State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

2	Total Number of Vehicles	Local No./ District: 072	Agency Case No.: B3-115825	HIT & RUN? ○ YES ● NO	INVESTIGATION MADE AT SCENE? ○ YES ● NO

L: 1

DATE OF ACCIDENT (A/1 01): M M / D D / Y Y Y Y — 12 / 16 / 2013 — S M T W TH F S: M

TIME OF ACCIDENT (In Military Time): 1943

POLICE NOTIFIED: 1945

STATE USE ONLY

PLACE OF ACCIDENT (A/2, B 40): COUNTY: Lancaster — CITY: Lincoln — PRIVATE PROPERTY? YES ○ NO ●

LATITUDE ___ . _____

LONGITUDE ___ . _____

ROAD ON WHICH ACCIDENT OCCURRED (C 4): STREET/ HIGHWAY NO.: P St / N.20 - N.21 — ONE-WAY STREET? YES ● NO ○

DISTANCE FROM MILEPOST (D 1): 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

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN (V1/M 02, V2/M 01)

MILES — N S E W — AND MILES — N S E W — OF NEAREST CITY OR TOWN

R. WORK ZONE CODES (E 1): R1: 1 — 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? ○ YES ● NO

VEHICLE NO. 1

(F 1) DRIVER LICENSE NO.: H13060469 — STATE (Of License): NE — SEX ○ FEMALE ● MALE

(V1/N 1) DRIVER: Alan H. Ali — PHONE: (402) 480-1295 — LOCAL NO.

(V2/N 1) DRIVER ADDRESS: 705 W. Garfield — CITY, STATE, ZIP: Lincoln NE 68522 — DATE OF BIRTH (MM/DD/YYYY): 04/02/1988 (V1/1 18)

OWNER: SAME AS ABOVE — PHONE: ( ) - — LOCAL NO. (V1/2)

(G 2) OWNER ADDRESS — CITY, STATE, ZIP — CITATION ● YES ○ PENDING ○ NO — CITATION NO.: LB399423 (V1/3)

(H 5) LICENSE PLATE NO.: SHH037 — YEAR (Plate Expires): 2014 — STATE (Of Plate): NE

(V1/O 2) VEHICLE: YEAR 2003 — MAKE Toyota — MODEL Avalon — BODY STYLE 4dr — COLOR grn — ESTIMATED DAMAGE ○ TOTALED $ 3000 (V1/4)

VEHICLE ID NO. (VIN): 4T1BF28B53U272173 — INSURANCE COMPANY: Shelter Ins (V1/5 18)

(V2/O 2) TOWED TO — TOWED BY — POLICY NO.: 11-260083-7767-0001 (V1/6 35)

VEHICLE NO. 2

(I 1) DRIVER LICENSE NO.: G11006778 — STATE (Of License): NE — SEX ○ FEMALE ● MALE

(V1/P 1) DRIVER: Douglas L. Clark — PHONE: (402) 314-8711 — LOCAL NO.

(V2/P 1) DRIVER ADDRESS: 345 Greenwood St — CITY, STATE, ZIP: Douglas NE 68344 — DATE OF BIRTH (MM/DD/YYYY): 07/08/1971 (V2/1 18)

OWNER: Russell W. Grady — PHONE: (402) 966-4913 — LOCAL NO. (V2/2)

(J 01) OWNER ADDRESS: 245 Washington St — CITY, STATE, ZIP: Douglas NE 68344 — CITATION ○ YES ○ PENDING ● NO — CITATION NO. (V2/3)

(V1/Q 4) LICENSE PLATE NO.: BULL3T — YEAR (Plate Expires): 2014 — STATE (Of Plate): NE (V2/4)

(V2/Q 4) VEHICLE: YEAR 2005 — MAKE Ford — MODEL Mustang — BODY STYLE 2dr Conv — COLOR Slv — ESTIMATED DAMAGE ○ TOTALED $ 2500 (V2/5 18)

VEHICLE ID NO. (VIN): 1ZVFT84N3551998 20 — INSURANCE COMPANY: Viking Ins (V2/6 35)

(K 01) TOWED TO — TOWED BY — POLICY NO.: 275633319

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.					

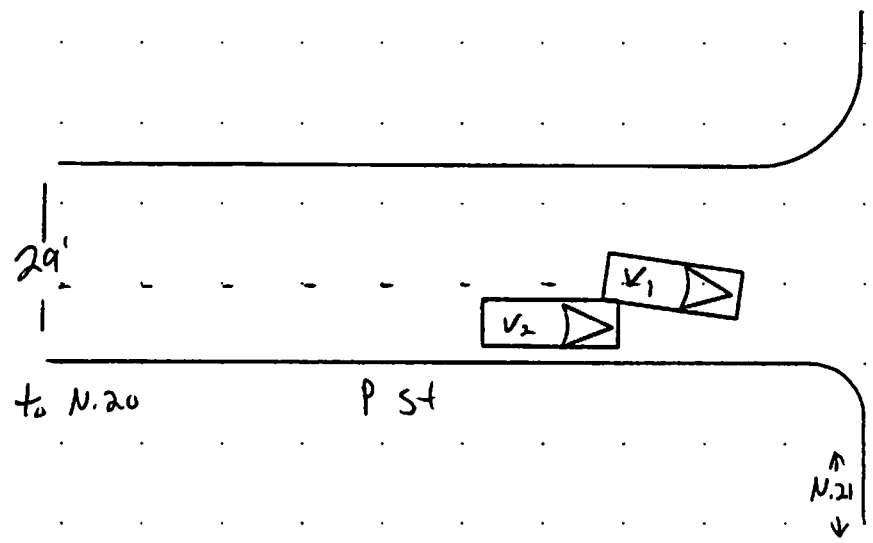
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO. B3-115825

Indicate North by Arrow

No POI
to be estimated



Not to Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh 1 said he was E/B on P St in the north lane when he noticed emergency lights ahead about a block so he decided to turn of onto N. 21st St. He ~~attempt~~ed to immediately change lanes and turn south on N. 21 and it appear the south lane was clear. Driver 1 said he saw veh 2 but thought the lane was clear. Driver 1 changed lanes just as veh 2 caught up. Driver of veh 1 said he was going about 32mph. Driver of veh 2 said he was E/B in the south lane when veh 1 entered his lane, Driver 2 was not able to avoid collision. Driver 2 said he was going about 30mph.

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					P
2					P

1	0	3
2	0	1

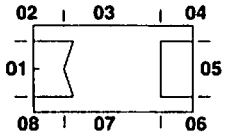
01 Essentially straight ahead
02 Backing
03 Changing lanes
04 Overtaking/ Passing
05 Turning right
06 Turning left
07 Making U-turn
08 Entering traffic lane
09 Leaving traffic lane
10 Parked
11 Slowing or stopped in traffic
12 Other
13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

	VEHICLE 1	VEHICLE 2
POINT OF IMPACT	0 4	0 8
MOST DAMAGED AREA	0 3	0 8

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 DOT approved helmet used
8 Costume helmet used
9 Restraint use unknown

TOTAL OCCUPANTS	VEH 1	VEH 2
	1	1

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?
1503	7b	Lincoln Police Dept	YES / NO

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT
D. Nelson		12/16/2013