Angie Huonker

From: Angie Huonker
Sent: Wednesday, July 08, 2015 2:09 PM
To: Mindy Vaughn
Cc: Angie Huonker
Subject: FW: Online Form Submittal: FOIA Request (Police)

Due Date: 07.15.15

FOIA Request (Police)

REQUEST FOR ACCIDENT REPORT OR OTHER POLICE REPORT
UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

Clerk's Office
Town of Normal
7 2015
RECEIVED

Requestor's Name:	Michael Bernico
Address:	36 Holder Way
City:	Bloomington
State:	IL
Zip:	61704
Telephone Number (s):	3092126997
Email Address:	mike.bernico@gmail.com
Person/Business Represented:	

Report Options
( ) Will Pick up Report at Normal City Hall 11 Uptown Circle (We will notify you when ready)
(X) E Mail Report
( ) Mail Report

Mail Report to (if different from above)

Address:	36 Holder Way
City:	Bloomington
State:	IL
Zip:	61704

Request is for Commercial Purposes	( ) Yes	(X) No
I Agree that Birthdates are Private Information	(X) Yes	( ) No

Signature (Please Type your Name):	Michael Bernico
Date of Request:	7/8/2015

***ACCIDENT REPORT REQUEST -- Fee for accident reports: $3.00**

Report Number:
Accident Date:
Accident Location:
Name of Driver 1:
Name of Driver 2:

***OTHER POLICE REPORT REQUEST – Fee: 10 Cents a Page AFTER the First 50 Pages**

Report Number:	
Incident Date:	
Incident Location:	
Name of Individual in Report:	
Date of Birth:	
Other Parties Involved or Business Involved (if any):	
Type of Incident and other Pertinent Information Regarding Incident (Be Specific):	I would like to examine police reports and all data around bicycle vs. motorist interactions From Jan 2014 until June 2015. I can supply a storage media for this request as required. I'm a Data Scientist working to understand bicycle safety in Mclean County.

Unless otherwise notified, your request for public records will be complied with within five (5) working days after its receipt. Commercial requests will be complied with within 21 working days. *PLEASE NOTE some police records may be exempt and will be redacted or denied under the Illinois Freedom of Information Act.

Town of

Normal

NOTICE OF DENIAL

Your request for copies of public records received on 7-8-15 has been fully or partially denied on 7-14-15 pursuant to the following statutes:

A. 5 ILCS 140/7(1)(a) Information specifically prohibited from disclosure by federal or State law or rules and regulations implementing federal or State law.

State Statute(s)

1. 705 ILCS 405/1-7, 705 ILCS 405/5-905 - The Juvenile Court Act, provides for confidentiality of police records regarding juveniles. Report involves a juvenile(s).

B. 5 ILCS 140/7(1)(b) – Private information, unless disclosure is required by another provision of this Act, a State or federal law or a court order, as defined at 5 ILCS 140/2 (c-5) - "Private information" means unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person.

C. 5 ILCS 140/7(1)(c) - "Clearly unwarranted invasion of personal privacy" means the disclosure of information that is highly personal or objectionable to a reasonable person and in which the subject's right to privacy outweighs any legitimate public interest in obtaining the information.

By: Wendellyn Briggs, Town Clerk

Angelia Huonker, Deputy Clerk

Town of

Normal

APPEAL RIGHT

Pursuant to law, you are entitled to appeal the decision denying your request for certain information. You may appeal by requesting a review by the Attorney General's Public Access Counselor within 60 calendar days from the date of this denial. Here is the contact information of the Public Access Counselor:

Office of the Attorney General
Public Access Bureau
500 S. 2nd Street
Springfield, Illinois 62706
217-558-0486
publicaccess@atg.state.il.us

You also have the right to judicial review. Suit may be filed in the Circuit Court for McLean County:

Law and Justice Center
Circuit Clerk
104 W. Front St.
Bloomington, IL 61701
309-888-5301
www.co.mclean.il.us/circuitclerk

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

P0113

U1303938 86

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LIGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	4	1	U1 2	U2 1 U1 4 U2 4	U1 1 U2 1	1	2	U1 1 U2 9	2	64

INVESTIGATING AGENCY: NORMAL POLICE

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☒ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☒ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☒ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: YR 14 358

TRFW: 1

ADDRESS NO.: 100 BLK N.

