215040934
62848

State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District: 023	Agency Case No.: B5-092957	HIT & RUN?: YES [ ] NO [X]	INVESTIGATION MADE AT SCENE?: YES [X] NO [ ]

L: 1

A/1: 01 — DATE OF ACCIDENT: M M / D D / Y Y Y Y: 10/06/2015 — S M T W TH F S: [ ] [ ] [X] [ ] [ ] [ ] [ ]

TIME OF ACCIDENT (In Military Time): 0518

POLICE NOTIFIED: 0520

STATE USE ONLY: 10/07/2015

A/2

PLACE OF ACCIDENT — COUNTY: Lancaster — CITY: Lincoln — PRIVATE PROPERTY? YES [ ] NO [X]

B: 55 — ROAD ON WHICH ACCIDENT OCCURRED — STREET/ HIGHWAY NO.: N 9TH/PINNACLE ARENA DR — ONE-WAY STREET? YES [X] NO [ ]

LATITUDE:

C: 4 — DISTANCE FROM MILEPOST — FEET: — N [ ] S [ ] E [ ] W [ ] — OF MILEPOST: — HIGHWAY NO.:

LONGITUDE:

D: 4 — IF AT INTERSECTION — NAME OF INTERSECTING ROADWAY: N 9TH

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

V1/M: 02 — 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:

V2/M: 01

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 [ ] NO [X]

VEHICLE NO. 1

F: 1 — DRIVER LICENSE NO.: H12947107 — STATE (Of License): NE — SEX: FEMALE [ ] MALE [X]

V1/N: 6 — DRIVER: CHAD M STAEHR — PHONE: 4025702124 — LOCAL NO.:

V2/N: 1 — DRIVER ADDRESS: 2737 SUMNER ST, LINCOLN, NE 68502 — CITY, STATE, ZIP: — DATE OF BIRTH (MM / DD / YYYY): 12/16/1985

OWNER: CHAD M STAEHR — PHONE: 4025702124 — LOCAL NO.:

G: 2 — OWNER ADDRESS: 2737 SUMNER, LINCOLN, NE 68502 — CITY, STATE, ZIP: — CITATION: YES [X] PENDING [ ] NO [ ] — CITATION NO.: LB476049

H: 5 — LICENSE PLATE: PA — NO.: RYD402 — YEAR (Plate Expires): 2015 — STATE (Of Plate): NE

VEHICLE — YEAR: 1997 — MAKE: Toyota — MODEL: UEX — BODY STYLE: 4 door Sedan — COLOR: beige — ESTIMATED DAMAGE: TOTALED [ ] $ 1000

V1/O: 2 — VEHICLE ID NO. (VIN): 4T1BF22K9VU016078 — INSURANCE COMPANY: PROGRESSIVE

V2/O: 2 — TOWED TO: — TOWED BY: — POLICY NO.: 903576091

V1/1: 18 — V1/2: — V1/3: — V1/4: — V1/5: 18 — V1/6: 25

VEHICLE NO. 2

I: 1 — DRIVER LICENSE NO.: G02179684 — STATE (Of License): NE — SEX: FEMALE [ ] MALE [X]

V1/P: 1 — DRIVER: JOHN S VARGA — PHONE: 4029044979 — LOCAL NO.:

V2/P: 1 — DRIVER ADDRESS: 2941 N 43RD ST, LINCOLN, NE 68504 — CITY, STATE, ZIP: — DATE OF BIRTH (MM / DD / YYYY): 01/15/1964

OWNER: JOHN S VARGA — PHONE: 4029044979 — LOCAL NO.:

J: 01 — OWNER ADDRESS: 2941 N 43RD, LINCOLN, NE 68504 — CITY, STATE, ZIP: — CITATION: YES [ ] PENDING [ ] NO [X] — CITATION NO.:

V1/Q: 4 — LICENSE PLATE: PA — NO.: SKI030 — YEAR (Plate Expires): 2016 — STATE (Of Plate): NE

VEHICLE — YEAR: 2009 — MAKE: Pontiac — MODEL: G/6 — BODY STYLE: 4 door Sedan — COLOR: silver / chrome — ESTIMATED DAMAGE: TOTALED [ ] $ 1000

V2/Q: 4 — VEHICLE ID NO. (VIN): 1G2ZG57B194117748 — INSURANCE COMPANY: ALLSTATE

K: 05 — TOWED TO: — TOWED BY: — POLICY NO.: 985745000

V2/1: 18 — V2/2: — V2/3: — V2/4: — V2/5: 18 — V2/6: 25

Complete this section for all injured persons

(Complete a continuation report, if more than three were injured)

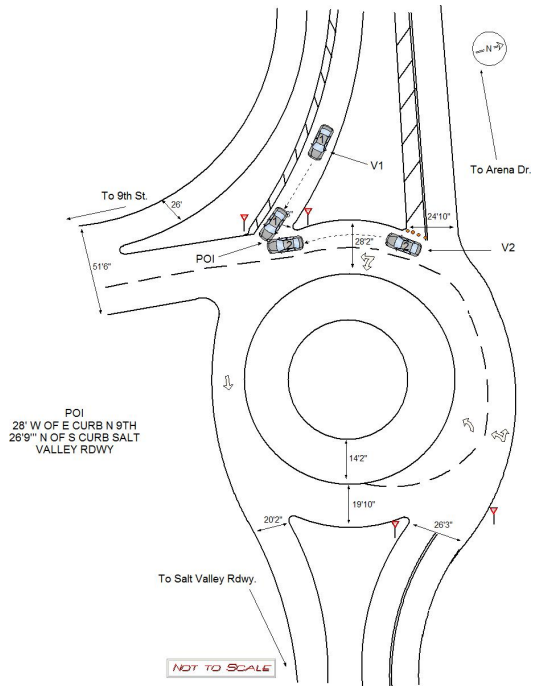
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092957

Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was EB from Pinnacle Arena Dr. entering the round-a-bout and struck V2 which was already in the intersection in the outside lane exiting S on 9th St. Dr 1 stated he entered the intersection at approx. 30mph and failed to stop at the yield sign for V2. Dr 1 stated he then struck V2. Dr 2 stated he was travelling around the round-a-bout at approx. 15mph when his vehicle was struck by V1. Dr 1 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		ARENA DR
2		X			N 9TH

1	08
2	01

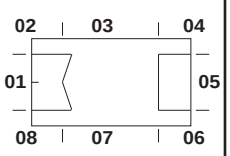
01 Essentially straight ahead
02 Backing
03 Changing lanes
04 Overtaking/ Passing
05 Turning right
06 Turning left
07 Making U-turn
08 Entering traffic lane
09 Leaving traffic lane
10 Parked
11 Slowing or stopped in traffic
12 Other
13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

	VEHICLE 1	VEHICLE 2
POINT OF IMPACT	08	02
MOST DAMAGED AREA	08	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?
1648	NW	Lincoln Police Department	YES / X NO

INVESTIGATOR NAME *(Print or Type)*	INVESTIGATOR SIGNATURE	DATE OF REPORT
Paul Luce	Approved by Paul Luce	10/07/2015