



City of Grand Island

Tuesday, September 13, 2022

Council Session

Item G-3

Receipt of Official Document – Tort Claim filed by Brad Johnson

Staff Contact: Laura McAloon

Council Agenda Memo

From: Laura McAloon, City Attorney

Meeting: September 13, 2022

Subject: Receipt of Official Document – Tort Claim filed by Brad Johnson

Presenter(s): Laura McAloon, City Attorney

Background

The City of Grand Island has received a Notice of Tort Claim from Brad Johnson alleging certain claims for an incident which occurred on September 14, 2021. Mr. Johnson, individually and as the Special Administrator of the Estate of Carley Johnson is claiming negligent handling of a prior traffic incident caused the automobile collision on I-80 Westbound resulting in the injuries and death of Carley Johnson. The claim does not allege any actions on the part of the City or City employees and simply states that the City is being put on notice of the claims against other government agents in case the City had some involvement with the incidents on September 14, 2021. A copy of the claim is attached.

Without getting into issues concerning the City's and other parties' liability, and whether the claim of Brad Johnson is fair and reasonable, we are simply providing a copy of this claim to you in compliance with the Nebraska Political Subdivision Tort Claims Act.

For a person to assert a tort claim against the City of Grand Island, a written notice of the claim must be filed with the City Clerk, Secretary or other official responsible for keeping official records. The claim must be filed within one year of the accrual of the claim, and the Council has six months to act on the claim. No suit can be filed until after the Council acts on the claim, or the six months has run.

Historically, the City of Grand Island has simply let the six months run. Not all claims result in a suit being filed, so it makes good sense to not act affirmatively in many instances. In any event, if you wish to look further into this claim, please contact the City Attorney's office, and we will provide you with any additional information we may have regarding the claim. Our recommendation is to continue to take no affirmative action on tort claims. It must be emphasized that by providing copies of alleged claims to you, we are not making an admission or representation that a claim has been properly filed in any respect. We also recommend that no comments concerning a particular claim be made during Council meetings, unless you decide to bring the matter on for formal

consideration. Even then, we ask that comments be carefully considered so that the legal rights of all parties are preserved.

Discussion

This is not an item for council action other than to simply acknowledge that the claim has been received.

Recommendation

City Administration recommends that the Council take no action other than acknowledge receipt of the claim.

Sample Motion

Move to approve acknowledgement of the Tort Claim filed by Brad Johnson.

Herbert J. Friedman
Daniel H. Friedman
Robert R. Moodie
Gregory R. Coffey
Stephen A. Sael



NOTICE OF CLAIM UNDER POLITICAL SUBDIVISIONS TORT CLAIMS ACT

September 2, 2022

VIA US MAIL AND CERTIFIED MAIL-RETURN RECEIPT REQUESTED, EMAIL AND/OR HAND DELIVERY

Marla Conley, Hall County Clerk
121 S. Pine St.
Grand Island, NE 68801
marlac@hallcountyne.gov

Martin Klein, Hall County Attorney
Sarah Carstensen,
231 S. Locust St.
Grand Island, NE 68801
sarahc@hallcountyne.gov



Kim Dugan, Hall County Board Assistant
121 S. Pine St
Grand Island, NE 68801
board@hallcountyne.gov

Butch Hurst, Hall County District 1 Commissioner, Board Vice Chair
2009 Sheridan Ave
Grand Island, NE 68803
butchh@hallcountyne.gov

Karen Bredthauer, Hall County District 2 Commissioner
940 S. North Road
Grand Island, NE 68803
karenb@hallcountyne.gov

Scott Sorensen, Hall County District 3 Commissioner
1410 Birdie Blvd
Cairo, NE 68824
scotts@hallcountyne.gov

Pamela Lancaster, Hall County District 4 Commissioner
2809 Apache Rd
Grand Island, NE 68801
paml@hallcountyne.gov

Jane Richardson, Hall County District 5 Commissioner
47 Kuester Lake
Grand Island, NE 68801
janer@hallcountyne.gov

Gary Quandt, Hall County District 6 Commissioner
609 W. 14th St
Grand Island, NE 68801
garyq@hallcountyne.gov

Ron Peterson, Hall County District 7 Commissioner, Board Chair
3115 Brentwood Blvd
Grand Island, NE 68801
ronp@hallcountyne.gov

Hall County Clerk and/or Secretary responsible for maintaining the official records of the political subdivision
111 W. 1st St
Grand Island, NE 68801

Hall County Sheriff's Department
111 Public Safety Drive
Grand Island, NE 68801

RaNae Edwards, City Clerk
100 East First Street
Grand Island, NE 68801

Grand Island City Clerk and/or Secretary responsible for maintaining the official records of the political subdivision
100 East First Street
Grand Island, NE 68801

ATTN: RaNae Edwards, City Clerk

RE: Claimant: Brad Johnson, Individually, and as the Special Administrator of the Estate of Carley Johnson, Deceased
Date of Incident: September 14, 2021, at approximately 5:41 p.m.
Place of Incident: I-80 Westbound – approximately 158 East of milepost 295.5,

Hall County, Nebraska

To Whom It May Concern:

Please be advised that this office represents Brad Johnson, individually, and as Special Administrator of the Estate of Carley Johnson, Deceased, with regard to an automobile collision that occurred on September 14, 2021 at approximately 5:41 p.m. on I-80 Westbound, approximately 158 feet east of milepost 295.5 in Hall County, Nebraska. (See State of Nebraska Investigator's Motor Vehicle Crash Report, L21091284, attached hereto as Exhibit A). Carley Johnson was injured and killed in that collision.

Earlier that day, in and around the same general vicinity, there was another automobile collision, where a pickup truck hauling a fifth wheel camper lost control and rolled into the ditch, apparently spilling fuel onto the surface of the interstate in the process. Upon information and believe, the earlier auto collision was L21091268 and occurred at approximately 12:33 p.m. and was about 2,000 feet east of mile post 295 on I-80 West. (See State of Nebraska Investigator's Motor Vehicle Crash Report, L21091268, attached hereto as Exhibit B).

While it was reported that the roadway was cleared from the prior collision at 3:40 p.m., see Exhibit B, around the time of the 5:41 p.m. collision, traffic on I-80 was backed up for about half a mile.

Upon information and belief, this was due to the mishandling of the process of cleaning up, clearing, and otherwise responding to the 12:33 p.m. collision. A news report from the Hall County Sheriff's Department indicates that "traffic was slowed due to a HAZMAT cleanup form an earlier rollover accident, which was off the roadway. This cleanup involved a fuel leak."

Upon information and believe, there were no warning signs, there were no detour or diversion signs, no detour of traffic was in process, traffic was no diverted, cleanup was not done in a timely or proper or timely manner, there were either insufficient policies and/or procedures to effectuate the cleanup and/or such policies and/or procedures, there was a failure to properly hire, train, retain, and contract with the individuals/entities responsible for cleaning up the roadway, and actions were otherwise below the standard of care, violated Nebraska and/or federal law, and/or were negligent.

As a result, Carley Johnson collided into the Ford F-350 pickup truck ahead of her on I-80, resulting in her injuries and death. Carley Johnson died at the scene of the collision.

To date, both the Hall County Attorney's office as well as the Hall County Sheriff's Department have refused to provide any information to Ms. Johnson's parents concerning what transpired and why the fuel spill was still causing traffic to back up more than two hours later after the Exhibit B indicates that the roadway was cleared.

Our investigation to date reveals that appropriate rules, policies, procedures were not properly followed in responding to the prior automobile collision by Hall County's employees, agents, and/or independent contractors responsible for these matters. These entities proximately caused Carley Johnson's injuries and death through their actions and inactions related to this matter.

To the extent that the City of Grand Island or the City of Grand Island Police Department or City of Grand Island Fire Department was involved in responding to this/these incident(s), the undersigned is also placing that political subdivision on notice of these claims.

Demand is hereby made against each entity named in this notice, including the Hall County Sheriff's Department and Hall County and the City of Grand Island in the amount of \$1,000,000.00 (one-million dollars) each.

Very truly yours,



Daniel H. Friedman
Stephen A. Sael

Enclosures

State of Nebraska Investigator's Motor Vehicle Crash Report

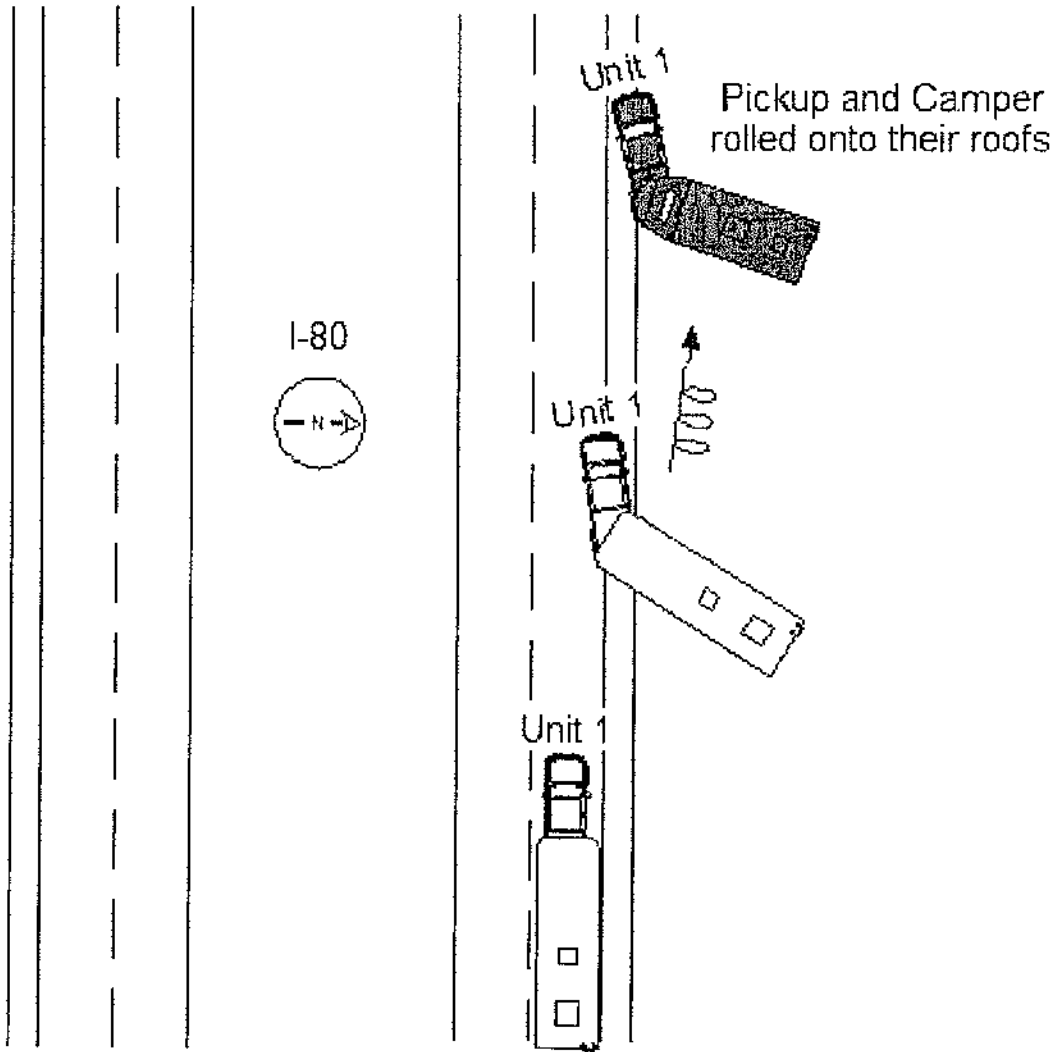
TOTAL NO. OF VEHICLES 1		LOCAL NO./DISTRICT:		AGENCY CASE NO. L21091268		PHOTOGRAPHS TAKEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF CRASH 09/14/2021		MM/DD/YYYY		S M T W T H 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"/>		TIME OF CRASH (Military Time) 12:33		TIME OF ROADWAY CLEARANCE 15:40	
PLACE OF CRASH HALL		COUNTY		CITY		SECONDARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LATITUDE 040.7284461	
ROAD ON WHICH CRASH OCCURRED		STREET/HIGHWAY NO. I-80		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LONGITUDE -98.6649860			
DISTANCE FROM MILEPOST 2224		FEET		N S E W OF MILEPOST <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		HIGHWAY NO. 80			
IF AT INTERSECTION					IF NOT AT INTERSECTION				
NAME OF INTERSECTING ROADWAY					2 <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING 190TH RD				
IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
MILES 3.21		N S E W AND MILES <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2.99		N S E W OF NEAREST CITY OR TOWN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SHELTON					

