

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

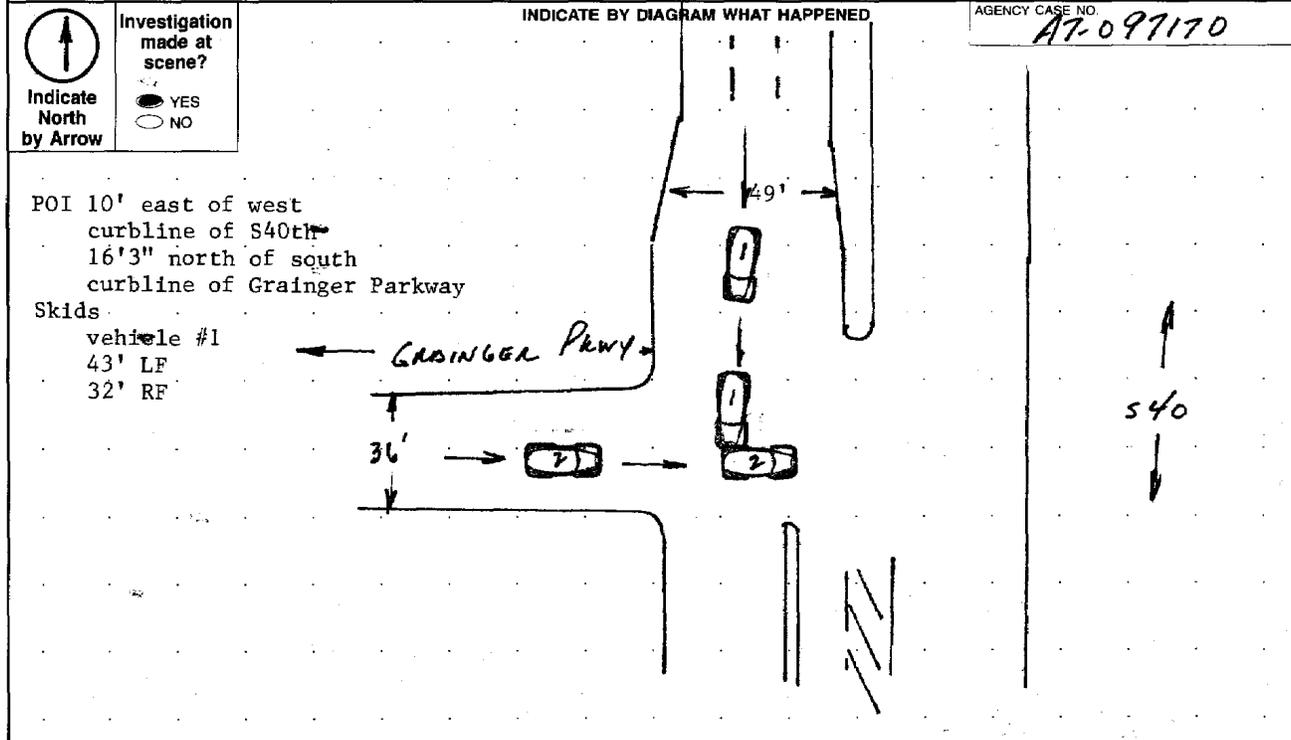
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|--|---------------------|-----------|-----------------|-----------|------------|---|----|---|------------------------------------|------------------------|---|-------------------|---|-----------|--|----|--|------|--|------|--|------|--|------|--|--|-----------------------------------|---------------------------------------|------------------------------------|---|---|
| 2 | Total Number of Vehicles | Local No./ District | 175 | Agency Case No. | A7-097170 | HIT & RUN? | YES <input type="radio"/> NO <input checked="" type="radio"/> | L | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| A1 | DATE OF ACCIDENT | M | 0 | 9 | D | 0 | 5 | Y | 2 | 0 | 0 | 7 | S | | M | | T | | W | | T | | H | | F | | S | (In Military Time) | TIME OF ACCIDENT | 1804 | STATE USE ONLY | |
| A2 | PLACE OF ACCIDENT | COUNTY | LANCASTER | | | | | | | | | | POLICE NOTIFIED | 1805 | LATITUDE | | | | | | | | | | | | | | | | | |
| B | ROAD ON WHICH ACCIDENT OCCURRED | CITY | LINCOLN | | | | | | | | | | PRIVATE PROPERTY? | YES <input type="radio"/> NO <input checked="" type="radio"/> | LONGITUDE | | | | | | | | | | | | | | | | | |
| C | DISTANCE FROM MILEPOST | FEET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SHOULD LOCATION HAVE ENGINEERING STUDY? | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| D | IF AT INTERSECTION | | | | | | | | | | IF NOT AT INTERSECTION | | | | | | | | | | | | | | | | | | | | | |
| V1/M | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V2/M | MILES | | | | | | | | | | | | | AND MILES | | | | | | | | | | | | | | | | | | |
| 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 | | CONTINUATION FORMS ATTACHED (Fill in all that apply) | TRUCK & BUS <input type="radio"/> | NONE <input checked="" type="radio"/> | CONTINUATION <input type="radio"/> | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|----------------------|-----------------------------|------|------|--------|-------|---------|------------|-----|-------|--------|----------------------------|---|------------------|--|------|----|--|--|--|--|--|--|--|--|
| VEHICLE NO. 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | DRIVER LICENSE NO. | G20017628 | | | | | | | | | | STATE (Of License) | NE | SEX | FEMALE <input type="radio"/> MALE <input checked="" type="radio"/> | | | | | | | | | | |
| V1/N | DRIVER | PATSY J. FERRARO | | | | | | | | | | PHONE | (402) 484-0178 | LOCAL NO. | | | | | | | | | | | |
