

213032674  
5071

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

<b>2</b>	<b>Total Number of Vehicles</b>	Local No./ District 3/21	Agency Case No. 13-09624	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	<b>L</b> 1					
<b>A/1</b> 01	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y 09/04/2013		(In Military Time) TIME OF ACCIDENT 1544		STATE USE ONLY  09/04/2013					
<b>A/2</b>	<b>PLACE OF ACCIDENT</b>	COUNTY Scotts Bluff	POLICE NOTIFIED 1544								
<b>B</b>	CITY Scottsbluff	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE							
<b>C</b> 1	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/ HIGHWAY NO. 12th Ave		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LONGITUDE					
<b>1</b>	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.							
<b>D</b> 1	<b>IF AT INTERSECTION</b>			<b>IF NOT AT INTERSECTION</b>							
		NAME OF INTERSECTING ROADWAY			X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
		70.00			E. 18th St.						
<b>V1/M</b> 01	<b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>										
<b>V2/M</b> 02	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
<b>E</b> 2	<b>R. WORK ZONE CODES</b>	R1 R2 R3 R4	<b>S. PEDESTRIAN CLASSIFICATION CODES</b>	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						
<b>VEHICLE NO. 1</b>											
<b>F</b> 1	<b>DRIVER LICENSE NO.</b>	H12271110			<b>STATE (Of License)</b>	NE	<b>SEX</b> <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
<b>V1/N</b> 1	<b>DRIVER</b>	DUANE C LANA			<b>PHONE</b>	(308)631-2225					
<b>V2/N</b> 1	<b>DRIVER ADDRESS</b>	1605 12TH ST, GERING, NE 69341			<b>DATE OF BIRTH (MM / DD / YYYY)</b>	10/31/1958					
<b>G</b> 2	<b>OWNER</b>	DUSTY C LANA / DIANNE K LANA			<b>PHONE</b>						
<b>H</b> 5	<b>LICENSE PLATE</b>	TE NO. 212365	<b>YEAR (Plate Expires)</b>	2014	<b>STATE (Of Plate)</b>	NE					
<b>V1/O</b> 1	<b>VEHICLE</b>	YEAR 2006	MAKE Mazda	MODEL RGC	BODY STYLE	COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1600				
<b>V2/O</b> 1	<b>VEHICLE ID NO. (VIN)</b>	4F4YR12D06PM01232			<b>INSURANCE COMPANY</b>	AMERICAN FAMILY MUTUAL INS. CO					
<b>I</b> 1	<b>TOWED TO</b>				<b>TOWED BY</b>	POLICY NO. 160191610249FPPANE					
<b>VEHICLE NO. 2</b>											
<b>F</b> 1	<b>DRIVER LICENSE NO.</b>	H13525885			<b>STATE (Of License)</b>	NE	<b>SEX</b> <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
<b>V1/P</b> 1	<b>DRIVER</b>	AUSTIN D RICHARDSON			<b>PHONE</b>	(308)765-0600					
<b>V2/P</b> 1	<b>DRIVER ADDRESS</b>	1721 12TH AVE, SCOTTSBLUFF, NE 69361			<b>DATE OF BIRTH (MM / DD / YYYY)</b>	04/20/1996					
<b>J</b> 01	<b>OWNER</b>	ROBERT F GOLDEN / MYRNA GOLDEN			<b>PHONE</b>						
<b>K</b> 01	<b>OWNER ADDRESS</b>	1725 12TH AVENUE, SCOTTSBLUFF, NE 69361			<b>CITATION</b> <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. A2319796					
<b>V1/Q</b> 4	<b>LICENSE PLATE</b>	PA NO. 21DG22	<b>YEAR (Plate Expires)</b>	2013	<b>STATE (Of Plate)</b>	NE					
<b>V2/Q</b> 4	<b>VEHICLE</b>	YEAR 1998	MAKE Ford	MODEL EPR	BODY STYLE	COLOR green	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000				
<b>V3/Q</b> 01	<b>VEHICLE ID NO. (VIN)</b>	1FMZU34E3WZA42407			<b>INSURANCE COMPANY</b>	STATE FARM					
<b>L</b> 01	<b>TOWED TO</b>				<b>TOWED BY</b>	POLICY NO. 0347787D1427F					
<b>Complete this section for all injured persons</b> (Complete a continuation report, if more than three were injured)											
<b>VEH. #</b>	<b>NAME</b>	<b>ADDRESS</b>			<b>DATE OF BIRTH (MM / DD / YYYY)</b>	<b>1</b> Seat Position	<b>2</b> Eject	<b>3</b> Body Region	<b>4</b> Injury Sev.	<b>5</b> Trans.	<b>SEX</b> M F
	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>		<b>EMS RUN REPORT NO.</b>						
<b>VEH. #</b>	<b>NAME</b>	<b>ADDRESS</b>									
	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>		<b>EMS RUN REPORT NO.</b>						
<b>VEH. #</b>	<b>NAME</b>	<b>ADDRESS</b>									
	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>		<b>EMS RUN REPORT NO.</b>						

