215037934
60682

State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1 Total Number of Vehicles	Local No./ District: 090	Agency Case No.: B5-086478	HIT & RUN? (X) YES ( ) NO	INVESTIGATION MADE AT SCENE? (X) YES ( ) NO	L: 1

A/1: 01	DATE OF ACCIDENT: M M / D D / Y Y Y Y: 09/17/2015	S M T W TH F S: [ ] [ ] [ ] [ ] [X] [ ] [ ]	TIME OF ACCIDENT (In Military Time): 2318	STATE USE ONLY
A/2	PLACE OF ACCIDENT: COUNTY: Lancaster		POLICE NOTIFIED: 2318	09/18/2015
B: 63	CITY: Lincoln		PRIVATE PROPERTY? YES ( ) NO (X)	LATITUDE
	ROAD ON WHICH ACCIDENT OCCURRED: STREET/ HIGHWAY NO.: O St./ 3rd St.-2nd St.		ONE-WAY STREET? YES ( ) NO (X)	
C: 4	DISTANCE FROM MILEPOST: FEET; N S E W; OF MILEPOST	HIGHWAY NO.		LONGITUDE

D: 1	IF AT INTERSECTION: NAME OF INTERSECTING ROADWAY	IF NOT AT INTERSECTION: (X) FEET ( ) MILES	N	S	E	W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		155.00			X		N 2nd St.	

V1/M: 20	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			
V2/M								

E: 2	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? ( ) YES (X) NO
		1					05	2	1	2	09		2	5	

VEHICLE NO. 1

F: 1	DRIVER LICENSE NO.		STATE (Of License)		SEX ( ) FEMALE ( ) MALE	
V1/N: 1	DRIVER: Unknown	PHONE		LOCAL NO.		
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			
	OWNER: Unknown	PHONE		LOCAL NO.		
G: 4	OWNER ADDRESS	CITY, STATE, ZIP	CITATION ( ) YES ( ) PENDING (X) NO	CITATION NO.		
H: 4	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)	
V1/O: 5	VEHICLE: YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE ( ) TOTALED $
V2/O	VEHICLE ID NO. (VIN)		INSURANCE COMPANY			
	TOWED TO	TOWED BY	POLICE NO.			

VEHICLE NO. 2

I: 1	DRIVER LICENSE NO.		STATE (Of License)		SEX ( ) FEMALE ( ) MALE	
V1/P: 8	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 ( ) YES ( ) PENDING ( ) NO	CITATION NO.		
V1/Q: 4	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)	
V2/Q	VEHICLE: YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE ( ) TOTALED $
	VEHICLE ID NO. (VIN)		INSURANCE COMPANY			
K: 01	TOWED TO	TOWED BY	POLICE NO.			

V1/1	V1/2	V1/3	V1/4	V1/5	V1/6
15				15	35

V2/1	V2/2	V2/3	V2/4	V2/5	V2/6

Complete this section for all injured persons

(Complete a continuation report, if more than three were injured)

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
0	Richard J Schilling	7108 Mumford Ct., Dallas, TX 75252	10/16/1958	19		05	3	2	M
	LOCAL NO.	MEDICAL FACILITY NAME: BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME: Lincoln Fire & Rescue	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.					

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

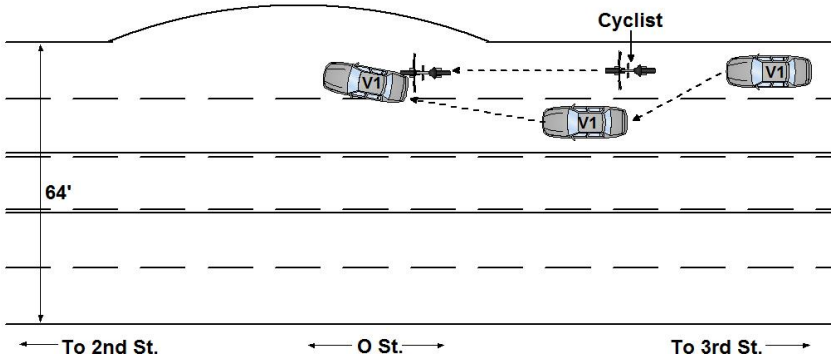
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO. B5-086478

Indicate North by Arrow

POI
155' 3" Eat of east curb of N 2 St.
54' 10" North of south curb of O St.