| V2/N | DRIVER ADDRESS | 3300 S B3 LINCOLN NE 68506 | | | | | | | | | | DATE OF BIRTH (MM/DD/YYYY) | 06/15/1925 | V1/1 | 18 | | | | | | | | | | |
| G | OWNER | FRED'S AND PATSY J. FERRARO | | | | | | | | | | PHONE | (402) 484-0178 | LOCAL NO. | | | | | | | | | | | |
| V1/O | OWNER ADDRESS | SAME | | | | | | | | | | CITATION | YES <input type="radio"/> NO <input checked="" type="radio"/> | CITATION NO. | LB101877 | V1/2 | 18 | | | | | | | | |
| H | LICENSE PLATE NO. | HAND 1737 | | | | | | | | | | YEAR (Plate Expires) | 2007 | STATE (Of Plate) | NE | V1/3 | 18 | | | | | | | | |
| V1/O | VEHICLE | YEAR | 2007 | MAKE | TOYOTA | MODEL | COROLLA | BODY STYLE | 4DR | COLOR | SILVER | ESTIMATED DAMAGE | \$2000 | V1/4 | 18 | | | | | | | | | | |
| V2/O | VEHICLE ID NO. (VIN) | JTDBR32E070113739 | | | | | | | | | | INSURANCE COMPANY | STATE FARM INS | V1/5 | 18 | | | | | | | | | | |
| K | TOWED TO | | | | | | | | | | | TOWED BY | | POLICY NO. | 1974487F2827J | V1/6 | 40 | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|----------------------|-------------------------------------|------|------|-------|-------|---------|------------|-----|-------|-------|----------------------------|---|------------------|--|------|----|--|--|--|--|--|--|--|--|
| VEHICLE NO. 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | DRIVER LICENSE NO. | V252211672109 | | | | | | | | | | STATE (Of License) | MN | SEX | FEMALE <input type="radio"/> MALE <input checked="" type="radio"/> | | | | | | | | | | |
| V1/P | DRIVER | MICHAEL K. JANSSEN | | | | | | | | | | PHONE | (605) 941-2664 | LOCAL NO. | | | | | | | | | | | |
| V2/P | DRIVER ADDRESS | 3601 GRAINGER Pkwy LINCOLN NE 68516 | | | | | | | | | | DATE OF BIRTH (MM/DD/YYYY) | 03/24/1985 | V2/1 | 18 | | | | | | | | | | |
| J | OWNER | SAME | | | | | | | | | | PHONE | | LOCAL NO. | | | | | | | | | | | |
| V1/O | OWNER ADDRESS | 477 E MAIN ST PIPESTONE, MN 56164 | | | | | | | | | | CITATION | YES <input type="radio"/> NO <input checked="" type="radio"/> | CITATION NO. | | V2/3 | 18 | | | | | | | | |
| H | LICENSE PLATE NO. | FGR836 | | | | | | | | | | YEAR (Plate Expires) | 2008 | STATE (Of Plate) | MN | V2/4 | 18 | | | | | | | | |
| V1/O | VEHICLE | YEAR | 1996 | MAKE | BUICK | MODEL | CUTLASS | BODY STYLE | 4DR | COLOR | GREEN | ESTIMATED DAMAGE | \$2000 | V2/5 | 18 | | | | | | | | | | |
| V2/O | VEHICLE ID NO. (VIN) | 1G3WH52MXT301599 | | | | | | | | | | INSURANCE COMPANY | STATE FARM INS | V2/6 | 40 | | | | | | | | | | |
| K | TOWED TO | | | | | | | | | | | TOWED BY | | POLICY NO. | 6980270B2023K | V2/6 | 40 | | | | | | | | |

