State of Nebraska

# Driver's Motor Vehicle Crash Report

Questions? 1-402-479-4645

*Mail within 10 days of accident to: Highway Safety, Nebraska Department of Transportation, P.O. Box 94759, Lincoln, NE 68509-4759*

**DATE** M M / D D / Y Y Y Y: 0 2 / 1 7 / 2 0 2 6 — S M T W TH F S: Saturday

TIME OF CRASH (In Military Time): 0742

FOR STATE USE ONLY

Total Number of Vehicles Involved: 6

Posted Speed Limit on the Street You Were Traveling: 40

## LOCATION OF CRASH

COUNTY: Lancaster

CITY: Lincoln

ROAD ON WHICH CRASH OCCURRED — STREET/HIGHWAY NO. (If no Hwy. No., identify by name): N 27TH ST

DISTANCE FROM MILEPOST: FEET 130 — N X — S — E — W

OF MILEPOST NO.: 412.6

HIGHWAY NO.: US-77

PRIVATE PROPERTY? YES ○ NO ⊗

**IF AT INTERSECTION**

NAME OF INTERSECTING ROADWAY: SUPERIOR ST

**IF NOT AT INTERSECTION**

⊗ FEET ○ MILES — N — S — E X — W

OF NEAREST STREET, BRIDGE, RAILROAD CROSSING: S CURB OF SUMNER ST

45

IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN — MILES: 2.5 — N X — S — E — W

AND MILES: 0.8 — N — S — E X — W

OF NEAREST CITY OR TOWN: WAVERLY

## YOUR VEHICLE (VEHICLE NUMBER - 1)

DRIVER: HALVERSON, MARCUS T

PHONE: ( 402 ) 555 – 0177

DRIVER ADDRESS: 1820 S 40TH ST APT 5, LINCOLN, NE, 68506

SEX ○ FEMALE ⊗ MALE

DRIVER LICENSE — STATE: NE — NUMBER: H08840021 — DATE OF BIRTH (MM/DD/YYYY): 06 / 30 / 1984

VEHICLE — LICENSE PLATE — YEAR (Plate expires): 2026-09 — STATE: NE — NUMBER: NE 44-A192 — ESTIMATED DAMAGE: $ 18500

YEAR: 2019 — MAKE: FRHT — MODEL: M2 106 — BODY STYLE: Single-Unit Truck * — COLOR: WHI

VEHICLE ID NO. (VIN): 1FUJGLDR8CLBP8834

OWNER NAME: CORNHUSKER FREIGHT LLC

PHONE: ( 402 ) 555 – 0143

OWNER ADDRESS: 4400 NW 12TH ST, LINCOLN, NE, 68521

INSURANCE COMPANY: GREAT WEST CASUALTY CO

POLICY NO.: GWCC-88righteous-0042

## OTHER VEHICLE (VEHICLE NUMBER - 2)

DRIVER: NATARAJAN, PRIYA S

PHONE: ( 402 ) 555 – 0199

DRIVER ADDRESS: 6210 HAVELOCK AVE, LINCOLN, NE, 68507

SEX ⊗ FEMALE ○ MALE

DRIVER LICENSE — STATE: NE — NUMBER: G11920884 — DATE OF BIRTH (MM/DD/YYYY): 11 / 12 / 1991

VEHICLE — LICENSE PLATE — YEAR (Plate expires): 2026-11 — STATE: NE — NUMBER: NE ABC-4417 — ESTIMATED DAMAGE: $ 6200

YEAR: 2019 — MAKE: HOND — MODEL: PILOT — BODY STYLE: (Sport) Utility Vehic — COLOR: BLK

VEHICLE ID NO. (VIN): 5FNYF6H95KB055992

OWNER NAME: NATARAJAN, PRIYA S

PHONE: ( 402 ) 555 – 0199

OWNER ADDRESS: 6210 HAVELOCK AVE, LINCOLN, NE, 68507

INSURANCE COMPANY: STATE FARM MUTUAL AUTO INS CO

POLICY NO.: SF-004417-NE

**Complete this section for the driver and all injured persons in your vehicle, bicyclists, pedestrians, or fatalities involved in the crash, as applicable. In the boxes labeled 1-10, enter the option which best answers the questions in the appropriate box below.**

