

216023853
104155

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

2	Total Number of Vehicles	Local No./ District 102	Agency Case No. B6-051805	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 06/11/2016	S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	(In Military Time) TIME OF ACCIDENT 1602	STATE USE ONLY				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1604	6/11/2016				
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. South St.--S 38th/S 37th	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	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				
			121.00		X	S 37th			
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN								
14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN				
V2/M									
01									
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								
VEHICLE NO. 1									
F	DRIVER LICENSE NO.	H13293464		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V1/N	DRIVER	CIARA D BRIGGS		PHONE	402-580-0138				
1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/04/1993				
V2/N	2738 1/2 N 48th, LINCOLN, NE 68504								
1	OWNER	CIARA D BRIGGS		PHONE	402-580-0138				
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.			
4	2738 1/2 N 48th, LINCOLN, NE 68504		PENDING <input type="radio"/> NO <input type="radio"/>		LB515779				
H	LICENSE PLATE PA NO.	TGT604		YEAR (Plate Expires)	2017	STATE (Of Plate)			
5					NE				
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR			
4	2007	Hyundai	Tucson	Medium/large u	white	<input checked="" type="radio"/> TOALED \$			
V2/O	VEHICLE ID No. (VIN)	KM8JM12B17U560119		INSURANCE COMPANY					
1	Capital Towing		Capital Towing		Bristol West Insurance Co.				
	TOWED TO	TOWED BY		POLICY NO.					
1					G00 7724997 00				
VEHICLE NO. 2									
I	DRIVER LICENSE NO.	H12779896		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V1/P	DRIVER	ANDREW A KESSLER		PHONE	402-429-5797				
1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/16/1985				
V2/P	6935 Lexington Ave, LINCOLN, NE 68505								
1	OWNER	ANDREW KESSLER		PHONE	402-429-5797				
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.			
01	6935 Lexington Ave, Lincoln, NE 68505		PENDING <input type="radio"/> NO <input type="radio"/>						
V1/Q	LICENSE PLATE PA NO.	TSS743		YEAR (Plate Expires)	2017	STATE (Of Plate)			
1					NE				
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR			
4	2005	Acura	MDX	Medium/large u	silver / chrome	<input type="radio"/> TOALED \$ 4000			
V2/O	VEHICLE ID No. (VIN)	2HNYD18855H507268		INSURANCE COMPANY					
1	Geico		Capital Towing		Geico				
K	TOWED TO	TOWED BY		POLICY NO.					
01					4299-14-54-01				
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
1	CIARA D BRIGGS	2738 1/2 N 48th, Lincoln, NE 68504	06/04/1993	01	1	03	4	2	F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
		BryanLGH Medical Center West (Lincoln General)	Lincoln Fire & Rescue						
2	Aiden Kessler	6935 Lexington, Lincoln, NE 68505	11/02/2010	04	1	03	4	2	M
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
		BryanLGH Medical Center West (Lincoln General)	Lincoln Fire & Rescue						
2	Anna Kessler	6935 Lexington, Lincoln, NE 68505	04/05/1986	03	1	03	4	2	F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
		BryanLGH Medical Center West (Lincoln General)	Lincoln Fire & Rescue						

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-051805



Indicate North by Arrow

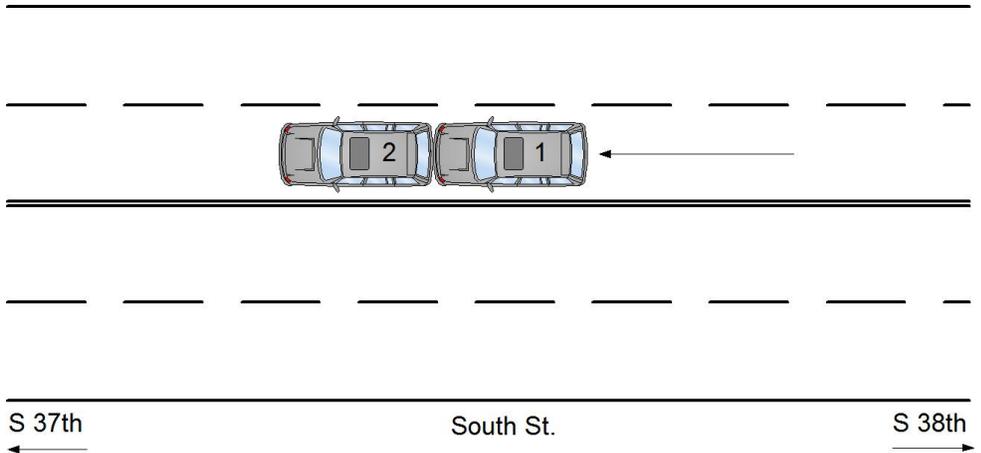


POI

**121' E of E curb on S. 37th
16' S of N curb on South St**

**Street Width
South St.--46'**

**Measurements Approximate
Not To Scale**



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicles 1 and 2 were westbound on South St between S 38th and S 37th in the inside (right) lane. Driver 1 described that as she drove westbound she did not see vehicle 2's brake lights and was unsure if they were illuminated. Driver 1 described that when she noticed vehicle 2 was stopped, she tried to stop but collided with vehicle 1. Driver 2 described that he was stopped in traffic due to a vehicle in front of him waiting to turn left. Driver 2 said that he was then struck from behind by vehicle 1.