HIGHWAY or STREET NAME: COOLIDGE

☒ City ☐ Township: NORMAL

INTERSECTION RELATED ☒ Y ☐ N

DATE OF CRASH: 03 24 14 (mo day yr)

TIME: 5:18 ☐ AM ☒ PM

LARS CODE

VEHT: U1 16

☐ (CIRCLE) FT / MI (CIRCLE) N E S W ☒ AT INTERSECTION WITH College Ave (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: McLEAN

PRIVATE PROPERTY ☐ Y ☒ N

HIT & RUN ☐ Y ☒ N

DOORING WITH PEDALCYCLIST? ☐ Y ☒ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

U2 15

NO. LANES: 2

UNIT 1

NAME ☒ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☒ PEDAL ☐ EQUES ☐ NMV ☐ NCV

(LAST, FIRST, MI) WILLIAMS, DAVID R

DATE OF BIRTH: [redacted]

MAKE: Bicycle MODEL: Reflex YEAR:

SEX: M/W SAFT: 5 AIR: 3

PLATE NO. STATE YEAR

INJURY: B EJECT: 2

VIN

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST M.I.)

INSURANCE CO.

TAKEN TO: Refused

EMS AGENCY: ~~Refused~~ M.C. NFD

OWNER ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE

POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐ *	☐

* IF YES SEE SIDEBAR

U1 99

UNIT 2

NAME ☒ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☒ NMV ☐ NCV

(LAST, FIRST, MI) COUGHLON, JONATHAN T

DATE OF BIRTH: [redacted]

MAKE: FORD MODEL: EDGE YEAR: 2011

SEX: M/W SAFT: 2 AIR: 4

PLATE NO. [redacted] STATE: IL YEAR: 2015

INJURY: 0 EJECT: 1

VIN: 2FMDK3AK9BBA03215

DRIVER LICENSE NO. [redacted] STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST M.I.): Driver

INSURANCE CO.: State Farm

TAKEN TO: N/A

EMS AGENCY: N/A

OWNER ADDRESS (STREET, CITY, STATE, ZIP): Driver

TELEPHONE

POLICY NO.: 4959374-B08-13E

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 1

	Y	N
TOWED DUE TO CRASH	☐	☒
FIRE	☐	☒
CELLPHONE	☐	☒
EXCEED SPEED LIMIT	☐	☒
COM VEH	☐ *	☒

* IF YES SEE SIDEBAR

U2 2

RDEF: 1

BAC: U1 96

U2 96

OCCS: U1 1

U2 1

DIRP: U1 3

U2 5

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W	/	[redacted]	M/W	/	/	/	/	Sullivan, Adam J. [redacted]	N/A	N/A
		/ /								
		/ /								
		/ /								
		/ /								

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☒	11	1
	2	☐		
	3	☐		
UNIT 2	1	☒	13	1
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME: Williams, David R — SECTION: 11-1002 (b) — CITATION NO.: 237233

ARREST NAME — SECTION — CITATION NO.

OFFICER ID.: 7700 SIGNATURE: M Cuns BEAT / DIST.: 3132 SUPERVISOR ID.: 8400

CONTRIBUTORY CAUSE(S): PRIMARY 02 SECONDARY 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 03 24 14 TIME NOTIFIED: 5:19 ☐ AM ☒ PM

COURT DATE: 04 29 14 COURT TIME: 9 00 ☒ AM ☐ PM

DID CRASH OCCUR IN A WORK ZONE? ☐ Y ☒ N

IF YES CHECK ONE BELOW: ☐ CONSTRUCTION ☐ MAINTENANCE ☐ UTILITY ☐ UNKNOWN WORK ZONE TYPE

WORKERS PRESENT? ☐ Y ☐ N

*IF YES TO COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

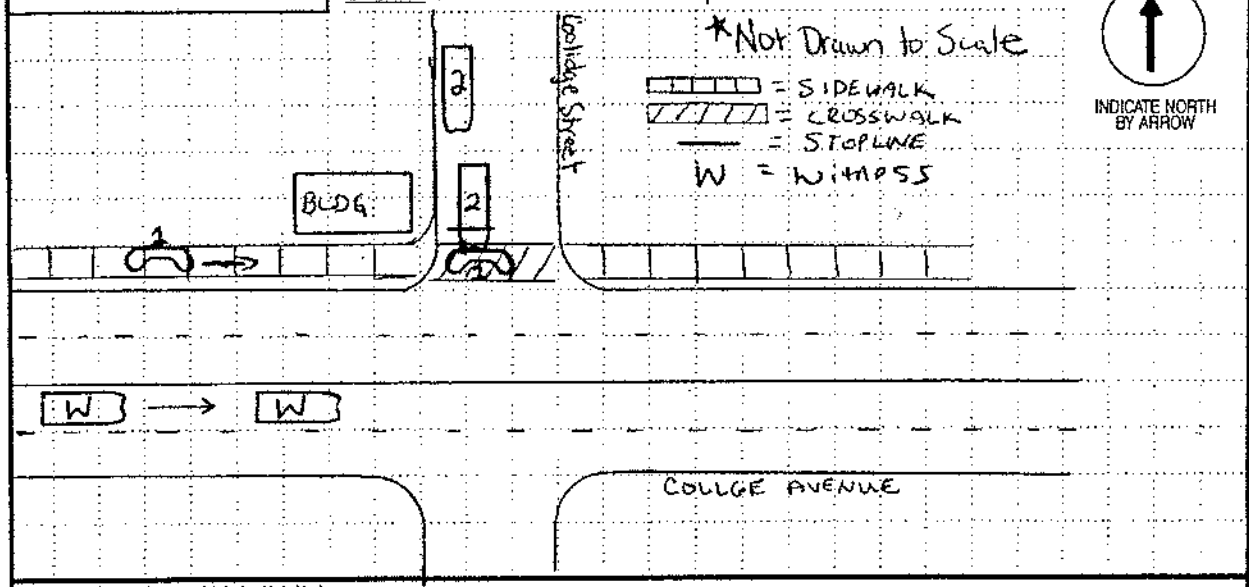
Printed by authority of the State of Illinois