CRASH DATA

DOES CRASH INVOLVE DAMAGE TO NEBRASKA DEPT. OF TRANSPORTATION PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE OF INTERSECTION Number of Approaches 01 - Not at Intersection 02 - Two (2) 01 03 - Three (3) 04 - Four (4) 05 - Five or more (5+)		CONTRIBUTING CIRCUMSTANCES - ROADWAY ENVIRONMENT (up to 2 choices) 00 - None 98 01 - Absence of Sidewalks 02 - Animal(s) 03 - Prior Crash 04 - Prior Non-Recurring Incident 05 - Backup Due to Regular Congestion 06 - Debris 07 - Glare 08 - Obstructed Crosswalks 09 - Non-Highway Work 10 - Obstruction in Roadway 11 - Related to a Bus Stop 12 - Road Surface Condition (wet, icy, snow, slush, etc.) 13 - Roadway Width Restricted 14 - Ruts, Holes, Bumps 15 - Shoulders (none, low, soft, high) 16 - Toll Booth/Plaza Related 17 - Traffic Control Device 18 - Traffic Incident 19 - Visual Obstruction(s) 20 - Weather Conditions 21 - Work Zone (construction/maintenance/utility) 22 - Worn, Travel-Polished Surface 98 - Other 99 - Unknown		WORK ZONE Was the crash in a construction, maintenance or utility work zone, or was it related to an activity within a work zone? 01 - Yes 01 02 - No 99 - Unknown Workers Present? 01 - Yes 02 - No 97 - Not Applicable 02 98 - Unknown Type of Work Zone 01 - Intermittent or Moving Work 02 - Lane Closure 03 - Lane Shift/Crossover 04 - Work on Shoulder or Median 97 - Not Applicable 04 98 - Other 04 99 - Unknown Location of the Crash 01 - Before Work Zone Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 97 - Not Applicable 98 98 - Other 98 99 - Unknown Law Enforcement Present 01 - Officer Present 02 - Not Present 03 - Only Law Enforcement Vehicle Present 97 - Not Applicable 02 99 - Unknown SCHOOL BUS RELATED 00 00 - No 01 - School Bus Directly Involved 02 - School Bus Indirectly Involved 99 - Unknown	
RELATION TO JUNCTION Within Interchange Area? 01 - Yes 02 02 - No 99 - Unknown Specific Junction Location 00 - Non-Junction 01 - Acceleration/Deceleration Lane 02 - Crossover Related 03 - Driveway Access or Related 04 - Entrance/Exit Ramp or Related 05 - Intersection or Related 06 - Railway Grade Crossing 00 07 - Shared Use Path or Trail 08 - Other Location (median, shoulder or roadside) 99 - Unknown		Overall Intersection Geometry 01 - Angled/Skewed Y 02 - Roundabout/Traffic Circle O 03 - Perpendicular + or T 97 07 - Not Applicable Overall Traffic Control Device 01 - No Control 02 - Signalized 03 - Stop - All Way 97 04 - Stop - Partial 05 - Yield 97 - Not Applicable		WEATHER CONDITIONS (up to 2 choices) 01 - Blowing Sand, Soil, Dirt 03 02 - Blowing Snow 03 - Clear 04 - Cloudy 05 - Fog, Smog, Smoke 06 - Freezing Rain/Drizzle 07 - Rain 08 - Severe Crosswinds 09 - Sleet or Hail 10 - Snow 98 - Other 99 - Unknown		MANNER OF CRASH / COLLISION IMPACT 00 - Not a Collision Between Two Motor Vehicles 00 01 - Angle 02 - Front-to-Front 03 - Front-to-Rear 04 - Rear-to-Rear 05 - Rear-to-Side 06 - Sideswipe-Opposite Direction 07 - Sideswipe-Same Direction 98 - Other 99 - Unknown	
ROADWAY SURFACE CONDITION 01 - Dry 01 02 - Ice/Frost 03 - Mud, Dirt, Gravel 04 - Oil 05 - Sand 06 - Slush 07 - Snow 08 - Water (standing, moving) 09 - Wet 98 - Other 99 - Unknown		ROADWAY SURFACE 01 - Asphalt 01 02 - Brick 03 - Concrete 04 - Dirt 05 - Gravel 98 - Other 99 - Unknown		LIGHT CONDITION 01 - Daylight 01 02 - Dawn/Dusk 03 - Dark-Lighted 04 - Dark-Not Lighted 05 - Dark-Unk. Lighting 98 - Other 99 - Unknown			

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
WITNESS	NAME	ADDRESS			PHONE
	LUTHER, MICHAEL R	6109 S AVE KEARNEY, NE 68647			(308) 627-6959
	NAME	ADDRESS			PHONE
	NEWTON, SEAN A	1604 N. 94TH ST OMAHA, NE 68114			(308) 520-4741
OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT			
9082		HALL COUNTY SHERIFF'S OFFICE			
INVESTIGATOR NAME (Print or type)		INVESTIGATOR SIGNATURE			DATE OF REPORT
		APPROVED BY			

CRASH DIAGRAM



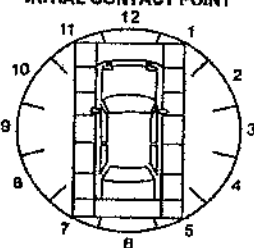
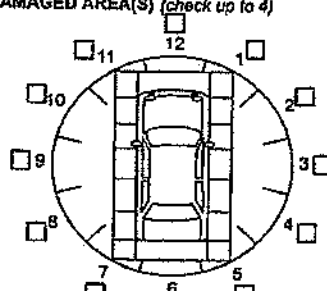
Check if diagram is submitted on a separate page.

DESCRIPTION OF CRASH BASED ON OFFICER'S INVESTIGATION

DRIVER ADVISED SEMI PUSHED HIM OFF OF THE ROAD INTO THE DITCH WHERE HE LOST CONTROL AND ROLLED. WITNESS ADVISED THEY ONLY SAW HIM GO OFF ROAD AND THE TRAILER SWING INTO THE DITCH CAUSING HIM TO ROLL. ONE WITNESS DIDN'T SEE ANY SEMI CLOSE THE OTHER SAID THERE COULD HAVE BEEN ONE AHEAD OF HIM AWAYS. THE 5TH WHEEL CAMPER IS A ASTORIA VIN: 4YDFAAP28NM9151132 BEING TRANSPORTED TO A DEALERSHIP.

Agency Case No. L21091268

Investigator's Motor Vehicle Crash Report - Vehicle

VEHICLE NO. 1		MOTOR VEHICLE UNIT TYPE 01 - Motor Vehicle In Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment			01	DRIVER PRESENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
VEHICLE OWNER NAME (Last, First, Middle) CLEMENT, JESSE, S					CONTACT PHONE (321) 514-4497			
MAILING ADDRESS 533 MAGNOLIA AVE				CITY MELBOURNE	STATE FL	ZIP 32935		
LICENSE PLATE NO. NBRJ88	STATE FL	REG. YEAR 2021	MAKE DODGE	MODEL RAM 3500	MODEL YEAR 2017	COLOR GRY		
LICENSE PLATE TYPE TRUCK COMMERCIAL			VIN 3C63RRHL1HG638035					
INSURANCE COVERAGE 01 - Yes 02 - No 99 - Unk. 01		INSURANCE COMPANY CANAL INSURANCE COMPANY			INSURANCE POLICY NO. I-531254001-1			
MOTOR VEHICLE TYPE CATEGORY Body Type 13 01 - All-Terrain Vehicle / Cycle (ATV/ATC) 02 - Golf Cart 03 - Low Speed Vehicle 04 - Recreational Off-Highway Vehicles (ROV) 05 - Snowmobile 06 - Moped or motorized bicycle 07 - Motorcycle - 2 Wheel 08 - Motorcycle - 3 Wheel 09 - Autocycle 10 - Passenger Car 11 - Passenger Van (less than 9 seats) 12 - (Sport) Utility Vehicle 13 - Pickup (10,000 lbs or less) 14 - Pickup (greater than 10,000 lbs)** 15 - Medium/Heavy Truck (greater than 10,000 lbs GVWR)** 16 - Single-Unit Truck** 17 - Truck Tractor** 18 - Other Trucks 19 - 9 or 12-Passenger Van** 20 - 15-Passenger Van** 21 - Cargo Van (10,000 lbs or less) 22 - Cargo Van (greater than 10,000 lbs GVWR)** 23 - Large Limo** 24 - Mini-bus** 25 - School Bus** 26 - Transit Bus** 27 - Other Bus Type** 28 - Motor Home (10,000 lbs or less GVWR) 29 - Motor Home (greater than 10,000 lbs GVWR)** 30 - Motorcoach** 31 - Construction Equipment (backhoe, bulldozer, etc.) 32 - Farm Equipment (tractor, combine harvester, etc.) 98 - Other 99 - Unknown Did this motor vehicle display a hazardous materials (HM) placard? 01 - Yes** 97 - Not Applicable 02 - No 99 - Unknown **Heavy Truck/Bus form must be completed Number of trailing units 97 - Not Applicable (vehicle with no trailing units) 97		SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT 00 - No Special Function 00 01 - Ambulance 02 - Bus - Charter/Tour 03 - Bus - Childcare/Daycare 04 - Bus - Intercity 05 - Bus - School (Public or Private) 06 - Bus - Shuttle 07 - Bus - Transit/Commuter 08 - Bus - Other 09 - Farm Vehicle 10 - Fire Truck 11 - Highway Maintenance 12 - Mail Carrier 13 - Military 14 - Non-Transport Emergency Services Vehicle 15 - Other Incident Response 16 - Police 17 - Public Utility 18 - Rental Truck (Over 10,000 lbs) 19 - Safety Service Patrols - Incident Response 20 - Taxi 21 - Towing - Incident Response 22 - Truck Acting as Crash Attenuator 23 - Vehicle Used for Electronic Ride-hailing (Uber, Lyft, etc.) 98 - Other 99 - Unknown HIT AND RUN? 01 - Yes - Driver or Car/Driver Left Scene 02 02 - No - Did Not Leave Scene 99 - Unknown VEHICLE MANEUVER / ACTION 01 - Movement Essentially Straight Ahead 01 02 - Backing 03 - Changing Lanes 04 - Entering Traffic Lane 05 - Leaving Traffic Lane 06 - Making a U-Turn 07 - Negotiating a Curve 08 - Parked 09 - Passing/Overtaking a Vehicle 10 - Slowing 11 - Stopped in Traffic 12 - Turning Left 13 - Turning Right 98 - Other 99 - Unknown		EMERGENCY MOTOR VEHICLE USE 01 - Emergency Operation, Emergency Warning Equipment In Use 02 - Emergency Operation, Emergency Warning Equipment Not In Use 97 03 - Non-Emergency, Non-Transport 04 - Non-Emergency, Transport 97 - Not Applicable 99 - Unknown MOTOR VEHICLE AUTOMATED DRIVING SYSTEM(S) Automation System(s) in Vehicle? 02 01 - Yes 02 - No 99 - Unknown Automation System Levels in Vehicle (up to 5 choices) 00 00 - No Automation 01 - Driver Assistance 02 - Partial Automation 03 - Conditional Automation 04 - High Automation 05 - Full Automation 06 - Automation Level Unknown 99 - Unknown Automation System Levels Engaged at Time of Crash (up to 5 choices) 00 00 - No Automation 01 - Driver Assistance 02 - Partial Automation 03 - Conditional Automation 04 - High Automation 05 - Full Automation 06 - Automation Level Unknown 99 - Unknown				
INITIAL CONTACT POINT 		DAMAGED AREA(S) (check up to 4) 		Vehicle crash damages equal to or less than \$1,000 are classified as non-reportable. DAMAGE ESTIMATE <input checked="" type="checkbox"/> Totaled \$ 50000 EXTENT OF DAMAGE 00 - No Damage 01 - Minor Damage 02 - Functional Damage 03 - Disabling Damage 03 04 - Vehicle Not at Scene			VEHICLE CONTRIBUTING CIRCUMSTANCE(S) 00 - None 01 - Body, Doors 02 - Brakes 03 - Exhaust System 04 - Lights (head, signal, tail) 98 05 - Mirrors 06 - Power Train 07 - Steering 08 - Suspension 09 - Tires 10 - Truck Coupling/Trailer Hitch/Safety Chains 11 - Wheels 12 - Windows/Windshield 13 - Wipers 98 - Other 99 - Unknown TOWED DUE TO DISABLING DAMAGE 01 - Not Towed 02 - Towed Due to Disabling Damage 02 03 - Towed Not Due to Disabling Damage	
00 - Non-Collision 13 - Top 13 14 - Undercarriage 15 - Cargo Loss 16 - Vehicle Not at Scene 99 - Unknown		00 - No Damage 13 - Top 14 - Undercarriage 15 - All Areas <input checked="" type="checkbox"/> 16 - Vehicle Not at Scene 99 - Unknown						

Agency Case No. L21091288

VEHICLE NO. 1 (cont'd)	
MOST HARMFUL EVENT FOR THIS MOTOR VEHICLE 17 <p>Non-Collision Harmful Events</p> <p>11 - Cargo/Equipment Loss or Shift 12 - Fell/Jumped from Motor Vehicle 13 - Fire/Explosion 14 - Immersion, Full or Partial 15 - Jackknife 16 - Other Non-Collision Harmful Event 17 - Overtum/Rollover 18 - Thrown or Falling Object</p> <p>Collision With Person, Motor Vehicle or Non-Fixed Object</p> <p>19 - Animal (live) 20 - Construction Equipment (backhoe, bulldozer, etc.) 21 - Farm Equipment (tractor, combine harvester, etc.) 22 - Motor Vehicle in Transport 23 - Other Non-Fixed Object 24 - Other Non-Motorist 25 - Parked Motor Vehicle 26 - Pedalcycle 27 - Pedestrian 28 - Railway Vehicle (train, engine) 29 - Strikes Object at Rest from Vehicle in Transport 30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 31 - Work Zone/Maintenance Equipment</p> <p>Collision With Fixed Object</p> <p>32 - Bridge Overhead Structure 33 - Bridge Pier or Support 34 - Bridge Rail 35 - Cable Barrier 36 - Concrete Traffic Barrier 37 - Culvert 38 - Curb 39 - Ditch 40 - Embankment 41 - Fence 42 - Guardrail End Terminal 43 - Guardrail Face 44 - Impact Attenuator/Crash Cushion 45 - Mailbox 46 - Other Fixed Object (wall, building, tunnel, etc.) 47 - Other Post, Pole or Support 48 - Other Traffic Barrier 49 - Traffic Sign Support 50 - Traffic Signal Support 51 - Tree (standing) 52 - Utility Pole/Light Support 53 - Unknown Fixed Object</p>	SEQUENCE OF EVENTS (up to 4 choices) <p>Non-Harmful Events</p> <p>01 - Cross Centerline 02 - Cross Median 03 - End Departure (T-Intersection, dead-end, etc.) 04 - Downhill Runaway 05 - Equipment Failure (blown tire, brake failure, etc.) 06 - Ran Off Roadway Left 07 - Ran Off Roadway Right 08 - Reentering Roadway 09 - Separation of Units</p> <p>Non-Collision Harmful Events</p> <p>11 - Cargo/Equipment Loss or Shift 12 - Fell/Jumped from Motor Vehicle 13 - Fire/Explosion 14 - Immersion, Full or Partial 15 - Jackknife 16 - Other Non-Collision Harmful Event 17 - Overtum/Rollover</p> <p>Collision With Person, Motor Vehicle or Non-Fixed Object</p> <p>19 - Animal (live) 20 - Construction Equipment (backhoe, bulldozer, etc.) 21 - Farm Equipment (tractor, combine harvester, etc.) 22 - Motor Vehicle in Transport 23 - Other Non-Fixed Object 24 - Other Non-Motorist 25 - Parked Motor Vehicle 26 - Pedalcycle 27 - Pedestrian 28 - Railway Vehicle (train, engine) 29 - Strikes Object at Rest from Motor Vehicle in Transport 30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 31 - Work Zone/Maintenance Equipment</p> <p>Collision With Fixed Object</p> <p>32 - Bridge Overhead Structure 33 - Bridge Pier or Support 34 - Bridge Rail 35 - Cable Barrier 36 - Concrete Traffic Barrier 37 - Culvert 38 - Curb 39 - Ditch 40 - Embankment 41 - Fence 42 - Guardrail End Terminal 43 - Guardrail Face 44 - Impact Attenuator/Crash Cushion 45 - Mailbox 46 - Other Fixed Object (wall, building, tunnel, etc.) 47 - Other Post, Pole or Support 48 - Other Traffic Barrier 49 - Traffic Sign Support 50 - Traffic Signal Support 51 - Tree (standing) 52 - Utility Pole/Light Support 53 - Unknown Fixed Object</p>
TRAFFIC CONTROL DEVICE TYPE (up to 4 choices) TCD Type(s) 00 - No Controls 00 01 - Person (tagger, law enforcement, crossing guard, etc.) Signs 02 - Railroad Crossing Sign 03 - School Zone Sign 04 - Stop Sign 05 - Yield Sign 06 - "Curve Ahead" Warning Sign 07 - Pedestrian Crossing Sign 08 - "Intersection Ahead" Warning Sign 09 - "Reduce Speed Ahead" Warning Sign 10 - Bicycle Crossing Sign 11 - Other Warning Sign Signals 12 - Flashing Traffic Control Signal 13 - Ramp Meter Signal 14 - Lane Use Control Signal 15 - Traffic Control Signal 16 - Flashing Railroad Crossing Signal (may include gates) 17 - Flashing School Zone Signal 18 - Other Signal Pavement Markings 19 - School Zone 20 - Railroad Crossing 21 - Pedestrian Crossing 22 - Bicycle Crossing 23 - Other Pavement Marking (excluding edgelines, centerlines or lane lines) 98 - Other 99 - Unknown TRAFFIC CONTROL DEVICE WORKING 00 - No Controls 00 01 - Device Not Functioning 02 - Device Functioning Improperly 03 - Device Functioning Properly 99 - Unknown	TRAFFICWAY DESCRIPTION Travel Directions 02 01 - One-Way 02 - Two-Way Divided 00 - Not Divided 01 - Not Divided, With a Continuous Left-Turn Lane 02 - Divided, Flush Median (greater than 4 ft. wide) 04 03 - Divided, Raised Median (curbed) 04 - Divided, Depressed Median 99 - Unknown Barrier Type 00 - No Barrier 01 - Cable Barrier 02 - Concrete Barrier (e.g. Jersey barrier) 00 03 - Earth Embankment 04 - Guardrail 98 - Other DIRECTION OF TRAVEL 04 00 - Not on Roadway 01 - Northbound 02 - Southbound 03 - Eastbound 04 - Westbound 99 - Unknown Name of street traveling on: I-80 POSTED SPEED LIMIT 75 mph 97 - Not Applicable 99 - Unknown
PAVEMENT MARKINGS Edgeline Presence/Type 01 00 - No Marked Edgeline 01 - Standard Width Edgeline 02 - Wide Edgeline 98 - Other 99 - Unknown Centerline Presence/Type 02 00 - No Marked Centerline 01 - Centerline With Centerline Rumble Strip 02 - Standard Centerline Markings 99 - Unknown Lane Line Markings 00 00 - No Lane Markings 01 - Standard Lane Line 02 - Wide Lane Line 99 - Unknown	TOTAL LANES IN ROADWAY Undivided Trafficways Number of Through Lanes in Both Directions, excluding Auxiliary Lanes 97 - Not Applicable Number of Auxiliary Lanes in Both Directions 97 - Not Applicable Divided Trafficways Number of Through Lanes in the Vehicle's Direction, excluding Auxiliary Lanes 4 97 - Not Applicable Number of Auxiliary Lanes in the Vehicle's Direction 0 97 - Not Applicable
GRADE / ROADWAY ALIGNMENT Horizontal Alignment 03 01 - Curve Left 02 - Curve Right 03 - Straight 99 - Unknown Grade 03 01 - Downhill 02 - Hillcrest 03 - Level 04 - Sag (Bottom) 05 - Uphill 99 - Unknown	PRESENCE / TYPE OF BICYCLE FACILITY Facility 00 00 - None 01 - Marked Bicycle Lane 02 - Separate Bicycle Path/Trail 03 - Unmarked Paved Shoulder 04 - Wide Curb Lane 99 - Unknown Signed Bicycle Route? 02 01 - Yes 02 - No 97 - Not Applicable 99 - Unknown

