

214022152  
21524

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	<b>Total Number of Vehicles</b>	Local No./ District 178	Agency Case No. B4-050934	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	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y 06/09/2014		(In Military Time) TIME OF ACCIDENT 1424		STATE USE ONLY  06/09/2014
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY Lancaster	POLICE NOTIFIED 1424			
B 70	CITY Lincoln	STREET/ HIGHWAY NO. OLD CHENEY RD		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
C 1	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE		
D 2	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
E 2	<b>IF AT INTERSECTION</b>		<b>IF NOT AT INTERSECTION</b>			
NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		551.00		X	S. 31ST ST	
V1/M 01	<b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
F 1	<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>DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?</b> <input type="radio"/> YES <input checked="" type="radio"/> NO	
G 4	1		14	1 1 1 01		
<b>VEHICLE NO. 1</b>						
V1/N 1	<b>DRIVER LICENSE NO.</b>	H12247658		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/N 1	<b>DRIVER</b>	ANGELA M KRAMER		<b>PHONE</b>	402-430-0001	
G 4	<b>DRIVER ADDRESS</b>	2452 NICK RD, LINCOLN, NE 68512		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	04/26/1978	
V1/O 1	<b>OWNER</b>	ANGELA M KRAMER		<b>PHONE</b>	402-430-0001	
V2/O 1	<b>OWNER ADDRESS</b>	2452 NICK RD, LINCOLN, NE 68512		<b>CITATION</b>	<input type="radio"/> YES <input checked="" type="radio"/> NO	
H 1	<b>LICENSE PLATE PA NO.</b>	SPB846		<b>YEAR (Plate Expires)</b>	2014	<b>STATE (Of Plate)</b> NE
V1/O 1	<b>VEHICLE</b>	2009	MAKE Honda	MODEL ELEMENT	BODY STYLE Compact Utility	COLOR red
V2/O 1	<b>VEHICLE ID NO. (VIN)</b>	5J6YH28749L004101		<b>ESTIMATED DAMAGE</b>	<input type="radio"/> TOTALED \$ 100	
I 1	<b>TOWED TO</b>			<b>INSURANCE COMPANY</b>	STATE FARM	
J 01	<b>TOWED BY</b>			<b>POLICY NO.</b>	0633555-D01-27A	
<b>VEHICLE NO. 2</b>						
V1/P 1	<b>DRIVER LICENSE NO.</b>			<b>STATE (Of License)</b>		<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE
V2/P 1	<b>DRIVER</b>			<b>PHONE</b>		
G 4	<b>DRIVER ADDRESS</b>			<b>DATE OF BIRTH (MM / DD / YYYY)</b>		
V1/O 1	<b>OWNER</b>			<b>PHONE</b>		
V2/O 1	<b>OWNER ADDRESS</b>			<b>CITATION</b>	<input type="radio"/> YES <input type="radio"/> NO	
V1/Q 4	<b>LICENSE PLATE NO.</b>			<b>YEAR (Plate Expires)</b>		<b>STATE (Of Plate)</b>
V2/Q 4	<b>VEHICLE</b>	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K 12	<b>VEHICLE ID NO. (VIN)</b>			<b>ESTIMATED DAMAGE</b>	<input type="radio"/> TOTALED \$	
L 12	<b>TOWED TO</b>			<b>INSURANCE COMPANY</b>		
M 12	<b>TOWED BY</b>			<b>POLICY NO.</b>		
<b>Complete this section for all injured persons</b> (Complete a continuation report, if more than three were injured)						
VEH. # 0	<b>NAME</b>	TATE L ANDERSON 4045 S. 39TH ST, LINCOLN, NE 68506		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	08/10/1998	<b>SEX</b> M
VEH. #	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>EMS RUN REPORT NO.</b>	19	07 3 1
VEH. #			Lincoln Fire & Rescue			
VEH. #						
VEH. #						
VEH. #						

