215037228
60002

State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District: 094	Agency Case No.: B5-084177	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: 09/11/2015	S M T W TH F S: [ ] [ ] [ ] [ ] [ ] [X] [ ]	TIME OF ACCIDENT (In Military Time): 1606	STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY: Lancaster		POLICE NOTIFIED: 1611	09/12/2015
B 75		CITY: Lincoln		PRIVATE PROPERTY? YES ( ) NO (X)	LATITUDE
C 1	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.: S. 16th		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
A St.		

V1/M 01 V2/M 03

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.: H12475225	STATE (Of License): NE	SEX (X) FEMALE ( ) MALE		
V1/N 2	DRIVER: JENNIFER D DIAZ	PHONE: 402-805-2868	LOCAL NO.		
V2/N 2	DRIVER ADDRESS / CITY, STATE, ZIP: 1705 S 15TH ST, LINCOLN, NE 68502	DATE OF BIRTH (MM / DD / YYYY): 06/25/1981			
G 3	OWNER: BENJAMIN M ATKINSON (0-1-2-82)	PHONE:	LOCAL NO.		
	OWNER ADDRESS / CITY, STATE, ZIP: 1705 S. 15th, Lincoln, NE 68502	CITATION ( ) YES ( ) PENDING (X) NO	CITATION NO.		
H 5	LICENSE PLATE: PA NO.: TSI038	YEAR (Plate Expires): 2016	STATE (Of Plate): NE		
V1/O 1	VEHICLE: YEAR 2004	MAKE: Dodge	MODEL: SLT	BODY STYLE: Medium/large u	COLOR: white	ESTIMATED DAMAGE ( ) TOTALED $ 200
V2/O 1	VEHICLE ID NO. (VIN): 1D4HB48D54F194882		INSURANCE COMPANY		
	TOWED TO	TOWED BY	POLICY NO.		

V1/1 18 V1/2 V1/3 V1/4 V1/5 18 V1/6 35

VEHICLE NO. 2

I 1	DRIVER LICENSE NO.: H13588635	STATE (Of License): NE	SEX (X) FEMALE ( ) MALE		
V1/P 1	DRIVER: TRACY J MIDDLETON	PHONE: 402-304-3788	LOCAL NO.		
V2/P 4	DRIVER ADDRESS / CITY, STATE, ZIP: 444 A ST, LINCOLN, NE 68502	DATE OF BIRTH (MM / DD / YYYY): 04/15/1970			
J 01	OWNER: TRACY J MIDDLETON	PHONE: 402-304-3788	LOCAL NO.		
	OWNER ADDRESS / CITY, STATE, ZIP: 444 A St., Lincoln, NE 68502	CITATION (X) YES ( ) PENDING ( ) NO	CITATION NO.: LB484684		
V1/Q 4	LICENSE PLATE: PA NO.: TEB748	YEAR (Plate Expires): 2015	STATE (Of Plate): NE		
V2/Q 4	VEHICLE: YEAR 2001	MAKE: Suzuki	MODEL: JXE	BODY STYLE: Compact Utility	COLOR: white	ESTIMATED DAMAGE ( ) TOTALED $ 200
K 02	VEHICLE ID NO. (VIN): JS3TD62V814164167		INSURANCE COMPANY		
	TOWED TO	TOWED BY	POLICY NO.		

V2/1 18 V2/2 V2/3 V2/4 V2/5 18 V2/6 35

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
1	Matthew E Diaz 1705 S. 15th, Lincoln, NE 68502	11/22/1982	03	1	05	4	1	M
	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.					

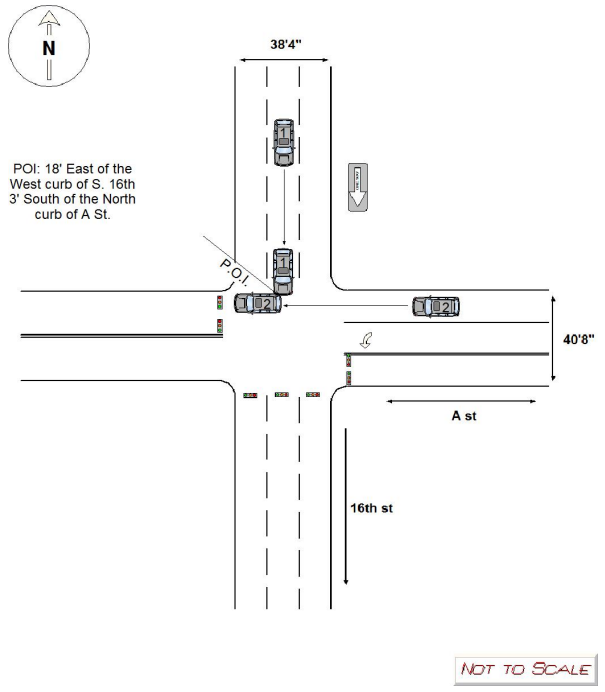
THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO. B5-084177

Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was traveling SB on S. 16th, in the middle lane of traffic, entering the intersection at A St. under a green light. V2 was traveling WB on A St. entering the intersection at S. 16th under a red light. Driver of V1 stated she had the green light and the right front of her vehicle collided with the right rear of V2 in the middle of the intersection. Driver of V2 indicated she didn't notice she had a red light until it was too late to stop and V1 collided with the side of her vehicle in 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. 16th
2				X	A St.

1	01
2	01

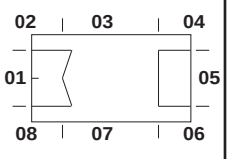
01 Essentially straight ahead
02 Backing
03 Changing lanes
04 Overtaking/ Passing
05 Turning right
06 Turning left
07 Making U-turn
08 Entering traffic lane
09 Leaving traffic lane
10 Parked
11 Slowing or stopped in traffic
12 Other
13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

	VEHICLE 1	VEHICLE 2
POINT OF IMPACT	02	04
MOST DAMAGED AREA	02	04

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



AIRBAG DEPLOYED

VEHICLE 1: 4 / 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 / 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	2	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?
1663	NE	Lincoln Police Department	YES / X NO

INVESTIGATOR NAME *(Print or Type)*	INVESTIGATOR SIGNATURE	DATE OF REPORT
Aaron Bergren	Approved by Officer Aaron Bergren	09/12/2015