

State of Nebraska Investigator's Motor Vehicle Accident Report

1	Total Number of Vehicles	Local No./District 183	Agency Case No. BO-054319	HIT & RUN? <input checked="" type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	1				
A1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 06 09 2010		(In Military Time) TIME OF ACCIDENT 2246		STATE USE ONLY				
A2	PLACE OF ACCIDENT	COUNTY Lancaster		POLICE NOTIFIED 2247		LATITUDE				
B		CITY Lincoln		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		LONGITUDE				
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. S. 70th / Pioneer Blvd - Holmes Lake SS		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
D	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST		HIGHWAY NO.					
E	IF AT INTERSECTION		IF NOT AT INTERSECTION							
F	NAME OF INTERSECTING ROADWAY					<input type="radio"/> FEET <input type="radio"/> MILES				
G	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
H	MILES	N S E W AND MILES		N S E W OF NEAREST CITY OR TOWN						
I	R. WORK ZONE CODES	R1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES				
J						DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
VEHICLE NO. 1										
K	DRIVER LICENSE NO.	A13370384			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE			
L	DRIVER	Mason L. Shepard			PHONE	(402) 601-1443				
M	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM/DD/YYYY)	LOCAL NO.				
N	2943 N 50th		Lincoln, NE 68504		06/25/2010		V1/1 33			
O	OWNER	Mason L. Shepard			PHONE	(402) 601-1443				
P	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.				
Q	2943 N 50th		Lincoln, NE 68504		LB 240911		V1/2 42			
R	LICENSE PLATE NO.	6C367			YEAR (Plate Expires)	2010	STATE (Of Plate) NE			
S	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE			
T	1989		Cadillac	Deville	4door	Black	<input checked="" type="radio"/> TOTALLED \$			
U	VEHICLE ID NO. (VIN)	1G6C05153K4314409					INSURANCE COMPANY			
V	TOWED TO		TOWED BY		POLICY NO.					
W	Capital Towing		Capital Towing		None					
VEHICLE NO. 2										
X	DRIVER LICENSE NO.				STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE			
Y	DRIVER				PHONE					
Z	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM/DD/YYYY)	LOCAL NO.				
AA					1 1		V2/1			
AB	OWNER				PHONE	LOCAL NO.				
AC	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.				
AD							V2/2			
AE	LICENSE PLATE NO.				YEAR (Plate Expires)		STATE (Of Plate)			
AF	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE			
AG							<input type="radio"/> TOTALLED \$			
AH	VEHICLE ID NO. (VIN)						INSURANCE COMPANY			
AI	TOWED TO		TOWED BY		POLICY NO.					
AJ										
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
AK	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
AL				1 1						
AM	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						
AN										
AO	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
AP				1 1						
AQ	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						
AR										
AS	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
AT				1 1						
AV	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						
AW										

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.

80-054319



See Continuation Form For Details

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

DI made numerous comments about being intoxicated. DI said he bought 'this' car and he can buy another car if needed. Trever and Adam said they were reading a movie at Walgreens when they heard a rustling noise from the bushes. Trever and Adam said a BLM then emerged and offered them \$40 to take him 2 blocks in their vehicle. Trever and Adam said they denied his offer and the BLM ran EB. Beckie said she was following VI when it went off the road and struck a light pole. Beckie said VI and her were traveling NB on S. 70th at the time of the accident. John said he was in front of VI when it got into the accident. John said he made a U-Turn and saw DI running SB on S 70th from VI. See ACT / Litation for more information.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Grass	City of Lincoln	575 S 10th	(402) 441-6000	\$60
	Tree	City of Lincoln	575 S 10th	(402) 441-6000	\$50

WITNESSES	NAME	ADDRESS	PHONE
	Adam Mace	3160 S 72nd #204	(308) 940-0286
	Trever Huettle	3160 S 72nd #204	(308) 940-3005

