

214038740
29038

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 078	Agency Case No. B4-090913	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 10/02/2014		(In Military Time) TIME OF ACCIDENT 1145		STATE USE ONLY Amended 10/08/2014	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0935	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
B 69	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S.14th Street		ONE-WAY STREET? <input checked="" type="radio"/> YES <input 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			
		NAME OF INTERSECTING ROADWAY			X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
		120.00			X N street		
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		
E 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		10 1 1 1 01 07 2 2			
VEHICLE NO. 1							
F 1	DRIVER LICENSE NO.				STATE (Of License)	SEX <input 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)		
G 1	OWNER	PHONE			LOCAL NO.		
		OWNER ADDRESS CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
					<input type="radio"/> PENDING		
H 5	LICENSE PLATE NO.				YEAR (Plate Expires)	STATE (Of Plate)	
V1/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR silver / chrome	
V2/O				ESTIMATED DAMAGE <input type="radio"/> TOALED \$			
		VEHICLE ID NO. (VIN)			INSURANCE COMPANY		
		TOWED TO			TOWED BY		
					POLICY NO.		
VEHICLE NO. 2							
I 1	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P 8	DRIVER	PHONE			LOCAL NO.		
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		
J 01	OWNER	PHONE			LOCAL NO.		
		OWNER ADDRESS CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
					<input type="radio"/> PENDING		
V1/Q 4	LICENSE PLATE NO.				YEAR (Plate Expires)	STATE (Of Plate)	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
					ESTIMATED DAMAGE <input type="radio"/> TOALED \$		
		VEHICLE ID NO. (VIN)			INSURANCE COMPANY		
		TOWED TO			TOWED BY		
					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 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
		Chester F Barker 2328 A street, Lincoln, NE 68502			06/09/1955	19 11 4 1 M	
		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.		
VEH. #	NAME	ADDRESS					
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		

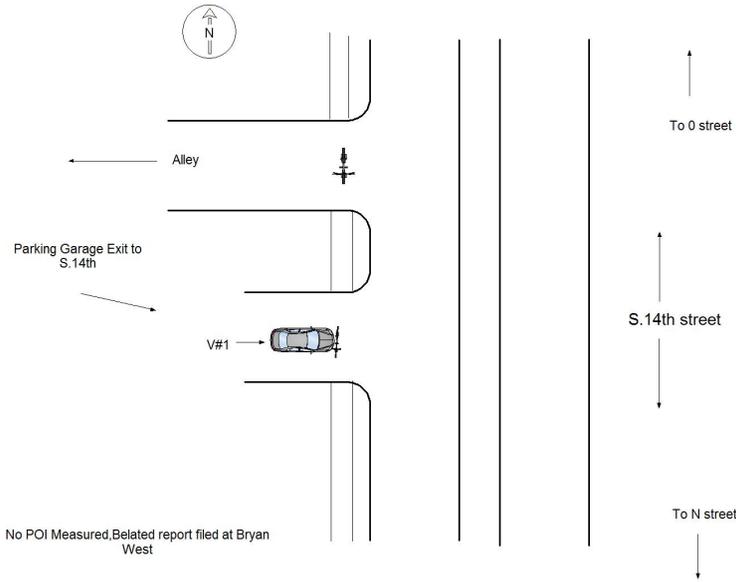
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B4-090913



Indicate North by Arrow



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

The bicyclist arrived at Bryan West Hospital on 10-03-14 reporting that he had been struck by a motorist of 10-02-14. Bicyclist reported that he was S/B on the sidewalk on the west side of S.14th, O to N street. A silver newer Veh#1 was exiting the parking garage and was in collision with the bicyclist. No injuries or damaged reported at that time with both parties leaving the scene. No other information available

PROPERTY	OBJECT DAMAGED Mens Bicycle	OWNER NAME Chester F Barker	ADDRESS 2328 A Street, Lincoln, NE 68502	PHONE 402 475 3854	APPROX. COST OF DAMAGE \$ 0
	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 <i>(Enter numbers for each vehicle)</i>		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS	VEH 1	0	VEH 2
VEH NO.	N S E W ROAD OR HIGHWAY NAME					ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
1	X Parking Garage					ALCOHOL LEVEL TESTED	Y	Y	Y
2		VEHICLE 1	VEHICLE 2			BAC LEVEL	N	X	N
1	01 06 Turning left	POINT OF IMPACT	01			ALCOHOL/ DRUGS SUSPECTED	Driver No. 1		Driver No. 2
2	08 Entering traffic lane	MOST DAMAGED AREA	01			5			
01	Essentially straight ahead	00 None				1 Neither alcohol nor drugs suspected			
02	Backing	09 Top & windows				2 Yes - alcohol suspected			
03	Changing lanes	10 Undercarriage				3 Yes - drugs suspected			
04	Overtaking/ Passing	11 Total (all areas)				4 Yes - alcohol & drugs suspected			
05	Turning right	12 Other				5 Unknown			
06	Turning left	13 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 10/08/2014			