213047862
11376

State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District: 466	Agency Case No.: B3-116138	HIT & RUN? (X) YES ( ) NO	INVESTIGATION MADE AT SCENE? (X) YES ( ) NO — L: 1

A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y: 12/17/2013	S M T W TH F S: [ ] [ ] [X] [ ] [ ] [ ] [ ]	TIME OF ACCIDENT (In Military Time): 2000	STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY: Lancaster		POLICE NOTIFIED: 2017	12/18/2013
B 20		CITY: Lincoln		PRIVATE PROPERTY? YES ( ) NO (X)	LATITUDE
C 4	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.: S. 21st / C - B St.		ONE-WAY STREET? YES ( ) NO (X)	
D 1	DISTANCE FROM MILEPOST	FEET: N S E W:	OF MILEPOST	HIGHWAY NO.	LONGITUDE

IF AT INTERSECTION	IF NOT AT INTERSECTION	
NAME OF INTERSECTING ROADWAY	( ) FEET ( ) MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
S. 21 St. / C - B St.		

V1/M 20 V2/M 01

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN

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

E 1

R. WORK ZONE CODES	R1	R2	R3	R4
	1			

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 (X) NO

VEHICLE NO. 1

F 1	DRIVER LICENSE NO.		STATE (Of License)		SEX ( ) FEMALE ( ) MALE
V1/N 1	DRIVER: Unknown		PHONE		LOCAL NO.
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
G 2	OWNER		PHONE		LOCAL NO.
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION ( ) YES ( ) PENDING (X) NO	CITATION NO.
H 5	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE / COLOR / ESTIMATED DAMAGE ( ) TOTALED $
V2/O 2	VEHICLE ID NO. (VIN)				INSURANCE COMPANY
	TOWED TO		TOWED BY		POLICY NO.

V1/1 19 V1/2 V1/3 V1/4 V1/5 19 V1/6 25

VEHICLE NO. 2

I 1	DRIVER LICENSE NO.		STATE (Of License)		SEX ( ) FEMALE (X) MALE
V1/P 8	DRIVER: Parked Legally		PHONE		LOCAL NO.
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J 01	OWNER: DILIAN C GONZALEZ		PHONE: 402-405-6233		LOCAL NO.: 10-02-1969
	OWNER ADDRESS: 3210 CARNELIAN ST #5, LINCOLN, NE 68516	CITY, STATE, ZIP		CITATION ( ) YES ( ) PENDING (X) NO	CITATION NO.
V1/Q 4	LICENSE PLATE: PA NO.: SHL021		YEAR (Plate Expires): 2014		STATE (Of Plate): NE
V2/Q 3	VEHICLE	YEAR: 2001	MAKE: Toyota	MODEL: HIG	BODY STYLE: Medium/large u / COLOR: silver / chrome / ESTIMATED DAMAGE ( ) TOTALED $ 1000
K 01	VEHICLE ID NO. (VIN): JTEHD21AX10010221				INSURANCE COMPANY: Progressive
	TOWED TO		TOWED BY		POLICY NO.: 1178G488

V2/1 18 V2/2 V2/3 V2/4 V2/5 18 V2/6 25

Complete this section for all injured persons

(Complete a continuation report, if more than three were injured)

	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

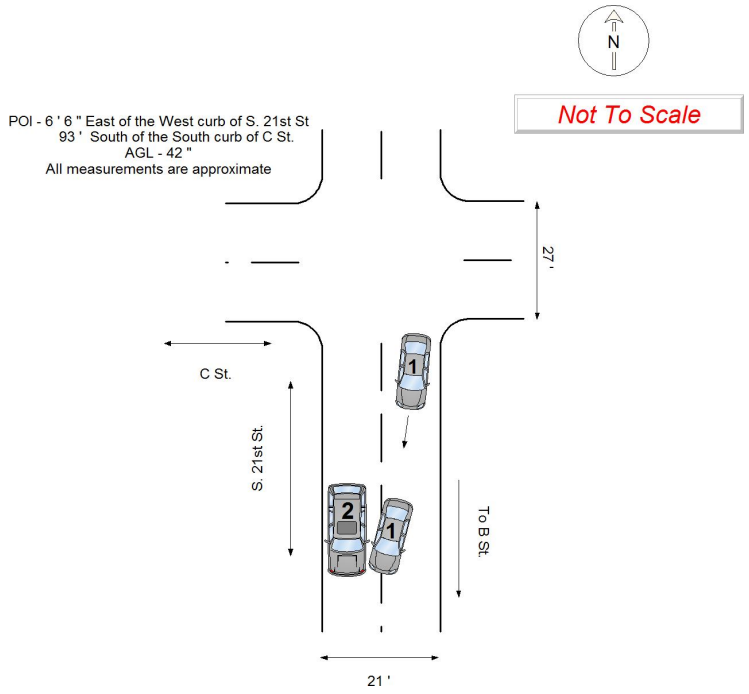
THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO. B3-116138

Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of Vehicle 2 reported he was parked on S. 21st street facing south. Owner stated he was in his house for about 30 to 45 minutes and when he returned to his vehicle, he noticed the damage. Most of the damage was located on the front driver side fender and bumper. Photographs were taken of vehicle 1. Cavass was completed with no suspect or vehicle information on vehicle 1. Reported by Officer #1730

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		X			S. 21st St.
2		X			S. 21st St

1	13
2	10

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	02	08
MOST DAMAGED AREA	02	08

00 None
09 Top & windows
10 Undercarriage
11 Total (all areas)
12 Other

02 03 04 01 05 08 07 06

AIRBAG DEPLOYED

VEHICLE 1: 6

1 Deployed - front
2 Deployed - side
3 Deployed - both front/side
4 Not deployed
5 Not applicable/ No airbag available
6 Unknown

VEHICLE 2

RESTRAINT USE

VEHICLE 1: 9

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

VEHICLE 2

TOTAL OCCUPANTS	VEH 1	1	VEH 2	0

ALCOHOL TESTING	Driver No. 1		Driver No. 2		Pedes-trian	
ALCOHOL LEVEL TESTED	Y		Y		Y	
	N	X	N	X	N	
BAC LEVEL						

ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2
	5	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?
1568	4	Lincoln Police Department	X YES / NO

INVESTIGATOR NAME *(Print or Type)*	INVESTIGATOR SIGNATURE	DATE OF REPORT
Eric Messersmith	Approved by Eric Messersmith	12/18/2013