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 2		
1	X	S. 70th		VEHICLE 1		VEHICLE 1		VEHICLE 1		
2				VEHICLE 2		VEHICLE 2		VEHICLE 2		
1	01	06 Turning left	POINT OF IMPACT	01	POINT OF IMPACT					
2		07 Making U-turn	MOST DAMAGED AREA	01	MOST DAMAGED AREA					
1		08 Entering traffic lane	00 None		02		03		04	
2		09 Leaving traffic lane	09 Top & windows		01		05		06	
1		10 Parked	10 Undercarriage		08		07		06	
2		11 Slowing or stopped in traffic	11 Total (all areas)							
1		12 Other	12 Other							
2		13 Unknown								

OFFICER NO.	1662	TROOP/TEAM/BEAT	513	DEPARTMENT	Lincoln Police Department	Photographs taken?	<input checked="" type="radio"/> YES <input type="radio"/> NO
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INVESTIGATOR NAME (Print of Type)	D. Romshok	INVESTIGATOR SIGNATURE	<i>D. Romshok</i> #1662	DATE OF REPORT	06/10/2010
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Local No./ District 183	Agency Case No. BO-054319	STATE USE ONLY
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Vehicle Codes from Overlay #2	DATE OF ACCIDENT (MM/DD/YYYY) 06/09/2010	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. S. 70th / Pioneer Woods Dr. - Holmes Lake South Shore
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VEH. #	VEHICLE NO.		DRIVER LICENSE NO.		STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE () -	LOCAL NO.		
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)		/ /
O	OWNER		PHONE () -	LOCAL NO.		
O	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
P	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR
O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
O	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		
O	TOWED TO	TOWED BY	POLICY NO.			

VEH. #	VEHICLE NO.		DRIVER LICENSE NO.		STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE () -	LOCAL NO.		
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)		/ /
O	OWNER		PHONE () -	LOCAL NO.		
O	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
P	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR
O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
O	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		
O	TOWED TO	TOWED BY	POLICY NO.			

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS		VEH	VEH			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				ALCOHOL TESTING		Driver No.	Driver No.		
					06 Turning left 07 Making U-turn 08 Entering traffic lane				00 None 02 03 04				1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				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 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				Y	Y
					01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right				01 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				VEHICLE				VEHICLE				N	N
					09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				08 07 06				VEHICLE				VEHICLE					

Complete this section for all injured persons						DATE OF BIRTH (MM/DD/YYYY)		1	2	3	4	5	SEX M F
VEH. #	NAME	ADDRESS				/ /		Seat Positon	Eject	Body Region	Injury Sev.	Trans.	
	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.							