Investigator's Motor Vehicle Crash Report - Driver

VEHICLE NO. 1 (cont'd)		DRIVER NAME (Last, First, Middle) CLEMENT, JESSE, S		CONTACT PHONE (321) 514-4497		SEX 01 - Male 01 02 - Female 99 - Unk.		
MAILING ADDRESS 533 MAGNOLIA AVE			CITY MELBOURNE		STATE FL	ZIP 32935		
DATE OF BIRTH (MMDDYYYY)	DOB Unk. <input type="checkbox"/>	DRIVER'S LICENSE NO.		STATE FL	CITATION <input checked="" type="checkbox"/> NO VIOLATION <input type="checkbox"/> UNKNOWN 1 _____ 2 _____			
DRIVER LICENSE JURISDICTION 00 - Not Licensed 01 - Canadian* 05 02 - Indian Nation* 03 - International License* (other than Mexico, Canada) 04 - Mexican* 05 - U.S. State 06 - U.S. Government 07 - Not Applicable 99 - Unknown * Name of Jurisdiction Include the specific State, Province or Nation indicated on the Driver's License FLORIDA		DRIVER LICENSE STATUS Type Applicable for this Person 01 - Commercial Driver License (CDL) 99 02 - Non-CDL Driver License 03 - Non-CDL Restricted Driver License (learner's permit, temporary/limited, graduated driver license, etc.) 99 - Unknown Status 00 - Not Licensed 01 - Canceled or Denied 06 02 - Disqualified (CDL) 03 - Expired 04 - Revoked 05 - Suspended 06 - Valid License 99 - Unknown		DRIVER LICENSE RESTRICTIONS (up to 3 choices) 00 - None 00 01 - Alcohol Interlock Device 02 - Automatic Transmission 03 - CDL Intrastate Only 04 - Corrective Lenses 05 - Except Class A & Class B Bus 06 - Except Class A Bus 07 - Except Tractor-Trailer 08 - Farm Waiver 09 - Intermediate License Restrictions 10 - Learner's Permit Restrictions 11 - Limited to Daylight Only 12 - Limited to Employment 13 - Limited-Other 14 - Mechanical Devices (special brakes, hand controls, or other adaptive devices) 15 - Military Vehicles Only 16 - Motor Vehicles Without Air Brakes 17 - Outside Mirror 18 - Prosthetic Aid 99 - Unknown				
DRIVER LICENSE TYPE 00 - Not Licensed 01 01 - Full Driver License 02 - Intermediate Driver License 03 - Learner's Permit 04 - School Permit 05 - Temporary License 99 - Unknown License Type		CLASS 00 - None 98 01 - Class A 02 - Class B 03 - Class C 04 - Class M 05 - Regular Driver License 97 - Not Applicable 98 - Other 99 - Unknown		ENDORSEMENTS (up to 4 choices) 00 - None 00 01 - H - Hazardous Materials 02 - M - Motorcycle 03 - N - Tank Vehicle 04 - P - Passenger 05 - S - School 06 - T - Double / Triple Trailers 07 - X - Combination Tank Vehicle & Hazardous Materials 98 - Other Non-Commercial License Endorsements 99 - Unknown		ALCOHOL INTERLOCK PRESENT? 01 - Yes 02 02 - No 99 - Unknown SPEEDING RELATED 00 - No 00 01 - Exceeded Speed Limit 02 - Racing 03 - Too Fast for Conditions 99 - Unknown		
COMMERCIAL DRIVER LICENSE (CDL) 01 - Yes 02 - No 99 99 - Unknown		DRIVER ACTIONS AT TIME OF CRASH (up to 4 choices) 00 - No Contributing Action 14 01 - Disregarded Red Light 02 - Disregarded Stop Sign 03 - Disregarded Road Markings 04 - Disregarded Traffic Sign 05 - Failed to Keep in Proper Lane 06 - Failed to Yield Right-of-Way 07 - Followed too Closely 08 - Improper Backing 09 - Improper Passing 10 - Improper Turn 11 - Operated Motor Vehicle in Inattentive, Careless, Negligent or Erratic Manner 12 - Operated Motor Vehicle in Reckless or Aggressive Manner 13 - Over-Correcting/Over-Steering 14 - Ran Off Roadway 15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 16 - Wrong Side or Wrong Way 98 - Other Contributing Action 99 - Unknown		DRIVER DISTRACTED BY Action 00 - Not Distracted 99 01 - Talking/Listening 02 - Manually Operating (texting, dialing, playing game, etc.) 03 - Other Action (looking away from task, etc.) 99 - Unknown Source 01 - Hands-free Mobile Phone 02 - Hand-held Mobile Phone 03 - Other Electronic Device 99 04 - Vehicle-Integrated Device 05 - Passenger/Other Non-Motorist 06 - External (to vehicle/non-motorist area) 07 - Other Distraction (animal, food, grooming, etc.) 08 - Other cell phone use like GPS navigation 97 - Not Applicable 99 - Not Applicable (not distracted)		DRIVER CONDITION AT TIME OF CRASH (up to 2 choices) 01 - Apparently Normal 01 02 - Asleep or Fatigued 03 - Emotional (depressed, angry, disturbed, etc.) 04 - Ill (sick, fainted) 05 - Physically impaired 06 - Under Influence of Alcohol, Drugs or Medication 97 - Not Applicable 98 - Other 99 - Unknown if Impaired		
ALCOHOL	ALCOHOL SUSPECTED 01 - Yes 02 - No 02 99 - Unknown		ALCOHOL TEST STATUS 01 - Test Given 02 - Test Not Given 02 03 - Test Refused 99 - Unknown if Tested		ALCOHOL TEST TYPE 01 - Blood "BAC" 02 - Breathalyzer "BrAC" 03 - Urine 98 - Other 97 - Not Applicable 99 - Unknown		ALCOHOL TEST RESULT 01 - Negative 02 - Positive 03 - Pending 99 - Unknown BAC Level: (ex: 0.132) _____	
	DRUGS	DRUGS SUSPECTED 01 - Yes 02 - No 02 99 - Unknown		DRUG TEST STATUS 01 - Test Given 02 - Test Not Given 02 03 - Test Refused 99 - Unknown if Tested		DRUG TEST TYPE 01 - Blood 02 - Urine 03 - Saliva 98 - Other 99 - Unknown		DRUG TEST RESULT 01 - Negative 02 - Positive
DRUG TYPE (up to 4 choices) 01 - Amphetamine 02 - Cocaine 03 - Marijuana 04 - Opiate 05 - Other Controlled Substance 06 - PCP 07 - Other Drug (excludes post-crash drugs) 97 - Not Applicable 99 - Unknown								

Agency Case No. L21091268

<p>PERSON TYPE</p> <p>P1. Incident Responder? 01 - Yes 02 - No</p> <p>P2. If yes, type of Incident Responder 01 - EMS 02 - Fire 03 - Police 04 - Tow Operator 05 - Transportation (maintenance workers, safety service operators, etc.) 98 - Other 99 - Unknown</p> <p>Does the crash involve a Non-Motorist? 01 - Yes - Complete Non-Motorist Report NDOT Form 178 for the following person types: - Bicyclist - Other Cyclist - Pedestrian - Other Pedestrian (wheelchair, skater, person in a building, parked vehicle, or a personal conveyance, etc.) - Occupant of a Non-Motor Vehicle Transportation Device - Unknown Type of Non-Motorist**</p> <p>02 - No - Continue to P3 below.</p> <p>P3. Occupant of Motor Vehicle 01 - Driver 02 - Occupant 03 - Occupant of MV Not in Transport</p>	<p>SEATING POSITION</p> <p>P4. Row 01 - Front 02 - Second 03 - Third 04 - Fourth 05 - Other Row (bus, 15-passenger van, etc.) 99 - Unknown</p> <p>P5. Seat 01 - Left 02 - Middle 03 - Right 98 - Other 99 - Unknown</p> <p>P6. Other Location 01 - Enclosed Cargo Area 02 - Riding on Motor Vehicle Exterior (non-trailing unit) 03 - Steeper Section of Cab (truck) 04 - Trailing Unit 05 - Unenclosed Cargo Area 97 - Not Applicable 98 - Other 99 - Unknown</p> <p>P7. Ejection 01 - Not Ejected 02 - Ejected, Partially 03 - Ejected, Totally 97 - Not Applicable 99 - Unknown</p>	<p>RESTRAINT SYSTEM / HELMET USE</p> <p>P8. Restraint System 01 - Booster Seat 02 - Child Restraint System - Forward Facing 03 - Child Restraint System - Rear Facing 04 - Child Restraint System - Type Unknown 05 - Lap Belt Only Used 06 - None Used - Motor Vehicle Occupant 07 - Restraint Used - Type Unknown 08 - Shoulder & Lap Belt Used 09 - Shoulder Belt Only Used 10 - Stretcher 11 - Wheelchair Motorcycle Helmet Use 12 - DOT-Compliant Motorcycle Helmet 13 - Non DOT-Compliant Motorcycle Helmet 14 - Unknown if DOT-Compliant Motorcycle Helmet 15 - No Helmet 97 - Not Applicable 98 - Other 99 - Unknown</p> <p>P9. Any Indication of Improper Restraint Use? 01 - Yes 02 - No 99 - Unknown</p> <p>P10. Air Bag Deployed (up to 4 choices) 00 - Not Deployed 02 - Curtain 03 - Front 04 - Side 97 - Not Applicable 98 - Other (knee, air belt, etc.) 99 - Unknown</p> <p>P11. School Bus Restraint Availability (excludes driver) 00 - No Restraint Available 01 - Lap Belt Available & Not Used 02 - Shoulder & Lap Available & Not Used 97 - Not Applicable 99 - Unknown</p>	<p>INJURY</p> <p>P12. Injury Status 00 - No Apparent Injury 01 - Fatal Injury [must complete Fatal Crash Report NDOT Form 179] 02 - Suspected Serious Injury* 03 - Suspected Minor Injury 04 - Possible Injury 99 - Unknown</p> <p>* Suspected Serious Injury: Any injury, other than fatal, which results in one or more of the following: Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood, broken or distorted extremity (arm or leg), crush injuries, suspected skull, chest, or abdominal injury other than bruises or minor lacerations, significant burns (second and third degree burns over 10% or more of the body), unconsciousness when taken from the crash scene, or paralysis.</p> <p>P13. Injury Area 00 - None 01 - Abdomen & Pelvis 02 - Entire Body 03 - Face 04 - Head 05 - Lower Extremity (legs) 06 - Neck 07 - Spine 08 - Chest (thorax) 09 - Upper Extremity (arms) 10 - Unspecified 99 - Unknown</p> <p>P14. Source of Transport to First Medical Facility 00 - Not Transported 01 - EMS Air 02 - EMS Ground 03 - Law Enforcement 98 - Other 99 - Unknown</p>
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All Drivers & Occupants

