



City of Grand Island

Tuesday, March 14, 2023

Council Session

Item G-4

Receipt of Official Document – Tort Claim filed by Lancer Insurance Company on Behalf of its Insured Navigator Motorcoaches, Inc. and Navigator Motorcoaches, Inc.

Staff Contact: Stacy Nonhof, Assistant City Attorney

Council Agenda Memo

From: Stacy Nonhof, Assistant City Attorney

Meeting: March 14, 2023

Subject: Receipt of Official Document – Tort Claim filed by Lancer Insurance Company on Behalf of its Insured Navigator Motorcoaches, Inc. and Navigator Motorcoaches, Inc.

Presenter(s): Stacy Nonhof, Assistant City Attorney

Background

The City of Grand Island has received a Notice of Tort Claim from Lancer Insurance Company on behalf of its Insured Navigator Motorcoaches, Inc. and Navigation Motocoahces, Inc.. alleging certain claims for an incident in which occurred on March 10, 2022. A motor vehicle accident occurred at West U.S. Highway 30 and West Stolley Park Road because the stop sign on West Stolley Park Road had been damaged and was not visible to westbound traffic. As a result, the motor vehicle accident occurred between a 2016 Ford Transit Wagon belonging to Navigator Motorcoach, Inc. and a 2021 Ford Explorer belong to Shari B. Dahlstrom. There was property damage to both vehicles and Shari B. Dahlstrom suffered bodily injuries. The stop sign was not replaced until after the March 10, 2022 accident. A copy of the claim is attached.

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 Lancer Insurance Company on behalf of its Insured Navigator Motorcoaches, Inc. and Navigation Motocoahces, Inc.

LOCHER PAVELKA DOSTAL BRADDY & HAMMES, LLC

ATTORNEYS AT LAW

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IOWA OFFICE
421 West Broadway, Suite 401
Council Bluffs, Iowa 51503-0819

March 3, 2023

**NOTICE OF CLAIM PURSUANT TO
THE POLITICAL SUBDIVISIONS TORT CLAIMS ACT - NEB. REV. STAT. §13-905**

VIA CERTIFIED MAIL, R.R.R. AND UPS OVERNIGHT MAIL

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

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

Secretary of the City of Grand Island
100 East First Street
Grand Island, NE 68801

The Official Whose Duty is to Maintain
the Official Records of the City of Grand Island
100 East First Street
Grand Island, NE 68801



Re: ***Claimants:*** *Lancer Insurance Company on behalf of its Insured Navigator Motorcoaches, Inc. and Navigator Motorcoaches, Inc.*
Time & Date of Occurrence: *At or about 6:43 p.m. on March 10, 2022*
Place of the Occurrence: *At or about the intersection of W. Stolley and Highway 30 in Grand Island, Hall County, Nebraska*

Dear City Clerk, Secretary and The Official Whose Duty is to Maintain the Official Records of the City of Grand Island:

I am writing to put the City of Grand Island on notice of a Political Subdivision Tort Claim pursuant to Neb. Rev. Stat. §13-905 by my clients, the Claimants named above, related to a motor

March 3, 2023

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vehicle accident that occurred on March 10, 2022 at 6:43 p.m. at West U.S. Highway 30 and West Stolley Park Road. The motor vehicle accident occurred because the stop sign on W. Stolley Park Road had been damaged and was not visible to westbound traffic. As a result, the motor vehicle accident occurred between the 2016 Ford Transit Wagon belonging to Navigator Motorcoach, Inc. ("NVI") (westbound on West Stolley Park Road) and the 2021 Ford Explorer belonging to Shari B. Dahlstrom. There was property damage to both vehicles involved and Shari B. Dahlstrom suffered bodily injuries. The stop sign was not replaced until after the March 10, 2022 accident had already occurred. A copy of the Accident Report prepared by Grand Island Police Department Officer Derek Miller is enclosed for your review.

The 2016 Ford Explorer was a total loss at a value of \$37,922. Additionally, Lancer has incurred storage fees, appraisal fee, and investigation fees totaling \$2,406.27. NVI has loss of use and rental expenses of approximately \$4,000. Further, Lancer has paid Ms. Dahlstrom \$7,100 for the damage to her 2021 Ford Explorer; \$955.42 for a car rental; and \$1,550 for towing and storage fees of her vehicle. Lancer is also evaluating a claim for the bodily injury of Ms. Dahlstrom, and may pay on that claim once the nature and extent of her injuries are determined and after a time when she is done treating medically. Such a payment could be \$100,000 (or more). NIV has paid or will pay its deductible of \$10,000. The total of the property damage claim for both vehicles, together with Ms. Dahlstrom's potential bodily injuries, and other damages sought by my clients from the City of Grand Island do and/or could amount to \$200,000, or more.

