State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

1	Total Number of Vehicles	Local No./District: 72	Agency Case No.: A7-015054
			HIT & RUN? ○ YES ● NO

A/1 02	DATE OF ACCIDENT	M M / D D / Y Y Y Y: 0 2 / 1 4 / 2 0 0 7 — S M T W TH F S	TIME OF ACCIDENT (In Military Time): 0100
A/2			POLICE NOTIFIED: 0107
B 0	PLACE OF ACCIDENT	COUNTY: Lancaster	PRIVATE PROPERTY? YES NO
		CITY: Lincoln	
C 4	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.: 19th + P Street	ONE-WAY STREET? YES NO
	DISTANCE FROM MILEPOST	FEET: N S E W OF MILEPOST	HIGHWAY NO.

STATE USE ONLY

LATITUDE

LONGITUDE

SHOULD LOCATION HAVE ENGINEERING STUDY? ○ YES ● NO

D 1	IF AT INTERSECTION: NAME OF INTERSECTING ROADWAY	IF NOT AT INTERSECTION: ○ FEET ○ MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN

V1/M 10 — MILES N S E W AND

V2/M 01 — MILES N S E W OF NEAREST CITY OR TOWN

E 1 — R. WORK ZONE CODES: R1 1, R2, R3, R4

S. PEDESTRIAN CLASSIFICATION CODES: S1, S2, S3, S4, S5-a, S5-b, S6-a, S6-b

CONTINUATION FORMS ATTACHED (Fill in all that apply): ● NONE ○ TRUCK & BUS ○ CONTINUATION

VEHICLE NO. 1

F 3	DRIVER LICENSE NO.	H 1 2 1 1 6 8 8 5	STATE (Of License): NE; SEX ● FEMALE ○ MALE
V1/N 1	DRIVER	Danielle M. Nantkes	PHONE (402) 432-3394; LOCAL NO.
V2/N	DRIVER ADDRESS	3179 R Street #1 Lincoln, NE 68503	DATE OF BIRTH (MM/DD/YYYY): 08/05/1977
	OWNER	Same as above	PHONE (402) 432-3394; LOCAL NO.
G 3	OWNER ADDRESS	Same as above	CITATION ● YES ○ PENDING ○ NO; CITATION NO. LB06656 50
H 5	LICENSE PLATE NO.	P H C 5 5 2	YEAR (Plate Expires): 2007; STATE (Of Plate): ND
V1/O 3	VEHICLE	YEAR 1990; MAKE Dodge; MODEL Spirit; BODY STYLE 4door; COLOR tan; ESTIMATED DAMAGE $1500.00	
V2/O	VEHICLE ID NO. (VIN)	1 B 3 X A 4 6 K 0 L F 7 7 7 2 2 7	INSURANCE COMPANY: Farmers Mutual
	TOWED TO	101 Charleston	TOWED BY: Capitol Towing; POLICY NO. AU269344

V1/1 18 · V1/2 20 · V1/3 · V1/4 · V1/5 20 · V1/6 35

VEHICLE NO. 2

I 1	DRIVER LICENSE NO.	G 0 2 0 3 9 0 7 0	STATE (Of License): NE; SEX ○ FEMALE ● MALE
V1/P 6	DRIVER	Timothy D. Brabb	PHONE (402) 441-7701; LOCAL NO.
V2/P 1	DRIVER ADDRESS	901 N. 6th Street Lincoln, NE 68508	DATE OF BIRTH (MM/DD/YYYY): 06/17/1954
	OWNER	City of Lincoln-Public Works	PHONE (402) 441-7701; LOCAL NO.
J 02	OWNER ADDRESS	901 N. 6th Street Lincoln, NE 68508	CITATION ○ YES ○ PENDING ● NO; CITATION NO.
V1/O 1	LICENSE PLATE NO.	NONE	YEAR (Plate Expires); STATE (Of Plate)
V2/O	VEHICLE	YEAR; MAKE; MODEL; BODY STYLE; COLOR; ESTIMATED DAMAGE $ -0- None	
	VEHICLE ID NO. (VIN)		INSURANCE COMPANY: Self insured
K 02	TOWED TO	TOWED BY	POLICY NO.

