212	02326	3	State of Net		Motor	Ve	hicle		ccid	er	nt Re	port	C	heet	1	of	1
001 Total Number			Investigator's Motor Vehic					<i></i>			HIT & RUN	-				_ • · _	L
001	of Vehi		Local No./ Agency District Case No. 12-06077							XYES						4	
A/1 10	DATE OF		1 / D D /	M T W TH F S						tary Time)	STATE USE	ONLY					
A/2	ACCIDENT	06-10	0-2012						2499								
	PLACE OF	COUNTY	Y Scotts Bluff POLICE 210								2105		LATITUDE				
В	ACCIDENT	СІТҮ	Scottsbluff							PRIVATE							
70	ROAD O	rland						ONE-WAY		LONGITUDE							
с 8	ACCIDENT	FROM	FEET	LEPOST				IWAY	STREET?		SHOULD LOCATION HAVE ENGINEERING STUDY?						
D	MILEPO	DST	IF AT INTERSE						ECTION								
1		NAM	E OF INTERSECTI	NG ROADWAY	X FEET MILES N S E				Е	W OF NE	AREST STREET	ET, BRIDGE, RAILROAD CROSSING					
V1/M										Х	Ave	-					
20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W OF NEAREST																
V2/M																	
E	R. WORK ZONE	R1	R2 R3 R4	R3 R4 S. PEDESTRIAN S CLASSIFICATION				S2 S3 S4 S5-a S5-b S					ENT INVOLVE DAMAGE TO OF ROADS' PROPERTY?				
2	CODES			6							⊖YES	es 🕉 no					
F	DRIVER				VEHICLE NO. 1						STATE	FEMALE					
9	LICENSE DRIVER		NO.						PHONE			(Of License)	LOCAL NO.	SEX	\bigcirc	MALE	
V1/N 01	DRIVER ADDR	FSS			CITY, STATE,	ZIP			()		DATE OF					
V2/N	, , , ,	200			on i, sixie,							BIRTH (MM / DD / YYYY)					v1/1 19
	Miguel	Reyes			PHONE (308					672-47	785	LOCAL NO.				V1/2	
^G 2	OWNER ADDR	ess Overla	nd, , Scottsb	oluff, NE,							CITATION N	0.			18		
н	LICENSE	D۸	010001								YEAR	NG <u>NO</u> 2013		STATE (Of Plate)		١E	V1/3
5			YEAR	MAKE	MODEL	BODY STYLE					ate Expires)	ES	ESTIMATED DAMAGE TOTALED \$ 1500.				V1/4
V1/O			2002	Chevrole	et Imp	ala 4 door Sedan				lan	RED	COMPANY		\$ 10			14/5
1 V2/O	TOWED TO	NO. (VIN) 2G1VVH55K629506176										-					V1/5 18
												11640253F	-PPA NE				V1/6
י 7	DRIVER					VEHICLE NO. 2						STATE				FEMALE	<u> </u>
/ V1/P	LICENSE DRIVER	1	NO.		PHONE						(Of License)	LOCAL NO.	SEX		MALE		
7	DRIVER ADDR	F \$\$			7IP						DATE OF					V2/1	
V2/P												BIRTH (MM / DD / YYYY)					V2/2
J	OWNER						PHONE ()						LOCAL NO.				
12	OWNER ADDR	ESS		ZIP	СП						CITATION NO.				V2/3		
V1/Q											YEAR ate Expires)			STATE (Of Plate)			V2/4
3	PLATE	PLATE NO. YEAR MAKE VEHICLE MODE						BODY STY	ΊLE	(1716			ESTIMATED DAMAGE				
V2/Q	VEHICLE ID						<u> </u>							\$			V2/5
К	VENICLE ID NO. (V/IM) TOWED TO										POLICY NO.						
01		-				_										4 5	
(Complete a continuation report, if more than three were injured) (1												OF BIRTH DD / YYYY)	1 Seat Position		3 Body I egion	4 5 Injury Sev. Trar	SEX
VEH. #	NAME			AD	DRESS												
	LOCAL NO. MEDICAL FACILITY NAME							RVICE NAM	E				EMS RUN REPORT NO.				
VEH. #	# NAME ADDRESS																
														DEDGO			
	LOCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME						EMS RUN REPORT NO.				
VEH. #	NAME		1	DRESS	l												
	LOCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME						EMS RUN REPORT NO.				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS																
		$\overline{}$					I	PENED AG	ency case 2-0607 7	ASE NO. 077						
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1	Nor	ate th row			· .											
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		N	OV	erla	nd	Ĩ) I									
						1										
						T				15 W verland						
						l	ii			ondira						
DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION																
						d that a ve			ed into the left rear quarter		oximately	twenty	hours	after v	ehicle	
was parked. White transfer paint. No suspects.																
, T	BJE	CT DAM	AGED	(OWNER NAME			ADDRES	3	PHONE	APPROX. COST OF DAMAGE					
OBJECT DAMAGED OWN					OWNER NAME			ADDRES	6	PHONE		APPROX. COST OF DAMAGE				
									2	()		PHONE				
NAME NAME								ADDRES	2			()			
NAME								ADDRES	6			PHONE)			
VEHICLE MOVEMENT							IMPACT AND		AIRBAG DEPLOYED	RESTRAINT USE)			
BEFORE COLLISION		SION	'	NOST DAM	AGED AREA		VEHICLE 1	VEHICLE 1)TAL JPANTS	S VEH	000	EH 2			
			HIGHW	AY NAME		er numbers	for each veh	icie)				DHOL TING	Driver No. 1	Driver No. 2	Pedes- trian	
1		 	(W Ove	erland		CLE 1		LE 2	4		ALCO		Y	Y	Υ	
2					POINT OF IMPACT	06	POINT OF IMPACT		1 Deployed - front 2 Deployed - side	1 None used - vehicle occup 2 Lap & shoulder belt used	ant TES	TED	N	N	Ν	
1	1()		ning left	MOST DAMAGED AREA	06	MOST DAMAGED AREA		3 Deployed - side 4 Not deployed	3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used	BAC L			Driver	Driver	
2			07 Making U-turn 08 Entering traffic lane		' <u></u>	1		_	5 Not applicable/ No airbag available	5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet use	h	ALCOHOL/ DRUGS		No. 1	No. 2	
01 Essentially 09 Lea				aving 09 Top & windows			02 03	04	6 Unknown	8 Costume helmet used 9 Restraint use unknown		SUSPECTED 1 Neither alcohol nor drugs suspected				
straight ahead traffic lane 02 Backing 10 Parked				ked	10 Underc 11 Total (a	• v	1- <	05	VEHICLE 2	2 Ye	2 Yes - alcohol suspected					
03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traffic				oped in tra			- <u>-</u> 08 07	06			3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected					
Passing 12 Other 05 Turning right 13 Unknown							-				5 Ur	nknown				
OFFICER NO. 122					TROOP/ TEAM/ 2			DEPARTI	Scottsbluff Police D		Photographs X YES taken?					
122 BEAT A INVESTIGATOR NAME (Print or Type) A A							INVESTIG	ATOR SIGN								
Pete Wysocki								Digital Certificate with Nebraska Crime Commission DATE OF REPORT 06/14/2012								