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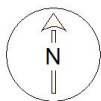
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 79	Agency Case No. B5-114253	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 3
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/10/2015		TIME OF ACCIDENT 1316	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1317	12/10/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O st Centenial Mall to 16th			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	15.00			X	O st	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST 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			10 2 1 1 01	2	
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13605286		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	PAULA D LOPEZ		PHONE	402-570-6603	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/10/1960	
G	OWNER	CARLOS E LOPEZ		PHONE	402-570-6603	
1	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
H	LICENSE PLATE NO.	YEAR		MAKE	MODEL	BODY STYLE
5	2016	Chrysler	FIAT	Compact Utility	red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500
V1/O	VEHICLE ID NO. (VIN)	ZFBCFYDT5GP403412		INSURANCE COMPANY	GEICO	
V2/O	TOWED TO	TOWED BY		POLICY NO.	2006836551	
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		MAKE	MODEL	BODY STYLE
V2/Q	2016	Chrysler	FIAT	Compact Utility	red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$
K	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY		POLICY NO.
09						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS		19	12	4 1 M
0	JARED T FRIEND	1035 SUMNER, LINCOLN, NE 68502		07/06/1996		
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.

INDICATE BY DIAGRAM WHAT HAPPENED

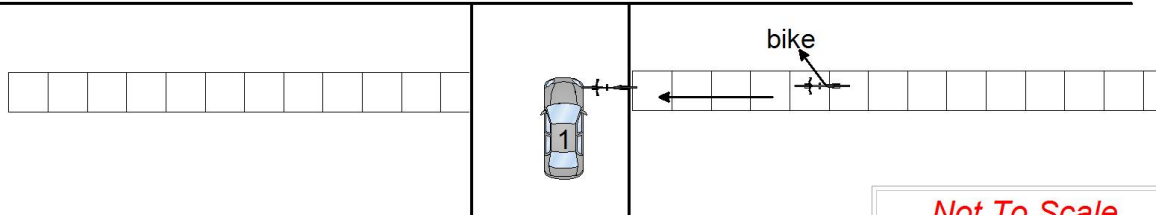
Indicate North by Arrow



← to Centennial Mall to 16th →

o st

15' S of S of O
st
85' E of E of
Centennial Mall



Not To Scale

Driver #1 said she was pulling out from the parking garage 115 S. 16, to get onto O st. As she got almost out onto the street she was struck by Jared Friend, who was on his bicycle W bound on the S sidewalk for O st. Jared and Dr. 1 exchanged phone numbers and Jared rode off. Jared said he was West on the sidewalk, "riding like a dingus" Jared said he saw veh 1 pulling out of the parking garage but didn't stop in time to avoid hitting veh 1. The area Jared was driving is in a no bike on sidewalk area downtown.

PROPERTY	OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE		
	grn Centurian Sport		Jared Friend 1035 Sumner, Lincoln, NE 68502		402-570-8185		\$ 55				
WITNESSES	OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE		
									\$		
NAME		ADDRESS		PHONE							
NAME		ADDRESS		PHONE							
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA		AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	
VEH NO. N S E W ROAD OR HIGHWAY NAME		(Enter numbers for each vehicle)		VEHICLE 1		VEHICLE 2		VEH 1		VEH 2	
1 X		PARKING LOT		POINT OF IMPACT 02		POINT OF IMPACT		ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian			
2				MOST DAMAGED AREA 02		MOST DAMAGED AREA		ALCOHOL LEVEL TESTED Y N X Y N X			
1 01		06 Turning left		02		03		BAC LEVEL			
2		07 Making U-turn		02		04		ALCOHOL/DRUGS SUSPECTED		Driver No. 1 Driver No. 2	
01 Essentially straight ahead		08 Entering traffic lane		02		05		1 Neither alcohol nor drugs suspected			
02 Backing		09 Leaving traffic lane		03		06		2 Yes - alcohol only suspected			
03 Changing lanes		10 Parked		04		07		3 Yes - drugs suspected			
04 Overtaking/Passing		11 Slowing or stopped in traffic		05		08		4 Yes - alcohol & drugs suspected			
05 Turning right		12 Other		06		09		5 Unknown			
06 Turning left		13 Unknown		07		10					
OFFICER NO.		TROOP/TEAM/BEAT		DEPARTMENT				Photographs taken?		YES NO	
965		CE		Lincoln Police Department							
INVESTIGATOR NAME (Print or Type)		INVESTIGATOR SIGNATURE						DATE OF REPORT		12/10/2015	
Richard Fitch		Approved by Officer Richard Fitch									