

214022053
21333

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 095	Agency Case No. B4-049988	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 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 06/06/2014		(In Military Time) TIME OF ACCIDENT 1400		STATE USE ONLY Amended 06/18/2014
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1459	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B 86	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 17th		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	LONGITUDE
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
V1/M 01	NAME OF INTERSECTING ROADWAY Otoe Street					
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E 2	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b 10 1 1 1 01 01 1	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO			
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE		
V1/N 1	DRIVER		PHONE	LOCAL NO.		
V2/N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		V1/1 15
G 2	OWNER		PHONE	LOCAL NO.		
V1/O 1	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		V1/2
H 5	LICENSE PLATE NO.		YEAR (Plate Expires)	STATE (Of Plate)		V1/3
V1/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE 4 door Sedan	COLOR black
V2/O	ESTIMATED DAMAGE <input type="radio"/> TOALED \$		INSURANCE COMPANY		POLICY NO.	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		
V1/P 1	DRIVER		PHONE	LOCAL NO.		
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		V2/1
J 01	OWNER		PHONE	LOCAL NO.		
V1/Q 4	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO		V2/2
V2/Q	LICENSE PLATE NO.		YEAR (Plate Expires)	STATE (Of Plate)		V2/3
K 03	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
ESTIMATED DAMAGE <input type="radio"/> TOALED \$		INSURANCE COMPANY		POLICY NO.		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 0	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position
	Relyea E Swenson	3820 Dunn Ave, Lincoln, NE 68516		07/25/1998		2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		3 Body Region
		BryanLGH Medical Center West (Lincoln General)				4 Injury Sev.
VEH. #	NAME	ADDRESS				5 Trans.
						SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		

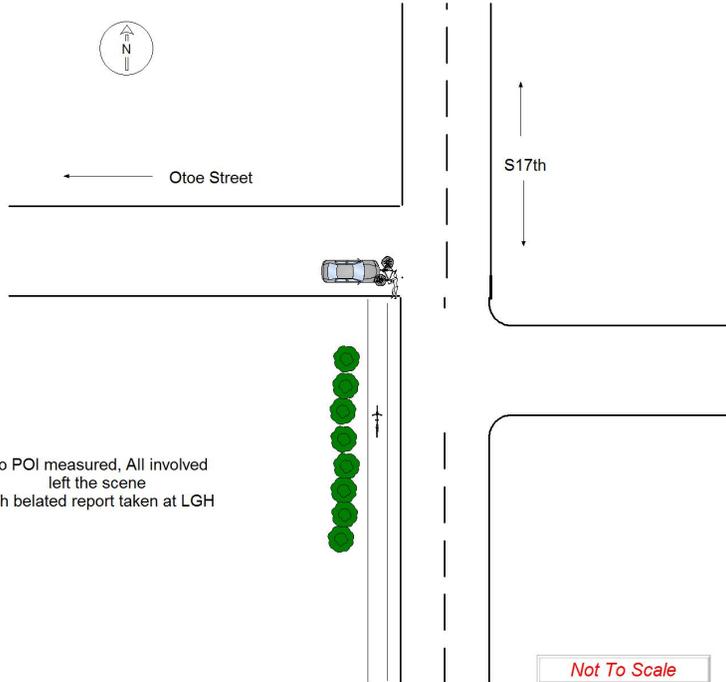
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B4-049988



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

The bicyclist reports that she was N/B on the sidewalk on the west side of S.17th approaching Otoe St. When she reached Otoe she was arriving approx the same time as Veh#1. Bicyclist thought that Veh#1 had seen her approach. As Bicyclist entered the roadway she was struck by Veh#1 getting knocked down. The driver of Veh#1 stopped and determined by the bicyclist own report that she was not injured. A short time later the bicyclist arrived at LGH with minor injuries. No information was obtained from Veh#1 by bicyclist.

PROPERTY	OBJECT DAMAGED Huffy Bicycle	OWNER NAME Relyea E Swenson	ADDRESS 3820 Dunn Ave, Lincoln, NE 68516	PHONE 402 805 2586	APPROX. COST OF DAMAGE \$ 100
	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				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1	0	VEH 2				
1			X		Otoe								ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian			
2					VEHICLE 1		VEHICLE 2						ALCOHOL LEVEL TESTED	Y	X	Y	X		
1	05	06 Turning left		MOST DAMAGED AREA		02	MOST DAMAGED AREA						BAC LEVEL						
2		08 Entering traffic lane		02			02						ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2			
01 Essentially straight ahead				09 Leaving traffic lane				02 03 04				5				1 Neither alcohol nor drugs suspected			
02 Backing				10 Parked				01 05				2 Yes - alcohol suspected				2 Yes - alcohol suspected			
03 Changing lanes				11 Slowing or stopped in traffic				08 07 06				3 Yes - drugs suspected				3 Yes - drugs suspected			
04 Overtaking/ Passing				12 Other								4 Yes - alcohol & drugs suspected				4 Yes - alcohol & drugs suspected			
05 Turning right				13 Unknown								5 Unknown				5 Unknown			

OFFICER NO. 767	TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Pat Knopik	INVESTIGATOR SIGNATURE Approved by Officer Pat Knopik	DATE OF REPORT 06/18/2014	