Accordingly, demand is hereby made pursuant to and by virtue of the Political Subdivisions Tort Claims Act, for the honoring of the claim by and for Lancer Insurance Company on behalf of its Insured Navigator Motorcoaches, Inc. and Navigator Motorcoaches, Inc. Please place this matter on your agenda and advise if our appearance is desired for the same. Please also let us know if you have any questions, or if there is any additional information that the City of Grand Island requires. Finally, kindly verify receipt of this correspondence in writing and the date of receipt.

Very truly yours,

LOCHER PAVELKA DOSTAL BRADDY & HAMMES, LLC



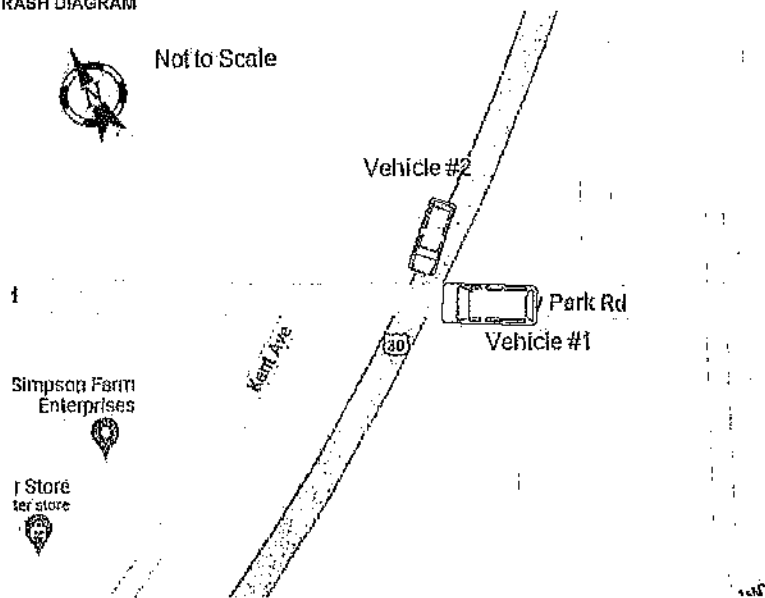
Matthew D. Hammes
mhammes@lpdbhlaw.com

MDH:lh
Enclosures

State of Nebraska
Investigator's Motor Vehicle Crash Report

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|---|--|
| TOTAL NO. OF VEHICLES 2 | | LOCAL NO./DISTRICT: | | AGENCY CASE NO. L22030726 | | 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 03/10/2022 | | MM/DD/YYYY | | S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | TIME OF CRASH (Military Time) 18:43 | | TIME OF ROADWAY CLEARANCE 19:09 | |
| PLACE OF CRASH COUNTY HALL | | CITY GRAND ISLAND | | SECONDARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | LATITUDE 040.9024711 | | LONGITUDE -098.3995817 | |
| ROAD ON WHICH CRASH OCCURRED | | STREET/HIGHWAY NO. W US HWY 30 | | PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| DISTANCE FROM MILEPOST 1478 | | FEET 1478 | | N S E W <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | OF MILEPOST 312 | | HIGHWAY NO. 30 | |
| IF AT INTERSECTION | | | | IF NOT AT INTERSECTION | | | | | |
| NAME OF INTERSECTING ROADWAY | | | | 10 | | <input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES | | N S E W <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | | | | | | | W STOLLEY PARK RD | |
| IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | | | | | |
| MILES | | N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | AND MILES | | N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | OF NEAREST CITY OR TOWN | |
| 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) 03 - Three (3) 04 - Four (4) 05 - Five or more (5+) 04 | | CONTRIBUTING CIRCUMSTANCES - ROADWAY ENVIRONMENT (up to 2 choices) 00 - None 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 00 | | 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 02 - No 99 - Unknown 02 | | | |
| RELATION TO JUNCTION Within Interchange Area? 01 - Yes 02 - No 99 - Unknown 02 | | Overall Intersection Geometry 01 - Angled/Skewed Y 02 - Roundabout/Traffic Circle O 03 - Perpendicular + or T 97 - Not Applicable 03 | | | | Workers Present? 01 - Yes 02 - No 97 - Not Applicable 99 - Unknown 97 | | | |
