215037943
60677

State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2 Total Number of Vehicles	Local No./ District 076	Agency Case No. B5-086398	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: 09/17/2015	S M T W TH F S: [ ] [ ] [ ] [ ] [X] [ ] [ ]	TIME OF ACCIDENT (In Military Time): 1839
A/2	PLACE OF ACCIDENT	COUNTY: Lancaster		POLICE NOTIFIED: 1840
B 87		CITY: Lincoln		PRIVATE PROPERTY? YES ( ) NO (X)
C 1	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.: N 9th ST		ONE-WAY STREET? YES (X) NO ( )
D 1	DISTANCE FROM MILEPOST	FEET: N S E W: OF MILEPOST	HIGHWAY NO.	

STATE USE ONLY: 09/18/2015

LATITUDE

LONGITUDE

IF AT INTERSECTION

NAME OF INTERSECTING ROADWAY

IF NOT AT INTERSECTION

(X) FEET ( ) MILES | N | S | E | W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING

133.00 | X | | | | O ST

V1/M 19 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: 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 (X) NO

VEHICLE NO. 1

F 1 | V1/N 1 | V2/N 1 | G 6 | H 5 | V1/O 2 | V2/O 2

DRIVER LICENSE NO.	H13710153	STATE (Of License)	NE	SEX	(X) FEMALE ( ) MALE
DRIVER	NICOLE A BURTON	PHONE	402-613-9706	LOCAL NO.	
DRIVER ADDRESS	4921 NW 8TH ST, LINCOLN, NE 68521	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/13/1998
OWNER	DAVID L BURTON	PHONE	402-613-4808	LOCAL NO.	08-31-62
OWNER ADDRESS	4921 NW 8th ST, Lincoln, NE	CITY, STATE, ZIP		CITATION ( ) PENDING (X) YES ( ) NO	CITATION NO. LB488882
LICENSE PLATE PA NO.	SNY978	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE
VEHICLE	YEAR 2015	MAKE Jeep	MODEL TRH	BODY STYLE Medium/large u	COLOR white
				ESTIMATED DAMAGE	( ) TOTALED $ 300
VEHICLE ID NO. (VIN)	1C4PJMBS5FW634590			INSURANCE COMPANY	State Farm
TOWED TO		TOWED BY		POLICY NO.	R10 8036-a06-27G

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

VEHICLE NO. 2

I 1 | V1/P 1 | V2/P 1 | J 01 | V1/Q 4 | V2/Q 4 | K 01

DRIVER LICENSE NO.	H13075438	STATE (Of License)	NE	SEX	( ) FEMALE (X) MALE
DRIVER	JAKE O JANAK	PHONE		LOCAL NO.	
DRIVER ADDRESS	1820 W D ST, NORTH PLATTE, NE 69101	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/14/1989
OWNER	DANNY L JANAK	PHONE	308-520-3323	LOCAL NO.	01-10-56
OWNER ADDRESS	1914 W 6TH ST, NORTH PLATTE, NE 69101	CITY, STATE, ZIP		CITATION ( ) PENDING (X) YES ( ) NO	CITATION NO.
LICENSE PLATE PA NO.	15D856	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE
VEHICLE	YEAR 2002	MAKE Oldsmobile	MODEL BRAVADA	BODY STYLE Medium/large u	COLOR white
				ESTIMATED DAMAGE	( ) TOTALED $ 800
VEHICLE ID NO. (VIN)	1GHDT13S422139111			INSURANCE COMPANY	Farm Bureau
TOWED TO		TOWED BY		POLICY NO.	7699864

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	NICOLE A BURTON		04/13/1998	01	1	01	4	1	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.					

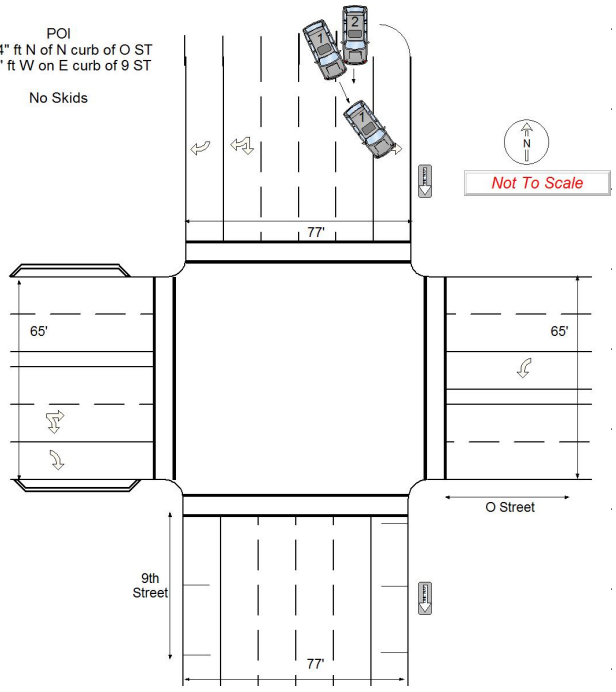
THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO. B5-086398

Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V2 was traveling SB in traffic when V1 attempted to cross V2 path of travel and hit V2. D2 said he was driving SB and V1 was to his west and attempted to get into the turn lane and hit his vehicle. D1 said she was in the third lane from the East and signaled her turn. D1 said she then turned and V2 hit her and drove forward scratching her vehicle. Evidence is consistent with D2 story as the way his bumper was broken. D1 was cited and released.

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			9th ST
2		X			9th ST

1	03
2	01

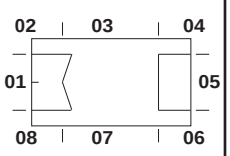
01 Essentially straight ahead
02 Backing
03 Changing lanes
04 Overtaking/ Passing
05 Turning right
06 Turning left
07 Making U-turn
08 Entering traffic lane
09 Leaving traffic lane
10 Parked
11 Slowing or stopped in traffic
12 Other
13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

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

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



AIRBAG DEPLOYED

VEHICLE 1: 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

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	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?
1734	11	Lincoln Police Department	YES / X NO

INVESTIGATOR NAME *(Print or Type)*	INVESTIGATOR SIGNATURE	DATE OF REPORT
Andrew Winkler	Approved by Andrew Winkler	09/18/2015