SR 1050 JANUARY 2013

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130393886

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

Unit 1, pedal cyclist David, stated that he was riding his bicycle eastbound on the sidewalk on the north side of College Avenue. He said that he entered the crosswalk at Coolidge Street from the sidewalk without stopping or slowing down. He stated that he usually rides his bike on the south side of the street and therefore has an unobstructed view of Coolidge. However, today he was on the north side and did not see that there was a car on Coolidge because there was a building that obstructed his view. David complained of soreness in his left arm/shoulder. He was checked out by rescue but refuse transport to the hospital. Unit 2 driver, Jonathan, stated he had completely stopped behind the stop line facing southbound on Coolidge at the intersection with College Avenue. He stated that he was inching forward to see if traffic was clear for him to turn right, and, out of nowhere, Unit 2 hit the front of his vehicle. Jonathan was not injured. The witness, Sullivan, was driving EB on College Ave approaching the intersection with Coolidge and stated that he did not see Unit 2 stop at the stop sign, but he said that he could see that the accident was just about to happen and then he saw it actually happen. He stopped his truck to block traffic so that Williams did not get run over by oncoming traffic.

LOCAL USE ONLY

U1 Color Black | U2 Color Blue

U1 towed by / to N/A | U2 towed by / to N/A

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?
HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N
MCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000102817 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	1	1	1	2	U2 1 U1 1 U2 3	U1 1 U2 1	1	2	U1 25 U2 1	64	6

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☑ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-575

TRFW: 7

ADDRESS NO.: 808

HIGHWAY OR STREET NAME: S LINDEN ST

☑ City ☐ Township

NORMAL

INTERSECTION RELATED ☐ Y ☑ N

PRIVATE PROPERTY ☑ Y ☐ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 6/4/2014

TIME: 3:23 ☐ AM ☑ PM

LARS CODE

VEHT: U1 1

(CIRCLE) (CIRCLE)

☐ ..... FT / MI N S E W

☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

U2 1

NO. LANES: 0

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

CLAYTON, DEMARCO A

DATE OF BIRTH: [redacted] mo / day / yr

MAKE / MODEL / YEAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO. / STATE / YEAR

CITY: [redacted] STATE: [redacted] ZIP

INJURY: B EJECT: 1

VIN

TELEPHONE: [redacted]

DRIVER LICENSE NO.

STATE / CLASS

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP) / TELEPHONE / POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT

FRONT 8 1 2 7 9 3 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

VEHU: U1 2

ALIGN: 1

RSUR: 1

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

EASTMAN, ANNA M

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: FORD MODEL: TAURUS YEAR: 2004

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR

CITY: [redacted] STATE: [redacted] ZIP

INJURY: O EJECT: 1

VIN: 1FAFP55S44G165131

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): EASTMAN, KELLY L

INSURANCE CO.: STATE FARM

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: 7287573E2113

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 2

FRONT 8 1 2 7 9 3 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐	☑

* IF YES SEE SIDEBAR

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 2

DIRP: U1 1

U2 3

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
2	3	[redacted]	F	2	4	O	1	KAPRAUN, LAUREN K, [redacted]		
W		[redacted]	M					KELLY, TREVOR A, [redacted]		
W		[redacted]	M					TUTWILER, MAURICE A, [redacted]		
W		[redacted]	M					ANDERSON, ANTHONY M, [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	5
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME / DAMAGED PROPERTY

PROPERTY OWNER ADDRESS / CITY / STATE / ZIP

ARREST NAME / SECTION / CITATION NO.

ARREST NAME / SECTION / CITATION NO.