| 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 07 - Shared Use Path or Trail 98 - Other Location (median, shoulder or roadside) 99 - Unknown 05 | | Overall Traffic Control Device 01 - No Control 02 - Signalized 03 - Stop - All Way 04 - Stop - Partial 05 - Yield 97 - Not Applicable 04 | | | | 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 98 - Other 99 - Unknown 97 | | | |
| ROADWAY SURFACE CONDITION 01 - Dry 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 01 | | WEATHER CONDITIONS (up to 2 choices) 01 - Blowing Sand, Soil, Dirt 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 03 | | | | 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 - Other 99 - Unknown 97 | | | |
| ROADWAY SURFACE 01 - Asphalt 02 - Brick 03 - Concrete 04 - Dirt 05 - Gravel 98 - Other 99 - Unknown 03 | | LIGHT CONDITION 01 - Daylight 02 - Dawn/Dusk 03 - Dark-Lighted 04 - Dark-Not Lighted 05 - Dark-Unk. Lighting 98 - Other 99 - Unknown 03 | | MANNER OF CRASH / COLLISION IMPACT 00 - Not a Collision Between Two Motor Vehicles 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 01 | | Law Enforcement Present 01 - Officer Present 02 - Not Present 03 - Only Law Enforcement Vehicle Present 97 - Not Applicable 99 - Unknown 97 | | | |
| SCHOOL BUS RELATED 00 - No 01 - School Bus Directly Involved 02 - School Bus Indirectly Involved 99 - Unknown 00 | | | | | | | | | |
| PROPERTY | | OBJECT DAMAGED | | OWNER NAME | | ADDRESS | | PHONE | |
| | | | | | | | | APPROX. COST OF DAMAGE | |
| | | | | | | | | | |
| WITNESS | | NAME | | ADDRESS | | PHONE | | | |
| | | KINDALL, CHELSIE L | | 101 MERCURY CT ALDA, NE 68810 | | (308) 390-4539 | | | |
| | | | | | | | | | |
| OFFICER NO. | | TROOP/TEAM/BEAT | | DEPARTMENT | | | | | |
| 433 | | | | GRAND ISLAND POLICE DEPARTMENT | | | | | |
| INVESTIGATOR NAME (Print or type) | | | | INVESTIGATOR SIGNATURE | | | | DATE OF REPORT | |
| DEREK MILLER | | | | APPROVED BY JUSTIN SLIZOSKI | | | | 03/10/2022 | |

CRASH DIAGRAM



☐ Check if diagram is submitted on a separate page.

DESCRIPTION OF CRASH BASED ON OFFICER'S INVESTIGATION

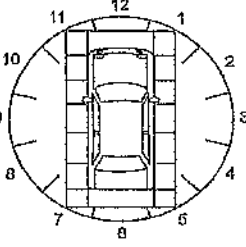
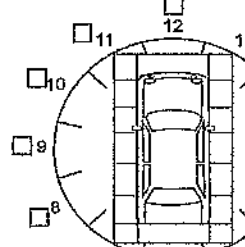
RESPONDED FOR A TWO VEHICLE ACCIDENT. CONTACT WAS MADE WITH THE DRIVER OF VEHICLE #1. IT WAS SAID THAT VEHICLE #1 WAS WESTBOUND ON W STOLLEY PARK RD WHEN HE CROSSED HWY 30. IT WAS ADVISED AND OBSERVE THAT THE STOP SIGN ON W STOLLEY PARK RD HAD BEEN DAMAGED AND WAS NOT VISIBLE FOR WESTBOUND TRAFFIC ON W STOLLEY PARK RD. DRIVER #2 ADVISED THAT SHE WAS WESTBOUND ON W HWY 30 WHEN VEHICLE #1 CROSSED THE ROAD IN FRONT OF HER. AT THE TIME OF THE COLLISION VEHICLE #2 WAS SOUTHBOUND IN THE CURVES OF W HWY 30. VEHICLE #1 WAS OVERTURNED WITH ITS SIDE AIRBAGS DEPLOYED. VEHICLE #2 HAD ITS FRONT AIRBAGS DEPLOYED. NO INJURIES WERE REPORTED.