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT

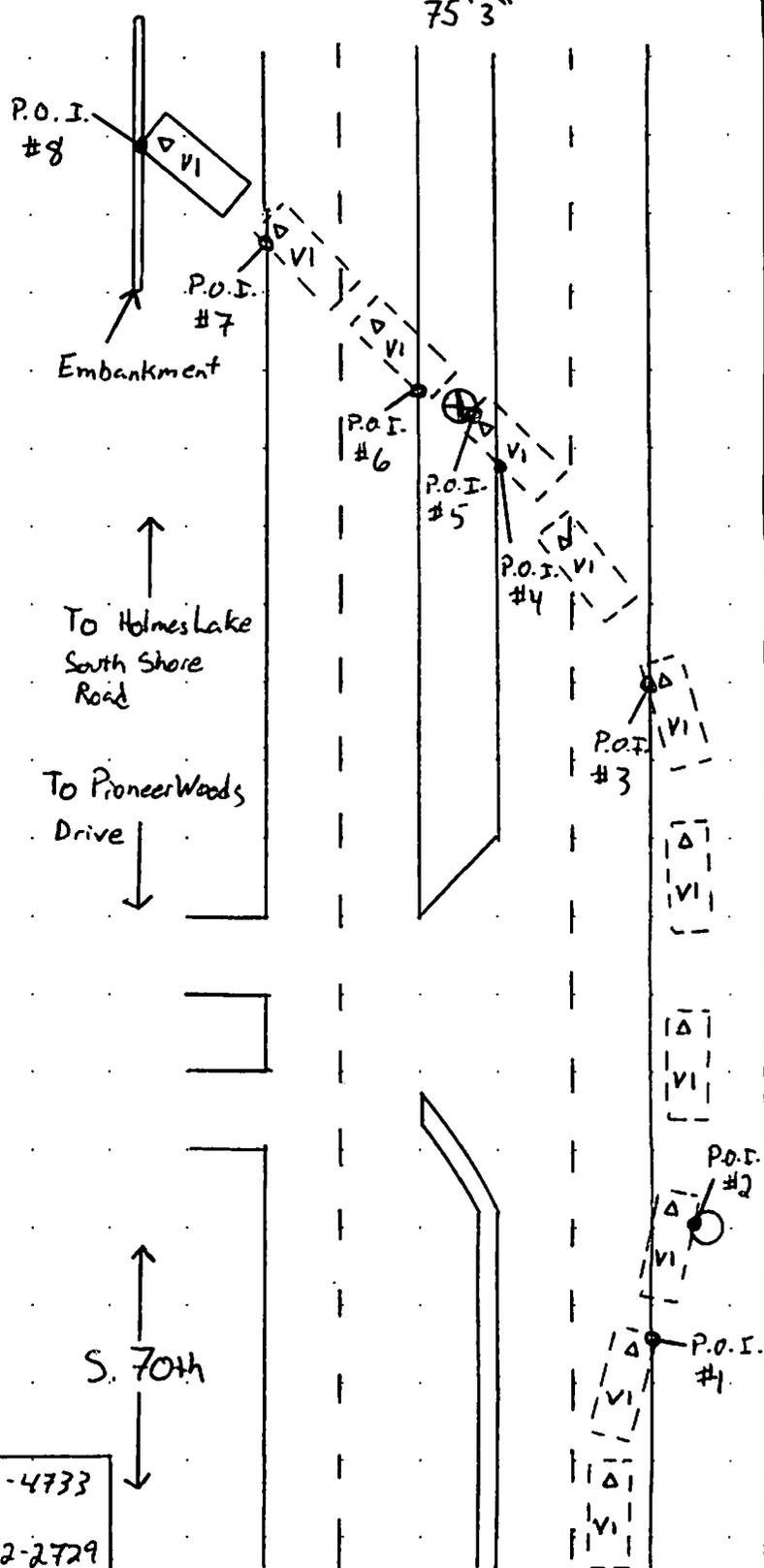
AGENCY CASE NO. **50-054319**



Indicate North by Arrow

- P.O.I. #1 (Curb)
 - 97'2" S of S Curb of Pioneer Woods Dr
 - 0'0" E of E Curb of S 70th
- P.O.I. #2 (Poll)
 - 110'1" S of S Curb of Pioneer Woods Dr.
 - 6'5" E of E Curb of S. 70th.
- P.O.I. #3 (Curb)
 - 510'5" S of S Curb of Pioneer Woods Dr.
 - 0'0" E of E Curb of S. 70th
- P.O.I. #4 (Curb)
 - 570'6" S of S Curb of Pioneer Woods Dr.
 - 23'1" W of E Curb of S 70th
- P.O.I. #5 (Tree)
 - 582'2" S of S Curb of Pioneer Woods Dr.
 - 33'1" W of E Curb of S 70th
- P.O.I. #6 (Curb)
 - 589'10" S of S Curb of Pioneer Woods Dr.
 - 22'10" E of W Curb of S 70th
- P.O.I. #7 (Curb)
 - 602'1" S of S Curb of Pioneer Woods Dr.
 - 0'0" W of W Curb of S. 70th
- P.O.I. #8 (Embankment)
 - 627'2" S of S Curb of Pioneer Woods Dr.
 - 23'4" W of W Curb of S 70th

All Measurements Are Approximate
Not Drawn To Scale



Additional Witnesses

⊗ = Tree
○ = Poll

Beckie Siecke	910 Lamplighter	560-4733
John Soung	1730 Independence	802-2729

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Embankment	City of Lincoln	575 S 10th	(402) 441-6000	\$ 50
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				() -	\$
OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT			
1662	5B	Lincoln Police Department			
INVESTIGATOR NAME (Print or Type Signature)			INVESTIGATOR SIGNATURE (Name)		
D. Romshek #1662			Dustin Romshek #1662		
DATE OF REPORT					06/10/2010