

217000880
148312

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District	Agency Case No. H17-5414-00155	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L	1			
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 01/02/2017		TIME OF ACCIDENT 1600	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	POLICE NOTIFIED 1610	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	01/06/2017					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 80	ONE-WAY STREET? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE						
C	DISTANCE FROM MILEPOST	FEET 100	N S E W OF MILEPOST X	394.600	HIGHWAY NO. 80	LONGITUDE				
D	IF AT INTERSECTION		IF NOT AT INTERSECTION							
	NAME OF INTERSECTING ROADWAY		X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
			100.00 X 394.6							
V1M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2M	MILES 1.00	N S E W AND MILES X	N S E W OF NEAREST CITY OR TOWN LINCOLN							
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	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
	1									
VEHICLE NO. 1										
F	DRIVER LICENSE NO.			STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V1N	DRIVER			PHONE	LOCAL NO.					
V2N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	18					
V1O	OWNER			PHONE	LOCAL NO.					
V2O	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.					
H	LICENSE PLATE PA NO.			YEAR (Plate Expires)	2017	STATE (Of Plate)	NE			
V1Q	VEHICLE	YEAR 2013	MAKE Hyundai	MODEL EGM	BODY STYLE 4 door Sedan	COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 2500			
V2Q	VEHICLE ID NO. (VIN)			INSURANCE COMPANY	Farmers Mutual					
V2J	TOWED TO	TOWED BY		POLICY NO.	18					
	75									
VEHICLE NO. 2										
I	DRIVER LICENSE NO.			STATE (Of License)	CO	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V1P	DRIVER			PHONE	LOCAL NO.					
V2P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	18					
V1O	OWNER			PHONE	LOCAL NO.					
V2O	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.					
V1Q	LICENSE PLATE PA NO.			YEAR (Plate Expires)	2017	STATE (Of Plate)	CA			
V2Q	VEHICLE	YEAR 2016	MAKE Hyundai	MODEL SONATA	BODY STYLE 4 door Sedan	COLOR brown	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 2500			
V2J	VEHICLE ID NO. (VIN)			INSURANCE COMPANY	GEICO					
V2K	TOWED TO	TOWED BY		POLICY NO.	18					
	75									
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 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					