		State of Nebraska Investigator's Motor Vehicle Accident Report														Sheet <u>1</u> of <u>4</u>													
	Total Nu	mber	Local I District	Local No./ Agency H											HIT &	HIT & RUN?													
	of Vehic	cles		05			No								231132	1524508												1	
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06	PLACE OF	Г		_																				DL					
В	ACCIDENT	CITY	L	i	n	c	0	1	n										PRIV/ PROP	TE ERTY			LONGI		·	<u></u>			
	ROAD ON WHICH STREET/ HIGHWAY NO. A LIL TH DD											!							ONE-	WAY	YE	S NO		IODL					
С	ACCIDENT C					Ab	bott F		2	= _\							HIGHV		STRE	ET?) <u> </u>	·					
4	DISTANCE FROM MILEPOST										POST					пібпі	VATING	J.						STUDY					
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2	LICENSE DRIVER			-	_	-										Pł	HONE				(01)	license)	LOCA	L NO.		$\underline{}$	MALE	-	
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	DRIVER ADDRESS CITY, STATE, ZI									Р									BI	re of Rth	0	o /	1 0 /	1 0	953	V1/1			
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G	OWNER ADDRESS CITY, STATE, ZIP											Ρ									_		CITAT	FION NC).			01	
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11 V1/Q	LICENSE																			NDING	Ţ				STATE			- 39	
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5 V2/Q	VEHICLE	YEAR				MA	KE			N	IÓDEL				BODY S	YLE			COLOF	2			ESTIMAT	ED DAN	AGE			05 V2/5	
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1	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS NUN REPORT NO.																												
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	Harold Edwa	ards																0	6 /	0 1	/ 1	97	0 0	4	2	0 7	4	4 2	
2	LOCAL NO.		MEDI	CAL F	ACILITY	NAME							E	MS SEF	RVICE NA	ME									REPORT	NO.	·	•	

		THE FOLLOWING INFORMA	TION IS REQUIRED FOR AL	L ACCIDENTS										
\square	Investigation	IN	DICATE BY DIAGRAM WHAT HAPPE		CY CASE NO.									
	made at			92311	321524508									
$ \setminus \rangle$	scene?													
Indicate														
North	◯ YES ◯ NO													
by Arrow														
	1													
			Idaho Stre	et										
		-												
				83.83										
			- <u>1</u> 9											
			8											
			ENT BASED ON OFFICER'S INVESTIGATIO	N										
Vehicle 1 cro	esed over the cente	er line coliding with vehicle 2	ENT BASED ON OFFICER SINVESTIGATIO											
	issed over the cente	A fine containing what vehicle 2												
. OBJECT DAM		OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE									
	NOLD		ABBREEG	() -	- \$									
OBJECT DAM	MGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE									
OK OBJECT DAM	IAGED	OWNER NAME	ADDRESS		- \$									
La NAME			ADDRESS	()	PHONE									
S NAME			ADDRESS											
NAME														
NAME			ADDRESS		PHONE									
				1										
	LE MOVEMENT RE COLLISION	POINT OF IMPACT AND	AIRBAG DEPLOYED	RESTRAINT USE	TOTAL VEH VEH									
		MOST DAMAGED AREA		VEHICLE 1	OCCUPANTS ¹ ²									
NO. N S E	W ROAD OR HIGHWAY NAME	(Enter numbers for each vehic	<i>5</i> 4 4	6 8 3	ALCOHOL Driver Driver Pedes-									
1		VEHICLE 1 VEHICLI	- 5 1 2	- 1 2 1	TESTING No. 1 No. 2 trian									
┠╹┼┼┼┼			6 6 4	8 1 4	ALCOHOL Y Y Y									
2		POINT OF POINT OF IMPACT	1 Deployed - front	1 None used - vehicle occupant	TESTED NI NI NI									
		MOST MOST	2 Deployed - side	2 Lap & shoulder belt used	BAC LEVEL									
	06 Turning left	DAMAGED DAMAGED	3 Deployed - both front/side 4 Not deployed	3 Shoulder belt only used4 Lap belt only used	Driver Driver									
2	 07 Making U-turi 08 Entering traffi 		5 Not applicable/	5 Child safety seat used	ALCOHOL/ No. 1 No. 2									
	08 Entering traffi	c 00 None 02 03	No airbag available 6 Unknown	6 Child booster seat used 7 Helmet used	DRUGS SUSPECTED 4 3									
01 Essentially	09 Leaving traffic		8 Restraint use unknown VEHICLE 2	1 Neither alcohol nor drugs suspected										
straight ahe 02 Backing	ad lane 10 Parked	10 Undercarriage 01 -	1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected											
-	anes 11 Slowing or	11 Total (all areas)	05 3 2 5	6 4 4	3 Yes - drugs suspected									
04 Overtaking/	stopped in tra	ffic 12 Other 08 07	- 6 7 3	4 Yes - alcohol & drugs suspected										
Passing	12 Other		+ 06 - <u>1 2 3</u> 5 5 5	8 8 8	5 Unknown									
05 Turning right	t 13 Unknown	TROOP												
OFFICER NO.		TROOP/ TEAM/	DEPARTMENT		Photographs YES									
		BEAT			taken? ONO									
INVESTIGATOR N	AME (Print or Type)	INVESTIGAT	OR SIGNATURE		DATE OF									
					REPORT / /20									
1														