Drawing not to scale.
Measurements approx.
No skid marks.



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

W1 was EB on O St./2nd St.-3rd St. in the outside lane of traffic. W1 saw Cyclist riding his bike WB on O St./3rd St.-2nd St. W1 observed an unknown dark vehicle strike the Cyclist and continue WB on O St. W2 was walking on the north sidewalk of O St./2nd St.-3rd St. W2 observed Cyclist riding his bike WB on O St./3rd St.-2nd St. in the outside lane of traffic. W2 stated it appeared the cyclist was riding in the middle of the outside lane of traffic. W2 stated a dark colored hatchback vehicle was behind Cyclist, and went to pass him. It appeared V1 merged back to the outside lane of traffic too soon, and clipped Cyclist. V1 continued WB on O St. Cyclist recalls riding his bike WB on O St. in the outside lane of traffic. Cyclist recalls riding over the Harris Overpass, and then being in the back of an ambulance. Cyclist did not recall getting struck by a vehicle. Cyclist was wearing a helmet and had a flashing red light on the back of his bike.

PROPERTY

OBJECT DAMAGED	OWNER NAME / ADDRESS	PHONE	APPROX. COST OF DAMAGE
Black Cannondale E	Richard J Schilling 7108 Mumford Ct., Dallas, TX 75252	469-693-7518	$ 50
			$

WITNESSES

NAME	ADDRESS	PHONE
Ashly A Eickmeier	630 Wedgewood Dr., Lincoln, NE 68510	402-890-2229
Austin P Nutter	119 L St., Lincoln, NE 68508	402-429-6141

VEHICLE MOVEMENT BEFORE COLLISION

VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME
1				X	O St.
2					

1	04
2	

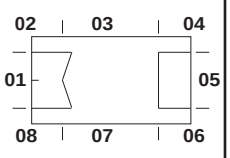
01 Essentially straight ahead
02 Backing
03 Changing lanes
04 Overtaking/ Passing
05 Turning right
06 Turning left
07 Making U-turn
08 Entering traffic lane
09 Leaving traffic lane
10 Parked
11 Slowing or stopped in traffic
12 Other
13 Unknown

POINT OF IMPACT AND MOST DAMAGED AREA

(Enter numbers for each vehicle)

	VEHICLE 1	VEHICLE 2
POINT OF IMPACT	04	
MOST DAMAGED AREA	04	

00 None
09 Top & windows
10 Undercarriage
11 Total (all areas)
12 Other



AIRBAG DEPLOYED

VEHICLE 1: 6

1 Deployed - front
2 Deployed - side
3 Deployed - both front/side
4 Not deployed
5 Not applicable/ No airbag available
6 Unknown

VEHICLE 2

RESTRAINT USE

VEHICLE 1: 9

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

VEHICLE 2

TOTAL OCCUPANTS	VEH 1	1	VEH 2	

ALCOHOL TESTING	Driver No. 1		Driver No. 2		Pedes-trian	
ALCOHOL LEVEL TESTED	Y		Y		Y	X
	N	X	N		N	
BAC LEVEL					.065	

ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2
	5	

1 Neither alcohol nor drugs suspected
2 Yes - alcohol suspected
3 Yes - drugs suspected
4 Yes - alcohol & drugs suspected
5 Unknown

OFFICER NO.	TROOP/ TEAM/ BEAT	DEPARTMENT	Photographs taken?
1681	2	Lincoln Police Department	X YES / NO

INVESTIGATOR NAME *(Print or Type)*	INVESTIGATOR SIGNATURE	DATE OF REPORT
Justin Feldhaus	Approved by Officer Justin Feldhaus	09/18/2015