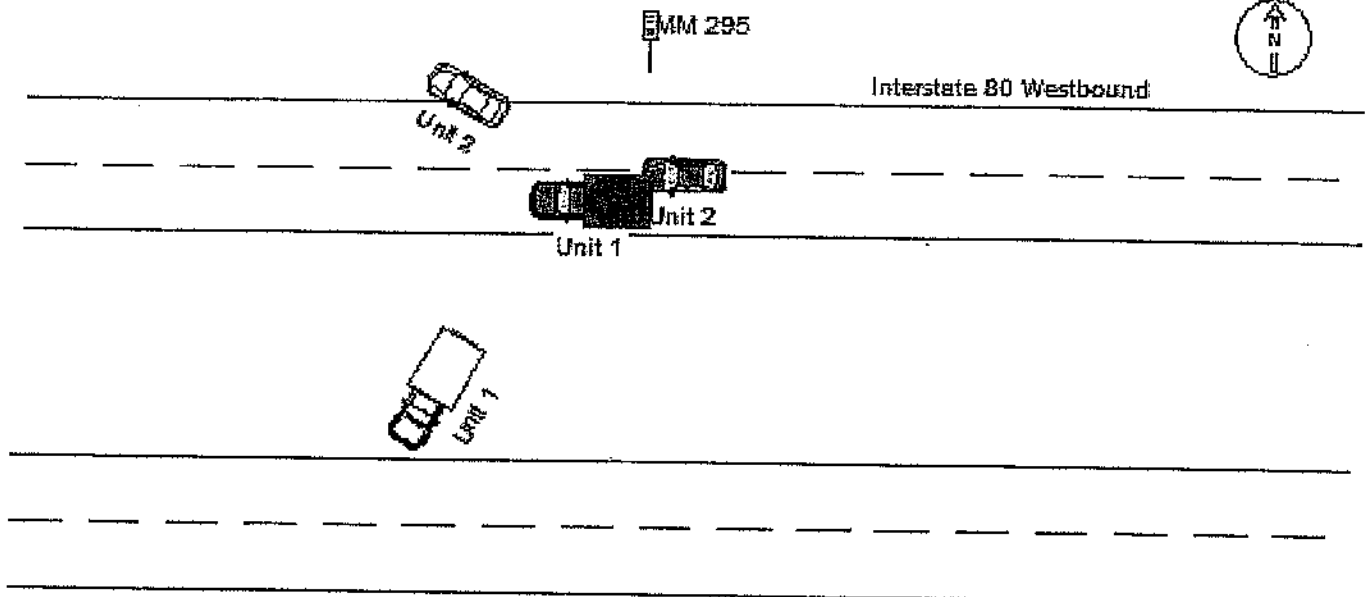
Vehicle No. <input type="text" value="1"/>	Occupant No. <input type="text" value="1"/>	NAME OF PERSON INVOLVED (Last, First, Middle) CLEMENT, JESSE, S	SEX 01 - Male 02 - Female 99 - Unk. <input type="text" value="01"/>
ADDRESS 533 MAGNOLIA AVE		CITY, STATE, ZIP MELBOURNE, FL, 32935	DATE OF BIRTH (MMDDYYYY) <input type="text"/> DOB Unk. <input type="checkbox"/>
Person Type P1 <input type="text" value="2"/> P2 <input type="text"/> P3 <input type="text" value="01"/>	Seating Position P4 <input type="text" value="01"/> P5 <input type="text" value="01"/> P6 <input type="text" value="97"/> P7 <input type="text" value="01"/>	Restraint System / Helmet Use P8 <input type="text" value="08"/> P9 <input type="text" value="02"/> P10 <input type="text" value="00"/> <input type="text"/> <input type="text"/> <input type="text"/> P11 <input type="text" value="97"/>	Injury P12 <input type="text" value="00"/> P13 <input type="text" value="00"/> P14 <input type="text" value="00"/>
MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN NO.
Vehicle No. <input type="text"/>	Occupant No. <input type="text"/>	NAME OF PERSON INVOLVED (Last, First, Middle)	SEX 01 - Male 02 - Female 99 - Unk. <input type="text"/>
ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MMDDYYYY) <input type="text"/> DOB Unk. <input type="checkbox"/>
Person Type P1 <input type="text"/> P2 <input type="text"/> P3 <input type="text"/>	Seating Position P4 <input type="text"/> P5 <input type="text"/> P6 <input type="text"/> P7 <input type="text"/>	Restraint System / Helmet Use P8 <input type="text"/> P9 <input type="text"/> P10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P11 <input type="text"/>	Injury P12 <input type="text"/> P13 <input type="text"/> P14 <input type="text"/>
MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN NO.
Vehicle No. <input type="text"/>	Occupant No. <input type="text"/>	NAME OF PERSON INVOLVED (Last, First, Middle)	SEX 01 - Male 02 - Female 99 - Unk. <input type="text"/>
ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MMDDYYYY) <input type="text"/> DOB Unk. <input type="checkbox"/>
Person Type P1 <input type="text"/> P2 <input type="text"/> P3 <input type="text"/>	Seating Position P4 <input type="text"/> P5 <input type="text"/> P6 <input type="text"/> P7 <input type="text"/>	Restraint System / Helmet Use P8 <input type="text"/> P9 <input type="text"/> P10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P11 <input type="text"/>	Injury P12 <input type="text"/> P13 <input type="text"/> P14 <input type="text"/>
MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN NO.

Agency Case No. L21091268

State of Nebraska
Investigator's Motor Vehicle Crash Report

TOTAL NO. OF VEHICLES 2		LOCAL NO./DISTRICT:		AGENCY CASE NO. L21091284		PHOTOGRAPHS TAKEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF CRASH 09/14/2021		MM / DD / YYYY		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"/>		TIME OF CRASH (Military Time) 17:41		TIME OF ROADWAY CLEARANCE 22:22	
PLACE OF CRASH HALL		COUNTY		CITY		SECONDARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LATITUDE 040.7311341	
ROAD ON WHICH CRASH OCCURRED		STREET/HIGHWAY NO. F-80		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LONGITUDE -098.6587174			
DISTANCE FROM MILEPOST 158		FEET		N S E W OF MILEPOST <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 295.5		HIGHWAY NO. 80			
IF AT INTERSECTION					IF NOT AT INTERSECTION				
NAME OF INTERSECTING ROADWAY					2 <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING 190TH RD				
IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
MILES 3.37		N S E W AND MILES <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2.89		N S E W OF NEAREST CITY OR TOWN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SHELTON					
CRASH DATA									
DOES CRASH INVOLVE DAMAGE TO NEBRASKA DEPT. OF TRANSPORTATION PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE OF INTERSECTION Number of Approaches 01 - Not at Intersection 02 - Two (2) <input type="checkbox"/> 03 - Three (3) <input type="checkbox"/> 04 - Four (4) <input type="checkbox"/> 05 - Five or more (5+) <input checked="" type="checkbox"/> 01			CONTRIBUTING CIRCUMSTANCES -- ROADWAY ENVIRONMENT (up to 2 choices) 00 - None <input type="checkbox"/> 01 - Absence of Sidewalks <input type="checkbox"/> 02 - Animal(s) <input type="checkbox"/> 03 - Prior Crash <input type="checkbox"/> 04 - Prior Non-Recurring Incident <input type="checkbox"/> 05 - Backup Due to Regular Congestion <input type="checkbox"/> 06 - Debris <input type="checkbox"/> 07 - Glare <input type="checkbox"/> 08 - Obstructed Crosswalks <input type="checkbox"/> 09 - Non-Highway Work <input type="checkbox"/> 10 - Obstruction in Roadway <input type="checkbox"/> 11 - Related to a Bus Stop <input type="checkbox"/> 12 - Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 13 - Roadway Width Restricted <input type="checkbox"/> 14 - Ruts, Holes, Bumps <input type="checkbox"/> 15 - Shoulders (none, low, soft, high) <input type="checkbox"/> 16 - Toll Booth/Plaza Related <input type="checkbox"/> 17 - Traffic Control Device <input type="checkbox"/> 18 - Traffic Incident <input checked="" type="checkbox"/> 18 19 - Visual Obstruction(s) <input type="checkbox"/> 20 - Weather Conditions <input type="checkbox"/> 21 - Work Zone (construction/maintenance/utility) <input type="checkbox"/> 22 - Warn, Travol-Polished Surface <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			WORK ZONE Was the crash in a construction, maintenance or utility work zone, or was it related to an activity within a work zone? 01 - Yes <input type="checkbox"/> 02 - No <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>	
RELATION TO JUNCTION Within Interchange Area? 01 - Yes <input type="checkbox"/> 02 - No <input checked="" type="checkbox"/> 02 99 - Unknown		Overall Intersection Geometry 01 - Angled/Skewed Y <input type="checkbox"/> 02 - Roundabout/Traffic Circle O <input type="checkbox"/> 03 - Perpendicular + or T <input type="checkbox"/> 97 - Not Applicable <input checked="" type="checkbox"/> 97			Overall Traffic Control Device 01 - No Control <input type="checkbox"/> 02 - Signalized <input type="checkbox"/> 03 - Stop - All Way <input type="checkbox"/> 04 - Stop - Partial <input type="checkbox"/> 05 - Yield <input type="checkbox"/> 97 - Not Applicable <input checked="" type="checkbox"/> 97			Workers Present? 01 - Yes <input type="checkbox"/> 02 - No <input type="checkbox"/> 97 - Not Applicable <input type="checkbox"/> 99 - Unknown <input checked="" type="checkbox"/> 02	
Specific Junction Location 00 - Non-Junction <input type="checkbox"/> 01 - Acceleration/Deceleration Lane <input type="checkbox"/> 02 - Crossover Related <input type="checkbox"/> 03 - Driveway Access or Related <input type="checkbox"/> 04 - Entrance/Exit Ramp or Related <input type="checkbox"/> 05 - Intersection or Related <input type="checkbox"/> 06 - Railway Grade Crossing <input type="checkbox"/> 07 - Shared Use Path or Trail <input type="checkbox"/> 98 - Other Location (median, shoulder or roadside) <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>		WEATHER CONDITIONS (up to 2 choices) 01 - Blowing Sand, Soil, Dirt <input type="checkbox"/> 02 - Blowing Snow <input type="checkbox"/> 03 - Clear <input type="checkbox"/> 04 - Cloudy <input type="checkbox"/> 05 - Fog, Smog, Smoke <input type="checkbox"/> 06 - Freezing Rain/Drizzle <input type="checkbox"/> 07 - Rain <input type="checkbox"/> 08 - Severe Crosswinds <input type="checkbox"/> 09 - Sleet or Hail <input type="checkbox"/> 10 - Snow <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			Type of Work Zone 01 - Intermittent or Moving Work <input type="checkbox"/> 02 - Lane Closure <input type="checkbox"/> 03 - Lane Shift/Crossover <input type="checkbox"/> 04 - Work on Shoulder or Median <input type="checkbox"/> 97 - Not Applicable <input type="checkbox"/> 98 - Other <input checked="" type="checkbox"/> 04 99 - Unknown				
ROADWAY SURFACE CONDITION 01 - Dry <input type="checkbox"/> 02 - Ice/Frost <input type="checkbox"/> 03 - Mud, Dirt, Gravel <input type="checkbox"/> 04 - Oil <input type="checkbox"/> 05 - Sand <input type="checkbox"/> 06 - Slush <input type="checkbox"/> 07 - Snow <input type="checkbox"/> 08 - Water (standing, moving) <input type="checkbox"/> 09 - Wet <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>		ROADWAY SURFACE 01 - Asphalt <input type="checkbox"/> 02 - Brick <input type="checkbox"/> 03 - Concrete <input type="checkbox"/> 04 - Dirt <input type="checkbox"/> 05 - Gravel <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			LIGHT CONDITION 01 - Daylight <input checked="" type="checkbox"/> 01 02 - Dawn/Dusk <input type="checkbox"/> 03 - Dark-Lighted <input type="checkbox"/> 04 - Dark-Not Lighted <input type="checkbox"/> 05 - Dark-Unk. Lighting <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			MANNER OF CRASH / COLLISION IMPACT 00 - Not a Collision Between Two Motor Vehicles <input type="checkbox"/> 01 - Angle <input type="checkbox"/> 02 - Front-to-Front <input type="checkbox"/> 03 - Front-to-Rear <input checked="" type="checkbox"/> 03 04 - Rear-to-Rear <input type="checkbox"/> 05 - Rear-to-Slide <input type="checkbox"/> 06 - Sideswipe-Opposite Direction <input type="checkbox"/> 07 - Sideswipe-Same Direction <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>	
ROADWAY SURFACE CONDITION 01 - Dry <input type="checkbox"/> 02 - Ice/Frost <input type="checkbox"/> 03 - Mud, Dirt, Gravel <input type="checkbox"/> 04 - Oil <input type="checkbox"/> 05 - Sand <input type="checkbox"/> 06 - Slush <input type="checkbox"/> 07 - Snow <input type="checkbox"/> 08 - Water (standing, moving) <input type="checkbox"/> 09 - Wet <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>		ROADWAY SURFACE 01 - Asphalt <input type="checkbox"/> 02 - Brick <input type="checkbox"/> 03 - Concrete <input type="checkbox"/> 04 - Dirt <input type="checkbox"/> 05 - Gravel <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			MANNER OF CRASH / COLLISION IMPACT 00 - Not a Collision Between Two Motor Vehicles <input type="checkbox"/> 01 - Angle <input type="checkbox"/> 02 - Front-to-Front <input type="checkbox"/> 03 - Front-to-Rear <input checked="" type="checkbox"/> 03 04 - Rear-to-Rear <input type="checkbox"/> 05 - Rear-to-Slide <input type="checkbox"/> 06 - Sideswipe-Opposite Direction <input type="checkbox"/> 07 - Sideswipe-Same Direction <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			Location of the Crash 01 - Before Work Zone Warning Sign <input type="checkbox"/> 02 - Advance Warning Area <input type="checkbox"/> 03 - Transition Area <input type="checkbox"/> 04 - Activity Area <input type="checkbox"/> 05 - Termination Area <input type="checkbox"/> 97 - Not Applicable <input type="checkbox"/> 98 - Other <input checked="" type="checkbox"/> 98 99 - Unknown	
ROADWAY SURFACE 01 - Asphalt <input type="checkbox"/> 02 - Brick <input type="checkbox"/> 03 - Concrete <input type="checkbox"/> 04 - Dirt <input type="checkbox"/> 05 - Gravel <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>		LIGHT CONDITION 01 - Daylight <input checked="" type="checkbox"/> 01 02 - Dawn/Dusk <input type="checkbox"/> 03 - Dark-Lighted <input type="checkbox"/> 04 - Dark-Not Lighted <input type="checkbox"/> 05 - Dark-Unk. Lighting <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			MANNER OF CRASH / COLLISION IMPACT 00 - Not a Collision Between Two Motor Vehicles <input type="checkbox"/> 01 - Angle <input type="checkbox"/> 02 - Front-to-Front <input type="checkbox"/> 03 - Front-to-Rear <input checked="" type="checkbox"/> 03 04 - Rear-to-Rear <input type="checkbox"/> 05 - Rear-to-Slide <input type="checkbox"/> 06 - Sideswipe-Opposite Direction <input type="checkbox"/> 07 - Sideswipe-Same Direction <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			Law Enforcement Present 01 - Officer Present <input type="checkbox"/> 02 - Not Present <input type="checkbox"/> 03 - Only Law Enforcement Vehicle Present <input type="checkbox"/> 97 - Not Applicable <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>	
ROADWAY SURFACE 01 - Asphalt <input type="checkbox"/> 02 - Brick <input type="checkbox"/> 03 - Concrete <input type="checkbox"/> 04 - Dirt <input type="checkbox"/> 05 - Gravel <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>		LIGHT CONDITION 01 - Daylight <input checked="" type="checkbox"/> 01 02 - Dawn/Dusk <input type="checkbox"/> 03 - Dark-Lighted <input type="checkbox"/> 04 - Dark-Not Lighted <input type="checkbox"/> 05 - Dark-Unk. Lighting <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			MANNER OF CRASH / COLLISION IMPACT 00 - Not a Collision Between Two Motor Vehicles <input type="checkbox"/> 01 - Angle <input type="checkbox"/> 02 - Front-to-Front <input type="checkbox"/> 03 - Front-to-Rear <input checked="" type="checkbox"/> 03 04 - Rear-to-Rear <input type="checkbox"/> 05 - Rear-to-Slide <input type="checkbox"/> 06 - Sideswipe-Opposite Direction <input type="checkbox"/> 07 - Sideswipe-Same Direction <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>			SCHOOL BUS RELATED <input type="checkbox"/> 00 00 - No <input type="checkbox"/> 01 - School Bus Directly Involved <input type="checkbox"/> 02 - School Bus Indirectly Involved <input type="checkbox"/> 99 - Unknown <input type="checkbox"/>	
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE				
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE				
WITNESS	NAME	ADDRESS	PHONE						
	WILLIAMSON, ZANE A	3403 L AVE KEARNEY, NE 68847	(308) 529-0632						
OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT							
90820		HALL COUNTY SHERIFF'S OFFICE							
INVESTIGATOR NAME (Print or type)	INVESTIGATOR SIGNATURE	DATE OF REPORT							
CINDY CLEMENT	APPROVED BY CINDY CLEMENT	09/15/2021							

