		State of Nebras Investiga	ska tor's Motor	Vehicle Ac	cident	Report	Sheet of _		
	Total Number of Vehicles  Local No./ District  Agency Case No.						HIT & RUN?		
A/1 A/2	DATE M N OF ACCIDENT		0	T W TH F S	TIME OF ACCIDENT POLICE	(In Military Time)	STATE USE ONLY		
В	PLACE COUNTY OF ACCIDENT				NOTIFIED	RIVATE YES NO	ATITUDE		
	ROAD ON WHICH				ON	NE-WAY YES NO	ONGITUDE		
С	DISTANCE FROM MILEPOST	FEET	N S E W OF	EPOST	HIGHWAY NO.	ncer:	SHOULD LOCATION HAVE ENGINEERING STUDY?		
D		IF AT INTERSECTION  IE OF INTERSECTING F		FEET MILES N	AT INTERSECT		YES NO BRIDGE, RAILROAD CROSSING	-	
V1/M									
V2/M	MILES	N S E W	IDENT WAS OUTSIDE CITAND MILES	N S E W OF NE		NEAREST TOWN		<u> </u>	
E	R. WORK ZONE CODES	R2 R3 R4 S	5. PEDESTRIAN S1 CLASSIFICATION CODES	S2 S3 S4 S5-a	S5-b S6-a S	6-b CONTINUATION (Fill in all that a			
				VEHICLE NO. 1					
F	DRIVER LICENSE DRIVER	NO.			PHONE	STATE (Of License)	SEX FEMALE MALE		
V1/N	DRIVER ADDRESS		CITY, STATE, 2	ZIP	( )	DATE OF BIRTH	1 1	V1/1	
V2/N	OWNER				PHONE \	(MM / DD / YYYY)	LOCAL NO.	V1/2	
G	OWNER ADDRESS		CITY, STATE, 2	ZIP	1	TION YES PENDING NO	CITATION NO.	V1/3	
H	LICENSE PLATE	NO.	KE MODEL	BODY STYLI	YE. (Plate E	Expires) ES	STATE (Of Plate) STIMATED DAMAGE	V1/4	
V1/O	VEHICLE ID				INS	BURANCE COMPANY	\$	V1/5	
V2/O	NO. (VIN) TOWED TO		TOWED BY		PO	DLICY NO.		1/1/0	
<u></u>				VEHICLE NO. 2				V1/6	
	DRIVER LICENSE	NO.				STATE (Of License)	SEX FEMALE MALE		
V1/P	DRIVER				PHONE )	_	LOCAL NO.	V2/1	
V2/P	DRIVER ADDRESS		CITY, STATE,		·	DATE OF BIRTH (MM / DD / YYYY)		V2/2	
J	OWNER		OUTV OTATE		PHONE )	TION YES	LOCAL NO.	V2/3	
	OWNER ADDRESS		CITY, STATE,	ZIF		PENDING NO		<u> </u>	
V1/Q	LICENSE PLATE YEAF	NO. MAK	KE MODEL	BODY STYL	(Plate I	Expires)	STATE (Of Plate) STIMATED DAMAGE	V2/4	
V2/Q	VEHICLE	·					\$	V2/5	
K	VEHICLE ID NO. (VIN)		TOWED BY		PC	DLICY NO.		V2/6	
	Com	olete this secti	ion for all injured	persons		DATE OF BIRTH		5 SEX	
VEH. #	(Cor	nplete a continuation re	eport, if more than three w	ere injured)		(MM / DD / YYYY)	Seat Position Eject Body Region Sev. Tra	ans. M.F	
	LOCAL NO.	MEDICAL FACILITY NAME	E .	EMS SERVICE NAME		1 1	EMS RUN REPORT NO.		
VEH. #	NAME	<u> </u>	ADDRESS			1 1			
	LOCAL NO.	MEDICAL FACILITY NAME	E	EMS SERVICE NAME		<i>I</i>	EMS RUN REPORT NO.		
