

213049839
11987

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District	Agency Case No. 13-13649	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L	1			
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/31/2013		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY				
A/2	PLACE OF ACCIDENT	COUNTY Scotts Bluff	CITY Scottsbluff	POLICE NOTIFIED 0654	TIME OF ACCIDENT 0654			12/31/2013		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2nd AVE		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO			LATITUDE		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	IF AT INTERSECTION			IF NOT AT INTERSECTION						
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN							19		
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		20			
E	R. WORK ZONE CODES	R1 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? <input type="radio"/> YES <input checked="" type="radio"/> NO			2		
VEHICLE NO. 1										
F	DRIVER LICENSE NO.	H12996539		STATE (Of License)	NE	SEX	<input type="radio"/> FEMALE <input checked="" type="radio"/> MALE			
V1/N	DRIVER	TRAVIS D NOVOTNY		PHONE	308 641 2344		LOCAL NO.			
V2/N	DRIVER ADDRESS	290894 PRICE DR, MINATARE, NE 69356		DATE OF BIRTH (MM / DD / YYYY)	08/14/1988		19			
G	OWNER	PCBC ALLIANCE LLC		PHONE	800 658 3109		LOCAL NO.			
2	OWNER ADDRESS	1639 HOLSTEN DR #88, ALLIANCE, NE 69301		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.				
H	LICENSE PLATE	TE	NO.	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE			
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE			
1	1996	International H	490	Single Unit Tru	blue	<input type="radio"/> TOALED \$ 0	19			
V2/O	VEHICLE ID NO. (VIN)	1HTSDAAN2TH280610		INSURANCE COMPANY	Linpepco Partnership					
2	TOWED TO	TOWED BY		POLICY NO.	CPP127583A					
VEHICLE NO. 2										
I	DRIVER LICENSE NO.			STATE (Of License)		SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE			
V1/P	DRIVER			PHONE			LOCAL NO.			
V2/P	DRIVER ADDRESS			DATE OF BIRTH (MM / DD / YYYY)			18			
8	OWNER	TARA CALDER		PHONE	308 641 4488		LOCAL NO.			
J	OWNER ADDRESS	1302 E 12th ST, Scottsbluff, NE 69361		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.				
V1/Q	LICENSE PLATE	TE	NO.	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE			
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE			
3	2003	GMC	NK1	Pickup truck	red	<input type="radio"/> TOALED \$ 3000	18			
K	VEHICLE ID NO. (VIN)	2GTEK19T631306633		INSURANCE COMPANY	State Farm					
01	TOWED TO	TOWED BY		POLICY NO.	984 3108 A11 27H					
Complete this section for all injured persons <i>(Complete a continuation report, if more than three were injured)</i>										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
					Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
					Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
					Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						

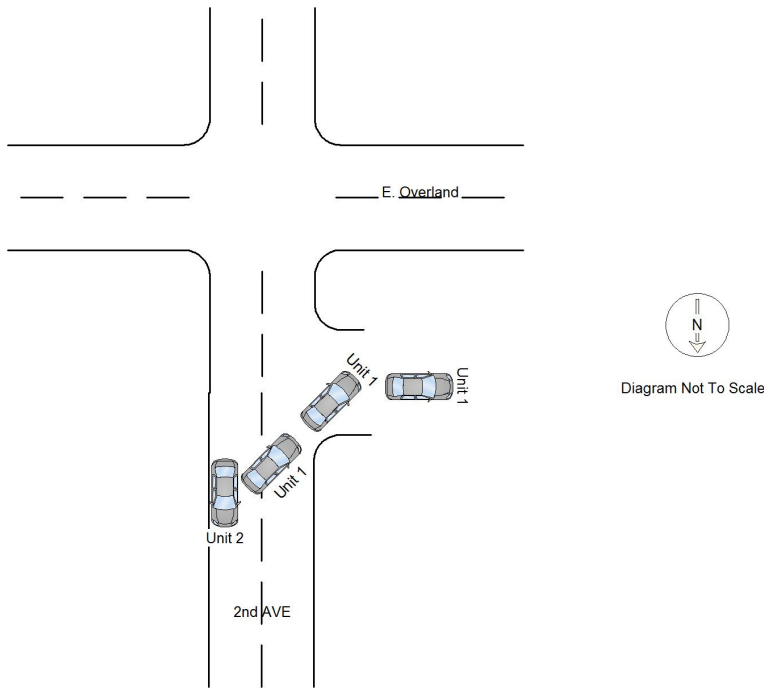
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
13-13649



Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle 2 was parked across from Calder's Auto driveway. Vehicle 1 made a delivery at Calder's Auto. Vehicle 1 backed out of the parking lot of Calder's Auto and collided 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 john calder	ADDRESS 1302 E 12th ST, Scottsbluff, NE 69361	PHONE 308 635 5350
	NAME	ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS												
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		VEH 1				VEH 2												
1			X		2nd AVE				POINT OF IMPACT	06	POINT OF IMPACT	06	4				2				TOTAL OCCUPANTS	VEH 1	1	VEH 2	0				
2	X				2nd AVE				MOST DAMAGED AREA	06	MOST DAMAGED AREA	06	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				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				ALCOHOL TESTING	Driver No. 1	Y	Driver No. 2	Y	Pedestrian	Y		
1	02	06 Turning left			06				06				06				ALCOHOL LEVEL TESTED	N	X	N	X	N	BAC LEVEL						
2	10	08 Entering traffic lane			06				06				06				ALCOHOL / DRUGS SUSPECTED				Driver No. 1	1	Driver No. 2	5	1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown				
01 Essentially straight ahead					09 Leaving traffic lane					00 None					02					03					04				
02 Backing					10 Parked					09 Top & windows					01					05					06				
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					08					07					06				
04 Overtaking/ Passing					12 Other					11 Total (all areas)					08					07					06				
05 Turning right					13 Unknown					12 Other					08					07					06				

OFFICER NO. 125	TROOP/TEAM/BEAT	DEPARTMENT Scottsbluff Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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INVESTIGATOR NAME (Print or Type) Rob Kiesel	INVESTIGATOR SIGNATURE Approved by Ptl Rob Kiesel #125	DATE OF REPORT 12/31/2013
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