

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

<b>3</b>	<b>Total Number of Vehicles</b>	Local No./ District <b>14</b>	Agency Case No. <b>A9-121696</b>	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO
<b>A1</b>	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y Y <b>12 10 2009</b> S M T W T H F S		(In Military Time) TIME OF ACCIDENT <b>1132</b>
<b>A2</b>	<b>PLACE OF ACCIDENT</b>	COUNTY <b>LANCASTER</b>	POLICE NOTIFIED <b>1142</b>	STATE USE ONLY
<b>B</b>	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	CITY <b>LINCOLN</b>	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
<b>C</b>	<b>DISTANCE FROM MILEPOST</b>	STREET/ HIGHWAY NO. <b>N 27th / Theresa - St. Fair Park</b>		LONGITUDE
<b>D</b>	<b>IF AT INTERSECTION</b>	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
<b>E</b>	NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
<b>V1/M</b>	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN			
<b>V2/M</b>	MILES	N S E W	AND MILES	N S E W OF NEAREST CITY OR TOWN
<b>F</b>	<b>R. WORK ZONE CODES</b>	R1 R2 R3 R4	<b>S. PEDESTRIAN CLASSIFICATION CODES</b>	S1 S2 S3 S4 S5-a S5-b S6-a S6-b
<b>G</b>	CONTINUATION FORMS ATTACHED (Fill in all that apply)			<input type="radio"/> NONE <input checked="" type="radio"/> CONTINUATION
<b>VEHICLE NO. 1</b>				
<b>H</b>	<b>DRIVER LICENSE NO.</b>	<b>H 1 2 0 2 4 0 8 4</b>	STATE (Of License) <b>NE</b>	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
<b>V1/N</b>	DRIVER <b>Shawn R. Collier</b>		PHONE <b>(402) 601-4525</b>	LOCAL NO.
<b>V2/N</b>	DRIVER ADDRESS <b>5033 Huntington Ave #5 Lincoln NE 68504</b>		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY) <b>06/15/1973</b>
<b>G</b>	OWNER <b>Same as driver</b>		PHONE <b>(402) 601-4525</b>	LOCAL NO.
<b>H</b>	OWNER ADDRESS <b>Same as driver</b>		CITY, STATE, ZIP	CITATION NO. <b>213199136</b>
<b>I</b>	<b>LICENSE PLATE NO.</b>	<b>RGE 425</b>	YEAR (Plate Expires) <b>2010</b>	STATE (Of Plate) <b>NE</b>
<b>V1/O</b>	<b>VEHICLE</b>	YEAR <b>2000</b> MAKE <b>Chevy</b> MODEL <b>Silverado</b> BODY STYLE <b>PV</b> COLOR <b>Beige</b>	ESTIMATED DAMAGE <b>\$3000</b>	
<b>V2/O</b>	<b>VEHICLE ID NO. (VIN)</b>	<b>2GCEK19T8Y1122043</b>	INSURANCE COMPANY <b>Viking Ins Co of WI</b>	
<b>J</b>	TOWED TO	TOWED BY	POLICY NO. <b>275571525</b>	
<b>VEHICLE NO. 2</b>				
<b>K</b>	<b>DRIVER LICENSE NO.</b>	<b>H 1 2 8 3 6 8 5 6</b>	STATE (Of License) <b>NE</b>	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
<b>V1/P</b>	DRIVER <b>Jamie L. Franzen</b>		PHONE <b>(402) 366-7869</b>	LOCAL NO.
<b>V2/P</b>	DRIVER ADDRESS <b>824 Kingsley Ave, York NE 68407</b>		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY) <b>04/22/1986</b>
<b>G</b>	OWNER <b>Donald Franzen 217158 Sandra Franzen 9/14/59</b>		PHONE <b>(402) 362-4260</b>	LOCAL NO.
<b>H</b>	OWNER ADDRESS <b>Same as driver</b>		CITY, STATE, ZIP	CITATION NO.
<b>I</b>	<b>LICENSE PLATE NO.</b>	<b>17J 422</b>	YEAR (Plate Expires) <b>2010</b>	STATE (Of Plate) <b>NE</b>
<b>V1/O</b>	<b>VEHICLE</b>	YEAR <b>2001</b> MAKE <b>Ford</b> MODEL <b>Focus</b> BODY STYLE <b>4Dr</b> COLOR <b>silver</b>	ESTIMATED DAMAGE <b>\$8000</b>	
<b>V2/O</b>	<b>VEHICLE ID NO. (VIN)</b>	<b>1FAFP34301W221923</b>	INSURANCE COMPANY <b>State Farm</b>	
<b>J</b>	TOWED TO	TOWED BY	POLICY NO. <b>019-6402-015-276</b>	

**Complete this section for all injured persons**  
(Complete a continuation report, if more than three were injured)

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM/DD/YYYY)	Injury					SEX	
				1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.		
<b>2</b>	<b>Jamie L Franzen</b>	<b>824 Kingsley Ave York NE 68407</b>	<b>04/22/1986</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>F</b>

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.

A9-121696



Investigation made at scene?

YES NO

Indicate North by Arrow

See Continuation Form for Accident Diagram

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Veh #1 was traveling S/bnd on the N. 27<sup>th</sup> overpass/Theresa St. -Fair St on the West side. Veh #2 and Veh #3 were traveling N/bnd on the N. 27<sup>th</sup> overpass/Fair St. - Theresa St. on the East side. The driver of veh#1 states there was a collision between two vehicles in front of him and he took evasion action which resulted in his vehicle crossing onto and over the raised median. Veh #1 then struck the driver side of veh #2 which was in the W lane of N/bnd traffic. Veh #2 was pushed into the E lane where it was then struck in the front passenger side door by veh #3. None of the drivers stated they were injured. A witness was located in a veh high centered on the median approximately 250 feet South of the accident. Damage to all vehicles was extensive. Veh #2 and Veh #3 had to be towed from the scene.