| Complete this section for all injured persons | | | | | | DATE OF BIRTH (MM/DD/YYYY) | | | | | | | SEX | |
|---|------|---------|--|--|--|----------------------------|--|--------------------|-------|-------------|-------------|--------|-----|---|
| (Complete a continuation report, if more than three were injured) | | | | | | | | | | | | | M | F |
| VEH. # | NAME | ADDRESS | | | | | | 1 | 2 | 3 | 4 | 5 | | |
| | | | | | | | | Seat Position | Eject | Body Region | Injury Sev. | Trans. | | |
| | | | | | | | | EMS RUN REPORT NO. | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle #1 reports she was southbound on S40th street approaching Grainger Parkway in the west center lane of traffic. #1 reports the traffic signal at Grainger Parkway turned red for her lane of traffic. #1 applied the brakes but failed to stop in time and collided with vehicle #2.

Driver of vehicle #2 reports he was stopped eastbound on Grainger Parkway for the traffic signal at S40th street. #2 said he received the green turning traffic arrow for his lane of traffic. #2 then continued eastbound and turned left to proceed northbound on S40th when vehicle #1 collided with the left rear of his vehicle.

| | | | | | |
|-----------|----------------|------------|---------|-------|------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE |
| WITNESSES | NAME | ADDRESS | PHONE | | |
| | NAME | ADDRESS | PHONE | | |

Maxwell Olson 3411 Canyon Rd Lincoln NE 68516 402-420-5699

| | | | | | | | | | | | | |
|---|---------|---------------------------------------|--|--|-----|---------------------------------------|--|--|--|---------------------------|-------|-------|
| VEHICLE MOVEMENT BEFORE COLLISION | | POINT OF IMPACT AND MOST DAMAGED AREA | | AIRBAG DEPLOYED | | RESTRAINT USE | | TOTAL OCCUPANTS | | | | |
| VEH NO. | N S E W | ROAD OR HIGHWAY NAME | | (Enter numbers for each vehicle) | | VEHICLE 1 | | VEHICLE 1 | | VEH 1 | VEH 2 | VEH 1 |
| 1 | X | S40 | | | | 4 | | 2 | | 2 | 1 | 1 |
| 2 | X | GRAINGER PARKWAY | | | | 4 | | 2 | | 1 | 1 | 1 |
| 1 | 0 1 | 06 Turning left | | POINT OF IMPACT | 0 8 | 1 Deployed - front | | 1 None used - vehicle occupant | | Y | Y | Y |
| 2 | 0 6 | 08 Entering traffic lane | | MOST DAMAGED AREA | 0 8 | 2 Deployed - side | | 2 Lap & shoulder belt used | | N | N | N |
| 01 Essentially straight ahead | | 09 Leaving traffic lane | | 01 | | 3 Deployed - both front/side | | 3 Shoulder belt only used | | ALCOHOL/DRUGS SUSPECTED | | |
| 02 Backing | | 10 Parked | | 02 | | 4 Not deployed | | 4 Lap belt only used | | 1 | | |
| 03 Changing lanes | | 11 Slowing or stopped in traffic | | 03 | | 5 Not applicable/ No airbag available | | 5 Child safety seat used | | 1 | | |
| 04 Overtaking/ Passing | | 12 Other | | 04 | | 6 Unknown | | 6 Child booster seat used | | 1 | | |
| 05 Turning right | | 13 Unknown | | 05 | | VEHICLE 2 | | 7 Helmet used | | 1 | | |
| OFFICER NO. 474 | | TROOP/TEAM/BEAT 5 | | DEPARTMENT Lincoln Police | | VEHICLE 2 | | 8 Restraint use unknown | | 1 | | |
| INVESTIGATOR NAME (Print or Type) Randal R. Bangert | | | | INVESTIGATOR SIGNATURE Randal R. Bangert | | | | Photographs taken? <input type="radio"/> YES <input checked="" type="radio"/> NO | | DATE OF REPORT 09/05/2007 | | |