

213038850  
7477

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 5

1	Total Number of Vehicles	Local No./ District 023	Agency Case No. B3-096911	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/16/2013		TIME OF ACCIDENT 1922	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1923	10/18/2013	
B	50	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N Antelope Valley Parkway			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY Vine Street				
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES R1 1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES S1 10 S2 1 S3 1 S4 1 S5-a 04 S5-b 05 S6-a 1 S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
F	1	VEHICLE NO. 1				
V1/N	2	DRIVER LICENSE NO. G02065438	STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	LOCAL NO.	
V2/N		DRIVER SUSAN M HOWARD	PHONE 4024767494	DATE OF BIRTH (MM / DD / YYYY) 12/04/1946		
G	3	DRIVER ADDRESS CITY, STATE, ZIP 3820 N 13TH ST, LINCOLN, NE 68521	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.		
H	2	OWNER SUSAN M HOWARD	PHONE 4024767494	LOCAL NO.		
V1/O	1	VEHICLE 2004 Honda Civic	YEAR 2013	STATE (Of Plate) NE	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 5000	
V2/O		VEHICLE ID NO. (VIN) 2HGES16504H514359	INSURANCE COMPANY IMT Insurance Company	POLICY NO. AP29003		
I	1	VEHICLE NO. 2				
V1/P	1	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	LOCAL NO.	
V2/P		DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.		
J	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.		
V1/Q	4	LICENSE PLATE NO.	YEAR	STATE (Of Plate)	ESTIMATED DAMAGE <input type="radio"/> TOALED \$	
V2/Q		VEHICLE	MAKE	MODEL	BODY STYLE	COLOR
K	02	VEHICLE ID NO. (VIN)	INSURANCE COMPANY			
		TOWED TO	TOWED BY	POLICY NO.		
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)	1 Seat Position	2 Eject	3 Body Region
0	Megan E Chang	17520 25th Ave North, Plymouth, MN 55447	09/24/1995	19		10
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
				3	1	F
VEH. #	NAME	ADDRESS		EMS RUN REPORT NO.		
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME			
VEH. #	NAME	ADDRESS		EMS RUN REPORT NO.		
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME			

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

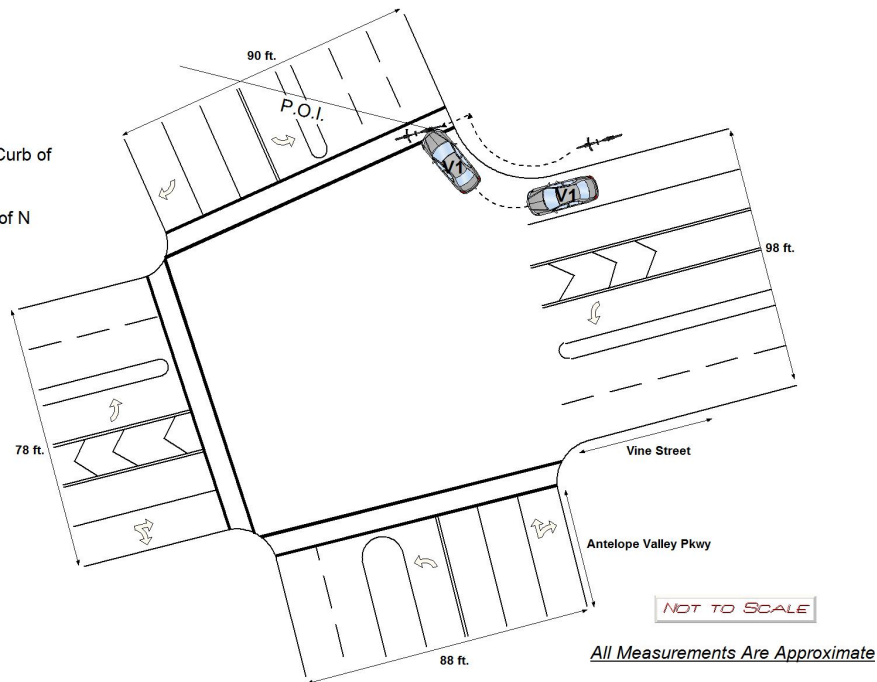
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B3-096911**