OFFICER ID.: 782 SIGNATURE: Chad Bock BEAT / DIST.: 4/40 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 02 SECONDARY: 14

POSTED SPEED LIMIT

DATE POLICE NOTIFIED: 6/4/2014 TIME NOTIFIED: 3:23 ☐ AM ☑ PM

COURT DATE / COURT TIME ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

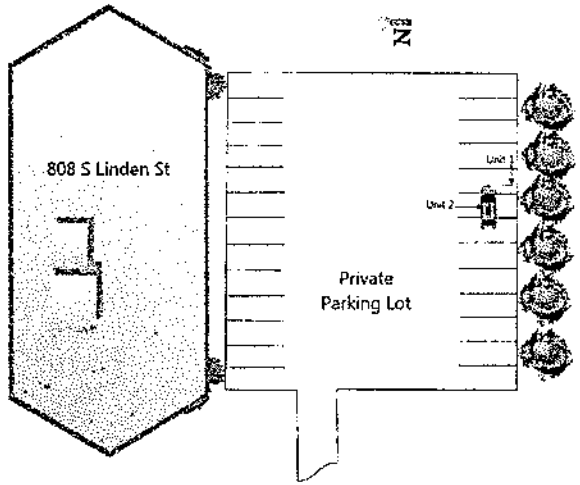
Workers present? ☐ Y ☑ N

X000102817

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

A2014-0575
June 4, 2014 @ 1523 hrs
Drawn by: C. Bock #782

Diagram Drawn Not To Scale



NARRATIVE (Refer to vehicle by Unit No.)

This crash occured as Unit 1, a bicyclist, entered the parking lot suddenly from the trees and was struck by Unit 2.

Driver 2 stated she was traveling east in the parking lot and preparing to park in a space to her left. Unit 1 suddenly appeared from the trees on her right and pulled right in front of her. Driver 2 attempted to stop, unsuccessfully, and struck Unit 1 with front right corner of her vehicle.

Witnesses Kelly, Tutwiler, and Anderson all provided the following chain of events for the crash. The three of them and Driver 1 had been climbing the hill, which was concealed by trees and tall grass, south of the parking lot on thier bicycles. Each rider would circle in the parking lot to build up momentum to climb the hill. Driver 1 was coming down the hill to return to the parking lot. Each witness stated they yelled for Driver 1 to wait because a car was coming. Driver 1 came out of the trees, entered the parking lot in front of Unit 2, and

LOCAL USE ONLY

Motorist 1 Report No: **20140005304**

Motorist 2 Report No: **20140005303**

U1 Color: **Black**	U2 Color: **Silver, Aluminum**	U1 Race: **B**	U2 Race: **W**
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination), or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

was struck by Unit 2.

Driver 2 stated she was traveling east in the parking lot and preparing to park in a space to her left. Unit 1 suddenly appeared from the trees on her right and pulled right in front of her. Driver 2 attempted to stop, unsuccessfully, and struck Unit 1 with front right corner of her vehicle.

Witnesses Kelly, Tutwiler, and Anderson all provided the following chain of events for the crash. The three of them and Driver 1 had been climbing the hill, which was concealed by trees and tall grass, south of the parking lot on thier bicycles. Each rider would circle in the parking lot to build up momentum to climb the hill. Driver 1 was coming down the hill to return to the parking lot. Each witness stated they yelled for Driver 1 to wait because a car was coming. Driver 1 came out of the trees, entered the parking lot in front of Unit 2, and was struck by Unit 2.

Driver 1 complained of an injury to his left foot. Driver 1 was transported to Advocate Bromenn Hospital by NFD for futher evaluation.

I contacted Driver 1 at the hospital. Driver 1 stated he was returning to the parking lot from the trail. Driver 1 did see Unit 2 until he emerged from trees and was entering the parking lot. Driver steered right attempting to avoid Unit 2, but he was struck. Driver 1 stated it felt like his left leg was pulled under Unit 2 and his left foot was run over.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000102826 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
12 (U1) 1 (U2)	3	4	4	1	3	1 (U2) 1 (U1)	1 (U2) 1 (U1)	5	2	1 (U1) 1 (U2)	52	1

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-576

TRFW: 8

ADDRESS NO.:

HIGHWAY OR STREET NAME: LINDEN

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 6/4/2014

TIME: 9:40 ☐ AM ☑ PM

LARS CODE:

VEHT: 16 (U1)

(CIRCLE) ☐ ... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH VERNON (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2: 1

NO. LANES: 16

ALIGN: 6

RSUR: 1

VEHU: 2 (U1)

2 (U2)

RDEF: 1

BAC: 96 (U1)

96 (U2)

NO. OCCS: 1 (U1)

1 (U2)

DIRP: 3 (U1)

1 (U2)

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: RUTLEDGE, DAVID W

DATE OF BIRTH: [redacted] mo / day / yr

MAKE / MODEL / YEAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO. / STATE / YEAR

CITY: [redacted] STATE: [redacted] ZIP

INJURY: A EJECT: 2

VIN

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN; POINT OF FIRST CONTACT

TOWED DUE TO CRASH ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N; * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP) / TELEPHONE / POLICY NO.