Before end of shift it was reported by R/O of veh #2 that Driver #2 sought medical attention at the hospital

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				( ) -	\$
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				( ) -	\$

WITNESSES	NAME	ADDRESS	PHONE
	Josie B Yankin	106 Oliver Cr Lincoln NE 68521	(402) 475-1292
WITNESSES	NAME	ADDRESS	PHONE
	Nicole Zabel	5033 Huntington Ave #5 Lincoln NE 68504	(402) 601-4525

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED		RESTRAINT USE		TOTAL OCCUPANTS			ALCOHOL TESTING			ALCOHOL/DRUGS SUSPECTED	
VEH NO.	N S E W	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1	VEH 2	VEH 1	VEH 2	VEH 1	VEH 2	VEH 1	VEH 2
1	X	0 1 8		0 1 8		4		2						Y	Y		
2	X	0 1 8		0 1 3		4		2						N	N		
1	8 1	0 1 8		0 1 3		4		2						N	N		
2	0 1	0 1 8		0 1 3		4		2						N	N		

OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT	Photographs taken?
1399	1E	Lincoln Police Department	YES NO
INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT	
Tom A Domanski	[Signature]	12/10/2009	



ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate North by Arrow

Investigation made at scene?

YES NO

Witness Veh

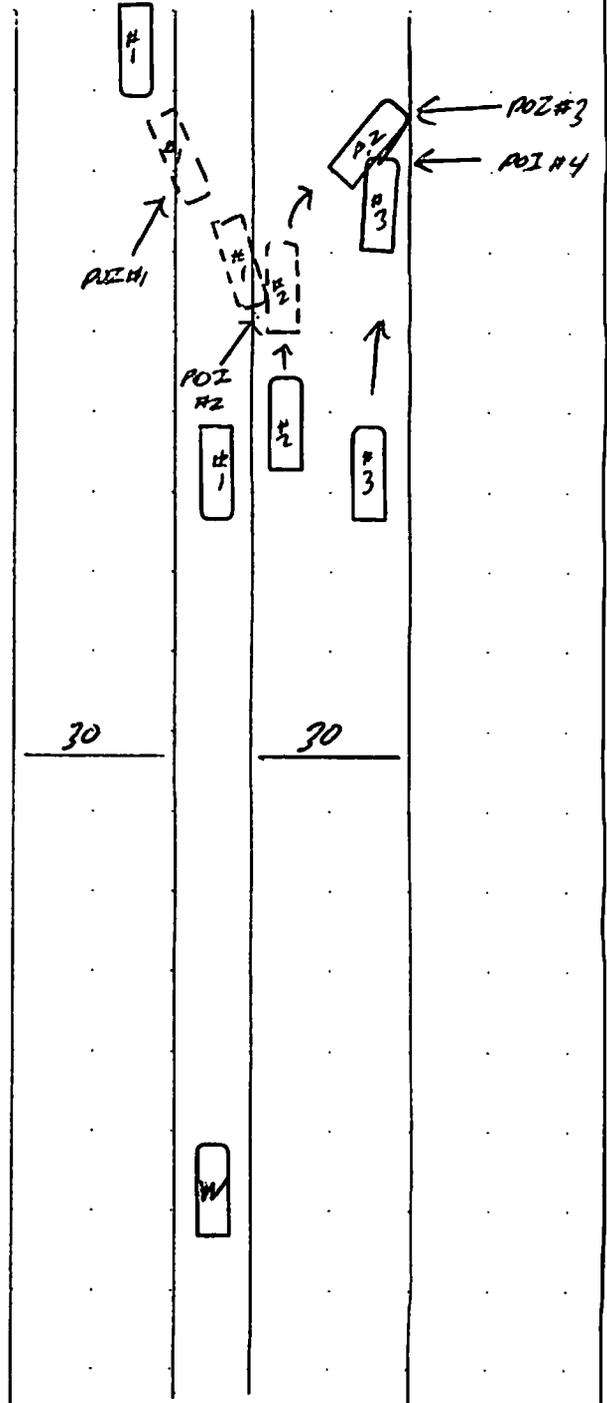
AGENCY CASE NO. A9-121694

↑ To Theresa St.

Estimated  
 POZ #1 (median)  
 300 ft of Theresa St  
 Even w/ W curb of median  
 POI #2 (Veh #1 vs. Veh #2)  
 350 ft S of Theresa St  
 18 ft W of E edge of N 27th St  
 POZ #3 (Veh #2 vs. snow embankment)  
 275 ft S of Theresa St  
 2 ft W of E edge of N 27th St.  
 POZ #4 (Veh #3 vs. Veh #2)  
 300 ft S of Theresa  
 6 ft W of E edge of N 27th St  
 POI's estimated due to snow and traffic  
 Street width estimated due to snow

N 27th St

To Leighton Ave ↓



NO skid marks  
 Not drawn to scale

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				( ) -	\$
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				( ) -	\$

OFFICER NO. 1399 TROOP/TEAM/BEAT 1E DEPARTMENT Lincoln Police Department

INVESTIGATOR NAME (Print or Type) Tom A Domaniski INVESTIGATOR SIGNATURE [Signature] DATE OF REPORT 12/16/2009