216021762
100486

State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2 Total Number of Vehicles	Local No./ District: 400	Agency Case No.: B6-047257	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 05/29/2016	S M T W TH F S [X] [ ] [ ] [ ] [ ] [ ] [ ]	TIME OF ACCIDENT (In Military Time): 1415	STATE USE ONLY
A/2	PLACE OF ACCIDENT: COUNTY: Lancaster		POLICE NOTIFIED: 1419	05/29/2016
B 85	CITY: Lincoln		PRIVATE PROPERTY? YES ( ) NO (X)	LATITUDE
C 1	ROAD ON WHICH ACCIDENT OCCURRED: STREET/ HIGHWAY NO.: VAN DORN		ONE-WAY STREET? YES ( ) NO (X)	
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: 20TH	( ) FEET ( ) MILES; N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING

V1/M 14 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.: H13683390 — STATE (Of License): NE — SEX: (X) FEMALE ( ) MALE

V1/N 1 — DRIVER: SARAH E MOORE — PHONE: 402-570-5810 — LOCAL NO.:

V2/N 1 — DRIVER ADDRESS, CITY, STATE, ZIP: 2439 N 78TH ST, LINCOLN, NE 68507 — DATE OF BIRTH (MM / DD / YYYY): 10/06/1998

G 2 — OWNER: TINA M MOORE (2/28/66) — PHONE: 402-570-5810 — LOCAL NO.:

OWNER ADDRESS, CITY, STATE, ZIP: 2439 N 79TH, LINCOLN, NE 68507 — CITATION: (X) YES ( ) PENDING ( ) NO — CITATION NO.: LB488393

H 5 — LICENSE PLATE: PA — NO.: TSD002 — YEAR (Plate Expires): 2017 — STATE (Of Plate): NE

VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE
	1996	Honda	CIVIC	2 door Sedan	white	(X) TOTALED $

V1/O 3 — VEHICLE ID NO. (VIN): 1HGEJ8149TL079644 — INSURANCE COMPANY: FARM BUREAU

V2/O 2 — TOWED TO: CHEEVER CONTRUCTION — TOWED BY: CAPITAL TOWING — POLICY NO.: 7387244

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

VEHICLE NO. 2

I 1 — DRIVER LICENSE NO.: H12443910 — STATE (Of License): NE — SEX: (X) FEMALE ( ) MALE

V1/P 1 — DRIVER: KATIE L PHILIPPI — PHONE: 402-417-2225 — LOCAL NO.:

V2/P 1 — DRIVER ADDRESS, CITY, STATE, ZIP: 2901 W CLAIRE AVE, LINCOLN, NE 68523 — DATE OF BIRTH (MM / DD / YYYY): 09/16/1980

J 01 — OWNER: KATIE L PHILIPPI / DREW E PHILIPPI — PHONE: 402-417-2225 — LOCAL NO.:

OWNER ADDRESS, CITY, STATE, ZIP: 2901 W CLAIRE AVE, LINCOLN, NE 68523 — CITATION: ( ) YES ( ) PENDING (X) NO — CITATION NO.:

V1/Q 1 — LICENSE PLATE: PA — NO.: TGV222 — YEAR (Plate Expires): 2016 — STATE (Of Plate): NE

VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE
	2006	Cadillac	SRX	Mini van	silver / chrome	( ) TOTALED $ 5000

V2/Q 2 — VEHICLE ID NO. (VIN): 1GYEE637260188218 — INSURANCE COMPANY: FARMERS MUTUAL

K 03 — TOWED TO: TRACY'S SOUTH — TOWED BY: CAPITAL TOWING — POLICY NO.: AU317759

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
2	KATIE L PHILIPPI 2901 W CLAIRE AVE, LINCOLN, NE 68523	09/16/1980	01	1	01	4	1	F
	LOCAL NO.:	MEDICAL FACILITY NAME:	EMS SERVICE NAME:		EMS RUN REPORT NO.:			
2	MELISSA D HINER 2785 MAROON BELLS AVE, COLORADO SPRINGS, CO 8	01/31/1984	08	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.:			

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

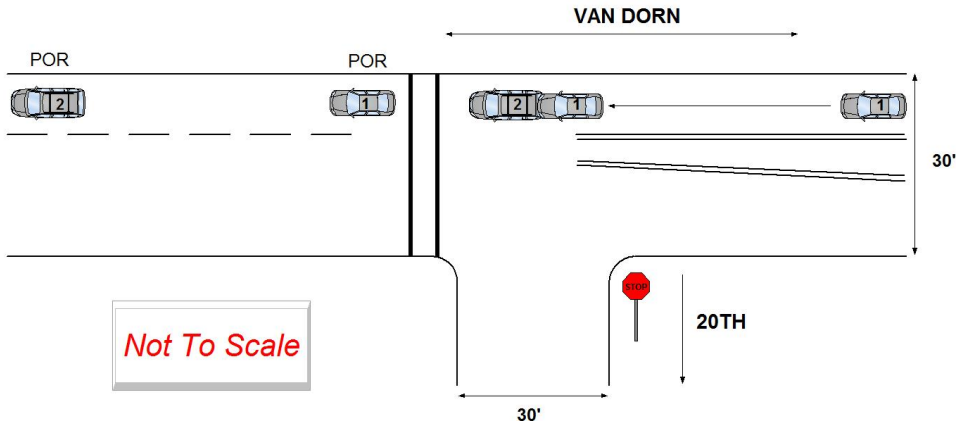
AGENCY CASE NO. B6-047257

Indicate North by Arrow

N

POI (APPOX.)

15' W OF E CURB OF 20TH
8' S OF N CURB OF VAN DORN



POR = POINT OF REST

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 rpts she was WB on Van Dorn/Woodsdale Blvd - 20th at approx. 35 mph and did obs cars ahead of her on Van Dorn but didn't brake fast enough and "ran into" V2. D1 rpts she did brake hard but didn't get stopped and rear-ended V2. D2 rpts she had been WB on Van Dorn/Woodsdale Blvd - 20th, behind another uninvolved vehicle when D2 had to slow behind that vehicle because it was turning left off Van Dorn onto 20th. D2 rpts she was just letting off her brake and was beginning to go forward because the vehicle had completed its turn when D2 rpts she was rear-ended by V1. The witness was WB on Van Dorn behind V1 and obs that V2 had slowed for a turning vehicle and it didn't appear that V1 slowed down and rear-ended V2.

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
	TODD HOLT	2728 LAUREL, LINCOLN, NE 68502	402-570-2869
	NAME	ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION

VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME
1				X	VAN DORN
2				X	VAN DORN

1	01
2	11

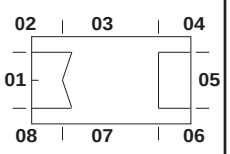
01 Essentially straight ahead
02 Backing
03 Changing lanes
04 Overtaking/ Passing
05 Turning right
06 Turning left
07 Making U-turn
08 Entering traffic lane
09 Leaving traffic lane
10 Parked
11 Slowing or stopped in traffic
12 Other
13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

	VEHICLE 1	VEHICLE 2
POINT OF IMPACT	01	05
MOST DAMAGED AREA	01	05

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



AIRBAG DEPLOYED

VEHICLE 1: 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: 4 5 5 5 5

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 5 5 6 5 2

TOTAL OCCUPANTS	VEH 1	1	VEH 2	6

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?
877	4	Lincoln Police Department	YES / X NO

INVESTIGATOR NAME *(Print or Type)*	INVESTIGATOR SIGNATURE	DATE OF REPORT
Jennifer Hurley	Approved by Officer Jennifer Hurley	05/29/2016