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72584

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	<b>Total Number of Vehicles</b>	Local No./ District 107	Agency Case No. B5-112375	<b>HIT &amp; RUN?</b> <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	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y 12/04/2015		(In Military Time) TIME OF ACCIDENT 1433	STATE USE ONLY					
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1434	12/04/2015					
B	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/ HIGHWAY NO. S 48th St / La Salle		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	<b>IF AT INTERSECTION</b>			<b>IF NOT AT INTERSECTION</b>						
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	8.00			X	W curb of S 48th St					
V2/M	<b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>									
E	<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					
2	1		11	1 2 1 01						
F	<b>VEHICLE NO. 1</b>									
1	<b>DRIVER LICENSE NO.</b>	G01335943		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N	<b>DRIVER</b>	SHARI L ALDRICH		<b>PHONE</b>	4025407707					
V2/N	<b>DRIVER ADDRESS</b>	4841 GINNY AVE, LINCOLN, NE 68516		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	03/20/1961					
G	<b>OWNER</b>	SHARI L ALDRICH		<b>PHONE</b>	4025407707					
2	<b>OWNER ADDRESS</b>	4841 GINNY AVE, LINCOLN, NE 68516		<b>CITATION</b>	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	<b>CITATION NO.</b>				
H	<b>LICENSE PLATE NO.</b>	STV927		<b>YEAR (Plate Expires)</b>	2016	<b>STATE (Of Plate)</b> NE				
V1/O	<b>VEHICLE</b>	1996	Ford	Windstar Wagc	Mini van	white				
V2/O	<b>VEHICLE ID NO. (VIN)</b>	2FMDA5145TBB06603		<b>ESTIMATED DAMAGE</b>	<input type="radio"/> TOTALED \$ 100					
I	<b>VEHICLE NO. 2</b>									
1	<b>DRIVER LICENSE NO.</b>			<b>STATE (Of License)</b>		<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P	<b>DRIVER</b>			<b>PHONE</b>						
V2/P	<b>DRIVER ADDRESS</b>			<b>DATE OF BIRTH (MM / DD / YYYY)</b>						
J	<b>OWNER</b>			<b>PHONE</b>						
01	<b>OWNER ADDRESS</b>			<b>CITATION</b>	<input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	<b>CITATION NO.</b>				
V1/Q	<b>LICENSE PLATE NO.</b>			<b>YEAR (Plate Expires)</b>		<b>STATE (Of Plate)</b>				
V2/Q	<b>VEHICLE</b>					<input type="radio"/> TOTALED \$				
K	<b>VEHICLE ID NO. (VIN)</b>			<b>INSURANCE COMPANY</b>	Travelers					
03	<b>TOWED TO</b>			<b>TOWED BY</b>						
	<b>TOWED TO</b>			<b>POLICY NO.</b>	947220133					
<b>Complete this section for all injured persons</b> (Complete a continuation report, if more than three were injured)				<b>DATE OF BIRTH (MM / DD / YYYY)</b>	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	<b>SEX</b> M F
0	<b>VEH. #</b>	<b>NAME</b>	<b>ADDRESS</b>	01/01/1993	19		10	3	2	M
		James Gasana	3800 S 48th St #513, Lincoln, NE 68506							
		<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>EMS RUN REPORT NO.</b>					
		573-424-9211	BryanLGH Medical Center West (Lincoln General)	Lincoln Fire & Rescue						
	<b>VEH. #</b>	<b>NAME</b>	<b>ADDRESS</b>							
		<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>EMS RUN REPORT NO.</b>					
	<b>VEH. #</b>	<b>NAME</b>	<b>ADDRESS</b>							
		<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>EMS RUN REPORT NO.</b>					

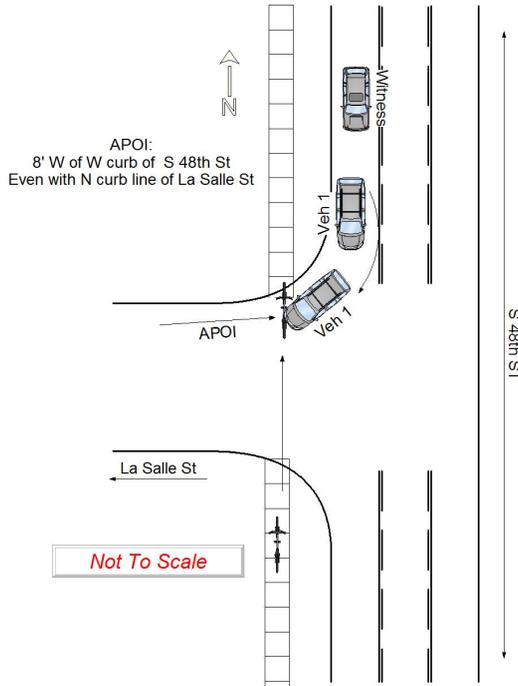
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-112375**



Indicate North by Arrow



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

D1 reported she was SB on S 48th St turning WB on to La Salle and did not see the bicyclist who was NB on the W sidewalk of S 48th St. D1 presumed the bicyclist was in the shadows when she began to turn, which is why she did not see him. D1 collided with the bicyclist as he rode across La Salle St. Witness reported similar events. The bicyclist reported he was traveling NB on the W sidewalk of S 48th St and he believed D1 had seen him, however, he still pondered if he should stop or go. The bicyclist chose to proceed through the intersection and was struck by V1. The bicyclist was educated on the Lincoln Municipal Code which indicates he must yield to turning vehicles when riding a bicycle on the sidewalk.

PROPERTY	OBJECT DAMAGED <b>bicycle/road bike</b>	OWNER NAME <b>James Gasana</b>	ADDRESS <b>3800 S 48th St #513, Lincoln, NE 68506</b>	PHONE <b>573-424-9211</b>	APPROX. COST OF DAMAGE <b>\$ 250</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
WITNESSES	NAME <b>Michele Christensen</b>	ADDRESS <b>4801 S Folsom, Lincoln, NE 68523</b>	PHONE <b>4024216363</b>		
	NAME	ADDRESS	PHONE		

<b>VEHICLE MOVEMENT BEFORE COLLISION</b>		<b>POINT OF IMPACT AND MOST DAMAGED AREA</b> <i>(Enter numbers for each vehicle)</i>		<b>AIRBAG DEPLOYED VEHICLE 1</b>	<b>RESTRAINT USE VEHICLE 1</b>	<b>TOTAL OCCUPANTS</b>	VEH 1	1	VEH 2
VEH NO.	N S E W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		ALCOHOL TESTING	
1	X	S 48th St		POINT OF IMPACT	02	POINT OF IMPACT		Driver No. 1	Driver No. 2
2				MOST DAMAGED AREA	02	MOST DAMAGED AREA		Y	Y
1	05	06 Turning left						N	X
2		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. <b>1610</b>		TROOP/TEAM/BEAT <b>7</b>		DEPARTMENT <b>Lincoln Police Department</b>		ALCOHOL/DRUGS SUSPECTED		Driver No. 1	Driver No. 2
INVESTIGATOR NAME (Print or Type) <b>Trevor Schmidt</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Trevor Schmidt</b>		DATE OF REPORT <b>12/04/2015</b>		Photographs taken?		YES	NO