

214023807  
22306

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	<b>Total Number of Vehicles</b>	Local No./ District 113	Agency Case No. B4-055506	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 06/22/2014		(In Military Time) TIME OF ACCIDENT 1905	STATE USE ONLY  06/22/2014	
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1907		
B 80	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/ HIGHWAY NO. Cornhusker Hwy/N 27th		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE  LONGITUDE	
C 1	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D 1	<b>IF AT INTERSECTION</b>			<b>IF NOT AT INTERSECTION</b>		
NAME OF INTERSECTING ROADWAY						
North 27th						
V1/M 02	<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	
E 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	
<b>VEHICLE NO. 1</b>						
F 1	<b>DRIVER LICENSE NO.</b>	H12346288		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	<b>DRIVER</b>	LISA L AYOTTE		<b>PHONE</b>	4022610435	
V2/N	<b>DRIVER ADDRESS</b>	340 N 32ND ST, LINCOLN, NE 68503		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	05/12/1963	
G 3	<b>OWNER</b>	LISA AYOTTE		<b>PHONE</b>	402-261-0435	
H 2	<b>LICENSE PLATE NO.</b>	TMA786		<b>YEAR (Plate Expires)</b>	2015	<b>STATE (Of Plate)</b> NE
V1/O 1	<b>VEHICLE</b>	2010	Chevrolet	Impala	4 door Sedan	white
V2/O	<b>VEHICLE ID NO. (VIN)</b>	2G1WD5EM2A1260020		<b>ESTIMATED DAMAGE</b>	<input type="radio"/> TOALED \$ 100	
I 1	<b>INSURANCE COMPANY</b>	21st Century Premier Insurance				
J 01	<b>TOWED TO</b>			<b>TOWED BY</b>		
K 02	<b>POLICY NO.</b>	20512588				
<b>VEHICLE NO. 2</b>						
L 1	<b>DRIVER LICENSE NO.</b>			<b>STATE (Of License)</b>		<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	<b>DRIVER</b>			<b>PHONE</b>		
V2/P	<b>DRIVER ADDRESS</b>			<b>DATE OF BIRTH (MM / DD / YYYY)</b>		
M 01	<b>OWNER</b>			<b>PHONE</b>		
N 01	<b>OWNER ADDRESS</b>			<b>CITATION</b> <input type="radio"/> YES <input type="radio"/> NO	<b>CITATION NO.</b>	
O 4	<b>LICENSE PLATE NO.</b>			<b>YEAR (Plate Expires)</b>		<b>STATE (Of Plate)</b>
P 02	<b>VEHICLE</b>					<b>ESTIMATED DAMAGE</b> <input type="radio"/> TOALED \$
Q 02	<b>VEHICLE ID NO. (VIN)</b>			<b>INSURANCE COMPANY</b>		
R 02	<b>TOWED TO</b>			<b>TOWED BY</b>		
S 02	<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>	Edward Johnson 4606 Colfax Cir, Lincoln, NE 68504		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	12/24/1942	<b>SEX</b> M
VEH. #	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>1</b> Seat Position	<b>2</b> Eject	<b>3</b> Body Region
VEH. #	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>4</b> Injury Sev.	<b>5</b> Trans.	<b>SEX</b> M F
VEH. #	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>1</b>	<b>2</b>	<b>3</b>
VEH. #	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>4</b>	<b>5</b>	<b>SEX</b> M F

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

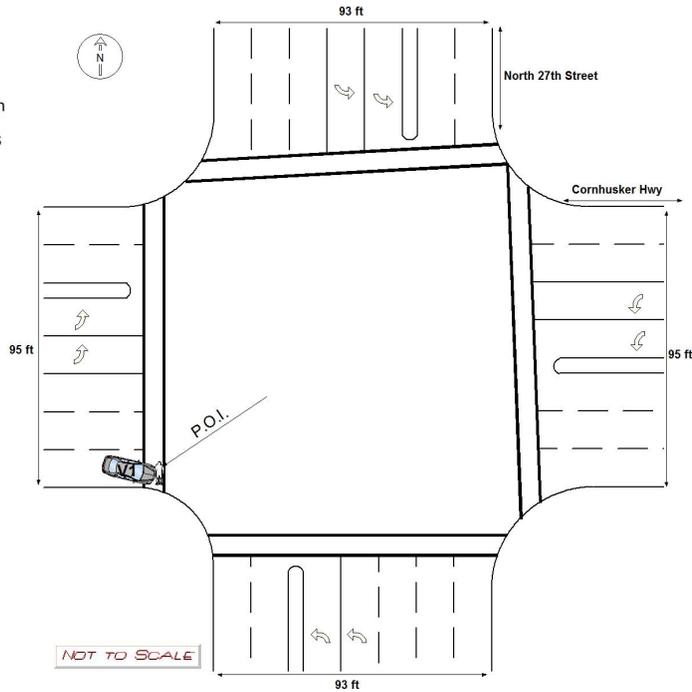
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B4-055506



Indicate North by Arrow

P.O.I. - 10' N of S Cornhusker Hwy  
13' W of W 27th  
ALL MEASUREMENTS ARE APPROX  
No skids



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

D1 states she was EB on Cornhusker Hwy and was in the right turning lane to turn S onto N 27th St. D1 states that she was stopped at the red light and she saw the pedestrian at the crosswalk. D1 states the Pedestrian wasn't crossing the road. D1 states she waited for him to cross but he wouldn't, so she cleared the traffic to her left and began to turn SB onto 27th St; when she turned, she collided with pedestrian.

Pedestrian states that he stopped at the SW corner of N 27th and Cornhusker to dismount his bicycle and cross Cornhusker Hwy. Pedestrian states that he began to cross the street when the Traffic control device changed to 'WALK' and he was struck by V1 about halfway through the first lane of traffic.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Blue Roadmaster B	Edward Johnson	4606 Colfax Cir, Lincoln, NE 68504	402-325-8106	\$ 50
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$

WITNESSES	NAME	ADDRESS	PHONE
WITNESSES	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		VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2																																							
1			X		Cornhusker				POINT OF IMPACT	01	POINT OF IMPACT		4				2				1				1																																							
2									MOST DAMAGED AREA	01	MOST DAMAGED AREA		1				2				Y				Y																																							
1	05	06 Turning left			07 Making U-turn				01		01		1				2				Y				Y																																							
2		08 Entering traffic lane			09 Leaving traffic lane				01		01		1				2				N				N																																							
01 Essentially straight ahead					02 Backing					03 Changing lanes					04 Overtaking/Passing					05 Turning right					06 Turning left					07 Making U-turn					08 Entering traffic lane					09 Leaving traffic lane					10 Parked					11 Slowing or stopped in traffic					12 Other					13 Unknown				
01 Essentially straight ahead					02 Backing					03 Changing lanes					04 Overtaking/Passing					05 Turning right					06 Turning left					07 Making U-turn					08 Entering traffic lane					09 Leaving traffic lane					10 Parked					11 Slowing or stopped in traffic					12 Other					13 Unknown				

OFFICER NO. 1589	TROOP/TEAM/BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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INVESTIGATOR NAME (Print or Type) David Lopez	INVESTIGATOR SIGNATURE Approved by David Lopez	DATE OF REPORT 06/22/2014
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