

213019428

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

001 Total Number of Vehicles Local No./District 191 Agency Case No. B3-047233 HIT & RUN? INVESTIGATION MADE AT SCENE? L 1

A/1 01 DATE OF ACCIDENT 05-31-2013 TIME OF ACCIDENT 1700

A/2 PLACE OF ACCIDENT COUNTY Lancaster CITY Lincoln POLICE NOTIFIED 1813

B 80 ROAD ON WHICH ACCIDENT OCCURRED N. 84th St./Holdrege ONE-WAY STREET? PRIVATE PROPERTY?

C 1 DISTANCE FROM MILEPOST FEET N S E W OF MILEPOST HIGHWAY NO. SHOULD LOCATION HAVE ENGINEERING STUDY?

D 1 IF AT INTERSECTION IF NOT AT INTERSECTION NAME OF INTERSECTING ROADWAY

V1/M 20 IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN

V2/M R. WORK ZONE CODES S. PEDESTRIAN CLASSIFICATION CODES DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?

E 2 VEHICLE NO. 1 DRIVER LICENSE NO. STATE (Of License) SEX

F 1 DRIVER UNKNOWN PHONE LOCAL NO. DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH

V1/N 02 OWNER UNKNOWN PHONE LOCAL NO. OWNER ADDRESS CITY, STATE, ZIP CITATION

V2/N 6 LICENSE PLATE NO. YEAR (Plate Expires) STATE (Of Plate)

G 2 VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE

V1/O 1 VEHICLE ID NO. (VIN) INSURANCE COMPANY TOWED TO TOWED BY POLICY NO.

V2/O 15 VEHICLE NO. 2 DRIVER LICENSE NO. STATE (Of License) SEX

I 7 DRIVER UNKNOWN PHONE LOCAL NO. DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH

V1/P 8 OWNER UNKNOWN PHONE LOCAL NO. OWNER ADDRESS CITY, STATE, ZIP CITATION

V2/P 12 LICENSE PLATE NO. YEAR (Plate Expires) STATE (Of Plate)

J 4 VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE

V1/Q 02 VEHICLE ID NO. (VIN) INSURANCE COMPANY TOWED TO TOWED BY POLICY NO.

V2/Q 35 Complete this section for all injured persons (Complete a continuation report, if more than three were injured)

VEH. # 0 NAME Michael A Schutte, 2101 Old Glory Rd., Lincoln, Ne, 68521 DATE OF BIRTH 02-18-1985

LOCAL NO. MEDICAL FACILITY NAME Lincoln - Saint Elizabeth Regional Medical Center - Lancaster EMS SERVICE NAME EMS RUN REPORT NO.

VEH. # NAME ADDRESS DATE OF BIRTH SEAT POSITION EJECT BODY REGION INJURY SEV. TRANS. SEX

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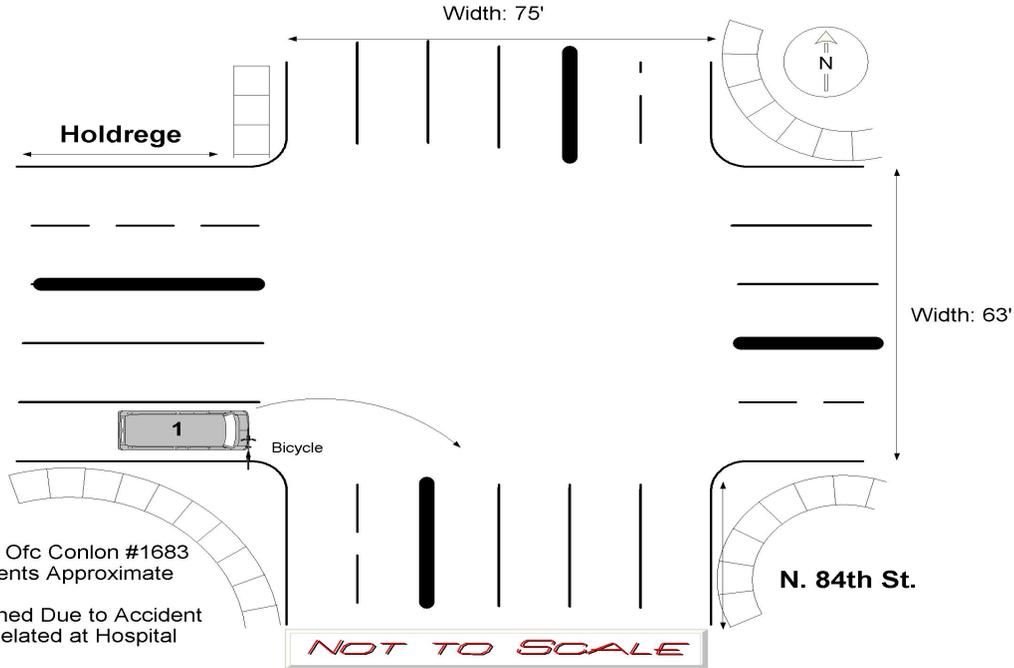
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-047233



Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Michael reports he was bicycling NB on N. 84th St./Northwoods-Holdrege on the WS of the street on the sidewalk. The traffic pedestrian walk sign was illuminated for the NB traffic crossing Holdrege. V1 was EB on Holdrege/Northwoods-N. 84th St. and was stopped at a red light. V1 then began to turn SB onto N. 84th St. and the front passenger portion of his vehicle collided with Michael and his bicycle. The driver of V1 stopped and got out of his vehicle and asked Michael if he was alright. Michael stated, 'It was probably both of our faults'. Michael told the driver that he was alright and the driver continued SB on N. 84th St. Michael did not obtain any vehicle or driver information. Michael reported no damage to his bicycle. Michael thought it was possible the V1 had damage to the rear passenger portion of the vehicle from Michael's head. Michael complained of pain to his head, right shoulder and right ankle.

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|-----------|----------------------------------|--|---|----------------------------------|---------------------------------------|
| PROPERTY | OBJECT DAMAGED Bicycle | OWNER NAME Michael A Schutte | ADDRESS 2101 Old Glory Rd, , Lincoln, NE, 68521 | PHONE (402) 641-5409 | APPROX. COST OF DAMAGE \$ 0 |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE () | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME | ADDRESS | PHONE () | | |
| | NAME | ADDRESS | PHONE () | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|--------------------------|---|--|----------------------|--|----|---|-------------------|--|-----------|--|-----------|--|-----------|--|--------------------------|--------------|--------------|---|--|---|--|-------------------------------------|--|--|--|
| VEHICLE MOVEMENT BEFORE COLLISION | | | | POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) | | | | AIRBAG DEPLOYED VEHICLE 1 | | | | RESTRAINT USE VEHICLE 1 | | | | TOTAL OCCUPANTS | | | | | | | | | | | |
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME | | | | VEHICLE 1 | | VEHICLE 2 | | VEHICLE 1 | | VEHICLE 2 | | VEH 1 | 001 | VEH 2 | | | | | | | | |
| 1 | | | X | | Holdrege | | | | VEHICLE 1 | | VEHICLE 2 | | 4 | | 9 | | ALCOHOL TESTING | Driver No. 1 | Driver No. 2 | Pedestrian | | | | | | | |
| 2 | | | | | POINT OF IMPACT | | 02 | | POINT OF IMPACT | | | | | | | | ALCOHOL LEVEL TESTED | Y | | Y | | Y | | | | | |
| 1 | 05 | 06 Turning left | | | MOST DAMAGED AREA | | 02 | | MOST DAMAGED AREA | | | | | | | | BAC LEVEL | | | | | | | | | | |
| 2 | | 08 Entering traffic lane | | | 00 None | | 02 | | 03 | | 04 | | | | | | ALCOHOL/ DRUGS SUSPECTED | | Driver No. 1 | Driver No. 2 | | | | | | | |
| 01 Essentially straight ahead | | | | 09 Leaving traffic lane | | | | 10 Undercarriage | | | | 11 Total (all areas) | | | | 1 | | | | 1 Neither alcohol nor drugs suspected | | | | | | | |
| 02 Backing | | | | 10 Parked | | | | 08 | | | | 07 | | | | 06 | | | | 2 Yes - alcohol suspected | | | | | | | |
| 03 Changing lanes | | | | 11 Slowing or stopped in traffic | | | | | | | | | | | | | | | | 3 Yes - drugs suspected | | | | | | | |
| 04 Overtaking/ Passing | | | | 12 Other | | | | | | | | | | | | | | | | 4 Yes - alcohol & drugs suspected | | | | | | | |
| 05 Turning right | | | | 13 Unknown | | | | | | | | | | | | | | | | 5 Unknown | | | | | | | |
| OFFICER NO. 1683 | | | | TROOP/ TEAM/ BEAT 5A | | | | DEPARTMENT 5501 Lincoln Police Department | | | | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | INVESTIGATOR NAME (Print or Type) Jonna Conlon | | | | INVESTIGATOR SIGNATURE Digital Certificate with Nebraska Crime Commission | | | | DATE OF REPORT 08/02/2013 | | | |