CRASH DIAGRAM



Not To Scale

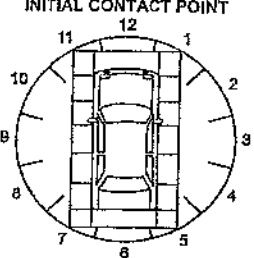
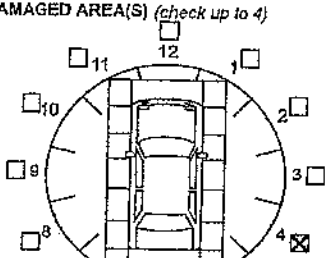
Check if diagram is submitted on a separate page.

DESCRIPTION OF CRASH BASED ON OFFICER'S INVESTIGATION

DRIVER OF VEHICLE #1 STATED HE WAS TRAVELING WESTBOUND IN THE PASSING LANE WHEN TRAFFIC CAME TO A STOP. WHILE STOPPED IN THE TRAFFIC LANE WAITING FOR THE TRAFFIC IN FRONT OF VEHICLE #1 TO MOVE, VEHICLE #2 ALSO WESTBOUND STRUCK THE REAR OF VEHICLE #1. THE FRONT LEFT OF VEHICLE #2 STRUCK THE RIGHT REAR OF VEHICLE #1. THE DRIVER OF VEHICLE #2 WAS DECEASED.

Agency Case No. L21091284

Investigator's Motor Vehicle Crash Report - Vehicle

VEHICLE NO.	1	MOTOR VEHICLE UNIT TYPE	<input type="checkbox"/> 01 - Motor Vehicle In Transport <input type="checkbox"/> 02 - Parked Motor Vehicle <input type="checkbox"/> 03 - Working Vehicle/Equipment
DRIVER PRESENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			CONTACT PHONE (785) 284-3674
VEHICLE OWNER NAME (Company Name)		TRIPLE C MFG INC	
MAILING ADDRESS		CITY	STATE ZIP
902 K-246 HWY		SABETHA	KS 66534
LICENSE PLATE NO.	STATE	REG. YEAR	MAKE MODEL MODEL YEAR COLOR
259LGX	KS	2021	FORD F350 2018 SIL
LICENSE PLATE TYPE		VIN	
PASSENGER		1FD8X3B65JEC40565	
INSURANCE COVERAGE		INSURANCE COMPANY	INSURANCE POLICY NO.
<input type="checkbox"/> 01 - Yes <input type="checkbox"/> 02 - No <input type="checkbox"/> 99 - Unk. 01		CONTINENTAL CASUALTY COMPANY	6024522563
MOTOR VEHICLE TYPE CATEGORY Body Type 01 - All-Terrain Vehicle / Cycle (ATV/ATC) 02 - Golf Cart 03 - Low Speed Vehicle 04 - Recreational Off-Highway Vehicles (ROV) 05 - Snowmobile 06 - Moped or motorized bicycle 07 - Motorcycle - 2 Wheel 08 - Motorcycle - 3 Wheel 09 - Autocycle 10 - Passenger Car 11 - Passenger Van (less than 9 seats) 12 - (Sport) Utility Vehicle 13 - Pickup (10,000 lbs or less) 14 - Pickup (greater than 10,000 lbs)** 15 - Medium/Heavy Truck (greater than 10,000 lbs GVWR)** 16 - Single-Unit Truck** 17 - Truck Tractor** 18 - Other Trucks 19 - 9 or 12-Passenger Van** 20 - 15-Passenger Van** 21 - Cargo Van (10,000 lbs or less) 22 - Cargo Van (greater than 10,000 lbs GVWR)** 23 - Large Limo** 24 - Mini-bus** 25 - School Bus** 26 - Transit Bus** 27 - Other Bus Type** 28 - Motor Home (10,000 lbs or less GVWR) 29 - Motor Home (greater than 10,000 lbs GVWR)** 30 - Motorcoach** 31 - Construction Equipment (backhoe, bulldozer, etc.) 32 - Farm Equipment (tractor, combine harvester, etc.) 98 - Other 99 - Unknown Did this motor vehicle display a hazardous materials (HM) placard? <input type="checkbox"/> 01 - Yes** <input type="checkbox"/> 97 - Not Applicable <input type="checkbox"/> 02 - No <input type="checkbox"/> 99 - Unknown **Heavy Truck/Bus form must be completed Number of trailing units <input type="checkbox"/> 97 - Not Applicable (vehicle with no trailing units) 97		MOTOR VEHICLE TYPE CATEGORY 13 SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT 00 - No Special Function 01 - Ambulance 02 - Bus - Charter/Tour 03 - Bus - Childcare/Daycare 04 - Bus - Intercity 05 - Bus - School (Public or Private) 06 - Bus - Shuttle 07 - Bus - Transit/Commuter 08 - Bus - Other 09 - Farm Vehicle 10 - Fire Truck 11 - Highway/Maintenance 12 - Mail Carrier 13 - Military 14 - Non-Transport Emergency Services Vehicle 15 - Other Incident Response 16 - Police 17 - Public Utility 18 - Rental Truck (Over 10,000 lbs) 19 - Safety Service Patrols - Incident Response 20 - Taxi 21 - Towing - Incident Response 22 - Truck Acting as Crash Attenuator 23 - Vehicle Used for Electronic Ride-hailing (Uber, Lyft, etc.) 98 - Other 99 - Unknown HIT AND RUN? <input type="checkbox"/> 01 - Yes - Driver or Car/Driver Left Scene 02 <input type="checkbox"/> 02 - No - Did Not Leave Scene 99 - Unknown VEHICLE MANEUVER / ACTION <input type="checkbox"/> 01 - Movement Essentially Straight Ahead 11 <input type="checkbox"/> 02 - Backing <input type="checkbox"/> 03 - Changing Lanes <input type="checkbox"/> 04 - Entering Traffic Lane <input type="checkbox"/> 05 - Leaving Traffic Lane <input type="checkbox"/> 06 - Making a U-Turn <input type="checkbox"/> 07 - Negotiating a Curve <input type="checkbox"/> 08 - Parked <input type="checkbox"/> 09 - Passing/Overtaking a Vehicle <input type="checkbox"/> 10 - Slowing <input type="checkbox"/> 11 - Stopped in Traffic <input type="checkbox"/> 12 - Turning Left <input type="checkbox"/> 13 - Turning Right <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown	
INITIAL CONTACT POINT 		DAMAGED AREA(S) (check up to 4) 	
<input type="checkbox"/> 00 - Non-Collision 05 <input type="checkbox"/> 13 - Top <input type="checkbox"/> 14 - Undercarriage <input type="checkbox"/> 15 - Cargo Loss <input type="checkbox"/> 16 - Vehicle Not at Scene <input type="checkbox"/> 99 - Unknown		VEHICLE CRASH DAMAGES equal to or less than \$1,000 are classified as non-reportable. DAMAGE ESTIMATE <input type="checkbox"/> Totaled \$ 8000 EXTENT OF DAMAGE <input type="checkbox"/> 00 - No Damage <input type="checkbox"/> 01 - Minor Damage <input type="checkbox"/> 02 - Functional Damage <input type="checkbox"/> 03 - Disabling Damage 03 <input type="checkbox"/> 04 - Vehicle Not at Scene	
EMERGENCY MOTOR VEHICLE USE <input type="checkbox"/> 01 - Emergency Operation, Emergency Warning Equipment in Use <input type="checkbox"/> 02 - Emergency Operation, Emergency Warning Equipment Not in Use 97 <input type="checkbox"/> 03 - Non-Emergency, Non-Transport <input type="checkbox"/> 04 - Non-Emergency, Transport <input type="checkbox"/> 97 - Not Applicable <input type="checkbox"/> 99 - Unknown		MOTOR VEHICLE AUTOMATED DRIVING SYSTEM(S) Automation System(s) in Vehicle? 02 <input type="checkbox"/> 01 - Yes <input type="checkbox"/> 02 - No <input type="checkbox"/> 99 - Unknown Automation System Levels in Vehicle (up to 5 choices) 00 <input type="checkbox"/> 00 - No Automation <input type="checkbox"/> 01 - Driver Assistance <input type="checkbox"/> 02 - Partial Automation <input type="checkbox"/> 03 - Conditional Automation <input type="checkbox"/> 04 - High Automation <input type="checkbox"/> 05 - Full Automation <input type="checkbox"/> 06 - Automation Level Unknown <input type="checkbox"/> 99 - Unknown Automation System Levels Engaged at Time of Crash (up to 5 choices) 00 <input type="checkbox"/> 00 - No Automation <input type="checkbox"/> 01 - Driver Assistance <input type="checkbox"/> 02 - Partial Automation <input type="checkbox"/> 03 - Conditional Automation <input type="checkbox"/> 04 - High Automation <input type="checkbox"/> 05 - Full Automation <input type="checkbox"/> 06 - Automation Level Unknown <input type="checkbox"/> 99 - Unknown	
VEHICLE CONTRIBUTING CIRCUMSTANCE(S) <input type="checkbox"/> 00 - None 00 <input type="checkbox"/> 01 - Body, Doors <input type="checkbox"/> 02 - Brakes <input type="checkbox"/> 03 - Exhaust System <input type="checkbox"/> 04 - Lights (head, signal, tail) <input type="checkbox"/> 05 - Mirrors <input type="checkbox"/> 06 - Power Train <input type="checkbox"/> 07 - Steering <input type="checkbox"/> 08 - Suspension <input type="checkbox"/> 09 - Tires <input type="checkbox"/> 10 - Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> 11 - Wheels <input type="checkbox"/> 12 - Windows/Windshield <input type="checkbox"/> 13 - Wipers <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Unknown		TOWED DUE TO DISABLING DAMAGE <input type="checkbox"/> 01 - Not Towed <input type="checkbox"/> 02 - Towed Due to Disabling Damage 02 <input type="checkbox"/> 03 - Towed Not Due to Disabling Damage	

Agency Case No. L21091284

Investigator's Motor Vehicle Crash Report - Vehicle (cont'd)

