215024709
49820

State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2 Total Number of Vehicles	Local No./ District 082	Agency Case No. B5-055602	HIT & RUN? ( ) YES (X) NO	INVESTIGATION MADE AT SCENE? (X) YES ( ) NO	L 1

A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y: 06/22/2015	S M T W TH F S: [ ] [X] [ ] [ ] [ ] [ ] [ ]	TIME OF ACCIDENT (In Military Time): 1700	STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY: Lancaster		POLICE NOTIFIED: 1702	06/22/2015
B 90		CITY: Lincoln		PRIVATE PROPERTY? YES ( ) NO (X)	LATITUDE
C 1	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.: S. 9th/M st		ONE-WAY STREET? YES (X) NO ( )	
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. 9th/M st.		

V1/M 03 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 2

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. H12569287	STATE (Of License) NE	SEX ( ) FEMALE (X) MALE		
V1/N 2	DRIVER: HIPOLITO MARTINEZ	PHONE: (402) 470-3596	LOCAL NO.		
V2/N 2	DRIVER ADDRESS / CITY, STATE, ZIP: 2433 NW 55TH ST, LINCOLN, NE 68524	DATE OF BIRTH (MM / DD / YYYY): 11/01/1964			V1/1 18
G 4	OWNER: HIPOLITO MARTINEZ / ROSA MARTINIZ	PHONE: (402) 470-3596	LOCAL NO.		V1/2
	OWNER ADDRESS / CITY, STATE, ZIP: 2433 NW 55th st., Lincoln, NE 68524	CITATION (X) YES ( ) PENDING ( ) NO	CITATION NO. LB460058		V1/3
H 5	LICENSE PLATE PA NO. TMH556	YEAR (Plate Expires) 2015	STATE (Of Plate) NE		
V1/O 2	VEHICLE: YEAR 2013	MAKE: Dodge	MODEL: GSX	BODY STYLE: Mini van	COLOR: gray	ESTIMATED DAMAGE ( ) TOTALED $ 1200	V1/4
V2/O 2	VEHICLE ID NO. (VIN): 2C4RDGCGXDR550735	INSURANCE COMPANY: State Farm			V1/5 18
	TOWED TO	TOWED BY	POLICY NO.: 0788571-C03-27A		V1/6 25

VEHICLE NO. 2

I 1	DRIVER LICENSE NO. H12191201	STATE (Of License) NE	SEX ( ) FEMALE (X) MALE		
V1/P 1	DRIVER: MARTIN L WALTER	PHONE: (402) 405-5392	LOCAL NO.		
V2/P 1	DRIVER ADDRESS / CITY, STATE, ZIP: 7129 FRANCIS ST, LINCOLN, NE 68505	DATE OF BIRTH (MM / DD / YYYY): 04/12/1967			V2/1 18
J 01	OWNER: CENTRAL STATES TELECOM INC	PHONE: (402) 435-4100	LOCAL NO.		V2/2
	OWNER ADDRESS / CITY, STATE, ZIP: 1033 O st., Lincoln, NE 68508	CITATION ( ) YES ( ) PENDING (X) NO	CITATION NO.		V2/3
V1/Q 4	LICENSE PLATE TE NO. RPV996	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		V2/4
V2/Q 4	VEHICLE: YEAR 2014	MAKE: Nissan	MODEL: FLP	BODY STYLE: Pickup truck	COLOR: white	ESTIMATED DAMAGE ( ) TOTALED $ 800	V2/5 18
K 02	VEHICLE ID NO. (VIN): 1N6AD0CW5EN710673	INSURANCE COMPANY: Acuity			V2/6 25
	TOWED TO	TOWED BY	POLICY NO.: X16506		

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.					

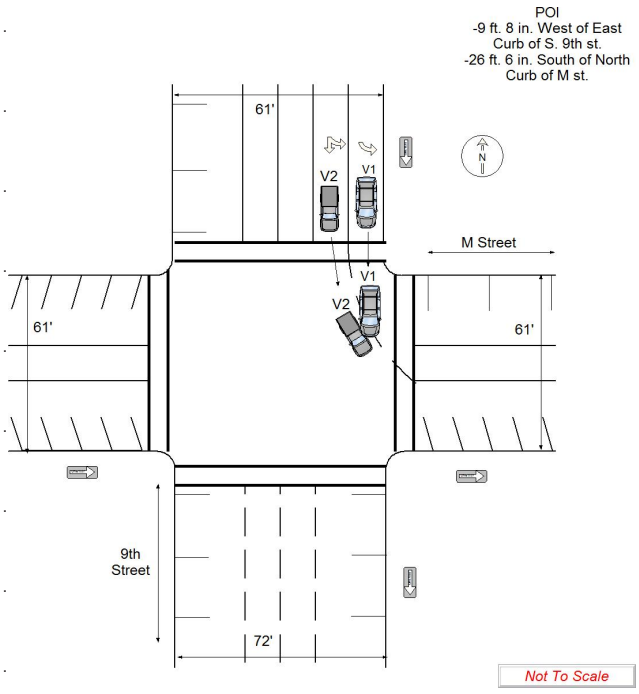
THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO. B5-055602

Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle #1(D1) said he was SB on S. 9th and was in the far left (East) lane at a speed of approx. 15 mph. D1 said he was approaching the intersection of S. 9th/M street and had the green light. D1 said he didn't see that the lane he was in was a 'left turn only lane.' D1 said he continued straight through the intersection and when he did his vehicle and vehicle #2, which was in the lane to the right of him and turning left onto M street, struck each other. Driver of vehicle #2 (D2) said he was SB on S. 9th street in the lane which is a left turn/straight through lane. D2 said as he was approaching S. 9th/M street he began to turn left to go EB onto M street. D2 said as he was turning his vehicle and vehicle #1, which was in the lane to the left of him, struck each other as vehicle #1 was going straight through the intersection.

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. 9th st.
2		X			S. 9th st.

1	01
2	06

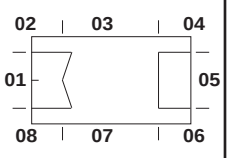
01 Essentially straight ahead
02 Backing
03 Changing lanes
04 Overtaking/ Passing
05 Turning right
06 Turning left
07 Making U-turn
08 Entering traffic lane
09 Leaving traffic lane
10 Parked
11 Slowing or stopped in traffic
12 Other
13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

	VEHICLE 1	VEHICLE 2
POINT OF IMPACT	02	07
MOST DAMAGED AREA	02	07

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



AIRBAG DEPLOYED

VEHICLE 1: 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: 4

RESTRAINT USE

VEHICLE 1: 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: 2

TOTAL OCCUPANTS	VEH 1	1	VEH 2	1

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
	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?
1288	CE	Lincoln Police Department	YES / X NO

INVESTIGATOR NAME *(Print or Type)*	INVESTIGATOR SIGNATURE	DATE OF REPORT
Chad Baehr	Approved by Officer Chad Baehr	06/22/2015