

214036387
27939

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

1	Total Number of Vehicles	Local No./ District 113	Agency Case No. B4-085278	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 09/17/2014		(In Military Time) TIME OF ACCIDENT 2210	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2212	09/19/2014					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. STATE FAIR PARK DR/CORNHUSKER HWY			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	IF AT INTERSECTION			IF NOT AT INTERSECTION						
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
V1/M	21.00			X STATE FAIR PARK DR						
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
E	MILES		N S E W AND MILES	N S E W OF NEAREST CITY OR TOWN						
1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	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	1		01 2 1 1 04 07 1 1							
VEHICLE NO. 1										
F	DRIVER LICENSE NO.	H13113391		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N	DRIVER	CHRISTINE M OLSON		PHONE	402-601-2297					
V2/N	DRIVER ADDRESS	6934 CLEVELAND AVE, LINCOLN, NE 68507		DATE OF BIRTH (MM / DD / YYYY)	09/26/1988					
G	OWNER	CHRISTINE OLSON		PHONE	402-601-2297					
6	OWNER ADDRESS	6934 CLEVELAND AVE, LINCOLN, NE 68507		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.				
H	LICENSE PLATE NO.	TAP871		YEAR (Plate Expires)	2015	STATE (Of Plate) NE				
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR				
1	1999	Chevrolet	Malibu	4 door Sedan	white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0				
V2/O	VEHICLE ID NO. (VIN)	1G1NE52M2X6228876		INSURANCE COMPANY	PROGRESSIVE					
15	TOWED TO			TOWED BY						
V1/6	POLICY NO.	902263056								
45	VEHICLE NO. 2									
I	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P	DRIVER			PHONE						
V2/P	DRIVER ADDRESS			DATE OF BIRTH (MM / DD / YYYY)						
J	OWNER			PHONE						
01	OWNER ADDRESS			CITATION	<input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.				
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)				
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR				
4						ESTIMATED DAMAGE <input type="radio"/> TOALED \$				
V2/5	VEHICLE ID NO. (VIN)			INSURANCE COMPANY						
V2/6	TOWED TO			TOWED BY						
02	POLICY NO.									
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		12/23/1947	19		08	3	2	M
0	DEMETRIO N SIERRA	1336 'E' ST #3, LINCOLN, NE 68502								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
		BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue						
VEH. #	NAME	ADDRESS								
	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.					

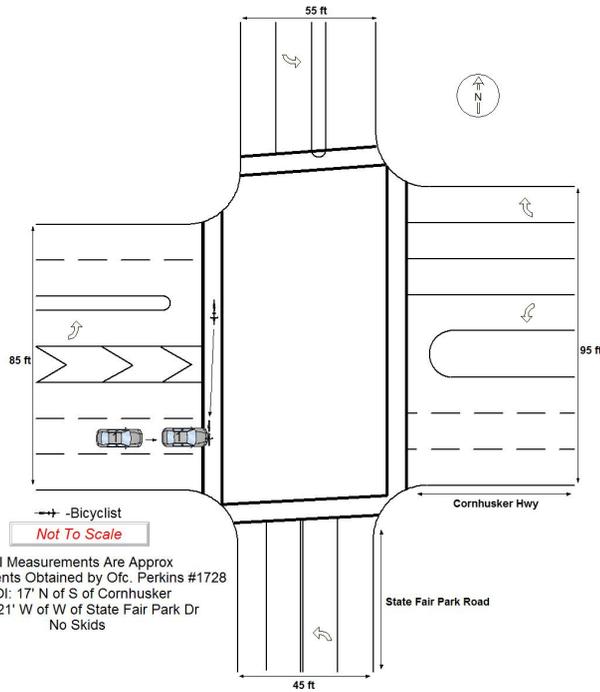
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B4-085278



Indicate North by Arrow



*All Measurements Are Approx Measurements Obtained by Ofc. Perkins #1728
POI: 17' N of S of Cornhusker
21' W of W of State Fair Park Dr
No Skids

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 reports that while stopped for the red automatic traffic signal in an E/B lane of Cornhusker HWY at State Fair Park Dr, she proceeded forward after the light changed to green. D1 states that while proceeding forward, she hit a bicyclist who was riding his bicycle on the crosswalk S/B across Cornhusker HWY. D1 said she did not see the bicyclist prior to the collision. Witness, Jeannine Reed, reports she was stopped for the red light in the N/B lane of State Fair Park Dr at Cornhusker HWY, when she observed V1 proceed E/B after the E/B traffic signal turned green, and hit the bicyclist as he was riding his bicycle S/B across the crosswalk. Witness, Heylee Stewart, reports she was standing in the Amigos parking lot (S/W corner) when she observed V1 hit the bicyclist after V1 proceeded forward after her traffic light turned green. Demetrio Sierra, the bicyclist, reports he rode his bicycle S/B on the crosswalk across Cornhusker HWY while the ...

PROPERTY	OBJECT DAMAGED BICYCLE (UNKNO)	OWNER NAME DEMETRIO SIERRA	ADDRESS 1336 'E' ST #3, LINCOLN, NE 68502	PHONE 402-261-7122	APPROX. COST OF DAMAGE \$ 25	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
WITNESSES	NAME JEANNINE M REED				ADDRESS 3154 N. COTNER BLVD, LINCOLN, NE 68507	PHONE 402-464-1257
	NAME STEWART STEWART				ADDRESS 2410 NW 12TH #120, LINCOLN, NE 68521	PHONE 402-417-4591

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS	VEH 1	1	VEH 2		
VEH NO.	N S E W	ROAD OR HIGHWAY NAME		VEHICLE 1	VEHICLE 2	ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		
1	X	CORNHUSKER		POINT OF IMPACT	01	4	Y	Y	Y		
2				MOST DAMAGED AREA	01	2	N	X	N		
1	01	06 Turning left		00 None		ALCOHOL LEVEL TESTED		N X			
2		07 Making U-turn		01 02 03 04		BAC LEVEL					
		08 Entering traffic lane		05		ALCOHOL/DRUGS SUSPECTED		Driver No. 1			
		09 Leaving traffic lane		08 07 06		1		Driver No. 2			
		10 Parked				1					
		11 Slowing or stopped in traffic				1					
		12 Other				1					
		13 Unknown				1					
OFFICER NO.	TROOP/TEAM/BEAT			DEPARTMENT			Photographs taken?				
1443	NW			Lincoln Police Department			YES NO				
INVESTIGATOR NAME (Print or Type)				INVESTIGATOR SIGNATURE				DATE OF REPORT			
Robert Norton				Approved by Officer Robert Norton				09/19/2014			

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State of Nebraska
Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./ District **113** Agency Case No. **B4-085278** STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY) **09/17/2014** PLACE OF ACCIDENT COUNTY **Lancaster** CITY **Lincoln**

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. **STATE FAIR PARK DR/CORNHUSKER HWY**

pedestrian signal indicated he could cross, when he was hit on his right side by E/B V1. Demetrio was not wearing a helmet and his bicycle was not equipped with a light. Demetrio failed to yield the right away to V1. because he did not dismount from his bicycle and walk across the sidewalk when the signal permitted.

OFFICER NO. **1443** TROOP/TEAM/BEAT **NW** DEPARTMENT **Lincoln Police Department**

INVESTIGATOR NAME (Print or Type) **Robert Norton** INVESTIGATOR SIGNATURE **Approved by Officer Robert Norton** DATE OF ACCIDENT **09/19/2014**