

219030617  
307192

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	<b>Total Number of Vehicles</b>	Local No./ District B230	Agency Case No. PP19-11012	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1				
A/1 01	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y 07/04/2019		(In Military Time) S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY  Amended				
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY Sarpy	POLICE NOTIFIED 1318							
B 86	CITY Papillion	PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			LATITUDE					
C 1	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/HIGHWAY NO. 718 N Washington Street		ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LONGITUDE					
D 1	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.						
E 1	<b>IF AT INTERSECTION</b>		<b>IF NOT AT INTERSECTION</b>							
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
				300.00	X	Hunters Crossing Blvd.				
V1/M 20	<b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>									
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
F 1	<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	<b>DOES ACCIDENT INVOLVE DAMAGE TO STATE D.O.T PROPERTY?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	1									
<b>VEHICLE NO. 1</b>										
F 1	<b>DRIVER LICENSE NO.</b>	H13420596		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE				
V1/N 1	<b>DRIVER</b>	KAREN L BLOEMER		<b>PHONE</b>	4026164760					
V2/N 1	<b>DRIVER ADDRESS</b>	CITY, STATE, ZIP 10306 FREDERICK CIR, LA VISTA, NE 68128		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	03/15/1985					
G 1	<b>OWNER</b>	KAREN L BLOEMER		<b>PHONE</b>	4026164760					
H 5	<b>LICENSE PLATE PA NO.</b>	VLC134		<b>YEAR (Plate Expires)</b>	2019	<b>STATE (Of Plate)</b> NE				
V1/O 5	<b>VEHICLE</b>	YEAR 2019	MAKE Volkswagen	MODEL Atlas	BODY STYLE Mini van	COLOR silver / chrome				
V2/O 1	<b>VEHICLE ID NO. (VIN)</b>	1V2NR2CA9KC512061		<b>ESTIMATED DAMAGE</b>	<input type="checkbox"/> TOTALED \$					
I 1	<b>INSURANCE COMPANY</b>	WESTERN AGRIC INS CO								
J 01	<b>TOWED TO</b>			<b>TOWED BY</b>						
				<b>POLICY NO.</b>	0000000007977905					
<b>VEHICLE NO. 2</b>										
F 1	<b>DRIVER LICENSE NO.</b>	H13266880		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE				
V1/P 8	<b>DRIVER</b>	SALLY K CARROLL		<b>PHONE</b>	712-249-1633					
V2/P 1	<b>DRIVER ADDRESS</b>	CITY, STATE, ZIP 6506 S 89TH CIR, RALSTON, NE 68127		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	11/19/1984					
J 01	<b>OWNER</b>	WALTER J CARROLL		<b>PHONE</b>	712-249-1633					
K 01	<b>OWNER ADDRESS</b>	CITY, STATE, ZIP 6506 S 89th Circle, Omaha, NE 68127		<b>CITATION</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
V1/Q 4	<b>LICENSE PLATE PA NO.</b>	USW997		<b>YEAR (Plate Expires)</b>	2019	<b>STATE (Of Plate)</b> NE				
V2/Q 4	<b>VEHICLE</b>	YEAR 2017	MAKE KIA	MODEL sedona	BODY STYLE 4 door Sedan	COLOR tan				
V1/O 01	<b>VEHICLE ID NO. (VIN)</b>	KNDMC5C13H6280130		<b>ESTIMATED DAMAGE</b>	<input type="checkbox"/> TOTALED \$ 500					
J 01	<b>INSURANCE COMPANY</b>	WESTERN AGRIC INS CO								
				<b>POLICY NO.</b>	0000000007966940					
<b>Complete this section for all injured persons</b> (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	<b>SEX</b> M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

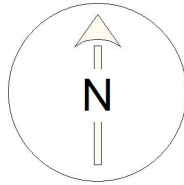
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

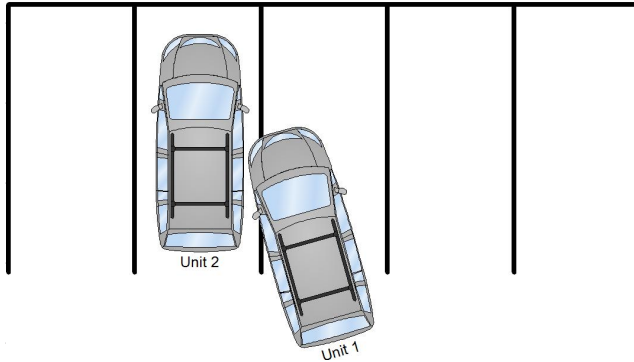
AGENCY CASE NO.  
PP19-11012



Indicate North by Arrow



**Not To Scale**



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

Vehicle 2 was parked, vehicle 1 was either entering or exiting the parking stall. Vehicle 1 struck vehicle 2. Vehicle 1 owner did not notice she had hit someone, and therefore left without giving information.

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		

<b>VEHICLE MOVEMENT BEFORE COLLISION</b> VEH NO.   N   S   E   W   ROAD OR HIGHWAY NAME 1   X         Parking Lot of T 2   X         parking lot of t		<b>POINT OF IMPACT AND MOST DAMAGED AREA</b> (Enter numbers for each vehicle) VEHICLE 1   VEHICLE 2 POINT OF IMPACT   01   POINT OF IMPACT   12 MOST DAMAGED AREA   01   MOST DAMAGED AREA   12		<b>AIRBAG DEPLOYED VEHICLE 1</b> 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		<b>RESTRAINT USE VEHICLE 1</b> 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		<b>TOTAL OCCUPANTS</b> VEH 1 0 VEH 2 0 <b>ALCOHOL TESTING</b> Driver No. 1 Driver No. 2 Pedestrian Y     Y     Y   N   X   N   X   N   <b>BAC LEVEL</b> <b>ALCOHOL/ DRUGS SUSPECTED</b> Driver No. 1 Driver No. 2 5   1   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 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		00 None 01 Top & windows 02 Undercarriage 03 Total (all areas) 04 Other 05 06 07 08		<b>VEHICLE 2</b> 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		<b>RESTRAINT USE VEHICLE 2</b> 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			
OFFICER NO. 485 INVESTIGATOR NAME (Print or Type) April Komaskinski		TROOP/ TEAM/ BEAT B-Team DEPARTMENT Papillion Police Department		PHOTOGRAPHS taken? YES NO X		DATE OF REPORT			