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

INDICATE BY DIAGRAM WHAT HAPPENED

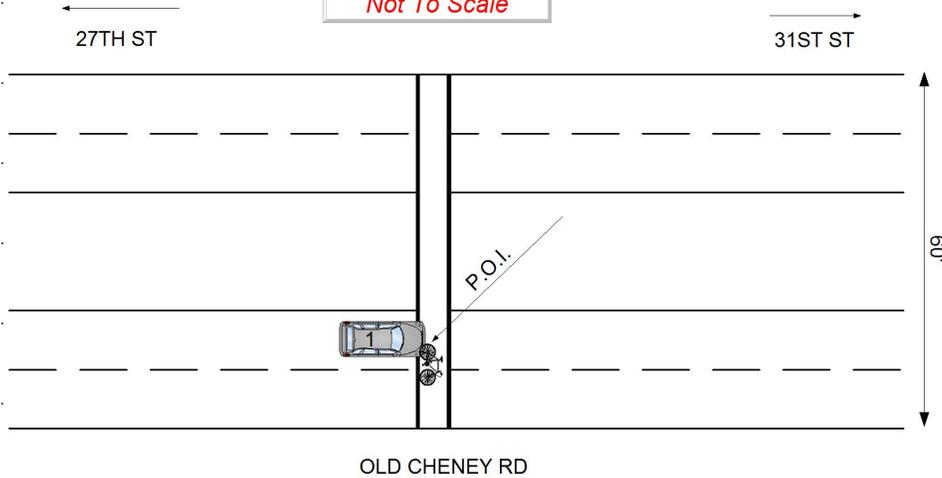
AGENCY CASE NO.  
B4-050934



Indicate North by Arrow



Not To Scale



POI #1: 551' west of the west curb of S. 31st St./18' north of the south curb of Old Cheney Rd.

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

Vehicle #1 was traveling eastbound on Old Cheney Rd., 27-31, in the inside lane of traffic, when pedestrian #1, operating a bicycle, rode across the bike trail crossing without getting off of his bicycle, and was struck by vehicle #1. Driver #1 stated, "I was coming down Old Cheney when Tate and his friends were crossing the street from the bike trail, and Tate rode across on his bike and I couldn't stop in time. Pedestrian #1 was traveling southbound on the 'Tierra Williamsburg Trail' on his bicycle, when he came to the intersection of Old Cheney Road and failed to get off of his bicycle and cross the intersection properly, and was struck by vehicle #1. Pedestrian #1 stated, "I rode across and she clipped my back tire."

PROPERTY	OBJECT DAMAGED <b>GREEN, TREK, 21-</b>	OWNER NAME <b>TATE L ANDERSON</b>	ADDRESS <b>4045 S. 39TH ST, LINCOLN, NE 68506</b>	PHONE <b>402-310-7181</b>	APPROX. COST OF DAMAGE <b>\$ 50</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>

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				VEHICLE 1		VEHICLE 2		VEH 1				VEH 2																	
1			X		OLD CHENEY				VEHICLE 1		VEHICLE 2		4				2																	
2					POINT OF IMPACT		02		POINT OF IMPACT				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				<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <th>ALCOHOL LEVEL TESTED</th> <td>N</td> <td>X</td> <td>N</td> <td>N</td> <td>X</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		Y	Y	Y	ALCOHOL LEVEL TESTED	N	X	N	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																															
	Y	Y	Y																															
ALCOHOL LEVEL TESTED	N	X	N	N	X																													
1	01	06 Turning left		MOST DAMAGED AREA		02		MOST DAMAGED AREA				<table border="1"> <tr> <th colspan="4">ALCOHOL/ DRUGS SUSPECTED</th> </tr> <tr> <td colspan="4">1</td> </tr> </table>				ALCOHOL/ DRUGS SUSPECTED				1														
ALCOHOL/ DRUGS SUSPECTED																																		
1																																		
2		08 Entering traffic lane		00 None		02		03		04		<table border="1"> <tr> <th colspan="4">ALCOHOL/ DRUGS SUSPECTED</th> </tr> <tr> <td colspan="4">1</td> </tr> </table>				ALCOHOL/ DRUGS SUSPECTED				1														
ALCOHOL/ DRUGS SUSPECTED																																		
1																																		
01 Essentially straight ahead				09 Leaving traffic lane				09 Top & windows				1																						
02 Backing				10 Parked				10 Undercarriage				2 Yes - alcohol suspected																						
03 Changing lanes				11 Slowing or stopped in traffic				11 Total (all areas)				3 Yes - drugs suspected																						
04 Overtaking/ Passing				12 Other				12 Other				4 Yes - alcohol & drugs suspected																						
05 Turning right				13 Unknown				12 Other				5 Unknown																						

OFFICER NO. <b>1513</b>	TROOP/ TEAM/ BEAT <b>5</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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INVESTIGATOR NAME (Print or Type) <b>Curtis Wolbert</b>	INVESTIGATOR SIGNATURE <b>Approved by Officer Curtis Wolbert</b>	DATE OF REPORT <b>06/09/2014</b>
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