215037962
60619

State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2 Total Number of Vehicles	Local No./ District 47	Agency Case No. B5-086276	HIT & RUN? (X) YES ( ) NO	INVESTIGATION MADE AT SCENE? ( ) YES (X) NO	L 1

A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y: 09/17/2015	S M T W TH F S: [ ] [ ] [ ] [ ] [X] [ ] [ ]	TIME OF ACCIDENT (In Military Time):
A/2	PLACE OF ACCIDENT	COUNTY: Lancaster	POLICE NOTIFIED: 1236	STATE USE ONLY: 09/18/2015
B 90		CITY: Lincoln	PRIVATE PROPERTY? YES (X) NO ( )	LATITUDE
C 1	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.: parking lot 6100 O St.	ONE-WAY STREET? YES ( ) NO (X)	
D 2	DISTANCE FROM MILEPOST	FEET: N S E W: OF MILEPOST	HIGHWAY NO.	LONGITUDE

IF AT INTERSECTION	IF NOT AT INTERSECTION					
NAME OF INTERSECTING ROADWAY	(X) FEET ( ) MILES	N	S	E	W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
	362.00	X				O St. (Hwy 34)

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

V1/M 20 V2/M 01

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

E 2

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	PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	V1/1 19
	OWNER	PHONE	LOCAL NO.	V1/2
G 1	OWNER ADDRESS	CITY, STATE, ZIP	CITATION ( ) YES (X) PENDING ( ) NO	CITATION NO.
H 5	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)	V1/3
V1/O 5	VEHICLE: YEAR / MAKE / MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE ( ) TOTALED $ — V1/4
V2/O 1	VEHICLE ID NO. (VIN)		INSURANCE COMPANY	V1/5 19
	TOWED TO	TOWED BY	POLICY NO.	V1/6 15

VEHICLE NO. 2

I 1	DRIVER LICENSE NO.	STATE (Of License)	SEX ( ) FEMALE ( ) MALE	
V1/P 8	DRIVER: parked	PHONE	LOCAL NO.	
V2/P 8	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	V2/1 18
	OWNER: MICHELLE S GORDON	PHONE: (402)601-4768	LOCAL NO.: 06 21 72	V2/2
J 12	OWNER ADDRESS: 1720 SW 8TH ST, LINCOLN, NE 68522	CITY, STATE, ZIP	CITATION ( ) YES ( ) PENDING (X) NO	CITATION NO. — V2/3
V1/Q 4	LICENSE PLATE: PA NO. TVX493	YEAR (Plate Expires): 2016	STATE (Of Plate): NE	V2/4
V2/Q 4	VEHICLE: YEAR 2006 / MAKE Chrysler / MODEL Pacific Touring	BODY STYLE Medium/large u	COLOR red	ESTIMATED DAMAGE ( ) TOTALED $ 1000 — V2/5 18
K 01	VEHICLE ID NO. (VIN): 2A8GF684X6R806216		INSURANCE COMPANY: Bristol West Ins. Co.	V2/6 15
	TOWED TO	TOWED BY	POLICY NO.: G00-7228961 00	

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

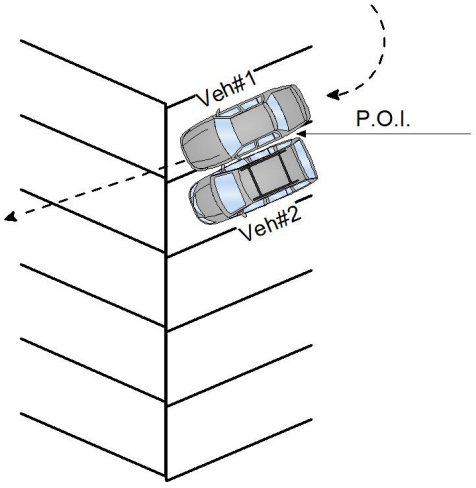
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO. B5-086276

Indicate North by Arrow

private property
parking lot on South side
of 6100 O St.

N



Point of Impact (POI) Veh#1 vs. Veh#2
Estimated, exact location unknown
362 ft North of the North edge of O St.
1431 ft East of the East edge of N. Cotner Blvd.
Veh#2 was moved to a secondary location prior to police report.

B5-086276
Not drawn to scale
All measurements are estimated based off of victim description
Skid marks unknown
Drawn by Ofc Domanski #1399

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of veh#2 left her veh parked in a handicap parking stall on the South side of Gateway Mall on 9-17-2016 between 1100-1236 hours. Owner states when her friend went to get the car and drive it around the other side of the mall to pick her up, he discovered that an unknown vehicle had sideswiped veh#2 on the passenger side causing scratches down the entire passenger side from front quarter panel to rear quarter panel. It appears the damage was done from a straight collision and not from backing out or pulling in. The head of Gateway Mall security was contacted and stated there is no video of the parking lot where the accident occurred.

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	parking lot 610(
2				X	parking lot 61(

1	01
2	10

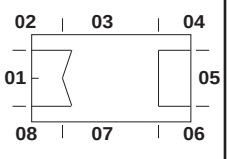
01 Essentially straight ahead
02 Backing
03 Changing lanes
04 Overtaking/ Passing
05 Turning right
06 Turning left
07 Making U-turn
08 Entering traffic lane
09 Leaving traffic lane
10 Parked
11 Slowing or stopped in traffic
12 Other
13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

	VEHICLE 1	VEHICLE 2
POINT OF IMPACT	07	03
MOST DAMAGED AREA	07	03

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



AIRBAG DEPLOYED

VEHICLE 1

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

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	0	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?
1399	2	Lincoln Police Department	YES / X NO

INVESTIGATOR NAME *(Print or Type)*	INVESTIGATOR SIGNATURE	DATE OF REPORT
Tom Domanski	Approved by Officer Tom Domanski	09/18/2015