State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

2	Total Number of Vehicles	Local No./ District: 161	Agency Case No.: A8-008698	HIT & RUN? ○ YES ● NO

L: 1

A/1 01	DATE OF ACCIDENT: M M / D D / Y Y Y Y: 0 1 3 0 2 0 0 8 — S M T W TH F S	TIME OF ACCIDENT (In Military Time): 0 7 1 2	STATE USE ONLY
A/2	PLACE OF ACCIDENT: COUNTY: LANCASTER	POLICE NOTIFIED: 0 7 1 3	LATITUDE ___ . _____
B 6°F	CITY: LINCOLN	PRIVATE PROPERTY? YES ○ NO ●	LONGITUDE ___ . _____
C 1	ROAD ON WHICH ACCIDENT OCCURRED: STREET/ HIGHWAY NO.: 14th St./Waelick-Cushman	ONE-WAY STREET? YES ● NO ○	
D 1	DISTANCE FROM MILEPOST: FEET / N S E W / OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? ○ YES ● NO

IF AT INTERSECTION — NAME OF INTERSECTING ROADWAY

IF NOT AT INTERSECTION — ○ FEET ○ MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING

V1/M 01 — IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN

V2/M 14 — MILES / N S E W / AND MILES / N S E W / OF NEAREST CITY OR TOWN

E 2 — 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 1 — DRIVER LICENSE NO.: G 0 2 1 9 1 4 9 5 — STATE (Of License): NE — SEX: ○ FEMALE ● MALE

V1/N 1 — DRIVER: Thomas K. Casady — PHONE: (402) 441-7237 — LOCAL NO.:

V2/N 1 — DRIVER ADDRESS: 4940 Bear Creek Rd. — CITY, STATE, ZIP: Lincoln, NE. 68516 — DATE OF BIRTH (MM / DD / YYYY): 08/11/1953 — V1/1 18

G 2 — OWNER: City of Lincoln — PHONE: (402) 441-6536 — LOCAL NO.: — V1/2

OWNER ADDRESS: 575 S. 10th St. — CITY, STATE, ZIP: Lincoln, NE. 68508 — CITATION ○ YES ○ PENDING ● NO — CITATION NO.: — V1/3

H 1 — LICENSE PLATE NO.: P W F 6 8 4 — YEAR (Plate Expires): 2 0 0 8 — STATE (Of Plate): NE

V1/O 1 — VEHICLE: YEAR 2008 — MAKE: Dodge — MODEL: Avenger — BODY STYLE: 4dr. — COLOR: Blk. — ESTIMATED DAMAGE: $ 800.00 — V1/4

V2/O 1 — VEHICLE ID NO. (VIN): 1 B 3 L C 4 6 R 5 8 N 1 9 3 5 5 4 — INSURANCE COMPANY: Self Insured — V1/5 18

TOWED TO: — TOWED BY: — POLICY NO.: — V1/6 45

VEHICLE NO. 2

I 1 — DRIVER LICENSE NO.: H 1 3 0 8 4 5 8 1 — STATE (Of License): NE — SEX: ○ FEMALE ● MALE

V1/P 1 — DRIVER: Larry L. Handeland — PHONE: (830) 570-4420 — LOCAL NO.:

V2/P 1 — DRIVER ADDRESS: 5920 Berkley Dr. — CITY, STATE, ZIP: Lincoln, NE. 68512 — DATE OF BIRTH (MM / DD / YYYY): 12/26/1946 — V2/1 18

J 01 — OWNER: Barbara J. Moser-Handeland — PHONE: (830) 570-4420 — LOCAL NO.: — V2/2

OWNER ADDRESS: Same as Driver — CITY, STATE, ZIP: — CITATION ○ YES ○ PENDING ● NO — CITATION NO.: — V2/3

V1/Q 4 — LICENSE PLATE NO.: 2 5 T J B 6 — YEAR (Plate Expires): 2 0 0 8 — STATE (Of Plate): TX — V2/4

V2/Q 4 — VEHICLE: YEAR 2006 — MAKE: Dodge — MODEL: Ram — BODY STYLE: P.U. — COLOR: Wht. — ESTIMATED DAMAGE: $ 200.00 — V2/5 18

K 01 — VEHICLE ID NO. (VIN): 1 D 7 H U 1 8 2 X 6 S 6 1 5 6 6 2 — INSURANCE COMPANY: Allied — V2/6 45

TOWED TO: — TOWED BY: — POLICY NO.: PPGM0020680847 0

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

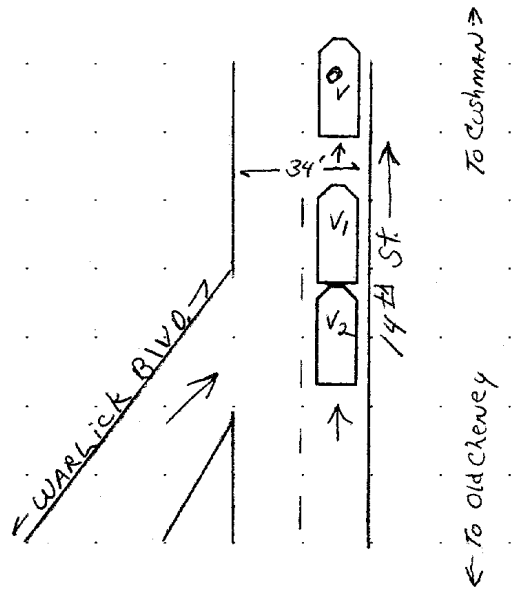
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO. A8-008698

POI (Approx.)
7' W./E. CURB 14th St.
900' N./N. CURB Old Cheney

[2] = other veh.

NOT To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D' stated he was North on 14th St. From Old Cheney Approx. 30mph. traffic slowing due to merging traffic From Warlick Blvd. OV in Front of V' Almost At a stop. V' Struck in rear By V2. D2 stated he was N. on 14th From Old Cheney 25-30 mph. D2 heard horn sounding And was distracted Briefly. V2 impacting rear of V'.

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
			( ) –

VEHICLE MOVEMENT BEFORE COLLISION

VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME
1	X				14th St.
2	X				14th St.

1	01
2	01

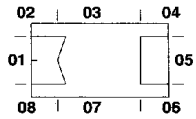
01 Essentially straight ahead
02 Backing
03 Changing lanes
04 Overtaking/ Passing
05 Turning right
06 Turning left
07 Making U-turn
08 Entering traffic lane
09 Leaving traffic lane
10 Parked
11 Slowing or stopped in traffic
12 Other
13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

	VEHICLE 1	VEHICLE 2
POINT OF IMPACT	05	01
MOST DAMAGED AREA	05	01

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



AIRBAG DEPLOYED

VEHICLE 1: 4

VEHICLE 2: 4

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

RESTRAINT USE

VEHICLE 1: 2

VEHICLE 2: 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

TOTAL OCCUPANTS	VEH 1	VEH 2

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y / N X	Y / N X	Y / N
BAC LEVEL			

ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2
	1	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?
315	4L	Lincoln Police Department	○ YES ● NO

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT
Sgt. R. KLEM	Sgt. R. Klem	01/30/2008