Agency Case No. L22030726

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) NAVIGATOR MOTORCOACHES INC, TRANSIT | | | | | | CONTACT PHONE | |
| MAILING ADDRESS 84605 US HWY 81 | | | | CITY NORFOLK | | STATE NE | |
| ZIP 68702 | | LICENSE PLATE NO. 40D898 | | STATE NE | | REG. YEAR 2021 | |
| MAKE FORE | | MODEL TRANSI | | MODEL YEAR 2016 | | COLOR WHI | |
| LICENSE PLATE TYPE PASSENGER | | VIN 1FBVU4XV6GKA14099 | | | | | |
| INSURANCE COVERAGE 01 - Yes 02 - No 99 - Unk. 01 | | INSURANCE COMPANY LANCER INSURANCE | | INSURANCE POLICY NO. BA166370#9 | | | |

| | | |
|--|---|--|
| 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/Overlapping 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 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 TOWED DUE TO DISABLING DAMAGE 01 - Not Towed 02 - Towed Due to Disabling Damage 03 - Towed Not Due to Disabling Damage |
|--|---|--|

| | | |
|--|---|--|
| INITIAL CONTACT POINT  00 - Non-Collision 13 - Top 14 - Undercarriage 15 - Cargo Loss 16 - Vehicle Not at Scene 99 - Unknown | DAMAGED AREA(S) (check up to 4)  00 - No Damage 13 - Top 14 - Undercarriage 15 - All Areas 16 - Vehicle Not at Scene 99 - Unknown | Vehicle crash damages less than \$1,500 are classified as non-reportable. DAMAGE ESTIMATE <input type="checkbox"/> Totaled \$ 3000 EXTENT OF DAMAGE 00 - No Damage 01 - Minor Damage 02 - Functional Damage 03 - Disabling Damage 04 - Vehicle Not at Scene |
|--|---|--|

| | |
|---|---|
| VEHICLE NO. 1 (cont'd) | |
| MOST HARMFUL EVENT FOR THIS MOTOR VEHICLE 22 <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 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 </div> <div style="width: 48%;"> 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 </div> </div> | 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 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 01 - Person (flagger, law enforcement, crossing guard, etc.) 00 Signs 02 - Railroad Crossing Sign 04 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 01 - Device Not Functioning 01 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) 00 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 00 - Not on Roadway 04 01 - Northbound 02 - Southbound 03 - Eastbound 04 - Westbound 99 - Unknown Name of street traveling on: W STOLLEY PARK RD POSTED SPEED LIMIT 97 - Not Applicable 45 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 02 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 | TOTAL LANES IN ROADWAY Undivided Trafficways Number of Through Lanes In Both Directions, excluding Auxiliary Lanes 2 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 97 - Not Applicable Number of Auxiliary Lanes In the Vehicle's Direction 97 - Not Applicable |
| 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/Trail 03 - Unmarked Paved Shoulder 04 - Wide Curb Lane 99 - Unknown Signed Bicycle Route? 01 - Yes 02 - No 02 97 - Not Applicable 99 - Unknown |

Agency Case No. L22030726

Investigator's Motor Vehicle Crash Report - Driver

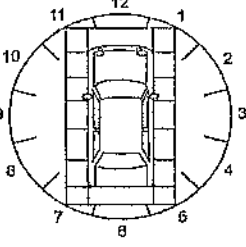
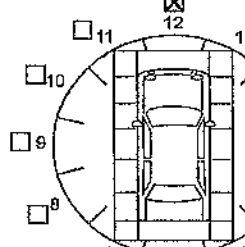
| | | | | | | |
|---|--|---|--|--|--|--|
| VEHICLE NO. 1 (cont'd) | | | | | | |
| DRIVER NAME (Last, First, Middle) GILLIAM, EDWARD | | | | CONTACT PHONE (308) 238-1081 | | |
| MAILING ADDRESS 2511 1/2 E 32ND ST | | | | CITY KEARNEY | | |
| DATE OF BIRTH (MMDDYYYY) 01/01/1981 | | DOB Unk. <input type="checkbox"/> | | STATE NE | | |
| DRIVER'S LICENSE NO. 0000000000 | | CITATION <input checked="" type="checkbox"/> NO VIOLATION <input type="checkbox"/> UNKNOWN | | ZIP 68847 | | |
| 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 * 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 Status 00 - Not Licensed 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 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 - Full Driver License 02 - Intermediate Driver License 03 - Learner's Permit 04 - School Permit 05 - Temporary License 99 - Unknown License Type | | 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 | | 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 | | |
| COMMERCIAL DRIVER LICENSE (CDL) 01 - Yes 02 - No 99 - Unknown | | ALCOHOL INTERLOCK PRESENT? 01 - Yes 02 - No 99 - Unknown | | SPEEDING RELATED 00 - No 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 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 Surfaces, 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) | | 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, faint) 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 99 - Unknown | | ALCOHOL TEST STATUS 01 - Test Given 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 99 - Unknown BAC Level: (ex: 0.132) _____ | |
| DRUGS | DRUGS SUSPECTED 01 - Yes 02 - No 99 - Unknown | | DRUG TEST STATUS 01 - Test Given 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. **L22030726**