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				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	South St				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2							
2				X	South St				POINT OF IMPACT	01	POINT OF IMPACT	05	4				5				Driver No. 1				Driver No. 2			
1	01	06 Turning left			MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1 Deployed - front				1 None used - vehicle occupant				ALCOHOL TESTING				Driver No. 1				Driver No. 2			
2	11	08 Entering traffic lane			01				2 Deployed - side				2 Lap & shoulder belt used				ALCOHOL LEVEL TESTED				1				1			
				09 Leaving traffic lane				02				3 Deployed - both front/side				3 Shoulder belt only used				BAC LEVEL								
				10 Undercarriage				03				4 Not deployed				4 Lap belt only used				ALCOHOL/DRUGS SUSPECTED								
				11 Slowing or stopped in traffic				04				5 Not applicable/ No airbag available				5 Child safety seat used				1				1				
				12 Other				05				6 Unknown				6 Child booster seat used				2				2				
				13 Unknown				06				VEHICLE 2				VEHICLE 2				3 Yes - drugs suspected								
								08				4				2				4 Yes - alcohol & drugs suspected								
								07				5				6				5 Unknown								
								06				4				2				Photographs taken?				YES NO				
OFFICER NO. 1549				TROOP/TEAM/BEAT 5				DEPARTMENT Lincoln Police Department												DATE OF REPORT 06/11/2016								
INVESTIGATOR NAME (Print or Type) Michael Wambold								INVESTIGATOR SIGNATURE Approved by Officer Michael Wambold																				

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./ District 102

Agency Case No. B6-051805

STATE USE ONLY

Vehicle Codes from Overlay #2

DATE OF ACCIDENT (MM / DD / YYYY) 06/11/2016	PLACE OF ACCIDENT Lincoln	COUNTY Lancaster
ROAD ON WHICH ACCIDENT OCCURRED South St.--S 38th/S 37th		CITY Lincoln

VEH. #	VEHICLE NO.	VEH. #
	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.
P	OWNER ADDRESS	CITY, STATE, ZIP CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING CITATION NO.
Q	LICENSE PLATE NO.	YEAR (Plate Expires) STATE (Of Plate)
	VEHICLE	YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY
	TOWED TO	TOWED BY POLICY NO.

VEH. #	VEHICLE NO.	VEH. #
	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.
P	OWNER ADDRESS	CITY, STATE, ZIP CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING CITATION NO.
Q	LICENSE PLATE NO.	YEAR (Plate Expires) STATE (Of Plate)
	VEHICLE	YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY
	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 NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				VEHICLE				VEHICLE				VEHICLE				VEHICLE																						
								VEHICLE				VEHICLE				VEHICLE				VEHICLE				VEHICLE				VEHICLE																							
								POINT OF IMPACT				POINT OF IMPACT				POINT OF IMPACT				POINT OF IMPACT				POINT OF IMPACT				POINT OF IMPACT																							
								MOST DAMAGED AREA				MOST DAMAGED AREA				MOST DAMAGED AREA				MOST DAMAGED AREA				MOST DAMAGED AREA				MOST DAMAGED AREA																							
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			
								00 None				01				02				03				04				05				06				07				08											

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
VEH. #	NAME ADDRESS							1	2	3	4	5	M F
2	ANDREW A KESSLER 6935 Lexington, Lincoln, NE 68505					07/16/1985		01	1	03	4	4	M
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.						
		BryanLGH Medical Center West (Lincoln General)											
VEH. #	NAME ADDRESS					DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
2	Aaron Kessler 6935 Lexington, Lincoln, NE 68505					11/05/2004		06	1	03	4	2	M
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.						
		BryanLGH Medical Center West (Lincoln General)			Lincoln Fire & Rescue								
VEH. #	NAME ADDRESS					DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.						

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.
B6-051805

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
OFFICER NO. 1549		TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department		
INVESTIGATOR NAME <i>(Print or Type)</i> Michael Wambold			INVESTIGATOR SIGNATURE Approved by Officer Michael Wambold		DATE OF REPORT 06/11/2016