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												cle Accident Continuation Report Sheet 3 of																		
		District 05											Case No. 92311321524508																	
Vehicle		DATE	OF ACCIDE	NT (N	1M / DD /	YYYY)		PLACE	COU	NTY			51152	1324.	508														
Codes from	0	5	2 1	2	0	0	3		OF ACCIDENT	CITY	L	i	1	n c	; c	,	1	n												
Overlay #2	ROAD				госси	IRRE	D S	TREE	I T/HIGHWA\	Y NO.	Abb	ott R	D D							1	1 1							equence Events		
VEH.#														NO.	3													/EH.#		
	DRIV		NO.	4	6	0	4	2	1 9	8	4										STAT			SE	x	FEMA	LE			
3	DRIVER	ISE													PI	HONE					(Of Lice	nse)	LOCAL NO			○ MALE	<u>3</u>			
M	Chandle																													
6 N	DRIVER ADDRESS CITY, STATE, ZIP											BIRTH (MM/DD/YYYY) 2 /18 /1933												2.	33					
1	OWNER	JWNER												PHONE LOCAL NO.													33			
0	OWNER A	DDRESS	;						CITY, ST	ATE, ZIP								CITA	TION		\bigcirc	YES	CITATION	NO.			3.			
8										<u> </u>																		17		
Ρ	LICE PLA		NO.														(F		Expires	s)				STA (Of P			4.			
7 Q	VEHI	CLE	YEAR			MAK	E		M	ODEL			E	BODY S	TYLE			CC	DLOR				TIMATED D	AMAGE			5.	28		
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VEH.#					<u> </u>					, ,	v	EHICL	E NO	0.			—			-	0					\	_	/EH.#		
	DRIV LICEN		NO.																		STA (Of Lice			SE	x >	○ FEMA ○ MALE	LE			
м	DRIVER														P (HONE	Ŋ)		-			LOCAL NO				1.			
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0															())		-							- 2			
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Q	VEHI	CLE		· · · · · · · · · · · · · · · · · · ·															INSURANCE COMPANY								5.			
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	TOWED T	0							TOWED BY									PC	DLICY N	0.										
	L EHICLE	MOV	EMENT			POI		FIMI					AIRBAG DEPLOYED						RES	TRAI	NT US	E	Тт	TOTAL VEH						
VEU	BEFORE		LISION ROAD OR	MOST DAMA				MAG	GED AREA																					
NO. N	SEW		HWAY NAM	IE (Enter numbers					for each ve		6 6 5					-			3 7			ALCOHOL Driver No. D TESTING								
									VEHIC	_	- 6 1 6					- 4 3 7 5 3 3						ALCOHOL Y Y								
				POINT OF IMPACT					POINT OF IMPACT				4 2 1 1 Deployed - front						one use	ed - ve	hicle oc		LEV TEST		N		N			
					MOST	\top			MOST DAMAGED	<u> </u>		2 D	Deplo	oyed - s oyed - s oyed - b	ide	nt/side		3 Sh	oulder	belt o	belt us		BAC LE	VEL						
			⁻ urning left /laking U-turr		AREA				AREA			4 N	lot D	eploye	d	110 0101		5 Cł	p belt o nild safe	ety sea	at used		ALC	оног	/ Dri	ver No. 3	Drive	er No.		
		l li	Entering traffi		0 None			02	03		04	N		rbag av		•		7 He	elmet u	sed	eat use		DR SUSP	UGS ECTE	D	3				
	ght ahead		eaving traffic ane)9 Top &			-F			-		V	/EHICL	.E <u>3</u>	- ,	_	о ке 	V	EHICL		· 			cohol no	-	suspe	cted		
	nging lane	s 11 S	Parked Slowing or	1	0 Under 1 Total (-	01	- <		05		-						_			_			hol sus gs suspe					
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3	NAME	VAME ADDRESS																												
VEH. #																		/ /												
	LOCAL NO).	ME	DICAL F	ACILITY N	IAME						EMS	EMS SERVICE NAME										EMS RU	EMS RUN REPORT NO.						
VEH. #	NAME							ADD	RESS								1	1												
#	LOCAL NO).	ME		ACILITY N							EMS	SER	VICE NA	ME				/	/			EMS RU							

DR Form 40a, Jan 02

