FIELD. VEHICLE WAS FOUND AND REPORTED BY LANDOWNER ON THE MORNING OF 10-4-11.

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	- -

<b>VEHICLE MOVEMENT BEFORE COLLISION</b> N   S   E   W   ROAD OR HIGHWAY NAME 1   W   DRIVEWAY 2		<b>POINT OF IMPACT AND MOST DAMAGED AREA</b> (Enter numbers for each vehicle) VEHICLE 1   VEHICLE 2 POINT OF IMPACT   09   POINT OF IMPACT     MOST DAMAGED AREA   11   MOST DAMAGED AREA		<b>AIRBAG DEPLOYED VEHICLE 1</b> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>4</td><td></td><td></td></tr> </table> 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown							4			<b>RESTRAINT USE VEHICLE 1</b> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>1</td><td></td><td></td></tr> </table> 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used							1			<b>TOTAL OCCUPANTS</b> VEH 1   VEH 2   0 ALCOHOL TESTING Driver No. 1   Driver No. 2   Pedestrian ALCOHOL LEVEL TESTED Y   N   Y   N   Y   N BAC LEVEL 0.000   0.000   0.000	
	4																								
	1																								
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown		00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		<b>VEHICLE 2</b> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>										<b>VEHICLE 2</b> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>										<b>ALCOHOL/ DRUGS SUSPECTED</b> Driver No. 1   Driver No. 2 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	

OFFICER NO. 9242	BROWN, DAVID	TROOP/ TEAM/ BEAT	DEPARTMENT CUMING COUNTY SHERIFF	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) 9242	BROWN, DAVID	INVESTIGATOR SIGNATURE <i>Sgt David Brown</i>		DATE OF REPORT 10/04/11