

214028330  
24147

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	<b>Total Number of Vehicles</b>	Local No./ District 077	Agency Case No. B4-065578	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 07/21/2014		(In Military Time) TIME OF ACCIDENT 1805		STATE USE ONLY  07/22/2014
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY Lancaster	POLICE NOTIFIED 1805			
B 95	CITY Lincoln	STREET/ HIGHWAY NO. 1120 N St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LONGITUDE		
D 1	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
E 1	<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
				144.00	X	S. 11th st
V1/M 20	<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	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
	1		10 1 8 1 10	1 1 1		
<b>VEHICLE NO. 1</b>						
F 1	<b>DRIVER LICENSE NO.</b>	G02185098		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	<b>DRIVER</b>	LISA K DUENSING		<b>PHONE</b>	(402)310-0798	
V2/N	<b>DRIVER ADDRESS</b>	CITY, STATE, ZIP 10435 WEEKS DR, LINCOLN, NE 68516		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	07/19/1969	
G 4	<b>OWNER</b>	LISA K DUENSING		<b>PHONE</b>	(402)310-0798	
H 5	<b>OWNER ADDRESS</b>	CITY, STATE, ZIP 10435 WEEKS DR, LINCOLN, NE 68516		<b>CITATION</b>	<input type="radio"/> YES <input checked="" type="radio"/> NO	<b>CITATION NO.</b>
I 1	<b>LICENSE PLATE NO.</b>	RZR481		<b>YEAR (Plate Expires)</b>	2015	<b>STATE (Of Plate)</b> NE
V1/O 1	<b>VEHICLE</b>	YEAR 2001	MAKE Ford	MODEL SPT	BODY STYLE Medium/large u	COLOR red
V2/O	<b>ESTIMATED DAMAGE</b>	<input type="radio"/> TOALED \$ 0				
J 1	<b>VEHICLE ID NO. (VIN)</b>	1FMYU70EX1UC68524		<b>INSURANCE COMPANY</b>	STATE FARM	
K 01	<b>TOWED TO</b>	<b>TOWED BY</b>		<b>POLICY NO.</b>	215 8139-B13-27E	
<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
M 8	<b>DRIVER</b>			<b>PHONE</b>		
N 01	<b>DRIVER ADDRESS</b>	CITY, STATE, ZIP		<b>DATE OF BIRTH (MM / DD / YYYY)</b>		
O 01	<b>OWNER</b>			<b>PHONE</b>		
P 01	<b>OWNER ADDRESS</b>	CITY, STATE, ZIP		<b>CITATION</b>	<input type="radio"/> YES <input type="radio"/> NO	<b>CITATION NO.</b>
Q 4	<b>LICENSE PLATE NO.</b>			<b>YEAR (Plate Expires)</b>		<b>STATE (Of Plate)</b>
R 01	<b>VEHICLE</b>	YEAR	MAKE	MODEL	BODY STYLE	COLOR
S 01	<b>ESTIMATED DAMAGE</b>	<input type="radio"/> TOALED \$				
T 01	<b>VEHICLE ID NO. (VIN)</b>			<b>INSURANCE COMPANY</b>		
U 01	<b>TOWED TO</b>	<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>	ADDRESS		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	1 Seat Position	2 Eject
	DALTON D GILSDORF	2445 R ST, LINCOLN, NE 68503		10/01/1992	19	06
	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>EMS RUN REPORT NO.</b>	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	<b>NAME</b>	ADDRESS				
VEH. #	<b>NAME</b>	ADDRESS				
	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>EMS RUN REPORT NO.</b>		

