212028659			State of Net		Mote	or Veł	nicle A	ccid	en	it Re	port	S	, Sheet	1of	1
002 Total Number			Local No./ Agency District Case 12 OCE 16						ŀ	HIT & RUN		INVESTIGATION MADE AT SCENE?			
of Vehicles			30 _{No.} 12-06546							OYES	<u> </u>				1
A/1 01 A/2	DATE OF ACCIDENT	DATE OF ACCIDENT M / D / Y Y Y 06-20-2012 S M T W TH F S)F ENT	(In Mill 1611	tary Time)		STATE USE ONLY			
AV2	PLACE OF	COUNTY	Scotts Bluff Police NOTIFIED 1								LATITUDE	LATITUDE			
В	ACCIDENT	CITY	Scottsbluff							PRIVATE PROPERT	$_{Y?} \overset{\text{YES NO}}{\bigcirc} \overset{\text{NO}}{\bigstar}$	LONGITUDE			-
С		ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. Broadway & South Beltline Highway								ONE-WAY STREET?					
1							HIGH	YAW	VAY NO. SHOULD LOCATIO						
D							_								
1	NAME OF INTERSECTING ROADWAY FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROA								RAILROAD	CROSSING					
V1/M		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											-		
01 V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W OF NEAREST CITY OR TOWN												-		
14 E	R. work R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S6-a S6-b DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? CODES 1														
1															
F 1	DRIVER LICENSE	ı	NO. 2H1295	9711							STATE (Of License)	NE		⊂ FEMALE	
V1/N 02		MATTHEW A SHELLITO (308)	672-02		LOCAL NO.			-
V2/N		2020 O ST, , GERING, NE, 69341									DATE OF BIRTH (MM / DD / YYY)	10-22-1987			V1/1 18
02		MATTHEW A SHELLITO)	672-02	261	LOCAL NO.			10 V1/2
^G 4	OWNER ADDRESS 2020 O STREET, , GERING, NE, 69341							C	TATION	NG XES	CITATION N	CITATION NO.			
н 2	LICENSE PLATE	тс ,	NO. 215022							YEAR ate Expires)	2013		STATE (Of Plate)		
Z V1/O	VEHICLE	VEHICLE 2003 MAKE MODEL BODY STYLE							COLOR GRN		TOTALED \$ 2000			V1/4	
2	VEHICLE ID NO. (VIN)	2GT	FEK19T9312	50221						INSURANCE State	E COMPANY				V1/5
V2/O 2	TOWED TO				TOWED BY					°℃751105-B14-27A					- 18 V1/6
						VE	HICLE NO. 2								35
1	DRIVER LICENSE	ı	NO. H131902	299							STATE (Of License)	NE SEX SEALE			
V1/P	DRIVER	LIGENSE						2)	225-22	65	LOCAL NO.			V2/1	
1 V2/P	DRIVER ADDRESS 31316 E BRADY MOOREFIELD RD, , BRADY, NE, 69123						, ,		DATE OF BIRTH (MM / DD / YYY)	08-14	08-14-1991				
1	OWNER PHONE										LOCAL NO.			V2/2	
J 01	JAIMES STOWELL (308 OWNER ADDRESS CITY, STATE, ZIP 25 TERRY BLVD, , GERING, NE, 69341 (308							C	765-82	VES NG XNO	CITATION NO.			V2/3	
V1/Q	LICENSE PA NO. 21S222							YEAR ate Expires)	2012		STATE (Of Plate)	NE	V2/4		
4 V2/Q	VEHICLE	YEAR	1993	AM Gen	eral	Eagle Vis	son BODY ST	or Sed	lan	GRY	E		MAGE 5 \$ 300		V2/5
<u>4</u>	VEHICLE ID NO. (VIN) 2E3ED66F8PH610768								E COMPANY				18		
02	TOWED TO TOWED BY								POLICY NO 4237-	16-03-63				^{V2/6} 35	
	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)									OF BIRTH DD / YYYY)	1 Seat Position	2 3 Eject Body Regio	4 5 y Injury on Sev. Tra	SEX	
VEH. #	NAME			ADI	DRESS										
	LOCAL NO.		MEDICAL FACILITY N	IAME			EMS SERVICE NAM	IE				EMS RUN	REPORT NO).	