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
13-09624

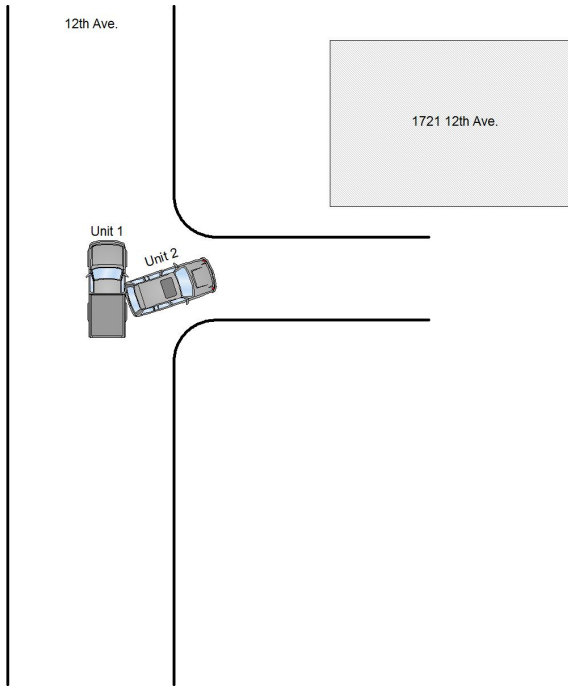


Indicate North by Arrow



Not To Scale

- Veh. placement is approx.



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Veh. #1 was north bound on 12th Ave. Veh. #2 was backing from the driveway at 1721 12th Ave., striking Veh. #1 while doing so. Both drivers said that they felt the other was travelling fast and Driver #2 also complained about a neighbors fence and a parked Veh. blocking his view of the street.

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 VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS											
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																		
1	X				12TH AVE.				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2						
2			X		12TH AVE				POINT OF IMPACT	03	POINT OF IMPACT	06	4				2				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian			
1	01	06 Turning left			MOST DAMAGED AREA	03	MOST DAMAGED AREA	06	1 Deployed - front				1 None used - vehicle occupant				ALCOHOL LEVEL TESTED	Y		Y		Y					
2	02	08 Entering traffic lane			00 None				2 Deployed - side				2 Lap & shoulder belt used				BAC LEVEL										
01 Essentially straight ahead				09 Leaving traffic lane				01				3 Deployed - both front/side				3 Shoulder belt only used				ALCOHOL / DRUGS SUSPECTED				Driver No. 1	Driver No. 2		
02 Backing				10 Parked				02				4 Not deployed				4 Lap belt only used				1				1	1		
03 Changing lanes				11 Slowing or stopped in traffic				03				5 Not applicable/ No airbag available				5 Child safety seat used				2				2			
04 Overtaking/ Passing				12 Other				04				6 Unknown				6 Child booster seat used				3				3			
05 Turning right				13 Unknown				05				VEHICLE 2				7 DOT approved helmet used				4				4			
06 Turning left				13 Unknown				06				VEHICLE 2				8 Costume helmet used				5				5			
07 Making U-turn				13 Unknown				07				VEHICLE 2				9 Restraint use unknown				7				7			
08 Entering traffic lane				13 Unknown				08				VEHICLE 2								8				8			
09 Leaving traffic lane				13 Unknown				09				VEHICLE 2								9				9			
10 Parked				13 Unknown				10				VEHICLE 2								1				1			
11 Slowing or stopped in traffic				13 Unknown				11				VEHICLE 2								2				2			
12 Other				13 Unknown				12				VEHICLE 2								3				3			
13 Unknown				13 Unknown				13				VEHICLE 2								4				4			
OFFICER NO. 132				TROOP/ TEAM/ BEAT				DEPARTMENT Scottsbluff Police Department				Photographs taken?				YES NO											
INVESTIGATOR NAME (Print or Type) Lee Pinet				INVESTIGATOR SIGNATURE Approved by Ptl Lee Pinet #132				DATE OF REPORT 09/04/2013																			