State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

2 Total Number of Vehicles	Local No./ District: 015	Agency Case No.: 83-116428	HIT & RUN? ○ YES ● NO	INVESTIGATION MADE AT SCENE? ● YES ○ NO	L 1

A/1 01 — DATE OF ACCIDENT: M M / D D / Y Y Y Y: 1 2 / 1 9 / 2 0 1 3 — S M T W TH F S: W

TIME OF ACCIDENT (In Military Time): 2013

POLICE NOTIFIED: 2014

STATE USE ONLY

A/2

PLACE OF ACCIDENT — COUNTY: Lancaster — CITY: Lincoln

PRIVATE PROPERTY? YES ○ NO ●

LATITUDE ___ . ___

B 30

ROAD ON WHICH ACCIDENT OCCURRED — STREET/ HIGHWAY NO.: N 29th / Yst - Orchard

ONE-WAY STREET? YES ○ NO ●

LONGITUDE ___ . ___

C 4

DISTANCE FROM MILEPOST — FEET: — N S E W: — OF MILEPOST: — HIGHWAY NO.:

SHOULD LOCATION HAVE ENGINEERING STUDY? ○ YES ● NO

D 1

IF AT INTERSECTION — NAME OF INTERSECTING ROADWAY:

IF NOT AT INTERSECTION — ○ FEET ○ MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING:

V1/M 10

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 2

R. WORK ZONE CODES: 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.: H 1 3 5 9 8 4 1 9 — STATE (Of License): NE — SEX ○ FEMALE ● MALE

V1/N 1 — DRIVER: John A. Marsh — PHONE: (402) 802-1393 — LOCAL NO.:

V2/N 1 — DRIVER ADDRESS: 1225 N 29th — CITY, STATE, ZIP: Lincoln NE — DATE OF BIRTH (MM / DD / YYYY): 06/12/1993

V1/1 18

OWNER: Ronald D. Marsh w/M 2/2/72 — PHONE: (402) 304-2147 — LOCAL NO.:

V1/2

G 2 — OWNER ADDRESS: 2201 S 37th — CITY, STATE, ZIP: Lincoln NE — CITATION ● YES ○ PENDING ○ NO — CITATION NO.: LR406434

V1/3

H 5 — LICENSE PLATE NO.: T G T 1 8 8 — YEAR (Plate Expires): 2014 — STATE (Of Plate): NE

V1/4

VEHICLE — YEAR: 1993 — MAKE: Nissan — MODEL: Maxima — BODY STYLE: 4-Dr — COLOR: Blu — ESTIMATED DAMAGE ○ TOTALED $ 2000.00

V1/O 2 — VEHICLE ID NO. (VIN): J N 1 H J 0 1 F 2 P T 0 7 8 5 9 8 — INSURANCE COMPANY: Progressive

V1/5 18

V2/O 4 — TOWED TO: — TOWED BY: — POLICY NO.: 30056092 (exp)

V1/6 05

VEHICLE NO. 2

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

V1/P 1 — DRIVER: Legally Parked Unattended — PHONE: ( ) - — LOCAL NO.:

V2/P — DRIVER ADDRESS: — CITY, STATE, ZIP: — DATE OF BIRTH (MM / DD / YYYY): / /

V2/1 18

OWNER: Donna J. Arnold w/F 07/25/1960 — PHONE: (402) 805-0153 — LOCAL NO.:

V2/2

J 01 — OWNER ADDRESS: 1121 N 29th — CITY, STATE, ZIP: Lincoln NE — CITATION ○ YES ○ PENDING ● NO — CITATION NO.:

V2/3

V1/Q 3 — LICENSE PLATE NO.: I N T R A N S I T — YEAR (Plate Expires): — STATE (Of Plate):

V2/4

VEHICLE — YEAR: 1994 — MAKE: Chev — MODEL: Camaro — BODY STYLE: 2-Dr — COLOR: Mar — ESTIMATED DAMAGE ● TOTALED $

V2/Q 3 — VEHICLE ID NO. (VIN): 2 G 1 F P 2 2 S X R 2 2 0 6 1 8 6 — INSURANCE COMPANY: Viking Insurance of WI

V2/5 18

K 01 — TOWED TO: — TOWED BY: — POLICY NO.: 07455 4061

V2/6 05

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.

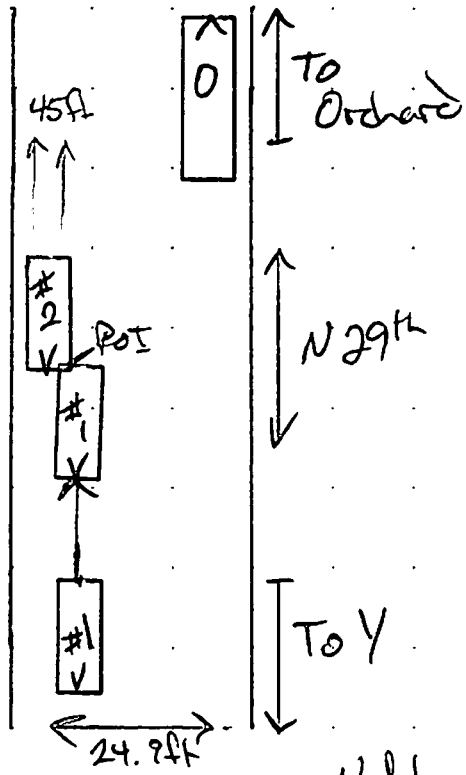
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

AGENCY CASE NO. B3-116428

Indicate North by Arrow

INDICATE BY DIAGRAM WHAT HAPPENED

AOI
146.2 ft North of North curb of Y st.
5.11 ft East of West Curb of N 29th



Not to Scale/Measurements Approx

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Dr#1 reported he was traveling SB on N 29th. Dr#1 stated he stopped as he forgot an item at home. Dr#1 stated he intended on backing into a private drive on the east side of N 29th. Dr#1 as he was backing he did not see Veh#2 parked on the west side. Dr#1 stated his Veh collided with Veh#2 & continued to a position on top of the hood area of Veh#2.
Veh#2 appeared to have been pushed back from its original position approx 45ft (skidz)

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				N 29th
2					N 29th

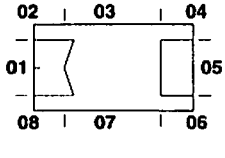
1	0	2
2	1	0

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 1
MOST DAMAGED AREA	0 4	0 1

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



AIRBAG DEPLOYED

VEHICLE 1: 4 / 4

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: 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

VEHICLE 2

TOTAL OCCUPANTS VEH 1: 2 VEH 2: 0

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y / N X	Y / N	Y / N
BAC LEVEL			

ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2

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?
#1658	CE/7A	Lincoln Police Dept.	● YES ○ NO

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT
D. Lind	#1658	12/18/2013