VEH. #	ADDRESS Image: Constraint of the second se														
	LOCAL NO.		MEDICAL FACILITY N	IAME			EMS SERVICE NAM	IE				EMS RUN	REPORT NO).	
VEH. #	NAME		<u> </u>	ADI	DRESS										
	LOCAL NO.		MEDICAL FACILITY N				EMS SERVICE NAM	IF				FMS DIN	REPORT NO		
	LUCAL NO.		INCOME I AOILIT I N	.,				-						~	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS												
\square			BY DIAGRAM WHAT HAP	PENED	BENCY CASE	icy case no. - 06546						
Indicate North			· · ·	· · []								
S. Beltline Hwy. V	N I I I I I I I I I I I I I I I I I I I	Br ≫ ♣ ♣	oadway ≫ ÛîÎî	NOT TO 5	CALE							
		2011 1 .0.	ゐ �� ① ① 4 th Street		S. Beltlin	e Hwy. Ea	st	· ·				
	DESCRIPT	ION OF ACCIDENT	BASED ON OFFICER'S I	INVESTIGATION								
Vehicle 1 was traveling wes	_				-							
Vehicle 1 turned South bour during a red signal light. Ve					wo attemp	ted to make	a right tu	rn				
			,									
► OBJECT DAMAGED C	OWNER NAME	ADDRESS	;	PHONE		APPROX. COST OF DAMAGE						
ERT					\$							
OBJECT DAMAGED C	DWNER NAME	ADDRESS	i		APPROX. COST OF DAMAGE							
		ADDRESS										
NAME NAME		ADDRESS	<u>, </u>			() PHONE						
		ADDITESC	,			()						
VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMP MOST DAMAG		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1			1 001 VEH	н 00				
VEH N S E W ROAD OR HIGHWAY NAME	(Enter numbers for							Pedes				
1 X Broadway	VEHICLE 1	VEHICLE 2	-	-	TEST	TING No. 1	No. 2	trian				
2 X South Beltlir			4	1 None used - vehicle occu	Dant TEST	'EL		Y N				
	MOST	MOST	1 Deployed - front 2 Deployed - side	2 Lap & shoulder belt used 3 Shoulder belt only used								
1 06 06 Turning left 07 Making U-turn		AREA 08	3 Deployed - both front/side 4 Not deployed	4 Lap belt only used 5 Child safety seat used		_COHOL/	Driver	Driver No. 2				
2 05 08 Entering traffic lane	00 None 02	03 04	5 Not applicable/ No airbag available	6 Child booster seat used 7 DOT approved helmet us 8 Costume helmet used		DDUOO						
01 Essentially 09 Leaving straight ahead traffic lane	09 Top & windows	7 -	6 Unknown	9 Restraint use unknown		1 Neither alcohol nor drugs suspected						
02 Backing 10 Parked 03 Changing lanes 11 Slowing or	10 Undercarriage 01 - 11 Total (all areas)	05	VEHICLE 2	VEHICLE 2		2 Yes - alcohol suspected 3 Yes - drugs suspected						
04 Overtaking/ stopped in trat Passing 12 Other	ffic 12 Other 08	07 06			4 Yes	s - alcohol & di		ed				
05 Turning right 13 Unknown				9	5 Un	known		,				
OFFICER NO. 129	TROOP/ TEAM/ BEAT 2		7906 Scottsbluff Police Department					> YES				
INVESTIGATOR NAME (Print or Type)												
Aaron Kleensang		Digital Certif	ficate with Nebraska	Crime Commissio	n DATE REPO		21/2012	<u>}</u>				