

216011328
86974

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

1	Total Number of Vehicles	Local No./ District 63	Agency Case No. B6-022972	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 03/18/2016	M M / D D / Y Y Y Y <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T H <input type="checkbox"/> F <input checked="" type="checkbox"/> S		(In Military Time) TIME OF ACCIDENT 1153	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1154	Amended 03/19/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O		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		
6	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 09	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	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES 10 2 1 1 10	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H13601440		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER EDDEN M ABRAHAM			PHONE	LOCAL NO.	
V2/N	DRIVER ADDRESS 1120 VALE ST, LINCOLN, NE 68521			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	12/27/1995
G	OWNER TEBLEZ MEHRTEAB			PHONE	LOCAL NO.	
4	OWNER ADDRESS 1120 VALE ST, PO BOX 84146, LINCOLN, NE 68501			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB510982
H	LICENSE PLATE	PA NO.	TAH113	YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V1/O 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/O	VEHICLE ID NO. (VIN)	1G1ND52T1X6157244		ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$	INSURANCE COMPANY GEICO	
I	TOWED TO	101 CHARLESTON		TOWED BY CAPITAL	POLICY NO. 4206672851	
VEHICLE NO. 2						
7	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 7	DRIVER			PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER			PHONE	LOCAL NO.	
12	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q 1	LICENSE PLATE	NO.		YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	INSURANCE COMPANY	
01	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 JACOB VALENTINE	ADDRESS 131 S 45, LINCOLN, NE		DATE OF BIRTH (MM / DD / YYYY)	06/19/1987	1 Seat Position 19
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME Lincoln Fire & Rescue	EMS RUN REPORT NO.		
VEH. # 1	NAME EDDEN M ABRAHAM	ADDRESS 1120 VALE, LINCOLN, NE		DATE OF BIRTH (MM / DD / YYYY)	12/27/1995	2 Eject 01
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME Lincoln Fire & Rescue	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		3 Body Region 11
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		4 Injury Sev. 2
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		5 Trans. 2
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		SEX M F M
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		

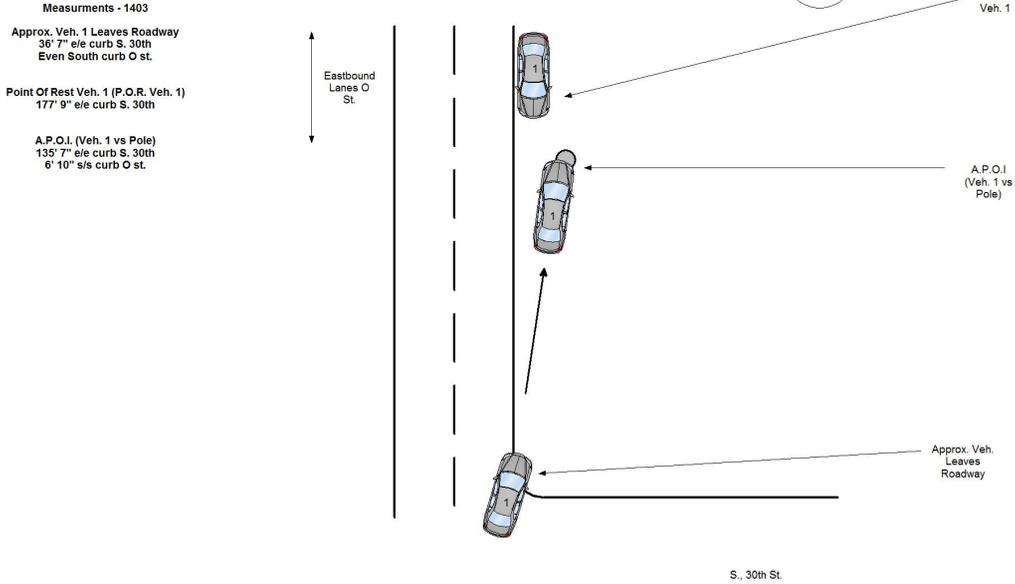
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-022972



Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

On 3-18-16 at approx. 1153hrs, Edden and Jacob were involved in an injury accident at 30/O street. The veh. operated by Edden is believed to be totaled and she was injured; Jacob, a bicyclist, was injured, and an LES lightpole was knocked down - approx. \$3000 damage.

Michael, partial witness, reports he heard a noise(believes Edden's veh. hitting the pole) and then looked and saw Jacob flying threw the air. Jacob reports he was e/b on the sidewalk riding his bike when he was struck and that is all he remembers. Edden reports she was e/b on O st. and that is all she remembers. Michael indicates that Jacob was unconscious after the accident and Edden was seizing upon contact. Both Edden and Jacob were transported to West by LFR.

Edden indicated at the hospital when I spoke with her about her citation that she had a seizure before the accident.

PROPERTY	OBJECT DAMAGED METAL LIGHT POL	OWNER NAME LES LINCOLN, NE	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$ 3000
	OBJECT DAMAGED BICYCLE	OWNER NAME JACOB VALENTINE	ADDRESS 131 S 45, LINCOLN, NE	PHONE	APPROX. COST OF DAMAGE \$ 1
WITNESSES	NAME MICHAEL MIRIOVSKY WK: 3001 O ST, LINCOLN, NE			ADDRESS 3001 O ST, LINCOLN, NE	
	NAME JACOBSON KRISTINA			ADDRESS 19355 S. 134th, HICKMAN, NE	
			PHONE 260-449-6948		
			PHONE 402 540 4967		

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						
1			POINT OF IMPACT	POINT OF IMPACT	3	9				
2			MOST DAMAGED AREA	MOST DAMAGED AREA	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
1		06 Turning left					Y		Y	Y
2		07 Making U-turn					N	X	N	N
		08 Entering traffic lane								
		09 Leaving traffic lane								
		10 Parked								
		11 Slowing or stopped in traffic								
		12 Other								
		13 Unknown								
01 Essentially straight ahead	02 Backing	03 Changing lanes	04 Overtaking/ Passing	05 Turning right						
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State of Nebraska
Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./ District **63** Agency Case No. **B6-022972** STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY) **03/18/2016** PLACE OF ACCIDENT COUNTY **Lancaster** Amended
CITY **Lincoln**

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. **O**

specifically.

Edden was cited and released.

On 3-19-16, I spoke with Kristina by phone. In short, she reports she was e/b on O st and the veh. was next to her and went up on the south sidewalk of O st and was hitting things and then hit a bicyclist. Kristina advised from her vantage point it appeared the driver of the veh. that crashed was having a seizure or medical episode.

OFFICER NO. **1403** TROOP/ TEAM/ BEAT **SW** DEPARTMENT **Lincoln Police Department**

INVESTIGATOR NAME (Print or Type) **Travis Amen** INVESTIGATOR SIGNATURE **Approved by Officer Travis Amen** DATE OF ACCIDENT **03/19/2016**