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

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B4-065578

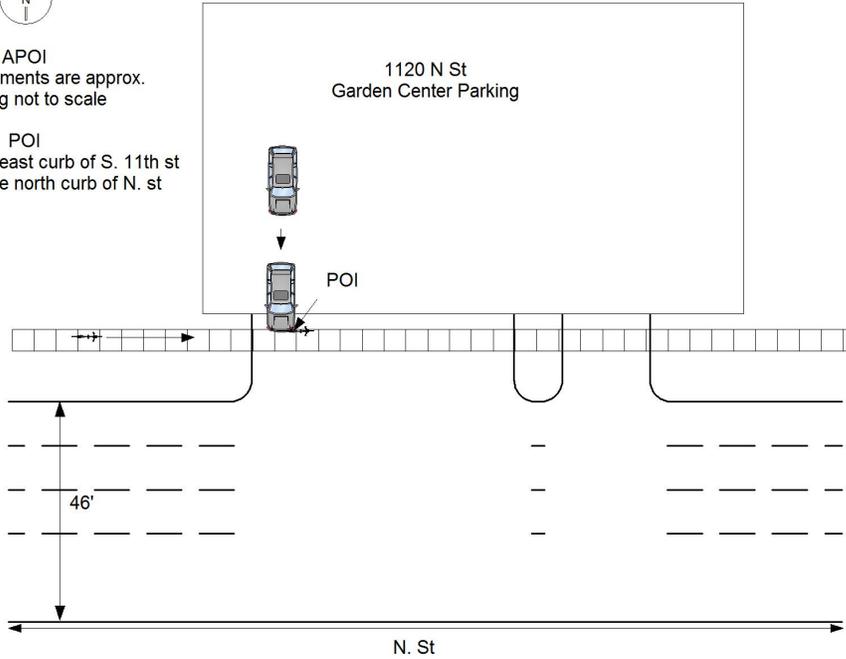


Indicate North by Arrow



APOI  
All measurements are approx.  
Drawing not to scale

POI  
144' east of the east curb of S. 11th st  
20' north of the north curb of N. st



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

D1 stated she was exiting the parking garage at 1120 N St on the N St side in the west most lane when a bicyclist later identified as Gilsdorf went in front of her and struck the front of her vehicle. D1 stated she was not traveling very fast as she had just left the gates prior to striking the bicyclist. Gilsdorf stated he was traveling east on the sidewalk on the north side of N St when he went across the drive of the parking garage and was struck by V1.

PROPERTY	OBJECT DAMAGED <b>BLUE AND RED H</b>	OWNER NAME <b>DALTON D GILSDORF</b>	ADDRESS <b>2445 R ST, LINCOLN, NE 68503</b>	PHONE <b>(402)474-4922</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				(Enter numbers for each vehicle)															
1		X			FROM DRIVE 1				VEHICLE 1		VEHICLE 2		4				2				VEH 1: 1, VEH 2: 1			
2					POINT OF IMPACT		01		POINT OF IMPACT								ALCOHOL TESTING: Driver No. 1: Y, Driver No. 2: Y, Pedestrian: Y							
1	12	06 Turning left		MOST DAMAGED AREA		00		MOST DAMAGED AREA								ALCOHOL LEVEL TESTED: N, X, N, N, X								
2		08 Entering traffic lane		00 None		02		03		04						BAC LEVEL								
01 Essentially straight ahead				09 Leaving traffic lane				09 Top & windows								ALCOHOL/DRUGS SUSPECTED: Driver No. 1: 1, Driver No. 2: 1								
02 Backing				10 Parked				10 Undercarriage								1 Neither alcohol nor drugs suspected								
03 Changing lanes				11 Slowing or stopped in traffic				11 Total (all areas)								2 Yes - alcohol suspected								
04 Overtaking/Passing				12 Other				08				07				3 Yes - drugs suspected								
05 Turning right				13 Unknown				06								4 Yes - alcohol & drugs suspected								
																5 Unknown								

OFFICER NO. <b>1684</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>Joseph Fisher</b>	INVESTIGATOR SIGNATURE <b>Approved by Officer Joseph Fisher</b>	DATE OF REPORT <b>07/22/2014</b>
---	--	-------------------------------------