VEH. #	NAME		ADDRESS		. ,	1 1			
	LOCAL NO.	MEDICAL FACILITY NAME	E ·	EMS SERVICE NAME		1 . 1	EMS RUN REPORT NO.		
	_		•						

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS													
	$\overline{}$		Investigation		IN	IDICATE	BY DIAGRAM V	VHAT HAP	PENED AGE	NCY CASE NO.			
(		)	made at scene?					٠					
ln	<u> </u>	ite	YES										
1	Vort	h	O NO			•		•		٠	•		
by	Arr	ow											
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				DE	SCRIPTION OF A	CCIDENT	BASED ON OF	FICER'S II	NVESTIGATION				
İ													
<u>≥</u> °	BJEC	T DAM	AGED	OWNER NAME		ADDRESS	3		PHONE		APPROX. COST OF D	DAMAGE	
띮	ND IFO	T DAM.	1050	OWNER NAME		ADDRESS	2		PHONE		APPROX. COST OF D	DAMAGE	
PROPERTY	BJEC	T DAM	NGED	OWNER NAME		ADDRESS	•		( )		\$		
⊢	IAME			L		ADDRESS	S			PHON	E		
WITNESSES										(	) –		
E	IAME					ADDRESS	S		•	PHON	) <u> </u>		
3	VE	HICI	E MOVEMENT		T OF 14D4 OT 14D		AIRBAG DEI	DIOVED	RESTRAINT USE	TOTAL	VEH V	EH	
			E COLLISION		T OF IMPACT AND DAMAGED AREA		VEHICL		VEHICLE 1	TOTAL OCCUPAN		2	
VEH NO.	N S	EV	ROAD OR HIGHWAY NAM	(Enter nu	mbers for each veh	icle)				ALCOHOL		Pedes- trian	
1				VEHICLE 1	ı VEHIC	LE 2	-		-   -	TESTING	No. 1 No. 2	Y	
$\vdash$		++		POINT OF	POINT OF					ALCOHOL LEVEL TESTED	N N	N	
2	Ш			IMPACT	IMPACT		1 Deployed - from 2 Deployed - sid		1 None used - vehicle occup 2 Lap & shoulder belt used	ant	IN IN	114	
1		1	06 Turning left		MOST DAMAGED AREA	J	3 Deployed - bot 4 Not deployed.		3 Shoulder belt only used 4 Lap belt only used	BAC LEVEL	Driver	Driver	
2			07 Making U-tu 08 Entering tra	""'	1 ANEA		5 Not applicable		5 Child safety seat used 6 Child booster seat used	ALCOH DRUG	IOL/ No. 1	No. 2	
01 Essentially		tially	lane	00 None				No airbag available 6 Unknown 6 Unknown 6 Unknown 6 Cnild booster seat used 7 Helmet used 8 Restraint use unknown			SUSPECTED		
straight ahead		nt ahea	lead lane		) /     1		VEHICL			Neither alcohol nor drugs suspected     Yes - alcohol suspected			
02 Backing 03 Changing lanes		-	10 Parked nes 11 Slowing or		11 Total (all areas)						3 Yes - drugs suspected		
04 (	Overta Passir	king/	stopped in t	raffic 12 Other	08 07	06	-			4 Yes - alco	ohol & drugs suspe	cted	
1		ig g right								I S UNKNOWN			
OFF	ICER	NO.		TROOP/ TEAM/		DEPARTI	MENT					⊃ YES ⊃ NO	
INVESTIGATOR NAME (Print or Type) INVESTIGATOR SIGNATURE						Tal	Vell:						
INVE	STIG	ATOR	NAME (Print or Type	9)	INVESTIG	ATOH SIGN	ATURE .			DATE OF REPORT	/ /2	0	
1					1					NEPURI	/ /2	ا <u> </u>	