V2/1 · V2/2 · V2/3 · V2/4 · V2/5 · V2/6 35

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	/ /						
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS	/ /						
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

THIS FORM REPLACES DR FORM 40, JAN 98
PREVIOUS EDITIONS WILL BE DESTROYED.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

Indicate North by Arrow

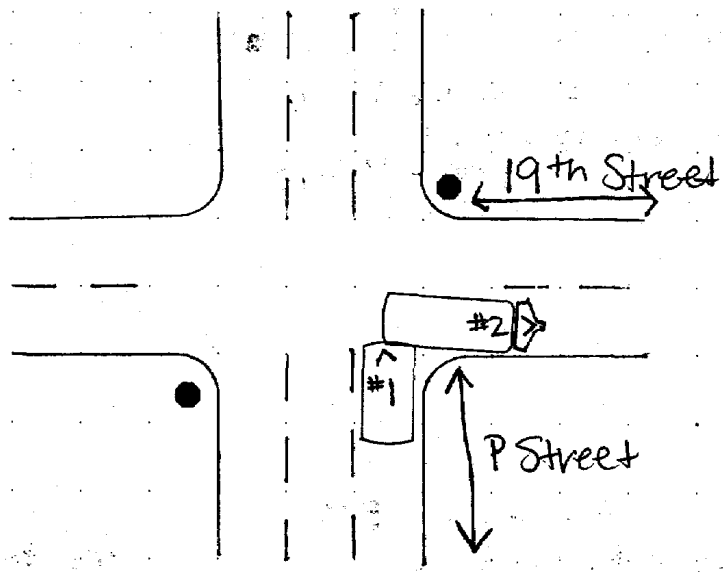
Investigation made at scene? ● YES ○ NO

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO. A7-015054

POI

9' N of the S curbline extended of P Street
2' W of W curbline extended of 19th Street
P Street - 36'
19th Street - 28'
● - stop sign



All meas. approx. Not drawn to scale.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was travelling EB on P Street in the far South lane. DV #1 advised she tried to stop to avoid the collision but couldn't because of the show. Object #2 was travelling SB on 19th Street, almost across the intersection. DV #2 advised he did not see the vehicle. DV #2 stated he felt like something bumped him and later observed vehicle #1 at the rear passenger tire of the front end loader. The front end of vehicle #1 collided with the rear passenger tire of the front end loader with snow blower attachment.

on Front

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Cat front end loader #50065	City of Lincoln 901 N. 6th St. Lincoln, NE 68508		(402) 441-7701	$ -0-
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				( )	$

WITNESSES	NAME	ADDRESS	PHONE
			( ) -
	NAME	ADDRESS	PHONE
			( ) -

VEHICLE MOVEMENT BEFORE COLLISION

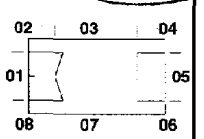
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME
1			■		P Street
2		■			19th Street
1	0	1			
2	0	1			

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

POINT OF IMPACT AND MOST DAMAGED AREA
(Enter numbers for each vehicle)

	VEHICLE 1	VEHICLE 2
POINT OF IMPACT	0 1	0 4
MOST DAMAGED AREA	0 1	0 4

00 None
09 Top & windows
10 Undercarriage
11 Total (all areas)
12 Other



AIRBAG DEPLOYED

VEHICLE 1: 1

1 Deployed - front
2 Deployed - side
3 Deployed - both front/side
4 Not deployed
5 Not applicable/ No airbag available
6 Unknown

VEHICLE 2: 5

RESTRAINT USE

VEHICLE 1: 2

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 Helmet used
8 Restraint use unknown

VEHICLE 2: 8

TOTAL OCCUPANTS	VEH 1	1	VEH 2	1

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y ■ N	Y N	Y N
BAC LEVEL	refused		

ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2
	2	1

1 Neither alcohol nor drugs suspected
2 Yes - alcohol suspected
3 Yes - drugs suspected
4 Yes - alcohol & drugs suspected
5 Unknown

OFFICER NO.	TROOP/ TEAM/ BEAT	DEPARTMENT	Photographs taken?
1552	7A	Lincoln Police Department	○ YES ● NO

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT
M. Riffey	M. Riffey	02/14/2007