VEHICLE NO. 1 (cont'd)	
MOST HARMFUL EVENT FOR THIS MOTOR VEHICLE 22	
Non-Collision Harmful Events 11 - Cargo/Equipment Loss or Shift 12 - Fell/Jumped from Motor Vehicle 13 - Fire/Explosion 14 - Immersion, Full or Partial 15 - Jackknife 16 - Other Non-Collision Harmful Event 17 - Overturn/Rollover 18 - Thrown or Falling Object Collision With Person, Motor Vehicle or Non-Fixed Object 19 - Animal (live) 20 - Construction Equipment (backhoe, bulldozer, etc.) 21 - Farm Equipment (tractor, combine harvester, etc.) 22 - Motor Vehicle In Transport 23 - Other Non-Fixed Object 24 - Other Non-Motorist 25 - Parked Motor Vehicle 26 - Pedalcycle 27 - Pedestrian 28 - Railway Vehicle (train, engine) 29 - Strikes Object at Rest from Vehicle In Transport 30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 31 - Work Zone/Maintenance Equipment	Collision With Fixed Object 32 - Bridge Overhead Structure 33 - Bridge Pier or Support 34 - Bridge Rail 35 - Cable Barrier 36 - Concrete Traffic Barrier 37 - Culvert 38 - Curb 39 - Ditch 40 - Embankment 41 - Fence 42 - Guardrail End Terminal 43 - Guardrail Face 44 - Impact Attenuator/Crash Cushion 45 - Mailbox 46 - Other Fixed Object (wall, building, tunnel, etc.) 47 - Other Post, Pole or Support 48 - Other Traffic Barrier 49 - Traffic Sign Support 50 - Traffic Signal Support 51 - Tree (standing) 52 - Utility Pole/Light Support 53 - Unknown Fixed Object
SEQUENCE OF EVENTS (up to 4 choices)	
Non-Harmful Events 01 - Cross Centerline 02 - Cross Median 03 - End Departure (T-Intersection, dead-end, etc.) 04 - Downhill Runaway 05 - Equipment Failure (blown tire, brake failure, etc.) 06 - Ran Off Roadway Left 07 - Ran Off Roadway Right 08 - Reentering Roadway 09 - Separation of Units Non-Collision Harmful Events 11 - Cargo/Equipment Loss or Shift 12 - Fell/Jumped from Motor Vehicle 13 - Fire/Explosion 14 - Immersion, Full or Partial 15 - Jackknife 16 - Other Non-Collision Harmful Event 17 - Overturn/Rollover Collision With Person, Motor Vehicle or Non-Fixed Object 19 - Animal (live) 20 - Construction Equipment (backhoe, bulldozer, etc.) 21 - Farm Equipment (tractor, combine harvester, etc.) 22 - Motor Vehicle In Transport 23 - Other Non-Fixed Object 24 - Other Non-Motorist 25 - Parked Motor Vehicle 26 - Pedalcycle 27 - Pedestrian 28 - Railway Vehicle (train, engine) 29 - Strikes Object at Rest from Motor Vehicle In Transport 30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 31 - Work Zone/Maintenance Equipment	
TRAFFIC CONTROL DEVICE TYPE (up to 4 choices) TCD Type(s) 00 - No Controls 00 01 - Person (flagger, law enforcement, crossing guard, etc.) Signs 02 - Railroad Crossing Sign 03 - School Zone Sign 04 - Stop Sign 05 - Yield Sign 06 - "Curve Ahead" Warning Sign 07 - Pedestrian Crossing Sign 08 - "Intersection Ahead" Warning Sign 09 - "Reduce Speed Ahead" Warning Sign 10 - Bicycle Crossing Sign 11 - Other Warning Sign Signals 12 - Flashing Traffic Control Signal 13 - Ramp Meter Signal 14 - Lane Use Control Signal 15 - Traffic Control Signal 16 - Flashing Railroad Crossing Signal (may include gates) 17 - Flashing School Zone Signal 18 - Other Signal Pavement Markings 19 - School Zone 20 - Railroad Crossing 21 - Pedestrian Crossing 22 - Bicycle Crossing 23 - Other Pavement Marking (excluding edgelines, centerlines or lane lines) 98 - Other 99 - Unknown TRAFFIC CONTROL DEVICE WORKING 00 - No Controls 00 01 - Device Not Functioning 02 - Device Functioning Improperly 03 - Device Functioning Properly 99 - Unknown	TRAFFICWAY DESCRIPTION Travel Directions 01 - One-Way 02 02 - Two-Way Divided 00 - Not Divided 01 - Not Divided, With a Continuous Left-Turn Lane 02 - Divided, Flush Median (greater than 4 ft. wide) 03 - Divided, Raised Median (curbed) 04 04 - Divided, Depressed Median 99 - Unknown Barrier Type 00 - No Barrier 00 01 - Cable Barrier 02 - Concrete Barrier (e.g. Jersey barrier) 03 - Earth Embankment 04 - Guardrail 98 - Other DIRECTION OF TRAVEL 00 - Not on Roadway 04 01 - Northbound 02 - Southbound 03 - Eastbound 04 - Westbound 99 - Unknown Name of street traveling on: INTERSTATE 80 POSTED SPEED LIMIT 97 - Not Applicable 75 mph 99 - Unknown
PAVEMENT MARKINGS Edgeline Presence/Type 00 - No Marked Edgeline 01 - Standard Width Edgeline 01 02 - Wide Edgeline 98 - Other 99 - Unknown Centerline Presence/Type 00 - No Marked Centerline 01 - Centerline With Centerline Rumble Strip 01 02 - Standard Centerline Markings 99 - Unknown Lane Line Markings 00 - No Lane Markings 01 01 - Standard Lane Line 02 - Wide Lane Line 99 - Unknown	TOTAL LANES IN ROADWAY Undivided Trafficways Number of Through Lanes in Both Directions, excluding Auxiliary Lanes 97 - Not Applicable Number of Auxiliary Lanes in Both Directions 97 - Not Applicable Divided Trafficways Number of Through Lanes in the Vehicle's Direction, excluding Auxiliary Lanes 97 - Not Applicable 4 Number of Auxiliary Lanes in the Vehicle's Direction 97 - Not Applicable 0
GRADE / ROADWAY ALIGNMENT Horizontal Alignment 01 - Curve Left 02 - Curve Right 03 03 - Straight 99 - Unknown Grade 01 - Downhill 02 - Hillcrest 03 - Level 03 04 - Sag (Bottom) 05 - Uphill 99 - Unknown	PRESENCE / TYPE OF BICYCLE FACILITY Facility 00 - None 00 01 - Marked Bicycle Lane 02 - Separate Bicycle Path/Traill 03 - Unmarked Paved Shoulder 04 - Wide Curb Lane 99 - Unknown Signed Bicycle Route? 01 - Yes 02 - No 97 - Not Applicable 97 99 - Unknown

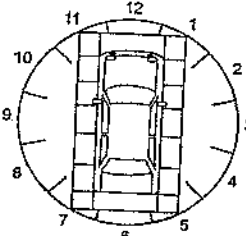
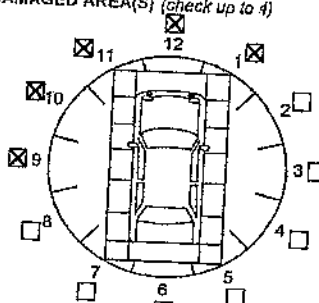
Agency Case No. L21091284

Investigator's Motor Vehicle Crash Report - Driver

VEHICLE NO. 1 (cont'd)		DRIVER NAME (Last, First, Middle) WEINMANN, BRODY, DALE		CONTACT PHONE (402) 801-1100		SEX 01 - Male 01 02 - Female 99 - Unk.			
MAILING ADDRESS 2503 SCHOENHEIT ST			CITY FALLS CITY		STATE NE	ZIP 68355			
DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	DOB Unk. <input type="checkbox"/>	DRIVER'S LICENSE NO. [REDACTED]	STATE NE	CITATION 1	<input checked="" type="checkbox"/> NO VIOLATION	<input type="checkbox"/> UNKNOWN 2			
DRIVER LICENSE JURISDICTION 00 - Not Licensed 01 - Canadian* 05 02 - Indian Nation* 03 - International License* (other than Mexico, Canada) 04 - Mexican* 05 - U.S. State 06 - U.S. Government 97 - Not Applicable 99 - Unknown * Name of Jurisdiction Include the specific State, Province or Nation Indicated on the Driver's License NEBRASKA		DRIVER LICENSE STATUS Type Applicable for this Person 01 - Commercial Driver License (CDL) 02 02 - Non-CDL Driver License 03 - Non-CDL Restricted Driver License (learner's permit, temporary/limited, graduated driver license, etc.) 99 - Unknown Status 00 - Not Licensed 06 01 - Canceled or Denied 02 - Disqualified (CDL) 03 - Expired 04 - Revoked 05 - Suspended 06 - Valid License 99 - Unknown		DRIVER LICENSE RESTRICTIONS (up to 3 choices) 00 - None 00 01 - Alcohol Interlock Device 02 - Automatic Transmission 03 - CDL Intrastate Only 04 - Corrective Lenses 05 - Except Class A & Class B Bus 06 - Except Class A Bus 07 - Except Tractor-Trailer 08 - Farm Waiver 09 - Intermediate License Restrictions 10 - Learner's Permit Restrictions 11 - Limited to Daylight Only 12 - Limited to Employment 13 - Limited-Other 14 - Mechanical Devices (special brakes, hand controls, or other adaptive devices) 15 - Military Vehicles Only 16 - Motor Vehicles Without Air Brakes 17 - Outside Mirror 18 - Prosthetic Aid 98 - Other 99 - Unknown					
DRIVER LICENSE TYPE 00 - Not Licensed 01 01 - Full Driver License 02 - Intermediate Driver License 03 - Learner's Permit 04 - School Permit 05 - Temporary License 99 - Unknown License Type		CLASS 00 - None 05 01 - Class A 02 - Class B 03 - Class C 04 - Class M 05 - Regular Driver License 97 - Not Applicable 98 - Other 99 - Unknown		ENDORSEMENTS (up to 4 choices) 00 - None 02 01 - H - Hazardous Materials 02 - M - Motorcycle 03 - N - Tank Vehicle 04 - P - Passenger 05 - S - School 06 - T - Double / Triple Trailers 07 - X - Combination Tank Vehicle & Hazardous Materials 98 - Other Non-Commercial License Endorsements 99 - Unknown		ALCOHOL INTERLOCK PRESENT? 01 - Yes 02 02 - No 99 - Unknown			
COMMERCIAL DRIVER LICENSE (CDL) 01 - Yes 02 02 - No 99 - Unknown				SPEEDING RELATED 00 - No 00 01 - Exceeded Speed Limit 02 - Racing 03 - Too Fast for Conditions 99 - Unknown					
DRIVER ACTIONS AT TIME OF CRASH (up to 4 choices) 00 - No Contributing Action 00 01 - Disregarded Red Light 02 - Disregarded Stop Sign 03 - Disregarded Road Markings 04 - Disregarded Traffic Sign 05 - Failed to Keep in Proper Lane 06 - Failed to Yield Right-of-Way 07 - Followed too Closely 08 - Improper Backing 09 - Improper Passing 10 - Improper Turn 11 - Operated Motor Vehicle in Inattentive, Careless, Negligent or Erratic Manner 12 - Operated Motor Vehicle in Reckless or Aggressive Manner 13 - Over-Correcting/Over-Steering 14 - Ran Off Roadway 15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 16 - Wrong Side or Wrong Way 98 - Other Contributing Action 99 - Unknown				DRIVER DISTRACTED BY Action 00 - Not Distracted 00 01 - Talking/Listening 02 - Manually Operating (texting, dialing, playing game, etc.) 03 - Other Action (looking away from task, etc.) 99 - Unknown Source 01 - Hands-free Mobile Phone 97 02 - Hand-held Mobile Phone 03 - Other Electronic Device 04 - Vehicle-Integrated Device 05 - Passenger/Other Non-Motorist 06 - External (to vehicle/non-motorist area) 07 - Other Distraction (animal, food, grooming, etc.) 08 - Other cell phone use like GPS navigation 97 - Not Applicable (not distracted)		DRIVER CONDITION AT TIME OF CRASH (up to 2 choices) 01 - Apparently Normal 01 02 - Asleep or Fatigued 03 - Emotional (depressed, angry, disturbed, etc.) 04 - Ill (sick, fainted) 05 - Physically Impaired 06 - Under Influence of Alcohol, Drugs or Medication 97 - Not Applicable 98 - Other 99 - Unknown if Impaired			
ALCOHOL SUSPECTED 01 - Yes 02 02 - No 99 - Unknown		ALCOHOL TEST STATUS 01 - Test Given 02 02 - Test Not Given 03 - Test Refused 99 - Unknown if Tested		ALCOHOL TEST TYPE 01 - Blood "BAC" 02 - Breathalyzer "BrAC" 03 - Urine 98 - Other 97 - Not Applicable 99 - Unknown		ALCOHOL TEST RESULT 01 - Negative 02 - Positive 03 - Pending 98 - Unknown BAC Level: (ex: 0.132) _____			
DRUGS SUSPECTED 01 - Yes 02 02 - No 99 - Unknown		DRUG TEST STATUS 01 - Test Given 02 02 - Test Not Given 03 - Test Refused 99 - Unknown if Tested		DRUG TEST TYPE 01 - Blood 02 - Urine 03 - Saliva 98 - Other 99 - Unknown		DRUG TEST RESULT 01 - Negative 02 - Positive		DRUG TYPE (up to 4 choices) 01 - Amphetamine 02 - Cocaine 03 - Marijuana 04 - Opiate 05 - Other Controlled Substance 06 - PCP 07 - Other Drug (excludes post-crash drugs) 97 - Not Applicable 99 - Unknown	

Agency Case No. L21091284

Investigator's Motor Vehicle Crash Report - Vehicle

VEHICLE NO. 2	MOTOR VEHICLE UNIT TYPE 01 - Motor Vehicle In Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment	01	DRIVER PRESENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE OWNER NAME (Last, First, Middle) JOHNSON, BRAD		CONTACT PHONE (402) 845-9295	
MAILING ADDRESS 306 W WALNUT ST		CITY DONIPHAN	STATE NE
LICENSE PLATE NO. 8E7343	STATE NE	REG. YEAR 2021	MAKE NISS
LICENSE PLATE TYPE PASSENGER	VIN 1N4AL3AP7HC157937	MODEL ALTIMA	MODEL YEAR 2017
INSURANCE COVERAGE 01 - Yes 02 - No 99 - Unk. 01		INSURANCE COMPANY GEICO CASUALTY COMPANY	INSURANCE POLICY NO. 4601085956
MOTOR VEHICLE TYPE CATEGORY Body Type 01 - All-Terrain Vehicle / Cycle (ATV/ATC) 02 - Golf Cart 03 - Low Speed Vehicle 04 - Recreational Off-Highway Vehicles (ROV) 05 - Snowmobile 06 - Moped or motorized bicycle 07 - Motorcycle - 2 Wheel 08 - Motorcycle - 3 Wheel 09 - Autocycle 10 - Passenger Car 11 - Passenger Van (less than 9 seats) 12 - (Sport) Utility Vehicle 13 - Pickup (10,000 lbs or less) 14 - Pickup (greater than 10,000 lbs)** 15 - Medium/Heavy Truck (greater than 10,000 lbs GVWR)** 16 - Single-Unit Truck** 17 - Truck Tractor** 18 - Other Trucks 19 - 9 or 12-Passenger Van** 20 - 15-Passenger Van** 21 - Cargo Van (10,000 lbs or less) 22 - Cargo Van (greater than 10,000 lbs GVWR)** 23 - Large Limo** 24 - Mini-bus** 25 - School Bus** 26 - Transit Bus** 27 - Other Bus Type** 28 - Motor Home (10,000 lbs or less GVWR) 29 - Motor Home (greater than 10,000 lbs GVWR)** 30 - Motorcoach** 31 - Construction Equipment (backhoe, bulldozer, etc.) 32 - Farm Equipment (tractor, combine harvester, etc.) 98 - Other 99 - Unknown Did this motor vehicle display a hazardous materials (HM) placard? 01 - Yes** 97 - Not Applicable 02 - No 99 - Unknown **Heavy Truck/Bus form must be completed Number of trailing units 97 - Not Applicable (vehicle with no trailing units)		SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT 00 - No Special Function 01 - Ambulance 02 - Bus - Charter/Tour 03 - Bus - Childcare/Daycare 04 - Bus - Intercity 05 - Bus - School (Public or Private) 06 - Bus - Shuttle 07 - Bus - Transit/Commuter 08 - Bus - Other 09 - Farm Vehicle 10 - Fire Truck 11 - Highway/Maintenance 12 - Mail Carrier 13 - Military 14 - Non-Transport Emergency Services Vehicle 15 - Other Incident Response 16 - Police 17 - Public Utility 18 - Rental Truck (Over 10,000 lbs) 19 - Safety Service Patrols - Incident Response 20 - Taxi 21 - Towing - Incident Response 22 - Truck Acting as Crash Attenuator 23 - Vehicle Used for Electronic Ride-hailing (Uber, Lyft, etc.) 98 - Other 99 - Unknown HIT AND RUN? 01 - Yes - Driver or Car/Driver Left Scene 02 - No - Did Not Leave Scene 99 - Unknown VEHICLE MANEUVER / ACTION 01 - Movement Essentially Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Entering Traffic Lane 05 - Leaving Traffic Lane 06 - Making a U-Turn 07 - Negotiating a Curve 08 - Parked 09 - Passing/Overtaking a Vehicle 10 - Slowing 11 - Stopped in Traffic 12 - Turning Left 13 - Turning Right 98 - Other 99 - Unknown	
EMERGENCY MOTOR VEHICLE USE 01 - Emergency Operation, Emergency Warning Equipment in Use 02 - Emergency Operation, Emergency Warning Equipment Not in Use 03 - Non-Emergency, Non-Transport 04 - Non-Emergency, Transport 97 - Not Applicable 99 - Unknown		MOTOR VEHICLE AUTOMATED DRIVING SYSTEM(S) Automation System(s) in Vehicle? 01 - Yes 02 - No 99 - Unknown Automation System Levels in Vehicle (up to 5 choices) 00 - No Automation 01 - Driver Assistance 02 - Partial Automation 03 - Conditional Automation 04 - High Automation 05 - Full Automation 06 - Automation Level Unknown 99 - Unknown Automation System Levels Engaged at Time of Crash (up to 5 choices) 00 - No Automation 01 - Driver Assistance 02 - Partial Automation 03 - Conditional Automation 04 - High Automation 05 - Full Automation 06 - Automation Level Unknown 99 - Unknown	
INITIAL CONTACT POINT 		DAMAGED AREA(S) (check up to 4) 	
VEHICLE CONTRIBUTING CIRCUMSTANCE(S) 00 - None 01 - Body, Doors 02 - Brakes 03 - Exhaust System 04 - Lights (head, signal, tail) 05 - Mirrors 06 - Power Train 07 - Steering 08 - Suspension 09 - Tires 10 - Truck Coupling/Trailer Hitch/Safety Chains 11 - Wheels 12 - Windows/Windshield 13 - Wipers 98 - Other 99 - Unknown		Vehicle crash damages equal to or less than \$1,000 are classified as non-reportable. DAMAGE ESTIMATE <input checked="" type="checkbox"/> Totaled \$ 15000 EXTENT OF DAMAGE 00 - No Damage 01 - Minor Damage 02 - Functional Damage 03 - Disabling Damage 04 - Vehicle Not at Scene	
VEHICLE CRASH DAMAGE 00 - Non-Collision 13 - Top 14 - Undercarriage 15 - Cargo Loss 16 - Vehicle Not at Scene 99 - Unknown		TOWED DUE TO DISABLING DAMAGE 01 - Not Towed 02 - Towed Due to Disabling Damage 03 - Towed Not Due to Disabling Damage	