Point Of Impact

- 54' 6" North Of North Curb of Vine Street
- 4' 4" West of West Curb of N Antelope Valley



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 stated she was operating V1 WB on Vine Street at N Antelope Valley in the far North lane signaling to turn NB. D1 stated her lane of traffic received a green automatic traffic light so he proceeded to turn right (NB) onto N Antelope Valley. D1 stated she was only traveling approximately 5 mph when she made the turn. D1 stated out of no where Megan darted in front of her on her bicycle. D1 stated V1 struck the rear tire of Megan's bicycle causing Megan to fall off. Megan stated she was riding her mountain bike WB on the North Sidewalk along Vine Street approaching N Antelope Valley. Megan stated the crosswalk had a walk sign so she proceeded to ride her bike through the crosswalk. Megan stated that is when V1 collided with her rear tire. Damage to Megan's bicycle is estimated at \$50. Emily, Katie, Tracy, and Mackensy all witnessed the accident. All witnesses stated V1 had a green light and was signaling to turn NB on N Antelope ...

<b>PROPERTY</b>	OBJECT DAMAGED <b>Rear Tire Of Bike B</b>	OWNER NAME <b>Megan E Chang</b>	ADDRESS <b>17520 25th Ave North, Plymouth, MN 55447</b>	PHONE <b>7639541344</b>	APPROX. COST OF DAMAGE <b>\$ 50</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME <b>Tracy Kuper (07-26-1995) 1130 N 14th Street, Lincoln, NE 68508</b>				PHONE <b>4022537426</b>
	NAME <b>Katie Downey (01-27-1995) 504 N 16th Street #2304, Lincoln, NE 68508</b>				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEH 1		VEH 2			
1				X	Vine Street											
2																
1	05	06 Turning left 07 Making U-turn				POINT OF IMPACT 02		POINT OF IMPACT 02		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian		
2		08 Entering traffic lane				MOST DAMAGED AREA 02		MOST DAMAGED AREA								
					00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		01 02 03 04 08 07 06									
					03 Changing lanes 04 Overtaking/ Passing 05 Turning right											
					09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown											

OFFICER NO. <b>1662</b>	TROOP/ TEAM/ BEAT <b>7</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Dustin Romshek</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Dustin Romshek</b>	
DATE OF REPORT <b>10/18/2013</b>			



# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B3-096911

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			
	Emily Nichols (05-23-1995) 504 N 16th Street #4103, Lincoln, NE 68508				
WITNESSES	NAME	ADDRESS			
	Mackensey Fagan (03-04-1994) 860 N 17th Street #642, Lincoln, NE 68508				
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1662		7	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Dustin Romshek			Approved by Officer Dustin Romshek		10/18/2013

7477

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 5 of 5

Local No./  
District 023

Agency	
Case	
No.	B3-096911

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

10/16/2013

PLACE OF ACCIDENT
-------------------------

COUNTY

Lancaster

CITY Lincoln

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO.

N Antelop Valley Parkway

Valley from Vine Street. The witnesses stated the EB/WB cross walk along the North side of Vine Street had a crossing symbol. The witnesses stated V1 began turning NB when D1 started honking her horn loudly. The witnesses stated that is when Megan was struck by V1 as she was riding her bicycle WB in the North crosswalk at N antelope Valley / Vine Street. The witnesses all believed V1 was traveling at approximately 5 mph at the time of impact and could have stopped prior to hitting Megan's bicycle. Megan's bicycle was observed not to have the proper lighting required at night. Megan was lectured and released about yielding the right of way to a motor vehicle if she is going to ride her bicycle through the crosswalk as per Lincoln Municipal Code 10.48.130.

OFFICER NO. \_\_\_\_\_

1662

TROOP/  
TEAM/  
BEAT 7

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

Dustin Romshek

INVESTIGATOR SIGNATURE

Approved by Officer Dustin Romshek

DATE OF  
ACCIDENT

10/18/2013