**Air Bags 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
[00] [02] [03] [97]

**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
[02]

**Source of Distraction**
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.)
97 - Not Applicable (not distracted)
99 - Unknown
[02]

**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
[11] [07] [10] [16]

**1 Person Type**
Motorist: 01 - Driver; 02 - Occupant
Non-motorist (non-occupant of MV): 03 - Bicyclist; 04 - Other Cyclist; 05 - Pedestrian

**2 Driver/Pedestrain Condition at Time of Crash**
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

**3 Seating Position Row**
01 - Front
02 - Second
03 - Third
04 - Fourth
05 - Other Row (bus, 15-passenger van, etc.)
99 - Unknown

**4 Seat**
01 - Left
02 - Middle
03 - Right
98 - Other
99 - Unknown

**5 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

**6 Injury Severity**
00 - No Apparent Injury
01 - Fatal Injury
02 - Suspected Serious Injury
03 - Suspected Minor Injury
04 - Possible Injury
99 - Unknown

**7 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

**8 Restraint Systems/Motorcycle Helmet Use**

Restraint Systems
01 - Booster Seats
02 - Child Restraint - Forward Facing
03 - Child Restraint - Rear Facing
04 - Child Restraint - 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
13 - Non DOT-Compliant
14 - Unknown if DOT-Compliant
15 - No Helmet
97 - Not Applicable
98 - Other
99 - Unknown

**9 Ejection**
01 - Not Ejected
02 - Ejected, Partially
03 - Ejected, Totally
97 - Not Applicable
99 - Unknown

**10 Source of Transport to First Medical Facility**
00 - Not Transported
01 - EMS Air
02 - EMS Ground
03 - Law Enforcement
98 - Other
99 - Unknown

| NAME | DATE OF BIRTH (MM / DD / YYYY) | SEX M F | 1 Person Type | 2 Condition | 3 Seating Row | 4 Seat | 5 Other Location | 6 Injury Severity | 7 Injury Area | 8 Restraint System | 9 Ejection | 10 Transport |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HALVERSON, MARCUS T | 06 / 30 / 1984 | M | 01 | 06 | 01 | 01 | 97 | 00 | 00 | 08 | 01 | 00 |
| NATARAJAN, PRIYA S | 11 / 12 / 1991 | F | 02 | 01 | 01 | 01 | 97 | 03 | 06 | 08 | 01 | 02 |
| NATARAJAN, DEVIN A | 03 / 08 / 2014 | M | 02 | 01 | 01 | 03 | 97 | 04 | 04 | 08 | 01 | 02 |
| WHITMORE, EARL J | 09 / 21 / 1957 | M | 03 | 01 | 01 | 01 | 97 | 01 | 02 | 08 | 01 | 02 |

**NDOT 41, Oct. 2020**

*Complete the reverse side of this form and sign where indicated.*

**LIGHT CONDITION**
01 - Daylight
02 - Dawn/Dusk
03 - Dark-Lighted
04 - Dark-Not Lighted
05 - Dark-Unk. Lighting
06 - Dusk
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
[10] [04]

**ROADWAY SURFACE**
01 - Asphalt
02 - Brick
03 - Concrete
04 - Dirt
05 - Gravel
98 - Other
99 - Unknown
[01]

**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
[01]

**CONTRIBUTING CIRCUMSTANCES – ROADWAY ENVIRONMENT**
*(up to 2 choices)*
[12] [20]
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

**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
[07]

**TRAFFIC CONTROL DEVICE TYPE**
*(up to 4 choices)*
[15] [04] [12] [23]
**TCD Type(s)**
00 - No Controls
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 edge lines, centerlines or lane lines)
98 - Other
99 - Unknown

**TRAFFIC CONTROL DEVICE WORKING**
00 - No Controls
01 - Device Functioning Properly
02 - Device Functioning Improperly
03 - Device Not Functioning
99 - Unknown
[03]

