

213020114

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

001	Total Number of Vehicles	Local No./ District 15	Agency Case No. b3-049103	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 06-06-2013		(In Military Time) TIME OF ACCIDENT 1123		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1125	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 26 to 27/ Y STREET		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
2	NAME OF INTERSECTING ROADWAY		<input type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
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	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	1			01 02 1 1 01		
VEHICLE NO. 1						
F	DRIVER LICENSE NO.	G02155784		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	ROLAND G MCGAUGH		PHONE (402) 417-8463	LOCAL NO.	
V2/N	DRIVER ADDRESS	3810 LINDEN ST, , LINCOLN, NE, 68516		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	11-27-1948
G	OWNER	ROLAND G MCGAUGH		PHONE (402) 417-8463	LOCAL NO.	
2	OWNER ADDRESS	3810 LINDEN ST, , LINCOLN, NE, 68516		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H	LICENSE PLATE TC NO.	TAE458		YEAR (Plate Expires)	2014	STATE (Of Plate) NE
V1/O	VEHICLE	2000	MAKE Ford	MODEL RANGER	BODY STYLE Pickup truck	COLOR RED
1	VEHICLE ID NO. (VIN)	1FTYR10C0YPA33379		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0		
V2/O	TOWED TO	TOWED BY		INSURANCE COMPANY STATE FARM		
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER			PHONE ()	LOCAL NO.	
V2/P	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER			PHONE ()	LOCAL NO.	
01	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
02	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="radio"/> TOALED \$		
K	TOWED TO	TOWED BY		POLICY NO.		
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 2 3 4 5	SEX M F
0	David L Smith , 6411 Orchard , , Lincoln, Ne, 68505			12-07-1990	19	09 3 1 M
	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.	

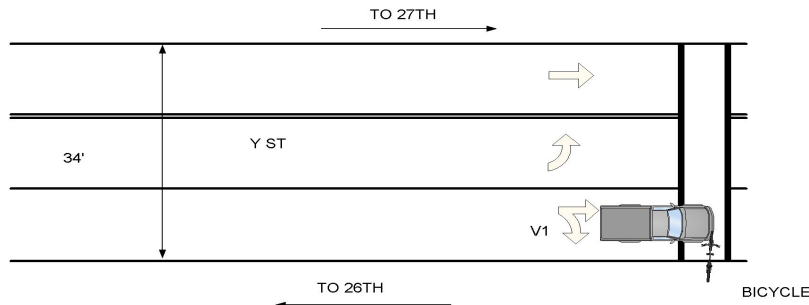
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
b3-049103



Not To Scale



POI (ESTIMATED VEHICLES
MOVED)
5' W OF W CURB 27TH
3' N OF S CURB Y

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was EB on Y stopped at the light at 27th. V1 was starting forward to pull onto 27th and make a right turn on red. The party riding the bike was NB along the sidewalk, entered the street riding the bike and struck V1. Driver V1 said he had looked right and saw no one coming and then was looking left to pull onto 27th. The cyclist said he didn't realize the party was going to pull forward.

PROPERTY	OBJECT DAMAGED HUFFY 15 SPEED	OWNER NAME DAVID SMITH	ADDRESS 6411 ORCHARD, , LINCOLN, NE, 68505	PHONE (402) 543-4736	APPROX. COST OF DAMAGE \$ 100
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
WITNESSES	NAME KATHERINE L HENG-W-F-5-13-54				ADDRESS 5541 VENTURE DR LINCOLN NE 68521
	NAME				ADDRESS
PHONE (402) 873-2840					PHONE ()

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																								
1			X		Y					4				2				<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>N</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	N
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																														
Y		Y	Y																														
N	X	N	N																														
2																																	
1	05	06 Turning left			02				02				1 Deployed - front				1 None used - vehicle occupant																
2		07 Making U-turn			01				01				2 Deployed - side				2 Lap & shoulder belt used																
					02				02				3 Deployed - both front/side				3 Shoulder belt only used																
					03				03				4 Not deployed				4 Lap belt only used																
					04				04				5 Not applicable/ No airbag available				5 Child safety seat used																
					05				05				6 Unknown				6 Child booster seat used																
					06				06				7 DOT approved helmet used				7 Costume helmet used																
					07				07				8 Restraint use unknown				8 Restraint use unknown																
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OFFICER NO. 1438	TROOP/ TEAM/ BEAT 5b	DEPARTMENT 5501 Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jesse Hilger	INVESTIGATOR SIGNATURE Digital Certificate with Nebraska Crime Commission	DATE OF REPORT 06/07/2013	