Investigator's Motor Vehicle Crash Report - Vehicle

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| 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) DAHLSTROM, SHARI, B | | | | | | CONTACT PHONE (308) 390-7780 | |
| MAILING ADDRESS 3004 W 13TH ST | | | | CITY GRAND ISLAND | | STATE NE | |
| ZIP 68803 | | LICENSE PLATE NO. 8A6706 | | STATE NE | | REG. YEAR 2021 | |
| MAKE FORD | | MODEL EXPLOR | | MODEL YEAR 2007 | | COLOR MUL/COL | |
| LICENSE PLATE TYPE PASSENGER | | VIN 1FMEU75607UA49733 | | | | | |
| INSURANCE COVERAGE 01 - Yes 02 - No 99 - Unk. 01 | | INSURANCE COMPANY PROGRESSIVE NORTHERN INS CO | | INSURANCE POLICY NO. 932117900 | | | |

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| 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) 97 | 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 00 | 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 97 |
| MOTOR VEHICLE AUTOMATED DRIVING SYSTEM(S) Automation System(s) in Vehicle? 01 - Yes 02 - No 99 - Unknown 02 | Automation System Levels in Vehicle <i>(up to 5 choices)</i> 00 - No Automation 01 - Driver Assistance 02 - Partial Automation 03 - Conditional Automation 04 - High Automation 05 - Full Automation 06 - Automation Level Unknown 99 - Unknown 00 | Automation System Levels Engaged at Time of Crash <i>(up to 5 choices)</i> 00 - No Automation 01 - Driver Assistance 02 - Partial Automation 03 - Conditional Automation 04 - High Automation 05 - Full Automation 06 - Automation Level Unknown 99 - Unknown 00 |
| HIT AND RUN? 01 - Yes - Driver or Car/Driver Left Scene 02 - No - Did Not Leave Scene 99 - Unknown 02 | 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 01 | 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 00 |

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| INITIAL CONTACT POINT  00 - Non-Collision 13 - Top 14 - Undercarriage 15 - Cargo Loss 16 - Vehicle Not at Scene 99 - Unknown 12 | DAMAGED AREA(S) (check up to 4)  00 - No Damage 13 - Top 14 - Undercarriage 15 - All Areas 16 - Vehicle Not at Scene 99 - Unknown 03 | Vehicle crash damages less than \$1,500 are classified as non-reportable. DAMAGE ESTIMATE <input checked="" type="checkbox"/> Totaled \$ 5000 EXTENT OF DAMAGE 00 - No Damage 01 - Minor Damage 02 - Functional Damage 03 - Disabling Damage 04 - Vehicle Not at Scene 03 |
| TOWED DUE TO DISABLING DAMAGE 01 - Not Towed 02 - Towed Due to Disabling Damage 03 - Towed Not Due to Disabling Damage 02 | | |

Agency Case No. **L22030726**

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| 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 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 01 - Person (flagger, law enforcement, crossing guard, etc.) 00 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 01 - Device Not Functioning 02 - Device Functioning Improperly 03 - Device Functioning Properly 99 - Unknown 00 | 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) 00 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 00 - Not on Roadway 02 01 - Northbound 02 - Southbound 03 - Eastbound 04 - Westbound 99 - Unknown Name of street traveling on: W HWY 30 POSTED SPEED LIMIT 97 - Not Applicable 99 - Unknown 55 mph |
| 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 02 01 - Centerline With Centerline Rumble Strip 02 - Standard Centerline Markings 98 - 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 2 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 97 - Not Applicable Number of Auxiliary Lanes in the Vehicle's Direction 97 - Not Applicable |
| GRADE / ROADWAY ALIGNMENT Horizontal Alignment 01 - Curve Left 02 - Curve Right 02 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 01 - Marked Bicycle Lane 00 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 99 - Unknown 02 |