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: PERHOCH, ZACHERY A

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: CHEVROLET MODEL: 4 DOOR YEAR: 2009

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2014

CITY: [redacted] STATE: [redacted] ZIP

INJURY: O EJECT: 1

VIN: 2G1WT57K291256821

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN; POINT OF FIRST CONTACT: 8

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N; * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): PERHOCH, ZACHERY A

INSURANCE CO.: USA INSURANCE

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: GIC27135327-7101

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W								ALCANTAR, ALEJANDRA, [redacted]		
W								ZOLL, ANDREW, [redacted]		
W								GAUF, DAVID W, [redacted]		
W								KAWULIA, JOHN, [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	1
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME / DAMAGED PROPERTY

PROPERTY OWNER ADDRESS / CITY / STATE / ZIP

ARREST NAME: RUTLEDGE, DAVID W SECTION: 11-306 CITATION NO.: 241473

ARREST NAME / SECTION / CITATION NO.

OFFICER ID.: 954 SIGNATURE: Isaiah Williamson BEAT / DIST.: 4/41 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 25 SECONDARY: 18

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 6/4/2014 TIME NOTIFIED: 10:30 ☐ AM ☑ PM

COURT DATE: 7/8/2014 COURT TIME: 9:00 ☑ AM ☐ PM

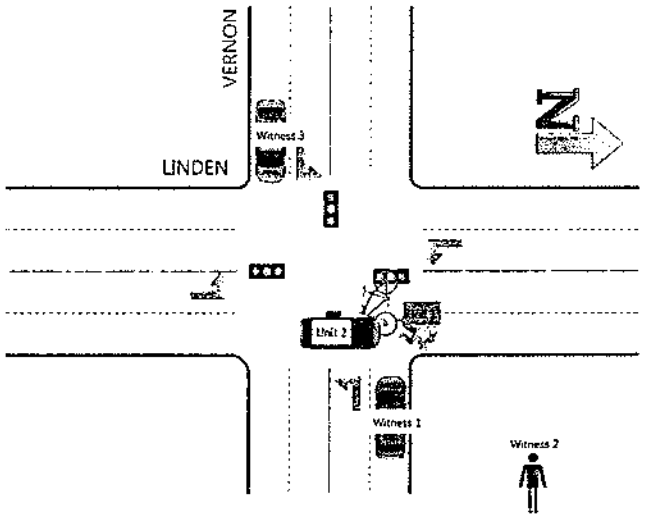
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000102826

A **Diagram** and **Narrative** are required on all Type **B** crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

UNIT 2 was traveling Northbound on LINDEN with the green light. UNIT 1 was traveling on his bicycle in the roadway EASTBOUND on VERNON against the red light. UNIT 1 thought he could make it through the intersection but was struck by UNIT 2. ALL witnesses reported that UNIT 1 was traveling against the red light when he was struck by UNIT 2. UNIT 1 was transprted by EMS to BROMENN HOSPITAL. UNIT 2 had front end damage on the driver side of his vehicle and a giant crack in the windshield on the passenger side. UNIT 2 was able to drive away.

LOCAL USE ONLY

Motorist 1 Report No: 20140020301

Motorist 2 Report No: 20140020302

U1 Color: Red	U2 Color: Black	U1 Race: W	U2 Race: W
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and.
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination), or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car), or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose), or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?

HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N

MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S). 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION. ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