Agency Case No. L21091284

Investigator's Motor Vehicle Crash Report - Vehicle (cont'd)

VEHICLE NO. 2 (cont'd)		
MOST HARMFUL EVENT FOR THIS MOTOR VEHICLE 22		
Non-Collision Harmful Events 11 - Cargo/Equipment Loss or Shift 12 - Fell/Jumped from Motor Vehicle 13 - Fire/Explosion 14 - Immersion, Full or Partial 15 - Jackknife 16 - Other Non-Collision Harmful Event 17 - Overturn/Rollover 18 - Thrown or Falling Object Collision With Person, Motor Vehicle or Non-Fixed Object 19 - Animal (live) 20 - Construction Equipment (backhoe, bulldozer, etc.) 21 - Farm Equipment (tractor, combine harvester, etc.) 22 - Motor Vehicle in Transport 23 - Other Non-Fixed Object 24 - Other Non-Motorist 25 - Parked Motor Vehicle 26 - Pedalcycle 27 - Pedestrian 28 - Railway Vehicle (train, engine) 29 - Strikes Object at Rest from Vehicle in Transport 30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 31 - Work Zone/Maintenance Equipment	Collision With Fixed Object 32 - Bridge Overhead Structure 33 - Bridge Pier or Support 34 - Bridge Rail 35 - Cable Barrier 36 - Concrete Traffic Barrier 37 - Culvert 38 - Curb 39 - Ditch 40 - Embankment 41 - Fence 42 - Guardrail End Terminal 43 - Guardrail Face 44 - Impact Attenuator/Crash Cushion 45 - Mailbox 46 - Other Fixed Object (wall, building, tunnel, etc.) 47 - Other Post, Pole or Support 48 - Other Traffic Barrier 49 - Traffic Sign Support 50 - Traffic Signal Support 51 - Tree (standing) 52 - Utility Pole/Light Support 53 - Unknown Fixed Object	
SEQUENCE OF EVENTS (up to 4 choices)		
Non-Harmful Events 01 - Cross Centerline 22 First Event 02 - Cross Median 03 - End Departure (T-Intersection, dead-end, etc.) 04 - Downhill Runaway 05 - Equipment Failure (blown tire, brake failure, etc.) 06 - Ran Off Roadway Left 07 - Ran Off Roadway Right 08 - Reentering Roadway 09 - Separation of Units Non-Collision Harmful Events 11 - Cargo/Equipment Loss or Shift 12 - Fell/Jumped from Motor Vehicle 13 - Fire/Explosion 14 - Immersion, Full or Partial 15 - Jackknife 16 - Other Non-Collision Harmful Event 17 - Overturn/Rollover Collision With Person, Motor Vehicle or Non-Fixed Object 19 - Animal (live) 20 - Construction Equipment (backhoe, bulldozer, etc.) 21 - Farm Equipment (tractor, combine harvester, etc.) 22 - Motor Vehicle in Transport 23 - Other Non-Fixed Object 24 - Other Non-Motorist 25 - Parked Motor Vehicle 26 - Pedalcycle 27 - Pedestrian 28 - Railway Vehicle (train, engine) 29 - Strikes Object at Rest from Motor Vehicle in Transport 30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 31 - Work Zone/Maintenance Equipment		
Collision With Fixed Object 32 - Bridge Overhead Structure 33 - Bridge Pier or Support 34 - Bridge Rail 35 - Cable Barrier 36 - Concrete Traffic Barrier 37 - Culvert 38 - Curb 39 - Ditch 40 - Embankment 41 - Fence 42 - Guardrail End Terminal 43 - Guardrail Face 44 - Impact Attenuator/Crash Cushion 45 - Mailbox 46 - Other Fixed Object (wall, building, tunnel, etc.) 47 - Other Post, Pole or Support 48 - Other Traffic Barrier 49 - Traffic Sign Support 50 - Traffic Signal Support 51 - Tree (standing) 52 - Utility Pole/Light Support 53 - Unknown Fixed Object		
TRAFFIC CONTROL DEVICE TYPE (up to 4 choices) TCD Type(s) 00 - No Controls 00 01 - Person (flagger, law enforcement, crossing guard, etc.) Signs 02 - Railroad Crossing Sign 03 - School Zone Sign 04 - Stop Sign 05 - Yield Sign 06 - "Curve Ahead" Warning Sign 07 - Pedestrian Crossing Sign 08 - "Intersection Ahead" Warning Sign 09 - "Reduce Speed Ahead" Warning Sign 10 - Bicycle Crossing Sign 11 - Other Warning Sign Signals 12 - Flashing Traffic Control Signal 13 - Ramp Meter Signal 14 - Lane Use Control Signal 15 - Traffic Control Signal 16 - Flashing Railroad Crossing Signal (may include gates) 17 - Flashing School Zone Signal 18 - Other Signal Pavement Markings 19 - School Zone 20 - Railroad Crossing 21 - Pedestrian Crossing 22 - Bicycle Crossing 23 - Other Pavement Marking (excluding edgelines, centerlines or lane lines) 98 - Other 99 - Unknown	TRAFFICWAY DESCRIPTION Travel Directions 01 - One-Way 02 02 - Two-Way Divided 00 - Not Divided 01 - Not Divided, With a Continuous Left-Turn Lane 02 - Divided, Flush Median (greater than 4 ft. wide) 03 - Divided, Raised Median (curbed) 04 04 - Divided, Depressed Median 99 - Unknown Barrier Type 00 - No Barrier 00 01 - Cable Barrier 02 - Concrete Barrier (e.g. Jersey barrier) 03 - Earth Embankment 04 - Guardrail 98 - Other	PAVEMENT MARKINGS Edgeline Presence/Type 00 - No Marked Edgeline 01 01 - Standard Width Edgeline 02 - Wide Edgeline 98 - Other 99 - Unknown Centerline Presence/Type 00 - No Marked Centerline 01 01 - Centerline With Centerline Rumble Strip 02 - Standard Centerline Markings 99 - Unknown Lane Line Markings 00 - No Lane Markings 01 01 - Standard Lane Line 02 - Wide Lane Line 99 - Unknown
TRAFFIC CONTROL DEVICE WORKING 00 - No Controls 00 01 - Device Not Functioning 02 - Device Functioning Improperly 03 - Device Functioning Properly 99 - Unknown	DIRECTION OF TRAVEL 00 - Not on Roadway 04 01 - Northbound 02 - Southbound 03 - Eastbound 04 - Westbound 99 - Unknown Name of street traveling on: INTERSTATE 80 POSTED SPEED LIMIT 97 - Not Applicable 75 mph 99 - Unknown	TOTAL LANES IN ROADWAY Undivided Trafficways Number of Through Lanes in Both Directions, excluding Auxiliary Lanes 0 97 - Not Applicable Number of Auxiliary Lanes in Both Directions 0 97 - Not Applicable Divided Trafficways Number of Through Lanes in the Vehicle's Direction, excluding Auxiliary Lanes 4 97 - Not Applicable Number of Auxiliary Lanes in the Vehicle's Direction 0 97 - Not Applicable
GRADE / ROADWAY ALIGNMENT Horizontal Alignment 01 - Curve Left 03 02 - Curve Right 03 - Straight 99 - Unknown Grade 01 - Downhill 02 - Hillcrest 03 - Level 03 04 - Sag (Bottom) 05 - Uphill 99 - Unknown		PRESENCE / TYPE OF BICYCLE FACILITY Facility 00 - None 00 01 - Marked Bicycle Lane 02 - Separate Bicycle Path/Trail 03 - Unmarked Paved Shoulder 04 - Wide Curb Lane 99 - Unknown Signed Bicycle Route? 01 - Yes 02 - No 97 - Not Applicable 97 99 - Unknown

Investigator's Motor Vehicle Crash Report - Driver

VEHICLE NO. **2** (cont'd)

DRIVER NAME (Last, First, Middle)
JOHNSON, CARLEY, ELIZABETH

MAILING ADDRESS
1643 E CEDARVIEW RD

CITY
DOONIPHAN

CONTACT PHONE

DATE OF BIRTH (MM/DD/YYYY)

DOB Unk.

DRIVER'S LICENSE NO.

STATE
NE

STATE

ZIP
68832

SEX
01 - Male
02 - Female
99 - Unk.

02

DRIVER LICENSE JURISDICTION

- 00 - Not Licensed
- 01 - Canadian*
- 02 - Indian Nation*
- 03 - International License* (other than Mexico, Canada)
- 04 - Mexican*
- 05 - U.S. State
- 06 - U.S. Government
- 07 - Not Applicable
- 99 - Unknown

05

* Name of Jurisdiction
Include the specific State, Province or Nation indicated on the Driver's License

NEBRASKA

DRIVER LICENSE STATUS

- Type Applicable for this Person
- 01 - Commercial Driver License (CDL)
 - 02 - Non-CDL Driver License
 - 03 - Non-CDL Restricted Driver License (learner's permit, temporary/limited, graduated driver license, etc.)
 - 99 - Unknown

02

Status

- 00 - Not Licensed
- 01 - Canceled or Denied
- 02 - Disqualified (CDL)
- 03 - Expired
- 04 - Revoked
- 05 - Suspended
- 06 - Valid License
- 99 - Unknown

06

DRIVER LICENSE RESTRICTIONS

(up to 3 choices)

- 00 - None
- 01 - Alcohol Interlock Device
- 02 - Automatic Transmission
- 03 - CDL Intrastate Only
- 04 - Corrective Lenses
- 05 - Except Class A & Class B Bus
- 06 - Except Class A Bus
- 07 - Except Tractor-Trailer
- 08 - Farm Waiver
- 09 - Intermediate License Restrictions
- 10 - Learner's Permit Restrictions
- 11 - Limited to Daylight Only
- 12 - Limited to Employment
- 13 - Limited-Other

00

- 14 - Mechanical Devices (special brakes, hand controls, or other adaptive devices)
- 15 - Military Vehicles Only
- 16 - Motor Vehicles Without Air Brakes
- 17 - Outside Mirror
- 18 - Prosthetic Aid
- 98 - Other
- 99 - Unknown

DRIVER LICENSE TYPE

- 00 - Not Licensed
- 01 - Full Driver License
- 02 - Intermediate Driver License
- 03 - Learner's Permit
- 04 - School Permit
- 05 - Temporary License
- 99 - Unknown License Type

01

COMMERCIAL DRIVER LICENSE (CDL)

- 01 - Yes
- 02 - No
- 99 - Unknown

02

CLASS

- 00 - None
- 01 - Class A
- 02 - Class B
- 03 - Class C
- 04 - Class M
- 05 - Regular Driver License
- 97 - Not Applicable
- 98 - Other
- 99 - Unknown

05

ENDORSEMENTS (up to 4 choices)

- 00 - None
- 01 - H - Hazardous Materials
- 02 - M - Motorcycle
- 03 - N - Tank Vehicle
- 04 - P - Passenger
- 05 - S - School
- 06 - T - Double / Triple Trailers
- 07 - X - Combination Tank Vehicle & Hazardous Materials
- 98 - Other Non-Commercial License Endorsements
- 99 - Unknown

00

ALCOHOL INTERLOCK PRESENT?