Agency Case No. L22030726

Investigator's Motor Vehicle Crash Report - Driver

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| VEHICLE NO. 2 (cont'd) | | | |
| DRIVER NAME (Last, First, Middle) DAHLSTROM, SHARI, B | | CONTACT PHONE (308) 390-7780 | |
| MAILING ADDRESS 3004 W 13TH ST | | CITY GRAND ISLAND | STATE NE |
| DATE OF BIRTH (MMDDYYYY) [REDACTED] | | DOB Unk. <input type="checkbox"/> | DRIVER'S LICENSE NO. [REDACTED] |
| CITATION <input checked="" type="checkbox"/> NO VIOLATION <input type="checkbox"/> UNKNOWN | | STATE NE | ZIP 68803 |
| 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 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 - 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 02 - Disqualified (CDL) 03 - Expired 04 - Revoked 05 - Suspended 06 - Valid License 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 | | 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 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 | |
| COMMERCIAL DRIVER LICENSE (CDL) 01 - Yes 02 - No 99 - Unknown | | 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 | |
| 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 | | ALCOHOL INTERLOCK PRESENT? 01 - Yes 02 - No 99 - Unknown | |
| 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 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) | |
| ALCOHOL SUSPECTED 01 - Yes 02 - No 99 - Unknown | | ALCOHOL TEST STATUS 01 - Test Given 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 99 - Unknown BAC Level: (ex: 0.132) | |
| DRUGS SUSPECTED 01 - Yes 02 - No 99 - Unknown | | DRUG TEST STATUS 01 - Test Given 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. L22030726

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| PERSON TYPE P1. Incident Responder? 01 - Yes 02 - No 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 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** 02 - No - Continue to P3 below. P3. Occupant of Motor Vehicle 01 - Driver 02 - Occupant 03 - Occupant of MV Not in Transport | SEATING POSITION P4. Row 01 - Front 02 - Second 03 - Third 04 - Fourth 05 - Other Row (bus, 15-passenger van, etc.) 99 - Unknown P5. Seat 01 - Left 02 - Middle 03 - Right 98 - Other 99 - Unknown 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 P7. Ejection 01 - Not Ejected 02 - Ejected, Partially 03 - Ejected, Totally 97 - Not Applicable 99 - Unknown | RESTRAINT SYSTEM / HELMET USE 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 P9. Any Indication of improper Restraint Use? 01 - Yes 02 - No 99 - Unknown 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 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 | INJURY 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 <i>* 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.</i> 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 P14. Source of Transport to First Medical Facility 00 - Not Transported 01 - EMS Air 02 - EMS Ground 03 - Law Enforcement 98 - Other 99 - Unknown |
|---|--|--|--|

All Drivers & Occupants

| | | | |
|-------------------------------|---|--|---|
| Vehicle No. 1 | Occupant No. 1 | NAME OF PERSON INVOLVED (Last, First, Middle) GILLIAM, EDWARD | SEX 01 - Male 02 - Female 99 - Unk. 01 |
| ADDRESS 2511 1/2 E 32ND ST | | CITY, STATE, ZIP KEARNEY, NE, 68847 | DATE OF BIRTH (MMDDYYYY) DOB Unk. |
| Person Type P1 2 P2 P3 01 | Seating Position P4 01 P5 01 P6 97 P7 01 | Restraint System / Helmet Use P8 08 P9 02 P10 04 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) DAHLSTROM, SHARI, B | SEX 01 - Male 02 - Female 99 - Unk. 02 |
| ADDRESS 3004 W 13TH ST | | CITY, STATE, ZIP GRAND ISLAND, NE, 68803 | DATE OF BIRTH (MMDDYYYY) DOB Unk. |
| Person Type P1 2 P2 P3 01 | Seating Position P4 01 P5 01 P6 97 P7 01 | Restraint System / Helmet Use P8 08 P9 02 P10 03 P11 97 | Injury P12 00 P13 00 P14 00 |
| MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN NO. |
| Vehicle No. 2 | Occupant No. 2 | NAME OF PERSON INVOLVED (Last, First, Middle) WILLIAMS, SAMUEL | SEX 01 - Male 02 - Female 99 - Unk. 01 |
| ADDRESS 202 11TH ST | | CITY, STATE, ZIP WOOD RIVER, NE, 68883 | DATE OF BIRTH (MMDDYYYY) DOB Unk. |
| Person Type P1 02 P2 P3 02 | Seating Position P4 01 P5 03 P6 97 P7 01 | Restraint System / Helmet Use P8 08 P9 02 P10 03 P11 97 | Injury P12 00 P13 00 P14 00 |
| MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN NO. |

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