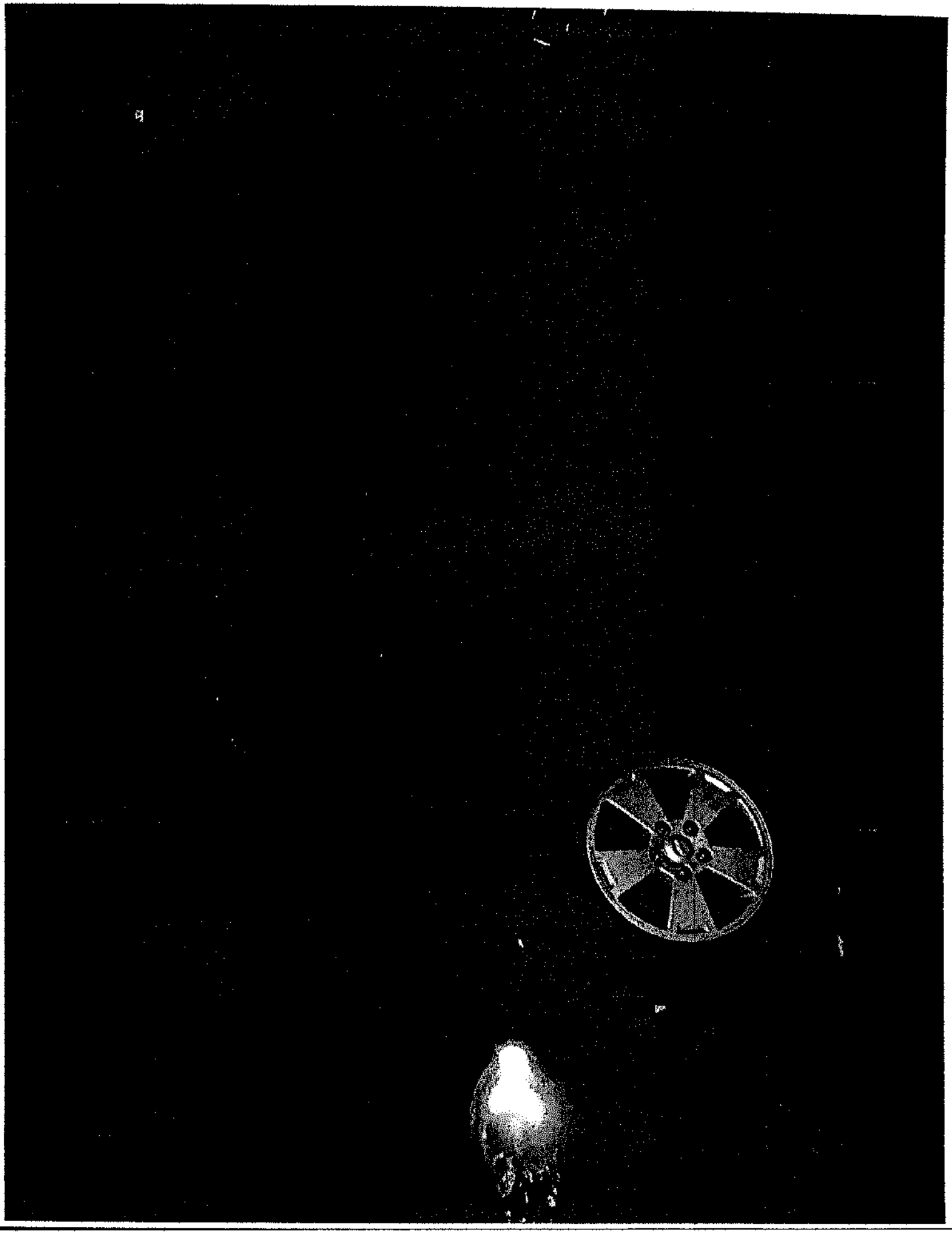
CIRCLE ONE CITY NAME

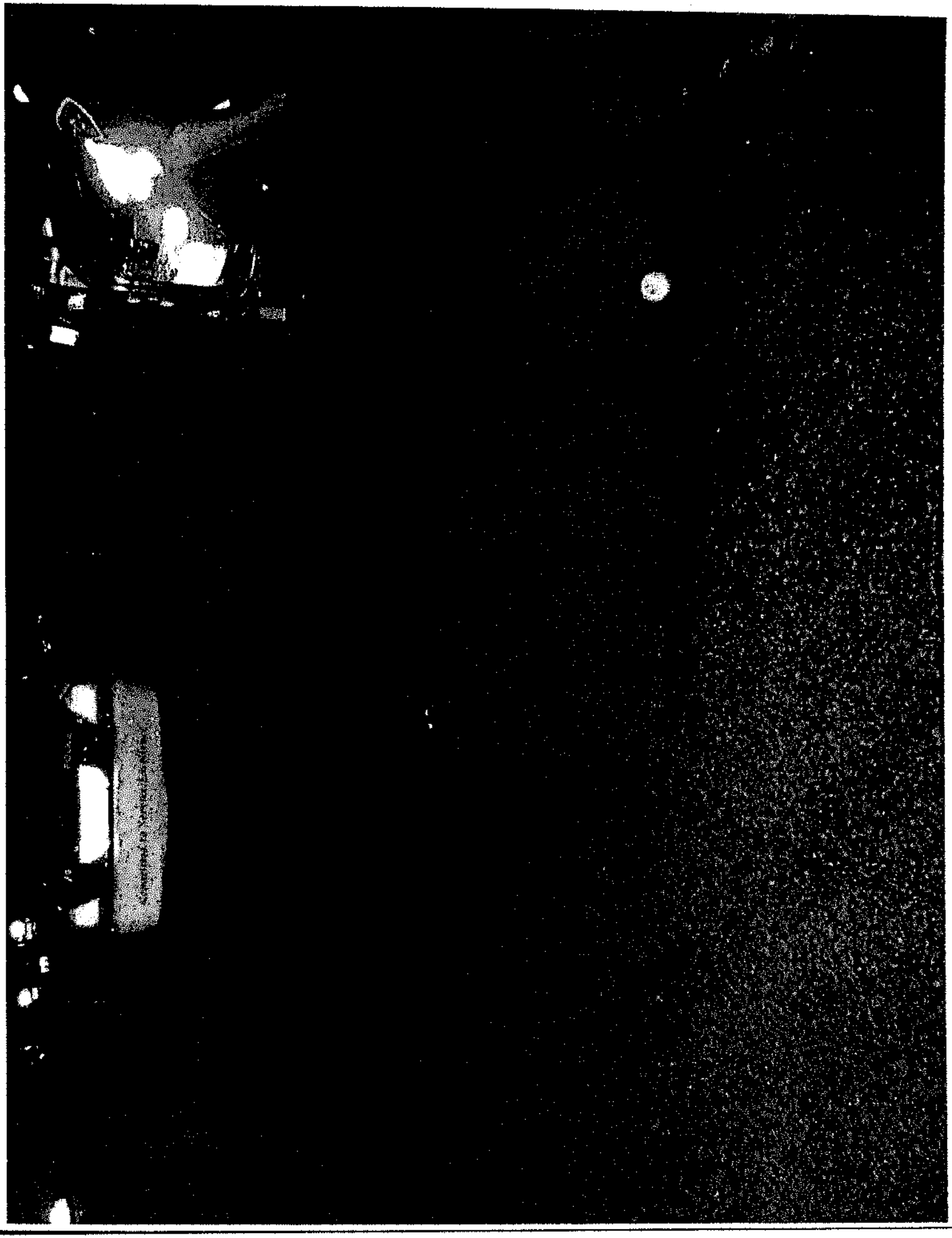
SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