- 01 - Yes
- 02 - No
- 99 - Unknown

02

SPEEDING RELATED

- 00 - No
- 01 - Exceeded Speed Limit
- 02 - Racing
- 03 - Too Fast for Conditions
- 99 - Unknown

99

DRIVER ACTIONS AT TIME OF CRASH

- (up to 4 choices)
- 00 - No Contributing Action
 - 01 - Disregarded Red Light
 - 02 - Disregarded Stop Sign
 - 03 - Disregarded Road Markings
 - 04 - Disregarded Traffic Sign
 - 05 - Failed to Keep in Proper Lane
 - 06 - Failed to Yield Right-of-Way
 - 07 - Followed too Closely
 - 08 - Improper Backing
 - 09 - Improper Passing
 - 10 - Improper Turn
 - 11 - Operated Motor Vehicle in Inattentive, Careless, Negligent or Erratic Manner

99

- 12 - Operated Motor Vehicle in Reckless or Aggressive Manner
- 13 - Over-Correcting/Over-Steering
- 14 - Ran Off Roadway
- 15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc.
- 16 - Wrong Side or Wrong Way
- 98 - Other Contributing Action
- 99 - Unknown

DRIVER DISTRACTED BY

- Action
- 00 - Not Distracted
 - 01 - Talking/Listening
 - 02 - Manually Operating (texting, dialing, playing game, etc.)
 - 03 - Other Action (looking away from task, etc.)
 - 99 - Unknown
- Source
- 01 - Hands-free Mobile Phone
 - 02 - Hand-held Mobile Phone
 - 03 - Other Electronic Device
 - 04 - Vehicle-integrated Device
 - 05 - Passenger/Other Non-Motorist
 - 06 - External (to vehicle/non-motorist area)
 - 07 - Other Distraction (animal, food, grooming, etc.)
 - 08 - Other cell phone use like GPS navigation
 - 97 - Not Applicable (not distracted)

99

99

DRIVER CONDITION AT TIME OF CRASH

(up to 2 choices)

- 01 - Apparently Normal
- 02 - Asleep or Fatigued
- 03 - Emotional (depressed, angry, disturbed, etc.)
- 04 - Ill (sick, fainted)
- 05 - Physically Impaired
- 06 - Under Influence of Alcohol, Drugs or Medication
- 97 - Not Applicable
- 98 - Other
- 99 - Unknown If Impaired

99

ALCOHOL SUSPECTED

- 01 - Yes
- 02 - No
- 99 - Unknown

02

ALCOHOL TEST STATUS

- 01 - Test Given
- 02 - Test Not Given
- 03 - Test Refused
- 99 - Unknown If Tested

02

ALCOHOL TEST TYPE

- 01 - Blood "BAC"
- 02 - Breathalyzer "BRAC"
- 03 - Urine
- 98 - Other
- 97 - Not Applicable
- 99 - Unknown

ALCOHOL TEST RESULT

- 01 - Negative
- 02 - Positive
- 03 - Pending
- 99 - Unknown

BAC Level: (ex: 0.132)

DRUGS SUSPECTED

- 01 - Yes
- 02 - No
- 99 - Unknown

02

DRUG TEST STATUS

- 01 - Test Given
- 02 - Test Not Given
- 03 - Test Refused
- 99 - Unknown If Tested

02

DRUG TEST TYPE

- 01 - Blood
- 02 - Urine
- 03 - Saliva
- 98 - Other
- 99 - Unknown

DRUG TEST RESULT

- 01 - Negative
- 02 - Positive

DRUG TYPE (up to 4 choices)

- 01 - Amphetamine
- 02 - Cocaine
- 03 - Marijuana
- 04 - Opiate
- 05 - Other Controlled Substance
- 06 - PCP
- 07 - Other Drug (excludes post-crash drugs)
- 97 - Not Applicable
- 99 - Unknown

Agency Case No. **L21091284**

Investigator's Motor Vehicle Crash Report - All Drivers & Occupants

<p>PERSON TYPE</p> <p>P1. Incident Responder? 01 - Yes 02 - No</p> <p>P2. If EMS, type of Incident Responder 01 - EMS 02 - Fire 03 - Police 04 - Tow Operator 05 - Transportation (maintenance workers, safety service operators, etc.) 98 - Other 99 - Unknown</p> <p>Does the crash involve a Non-Motorist? 01 - Yes - Complete Non-Motorist Report NDOT Form 178 for the following person types: - Bicyclist - Other Cyclist - Pedestrian - Other Pedestrian (wheelchair, skater, person in a building, parked vehicle, or a personal conveyance, etc.) - Occupant of a Non-Motor Vehicle Transportation Device - Unknown Type of Non-Motorist**</p> <p>02 - No - Continue to P3 below.</p> <p>P3. Occupant of Motor Vehicle 01 - Driver 02 - Occupant 03 - Occupant of MV Not In Transport</p>	<p>SEATING POSITION</p> <p>P4. Row 01 - Front 02 - Second 03 - Third 04 - Fourth 05 - Other Row (bus, 15-passenger van, etc.) 99 - Unknown</p> <p>P5. Seat 01 - Left 02 - Middle 03 - Right 98 - Other 99 - Unknown</p> <p>P6. Other Location 01 - Enclosed Cargo Area 02 - Riding on Motor Vehicle Exterior (non-trailing unit) 03 - Sleeper Section of Cab (truck) 04 - Trailing Unit 05 - Unenclosed Cargo Area 97 - Not Applicable 98 - Other 99 - Unknown</p> <p>P7. Ejection 01 - Not Ejected 02 - Ejected, Partially 03 - Ejected, Totally 97 - Not Applicable 99 - Unknown</p>	<p>RESTRAINT SYSTEM / HELMET USE</p> <p>P8. Restraint System 01 - Booster Seat 02 - Child Restraint System - Forward Facing 03 - Child Restraint System - Rear Facing 04 - Child Restraint System - Type Unknown 05 - Lap Belt Only Used 06 - None Used - Motor Vehicle Occupant 07 - Restraint Used - Type Unknown 08 - Shoulder & Lap Belt Used 09 - Shoulder Belt Only Used 10 - Stretcher 11 - Wheelchair Motorcycle Helmet Use 12 - DOT-Compliant Motorcycle Helmet 13 - Non DOT-Compliant Motorcycle Helmet 14 - Unknown If DOT-Compliant Motorcycle Helmet 15 - No Helmet 97 - Not Applicable 98 - Other 99 - Unknown</p> <p>P9. Any Indication of Improper Restraint Use? 01 - Yes 02 - No 99 - Unknown</p> <p>P10. Air Bag Deployed (up to 4 choices) 01 - Not Deployed 02 - Curtain 03 - Front 04 - Side 97 - Not Applicable 98 - Other (knee, air belt, etc.) 99 - Unknown</p> <p>P11. School Bus Restraint Availability (excludes driver) 00 - No Restraint Available 01 - Lap Belt Available & Not Used 02 - Shoulder & Lap Available & Not Used 97 - Not Applicable 98 - Unknown</p>	<p>INJURY</p> <p>P12. Injury Status 00 - No Apparent Injury 01 - Fatal Injury (must complete Fatal Crash Report NDOT Form 179) 02 - Suspected Serious Injury* 03 - Suspected Minor Injury 04 - Possible Injury 99 - Unknown</p> <p>* Suspected Serious Injury: Any injury, other than fatal, which results in one or more of the following: Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood, broken or distorted extremity (arm or leg), crush injuries, suspected skull, chest, or abdominal injury other than bruises or minor lacerations, significant burns (second and third degree burns over 10% or more of the body), unconsciousness when taken from the crash scene, or paralysis.</p> <p>P13. Injury Area 00 - None 01 - Abdomen & Pelvis 02 - Entire Body 03 - Face 04 - Head 05 - Lower Extremity (legs) 06 - Neck 07 - Spine 08 - Chest (thorax) 09 - Upper Extremity (arms) 10 - Unspecified 99 - Unknown</p> <p>P14. Source of Transport to First Medical Facility 00 - Not Transported 01 - EMS Air 02 - EMS Ground 03 - Law Enforcement 98 - Other 99 - Unknown</p>
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All Drivers & Occupants

Vehicle No. 1	Occupant No. 1	NAME OF PERSON INVOLVED (Last, First, Middle) WEINMANN, BRODY, DALE		SEX 01 - Male 02 - Female 99 - Unk. 01
ADDRESS 2503 SCHOENHEIT ST			CITY, STATE, ZIP FALLS CITY, NE, 68355	DATE OF BIRTH (MMDDYYYY) DOB Unk. <input type="checkbox"/>
Person Type P1 2 P2 <input type="checkbox"/> P3 01	Seating Position P4 01 P5 01 P6 97 P7 97	Restraint System / Helmet Use P8 08 P9 <input type="checkbox"/> P10 <input type="checkbox"/> P11 97		Injury P12 00 P13 00 P14 00
MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN NO.
Vehicle No. 1	Occupant No. 2	NAME OF PERSON INVOLVED (Last, First, Middle) STRAHM, PAYTON, LEE		SEX 01 - Male 02 - Female 99 - Unk. 01
ADDRESS 2756 X4 RD			CITY, STATE, ZIP SABETHA, KS, 66534	DATE OF BIRTH (MMDDYYYY) DOB Unk. <input type="checkbox"/>
Person Type P1 02 P2 <input type="checkbox"/> P3 02	Seating Position P4 01 P5 03 P6 97 P7 97	Restraint System / Helmet Use P8 08 P9 02 P10 <input type="checkbox"/> P11 97		Injury P12 00 P13 00 P14 00
MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN NO.
Vehicle No. 2	Occupant No. 1	NAME OF PERSON INVOLVED (Last, First, Middle) JOHNSON, CARLEY, ELIZABETH		SEX 01 - Male 02 - Female 99 - Unk. 02
ADDRESS 1643 E CEDARVIEW RD			CITY, STATE, ZIP DONIPHAN, NE, 68832	DATE OF BIRTH (MMDDYYYY) DOB Unk. <input type="checkbox"/>
Person Type P1 2 P2 <input type="checkbox"/> P3 01	Seating Position P4 01 P5 01 P6 97 P7 01	Restraint System / Helmet Use P8 06 P9 02 P10 99 P11 97		Injury P12 01 P13 04 P14 00
MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN NO.

Agency Case No. L21091284

Investigator's Motor Vehicle Crash Report - Fatal Crash Report

All Drivers Involved in Fatal Crashes

LOCAL NO./DISTRICT:		AGENCY CASE NO. L21091284		STATE USE ONLY	
DATE OF CRASH 09/14/2021	MN/DD/YYYY	PLACE OF CRASH HALL	COUNTY	CITY	
ROAD ON WHICH CRASH OCCURRED		STREET/ HIGHWAY NO. I-80			

DRIVER OF VEHICLE 1	DRIVER OF VEHICLE 2	DRIVER OF VEHICLE
ATTEMPTED AVOIDANCE MANEUVER 00 - No Driver Present / Unk. if Driver Present 01 - No Avoidance Maneuver 02 - Accelerating 03 - Accelerating & Steering Left 04 - Accelerating & Steering Right 05 - Braking 06 - Braking & Steering Left 07 - Braking & Steering Right 08 - Braking (Lockup) 09 - Braking (Lockup Unk.) 10 - Releasing Brakes 11 - Steering Left 12 - Steering Right 98 - Other Actions 99 - Unknown <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; margin: 5px auto;">01</div>	ATTEMPTED AVOIDANCE MANEUVER 00 - No Driver Present / Unk. if Driver Present 01 - No Avoidance Maneuver 02 - Accelerating 03 - Accelerating & Steering Left 04 - Accelerating & Steering Right 05 - Braking 06 - Braking & Steering Left 07 - Braking & Steering Right 08 - Braking (Lockup) 09 - Braking (Lockup Unk.) 10 - Releasing Brakes 11 - Steering Left 12 - Steering Right 98 - Other Actions 99 - Unknown <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; margin: 5px auto;">99</div>	ATTEMPTED AVOIDANCE MANEUVER 00 - No Driver Present / Unk. if Driver Present 01 - No Avoidance Maneuver 02 - Accelerating 03 - Accelerating & Steering Left 04 - Accelerating & Steering Right 05 - Braking 06 - Braking & Steering Left 07 - Braking & Steering Right 08 - Braking (Lockup) 09 - Braking (Lockup Unk.) 10 - Releasing Brakes 11 - Steering Left 12 - Steering Right 98 - Other Actions 99 - Unknown <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; margin: 5px auto;"></div>
PRE-IMPACT STABILITY 00 - No Driver Present / Unk. if Driver Present 01 - Skidding Laterally, Clockwise Rotation 02 - Skidding Laterally, Counter-Clockwise Rotation 03 - Skidding Laterally, Rotation Direction Unknown 04 - Skidding Longitudinally 05 - Tracking 98 - Other Vehicle Loss-Of-Control 99 - Pre-crash Stability Unknown <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; margin: 5px auto;">99</div>	PRE-IMPACT STABILITY 00 - No Driver Present / Unk. if Driver Present 01 - Skidding Laterally, Clockwise Rotation 02 - Skidding Laterally, Counter-Clockwise Rotation 03 - Skidding Laterally, Rotation Direction Unknown 04 - Skidding Longitudinally 05 - Tracking 98 - Other Vehicle Loss-Of-Control 99 - Pre-crash Stability Unknown <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; margin: 5px auto;">99</div>	PRE-IMPACT STABILITY 00 - No Driver Present / Unk. if Driver Present 01 - Skidding Laterally, Clockwise Rotation 02 - Skidding Laterally, Counter-Clockwise Rotation 03 - Skidding Laterally, Rotation Direction Unknown 04 - Skidding Longitudinally 05 - Tracking 98 - Other Vehicle Loss-Of-Control 99 - Pre-crash Stability Unknown <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; margin: 5px auto;"></div>

All Drivers Involved in Fatal Crashes

DRIVER OF VEHICLE 	DRIVER OF VEHICLE 	DRIVER OF VEHICLE
ATTEMPTED AVOIDANCE MANEUVER 00 - No Driver Present / Unk. if Driver Present 01 - No Avoidance Maneuver 02 - Accelerating 03 - Accelerating & Steering Left 04 - Accelerating & Steering Right 05 - Braking 06 - Braking & Steering Left 07 - Braking & Steering Right 08 - Braking (Lockup) 09 - Braking (Lockup Unk.) 10 - Releasing Brakes 11 - Steering Left 12 - Steering Right 98 - Other Actions 99 - Unknown <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; margin: 5px auto;"></div>	ATTEMPTED AVOIDANCE MANEUVER 00 - No Driver Present / Unk. if Driver Present 01 - No Avoidance Maneuver 02 - Accelerating 03 - Accelerating & Steering Left 04 - Accelerating & Steering Right 05 - Braking 06 - Braking & Steering Left 07 - Braking & Steering Right 08 - Braking (Lockup) 09 - Braking (Lockup Unk.) 10 - Releasing Brakes 11 - Steering Left 12 - Steering Right 98 - Other Actions 99 - Unknown <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; margin: 5px auto;"></div>	ATTEMPTED AVOIDANCE MANEUVER 00 - No Driver Present / Unk. if Driver Present 01 - No Avoidance Maneuver 02 - Accelerating 03 - Accelerating & Steering Left 04 - Accelerating & Steering Right 05 - Braking 06 - Braking & Steering Left 07 - Braking & Steering Right 08 - Braking (Lockup) 09 - Braking (Lockup Unk.) 10 - Releasing Brakes 11 - Steering Left 12 - Steering Right 98 - Other Actions 99 - Unknown <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; margin: 5px auto;"></div>
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