**GRADE / ROADWAY ALIGNMENT**
**Horizontal Alignment**
01 - Curve Left
02 - Curve Right
03 - Straight
99 - Unknown
[03]
**Grade**
01 - Downhill
02 - Hillcrest
03 - Level
04 - Sag (bottom)
05 - Uphill
99 - Unknown
[03]

**TRAFFICWAY DESCRIPTION**
**Travel Directions**
01 - One-Way
02 - Two-Way
[02]
**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 - Divided, Depressed Median
99 - Unknown
[03]
**Barrier Type**
00 - No Barrier
01 - Cable Barrier
02 - Concrete Barrier (e.g. Jersey barrier)
03 - Earth Embankment
04 - Guardrail
98 - Other
[00]

**VEHICLE TOWED**
01 - Not Towed
02 - Towed-Disabling Damage
03 - Towed-No Disabling Damage
[02]

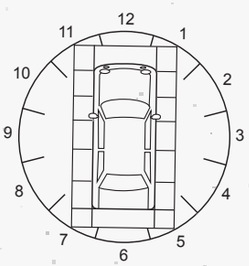
**VEHICLE MOVEMENT BEFORE COLLISION**

| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME |
|---|---|---|---|---|---|
| 1 | | X | | | N 27TH ST |
| 2 | | X | | | N 27TH ST |

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| 01 | X | |
| 02 | | |
| 03 | | |
| 04 | | |
| 05 | | |
| 06 | | |
| 07 | | |
| 08 | | |
| 09 | | |
| 10 | | |
| 11 | | X |
| 12 | | |
| 13 | | |
| 98 | | |
| 99 | | |

01 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

**INITIAL CONTACT POINT**
VEH.1 [12] VEH.2 [06]
00 - Non-Collision
13 - Top
14 - Undercarriage
15 - Cargo Loss
16 - Vehicle Not at Scene
99 - Unknown




**DAMAGED AREAS**
00 - No Damage
13 - Top
14 - Undercarriage
15 - All Areas
16 - Vehicle Not at Scene
99 - Unknown

| VEH.1 | VEH.1 | VEH.2 | VEH.2 |
|---|---|---|---|
| 12 | 11 | 06 | 11 |
| VEH.1 | VEH.1 | VEH.2 | VEH.2 |
| 13 | 14 | 13 | 14 |

**INDICATE BY DIAGRAM WHAT HAPPENED**

Indicate North

[ crash diagram / scene sketch renders here ]

**DESCRIBE WHAT HAPPENED** (Refer to your vehicle as No. 1, any others as No. 2, No. 3, etc.)

V1 (SINGLE-UNIT TRUCK) WAS SB ON N 27TH ST APPROACHING SUPERIOR ST IN A LANE-CLOSURE WORK ZONE. ROADWAY WAS SNOW-COVERED. V2 WAS STOPPED FOR THE SIGNAL. V1 DRIVER WAS DISTRACTED BY A HAND-HELD PHONE, FAILED TO SLOW, AND STRUCK V2 IN THE REAR. A PEDESTRIAN (NM1) STANDING ON THE MEDIAN WAS STRUCK BY DEBRIS AND FATALLY INJURED. D1 SHOWED SIGNS OF ALCOHOL IMPAIRMENT AND WAS TESTED. D2 AND ONE PASSENGER IN V2 REPORTED SUSPECTED MINOR INJURIES AND WERE TRANSPORTED BY EMS GROUND.

**PROPERTY**

| NON-VEHICLE OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE |
|---|---|---|---|---|
| GUARDRAIL | VOLKER, SUSAN | 1350 N 80TH ST, LINCOLN, NE, 68505 | 402-555-0401 | $1200 |
| STOP SIGN | CITY OF LINCOLN | 949 W BOND ST, LINCOLN, NE, 68521 | 402-555-0000 | $350 |

| WAS A POLICE OFFICER CONTACTED? | OFFICER NAME OR BADGE NUMBER | DEPARTMENT *(Name of City, County, etc.)* |
|---|---|---|
| [X] YES [ ] NO | 1713 | LINCOLN POLICE DEPARTMENT |

| I certify, to the best of my knowledge, that this report is true and accurate. | OPERATOR SIGNATURE *(Required if physically able)* | DATE: |
|---|---|---|
| | | 02/18/26 |