

215043655
66136

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 026	Agency Case No. B5-099464	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 10/24/2015	S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	(In Military Time) TIME OF ACCIDENT 1732	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1734	10/24/2015					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Vine Street/N 17th Street-N 18th Street			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	316.00						N 17th Street			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
E	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					
2	1			10 2 1 2 09						
F	VEHICLE NO. 1									
1	DRIVER LICENSE NO.	H13582565		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N	DRIVER	SYDNEY M FRANKO		PHONE	4023208815					
V2/N	DRIVER ADDRESS	17803 ADAMS CIR, OMAHA, NE 68135		DATE OF BIRTH (MM / DD / YYYY)	03/13/1997					
G	OWNER	SCOTT A FRANKO		PHONE	4025988502					
4	OWNER ADDRESS	17803 ADAMS CIRCLE, OMAHA, NE 68135		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB472499					
H	LICENSE PLATE PA NO.	TGB030		YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V1/O	VEHICLE	2007	Chevrolet	IMPALA	4 door Sedan	red				
V2/O	VEHICLE ID No. (VIN)	2G1WC58R579331389		INSURANCE COMPANY	USAA					
I	TOWED TO			TOWED BY						
1	VEHICLE NO. 2									
1	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"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.					
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)				
V2/Q	VEHICLE					ESTIMATED DAMAGE <input type="radio"/> TOTALED \$				
K	VEHICLE ID No. (VIN)			INSURANCE COMPANY						
10	TOWED TO			TOWED BY						
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
0	VEH. #	NAME	ADDRESS	10/18/1987	19		01	3	2	F
		Lyndsey Bacon	6120 Judson, Lincoln, NE 68507							
	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.						

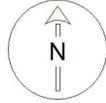
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

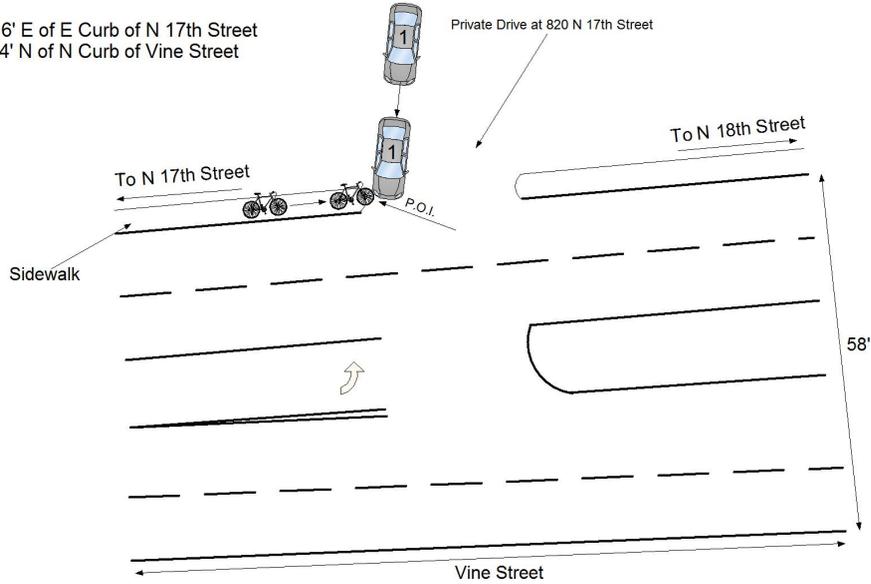
AGENCY CASE NO.
B5-099464



Indicate North by Arrow



316' E of E Curb of N 17th Street
4' N of N Curb of Vine Street



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated she was leaving the UNL Parking Lot on Vine Street/17th-18th. D1 stated she initiated a right hand turn to go eastbound on Vine Street and collided with the bicyclist who was traveling eastbound on the north sidewalk of Vine Street. D1 stated she never saw the bicycle due to the sun setting and the sunlight being in her eyes. The cyclist was contacted at the hospital and said she did not remember anything. No independent witnesses. D1 was cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Broken front bicycle	Lyndsey Bacon	6120 Judson, Lincoln, NE 68507	3082381055	\$ 50
PROPERTY	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				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			PARKING LOT								4				2				VEH 1: 1, VEH 2: 1										
2																	ALCOHOL TESTING: Driver No. 1: Y, Driver No. 2: Y, Pedestrian: Y														
1	05	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		01		02		03		04		05		06		07		08	
2		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		14 Unknown			

OFFICER NO. 1686	TROOP/TEAM/BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Matthew Schiefelbein		INVESTIGATOR SIGNATURE Approved by Officer Matthew Schiefelbein	DATE OF REPORT 10/24/2015