212031204 State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of									1.	1						
										•						
002	002 Total Number of Vehicles		District 2/29 Agency Case No. 12-07271												1	
A/1	DATE		M / D D / Y Y Y Y S M T W TH E S (In Military Time) ST						STATE US	E ONLY						
01 A/2	1 ACCIDENT 07-05-2012															
AV2	FLACE	COUNTY	Scotts B	luff				F	POLICE	. 2	2338		LATITUDE			-
В	OF ACCIDENT		Scottsbluff PRIVA						RIVATE							
74	ROAD OI									DNE-WAY		LONGITU	DE			
с 4	DISTANCE	FROM	FEET N S E W OF MILEPOST					HIGHWAY NO.				SHOULD LOCATION HAVE ENGINEERING STUDY?				
D	MILLFO	51	IF AT INTERSECTION				IF NOT AT INTERS				ECTION			🔿 YES 🗴 NO		
1		NAM	E OF INTERSECTI									BRIDGE, RAILROAD CROSSING				
V1/M						39						OVERLA	ND			
01 V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W OF NEAREST												-			
14													-			
E	ZONE 1 CLASSIFICATION CLASSIFICATION STATE DEPT. OF ROADS' PROPERTY?															
1												-				
F 1		1	ID. H12813	648								STATE (Of License)	NE	SEX		1
1 V1/N	DRIVER PHONE) 6	641-63	,		LOCAL NO.				
05								(308) 0	541-05	DATE OF	02.0	0 1050		V1/1
v2/N 05	2910 DINEEN AVE, , SCOTTSBLUFF, NE, 6				T, NL, 03	PHONE					BIRTH (MM / DD / YYYY)		Y)	02-09-1958		
G		222			CITY, STATE	E, ZIP		(308	/	641-63 ATION		CITATION	NO.		V1/2
4	2910 DINEEN AVE, , SCOTTSBLUFF, NE, 69361										V1/3					
н 5	LICENSE PA NO. 21E458 YEAR (Plate Expires) 2013								STATE (Of Plate)	NE	V1/4					
V1/O	VEHICLE 1999 MAKE MODEL SFS						DDY STYLE	Seda	edan RED				STIMATED DAMAGE			
1	VEHICLE ID NO. (VIN) 3G2JB1248XS835436								E COMPANY YLAND A	AND AUTO INS.			V1/5			
v2/0 1	TOWED TO	1			TOWED BY			°2'75600476							- 18 V1/6	
			1			VE	HICLE N	0. 2				1				35
1	DRIVER LICENSE	1	IO. G21026	191								STATE (Of License)		OLA		
V1/P 1		ETH A	ANDREWS					P (HONE 308) 2	220-05	67	LOCAL N	0.		V2/1
V2/P	DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH (MM / DD / YYYY) 12-22-1925								18							
5	OWNER PHONE LOCAL NO.									V2/2						
J 01	OWNER ADDRESS CITY, STATE, ZIP CITATION VES CITATI							CITATION	ITATION NO.							
V1/Q	2202 AVE N, , SCOTTSBLUFF, NE, 69361 PENDING X NO LICENSE PA NO. 21AN16 YEAR (Plate Expires) 2012 STATE (Of Plate)							NE	V2/4							
4		YEAR		Toyota	MODE			DY STYLE		,	Expires) OLOR SIL		ESTIMATED	(Of Plate)		-
V2/Q 4	VEHICLE			-	S	JL		Mini va	In			E COMPANY		_{ED} \$ 50	.00	V2/5
ĸ	VERICLE ID NO. (VIN) 5TDZA23C95S327877 STATE FARM INS.									18 						
01	059 4454 A03 27A 35															
Complete this section for all injured persons (Complete a continuation report, if more than three were injured) DATE OF BIRTH (MM / DD / YYYY) 1 2 3 4 5										SEX						
VEH. #	NAME			ADI	DRESS											
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN REPORT NO.															
VEH. #	NAME ADDRESS Image: Control of the second s															
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME			EMS RUN REP			NO.			
VEH. #	NAME			ADI	DRESS											
	LOCAL NO.		MEDICAL FACILITY N	JAME			EMS SERVI	CE NAME		1			EMS RU	JN REPORT I	NO.	I

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS											
\bigcirc		INDICATE BY DIAGR	AM WHAT HAPPI		OT271						
Indicate North by Arrow			· ·								
by Allow											
\sim	′est Ov	erland &	& Av	el							
NOT TO	5 SCALE	Avenue	<u> </u>								
				с.							
				West	 Overlan	d .					
		Unit 1									
			P.O.I	L							
	I										
		Unit 2									
		TION OF ACCIDENT BASED C									
Vehicle 1 was stopped Northbound on Ave I at the intersection of W. Overland stop sign. Vehicle 2 was traveling North on Ave I coming up to the stop sign at W. Overland. Vehicle 2 failed to stop striking vehicle 1 in the rear.											
OBJECT DAMAGED	OWNER NAME	ADDRESS		PHONE							
	OWNER NAME	ADDRESS		()	APPROX. COST OF DAMAGE						
OBJECT DAMAGED	OWNER NAME	ADDRESS		APPROX. COST OF DAMAGE							
		ADDRESS		()	PHON	•					
NAME NAME		ADDRESS			PHONE						
	1				()						
VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMF MOST DAMAG	GED AREA VE	A DEPLOYED	RESTRAINT USE VEHICLE 1	TOTAL OCCUPAN	rs 1 002 2 00					
NO. N S E W ROAD OR HIGHWAY NAM	E (Enter numbers fo	r each vehicle)		2	ALCOHOL TESTING	Driver Driver Pedes No. 1 No. 2 trian					
1 X AVE I	VEHICLE 1	VEHICLE 2 4		2	ALCOHOL LEVEL	Y Y Y					
2 X AVE I	IMPACT US	POINT OF IMPACT 01 1 Deploye 2 Deploye	2 a c c c c c c c c c c c c c c c c c c	None used - vehicle occupant Lap & shoulder belt used	TESTED	N X N X N					
1 01 06 Turning left 07 Making U-tu			d - both front/side	B Shoulder belt only used Lap belt only used Child safety seat used	BAC LEVEL	Driver Driver					
2 01 08 Entering traffic lane	00 None 02	5 Not app No airba	5 Not applicable/ No airbag available 6 Child booster seat used 7 DOT approved helmet use			ALCOHOL/ No. 1 No. 2					
01 Essentially 09 Leaving straight ahead traffic lane	09 Top & windows		9	B Costume helmet used Restraint use unknown		Neither alcohol nor drugs suspected					
02 Backing 10 Parked 03 Changing lanes 11 Slowing or	10 Undercarriage 01 - 11 Total (all areas)		HICLE 2		2 Yes - alcohol suspected 3 Yes - drugs suspected						
04 Overtaking/ stopped in t Passing 12 Other	traffic 12 Other 08	07 06 -		1	hol & drugs suspected						
05 Turning right 13 Unknown OFFICER NO.	TROOP/	DEPARTMENT									
110	BEAT 2/29	7906 Scottsbluff Police Department									
INVESTIGATOR NAME (Print or Type William Howton	a)	INVESTIGATOR SIGNATURE Digital Certificate wit	DATE OF REPORT 07/10/2012								