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99409

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

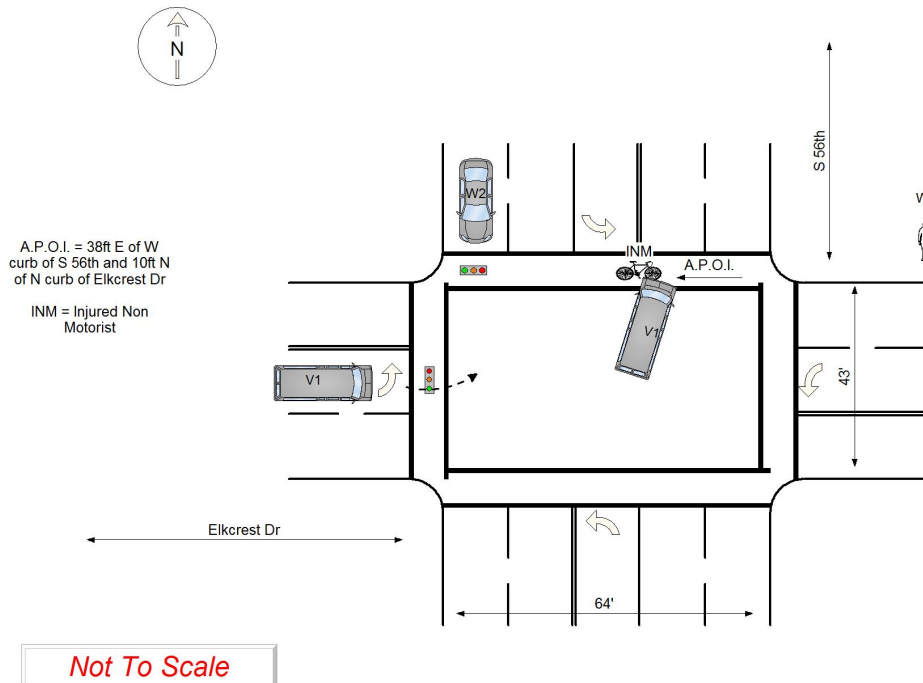
| | | | | | | |
|--|--|--|------------------------------------|---|--|--|
| 1 | Total Number of Vehicles | Local No./ District 180 | Agency Case No. B6-043838 | HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | L 1 |
| A/1 01 | DATE OF ACCIDENT | M M / D D / Y Y Y Y 05/19/2016 | | S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time) | | STATE USE ONLY |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | TIME OF ACCIDENT 1500 | POLICE NOTIFIED 1701 | Amended |
| B 65 | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. S 56th / Elkcrest Dr | | PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 06/10/2016 |
| C 1 | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | | LATITUDE |
| D 1 | IF AT INTERSECTION | | | IF NOT AT INTERSECTION | | |
| | NAME OF INTERSECTING ROADWAY | | | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING | | |
| V1/M 14 | S 56th / Elkcrest Dr | | | | | |
| V2/M | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | |
| | 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="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| F 1 | VEHICLE NO. 1 | | | | | |
| | DRIVER LICENSE NO. | K02-66-2407 | | STATE (Of License) | KS | SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE |
| V1/N 2 | DRIVER | Charles R Elder | | PHONE | 7855561196 | |
| V2/N | DRIVER ADDRESS | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | 04/11/1943 | |
| | OWNER | MICHAEL BILLINGS / Sara K Billings | | PHONE | 7853072546 | |
| G 6 | OWNER ADDRESS | CITY, STATE, ZIP | | CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CITATION NO. LB507574 | |
| H 4 | LICENSE PLATE | PA NO. TJZ763 | YEAR (Plate Expires) | 2017 | STATE (Of Plate) | NE |
| V1/O 1 | VEHICLE | 2013 | MAKE Chevrolet | MODEL 3500 | BODY STYLE Full size van | COLOR white |
| V2/O | VEHICLE ID NO. (VIN) | 1GAZG1FA7D1146221 | | ESTIMATED DAMAGE | <input type="checkbox"/> TOALED \$ 10 | |
| | TOWED TO | TOWED BY | | INSURANCE COMPANY | USAA | |
| | | | | POLICY NO. | 015676182U 7103 7 | |
| I 6 | VEHICLE NO. 2 | | | | | |
| | DRIVER LICENSE NO. | | | STATE (Of License) | | SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE |
| V1/P 1 | DRIVER | | | PHONE | LOCAL NO. | |
| V2/P | DRIVER ADDRESS | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | | |
| | OWNER | | | PHONE | LOCAL NO. | |
| J 01 | OWNER ADDRESS | CITY, STATE, ZIP | | CITATION <input type="checkbox"/> YES <input type="checkbox"/> NO | CITATION NO. | |
| V1/Q 4 | LICENSE PLATE | NO. | YEAR | MAKE | MODEL | BODY STYLE |
| V2/Q | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE | COLOR |
| | VEHICLE ID NO. (VIN) | | | ESTIMATED DAMAGE | <input type="checkbox"/> TOALED \$ | |
| K 02 | TOWED TO | TOWED BY | | INSURANCE COMPANY | | |
| | | | | 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 |
| VEH. # | NAME | ADDRESS | | | 3 Body Region | 4 Injury Sev. |
| 0 | Joey Klutz 6840 La Salle, Lincoln, NE 68516 | | | 05/22/2006 | 5 Trans. | SEX M F |
| | LOCAL NO. 4023288676 | 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.
B6-043838

Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was traveling EB on Elkcrest Dr and was waiting at the light at the intersection of S 56th and Elkcrest Dr. D1 stated he was preparing to turn NB onto S 56th and began to do so when his light turned green. D1 stated he checked the crosswalk signal which had a red hand up, so he proceeded to turn. D1 said INM ran into the side of his front left tire. D1 stated he saw INM fall to the ground, but that he got up and finished walking across the street. D1 stated he thought INM was fine so he left the area as he had grandkids he needed to pick up from school. INM stated he was riding his bicycle EB in the crosswalk at the intersection of S 56th and Elkcrest Dr, when about halfway through he was struck by the front of V1. INM stated D1 yelled something at him and then drove off. W1 stated she was standing in her driveway at the NE corner of the intersection at S 56th and Elkcrest Dr. W1 stated she always waits outside and watches ...

| | | | | | |
|-----------|-------------------|--------------------------------|----------------------------------|------------|------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE |
| | Dark Gray TREK 82 | Joey Klutz | 6840 La Salle, Lincoln, NE 68516 | 4023288676 | \$ 5 |
| WITNESSES | NAME | ADDRESS | PHONE | | |
| | Nicole Fruh | 4940 S 56th, Lincoln, NE 68516 | 4028050100 | | |
| WITNESSES | NAME | ADDRESS | PHONE | | |
| | Katherine Rathe | 5326 S 78th, Lincoln, NE 68516 | 4023104520 | | |

| 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 | | Elkcrest Dr | | | | | | | | <div> <div>4</div> <div>5</div> <div>5</div> </div> | | | | <div> <div>2</div> <div>2</div> <div>2</div> </div> | | | | <div> <div>4</div> <div>5</div> <div>5</div> </div> | | | | <div> <div>2</div> <div>2</div> <div>2</div> </div> | | | | <div> <div>4</div> <div>5</div> <div>5</div> </div> | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 06 | | | | 06 Turning left | | | | VEHICLE 1 | | | | VEHICLE 2 | | | | VEHICLE 1 | | | | VEHICLE 2 | | | | | | | | | | | |
| 2 | | | | | 07 Making U-turn | | | | POINT OF IMPACT | | | | POINT OF IMPACT | | | | 1 | | | | 1 | | | | | | | | | | | |
| | | | | | 08 Entering traffic lane | | | | MOST DAMAGED AREA | | | | MOST DAMAGED AREA | | | | 01 | | | | 01 | | | | | | | | | | | |
| | | | | | 09 Leaving traffic lane | | | | 00 None | | | | 02 | | | | 03 | | | | 04 | | | | | | | | | | | |
| | | | | | 10 Parked | | | | 09 Top & windows | | | | 01 | | | | 05 | | | | 06 | | | | | | | | | | | |
| | | | | | 11 Slowing or stopped in traffic | | | | 10 Undercarriage | | | | 08 | | | | 07 | | | | 06 | | | | | | | | | | | |
| | | | | | 12 Other | | | | 11 Total (all areas) | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 13 Unknown | | | | 12 Other | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-------------|-----------------|---------------------------|--|
| OFFICER NO. | TROOP/TEAM/BEAT | DEPARTMENT | Photographs taken? |
| 1770 | NE | Lincoln Police Department | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

| | | |
|-----------------------------------|--------------------------------|----------------|
| INVESTIGATOR NAME (Print or Type) | INVESTIGATOR SIGNATURE | DATE OF REPORT |
| Alex Stahl | Approved by Officer Alex Stahl | 06/10/2016 |

99409

State of Nebraska

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

Local No./
District 180

| | |
|--------|-----------|
| Agency | |
| Case | |
| No. | B6-043838 |

STATE USE ONLY

Amended

DATE OF ACCIDENT (MM / DD / YYYY)

05/19/2016

PLACE OF ACCIDENT

COUNTY

Lancaster

CITY | Lincoln

| ROAD ON WHICH ACCIDENT OCCURRED | STREET/HIGHWAY NO. |
|---------------------------------|--------------------|
| | |

S 56th / Elkcrest Dr

the crosswalk where her kids cross the street. W1 stated she sees accidents occur there frequently. W1 stated she saw V1 strike the front tire of INMs bicycle with the front of his vehicle. W1 stated this 'Sent the kid flying, and he limped the rest of the way across the street.' W1 stated V1 then left the scene, heading NB on S 56th. W2 stated she was waiting in the outside lane of S 56th heading SB, and was waiting at the red light. W2 stated she saw INM start crossing the street and V1 turning NB at the same time. W2 stated she honked her horn multiple times as she realized neither INM or V1 were paying attention. W2 stated that this had no effect and she witnessed V1 hit the front of INMs bike. W2 stated she heard D1 yell, 'I have the right of way, you should have stopped!' W2 then saw V1 leave the scene. INM had a minor scrape on his right knee from the collision.

OFFICER NO.

1770

TROOP/
TEAM/
BEAT

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

INVESTIGATOR SIGNATURE

Alex Stahl

Approved by Officer Alex Stahl

DATE OF ACCIDENT

06/10/2016