

State of Nebraska Investigator's Motor Vehicle Accident Report

	Total Number of Vehicles	Local No./ District 05	Agency Case No. 92311321524508	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 3	(In Military Time) TIME OF ACCIDENT 2 2 0 1	STATE USE ONLY	
A2	PLACE OF ACCIDENT	COUNTY	POLICE NOTIFIED 2 2 1 0	LATITUDE	
B		CITY L i n c o l n	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE	
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. Abbott RD		ONE-WAY STREET? <input checked="" type="radio"/> YES <input type="radio"/> NO	
4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input type="radio"/> NO
D	IF AT INTERSECTION		IF NOT AT INTERSECTION		
5	NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING <input type="radio"/> FEET <input type="radio"/> MILES N S E W		
V1/M	S 45th St				
05	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
11	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	CONTINUATION FORMS ATTACHED (Fill in all that apply) <input type="radio"/> NONE <input type="radio"/> TRUCK & BUS <input type="radio"/> CONTINUATION
4	2	3 2 2	07 4 7 2	05 10 7 7	

VEHICLE NO. 1										
F	DRIVER LICENSE NO.	3 3 5 8 7 7 3 7 6	STATE (Of License)	N S	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
2	DRIVER	Tania Edwards		PHONE	-		LOCAL NO.			
V1/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	0 9 / 1 0 / 1 9 5 3		V1/1			
2	OWNER	CITY, STATE, ZIP		PHONE	-		LOCAL NO.			
V2/N	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/> NO		CITATION NO.			
6	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)		V1/2			
3	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE \$	V1/3		
1	VEHICLE ID NO. (VIN)					INSURANCE COMPANY		V1/4		
V1/O	TOWED TO	TOWED BY		POLICY NO.			V1/5			
1							V1/6			

VEHICLE NO. 2										
I	DRIVER LICENSE NO.	1 4 6 7 7 5 6 3 2	STATE (Of License)	A Z	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
7	DRIVER	Aimee Grant		PHONE	-		LOCAL NO.			
V1/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	0 3 / 0 7 / 1 9 6 9		V2/1			
3	OWNER	CITY, STATE, ZIP		PHONE	-		LOCAL NO.			
V2/P	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING <input type="radio"/> NO		CITATION NO.			
4	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)		V2/2			
11	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE \$	V2/3		
5	VEHICLE ID NO. (VIN)					INSURANCE COMPANY		V2/4		
V1/Q	TOWED TO	TOWED BY		POLICY NO.			V2/5			
5							V2/6			

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX	
VEH. #	NAME	ADDRESS					MM / DD / YYYY	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M	F
1	Tania Edwards						0 9 / 0 0 / 1 9 5 3	0 1	2	0 8	3	3	1	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.							
2	Aimee Grant						0 3 / 0 7 / 1 9 6 9	0 1	1	0 9	4	3	1	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.							
2	Harold Edwards						0 6 / 0 1 / 1 9 7 0	0 4	2	0 7	4	4	2	
	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

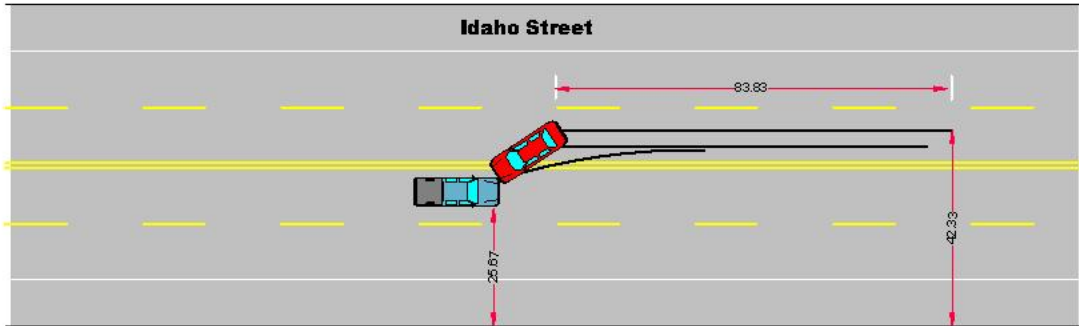
AGENCY CASE NO.
92311321524508



Indicate North by Arrow

Investigation made at scene?