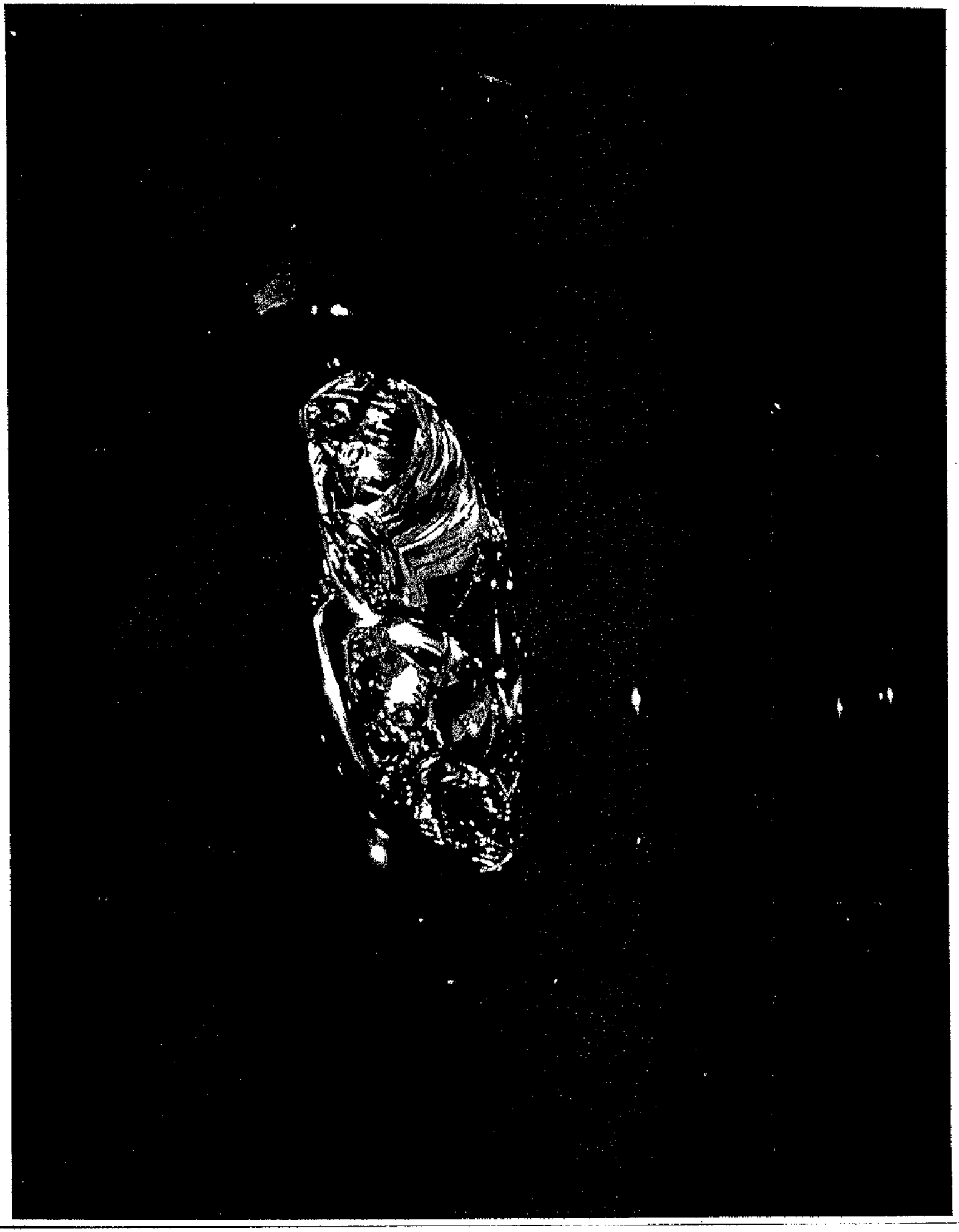
VEHICLE CONFIGURATION _____