YES
 NO



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle 1 crossed over the center line colliding with vehicle 2

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					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS																																																																																																																																
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEHICLE 1				VEHICLE 1				VEHICLE 1				VEHICLE 1																																																																																																																								
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OFFICER NO.					TROOP/TEAM/BEAT				DEPARTMENT				Photographs taken? <input type="radio"/> YES <input type="radio"/> NO																																																																																																																																				

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT	/ / 20__
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State of Nebraska Investigator's Motor Vehicle Accident Continuation Report

Local No./ District 05	Agency Case No. 92311321524508	STATE USE ONLY
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Vehicle Codes from Overlay #2	DATE OF ACCIDENT (MM / DD / YYYY) 0 5 2 1 2 0 0 3	PLACE OF ACCIDENT L i n c o l n	COUNTY L i n c o l n	ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. Abbott RD
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VEH.#	DRIVER LICENSE NO.	VEHICLE NO.	STATE (Of License)	SEX	VEH.#
3	4 6 0 4 2 1 9 8 4	3		<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3
M	DRIVER Chandler Grant		PHONE () -	LOCAL NO.	1.
N	DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 2 / 18 / 1933		33
O	OWNER		PHONE () -	LOCAL NO.	2.
P	OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	3.
Q	LICENSE PLATE NO.	YEAR	STATE (Of Plate)		4.
	VEHICLE	YEAR	MAKE	MODEL	VEH.#
	VEHICLE ID NO. (VIN)				28
	TOWED TO	TOWED BY		POLICY NO.	5.
					30

VEH.#	DRIVER LICENSE NO.	VEHICLE NO.	STATE (Of License)	SEX	VEH.#
				<input type="radio"/> FEMALE <input type="radio"/> MALE	
M	DRIVER		PHONE () -	LOCAL NO.	1.
N	DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		2.
O	OWNER		PHONE () -	LOCAL NO.	3.
P	OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	4.
Q	LICENSE PLATE NO.	YEAR	STATE (Of Plate)		5.
	VEHICLE	YEAR	MAKE	MODEL	6.
	VEHICLE ID NO. (VIN)				
	TOWED TO	TOWED BY		POLICY NO.	

VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMPACT AND MOST DAMAGED AREA	AIRBAG DEPLOYED	RESTRAINT USE	TOTAL OCCUPANTS																																											
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<p>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</p>	<p>00 None 01 Top & windows 02 Undercarriage 03 Total (all areas) 04 Other</p>	<p>1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not Deployed 5 Not Applicable/ No airbag available 6 Unknown</p>	<p>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 Helmet used 8 Restraint use unknown</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>ALCOHOL / DRUGS SUSPECTED</th> <th>Driver No.</th> <th>Driver No.</th> </tr> <tr> <td> </td> <td>3</td> <td> </td> </tr> <tr> <td> </td> <td>3</td> <td> </td> </tr> </table>	ALCOHOL / DRUGS SUSPECTED	Driver No.	Driver No.		3			3																																			
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Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)					SEX	
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	1	2	3	4	5	M	F
3	Chandler Grant					/	/	/	0 1	4 0 1	1	1

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT

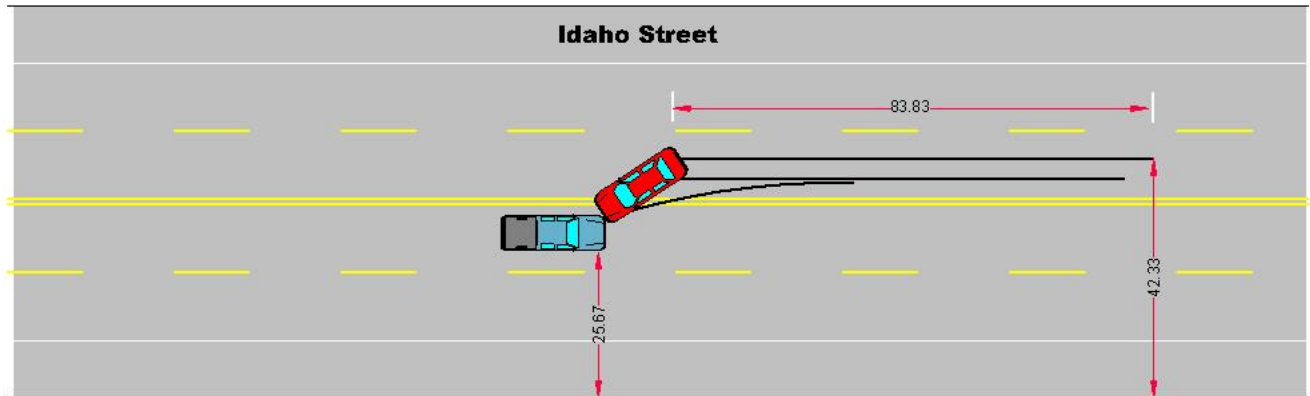


**Investigation
made at
scene?**

- YES
- NO

**Indicate
North
by Arrow**

AGENCY CASE NO.
92311321524508



PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
INVESTIGATOR NAME (<i>Print or Type</i>)			INVESTIGATOR SIGNATURE		DATE OF REPORT / /20__