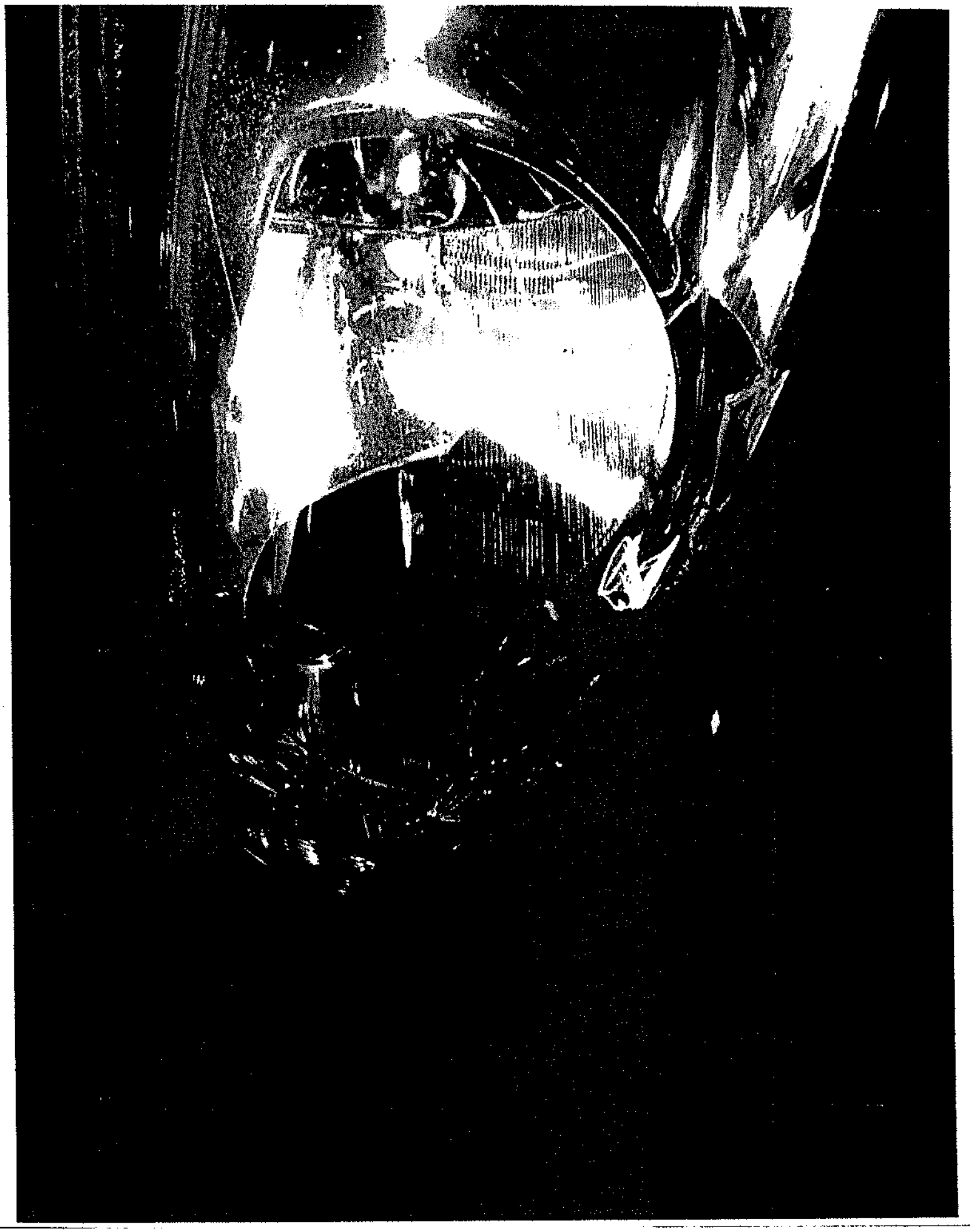
CARGO BODY TYPE _____ LOAD TYPE _____

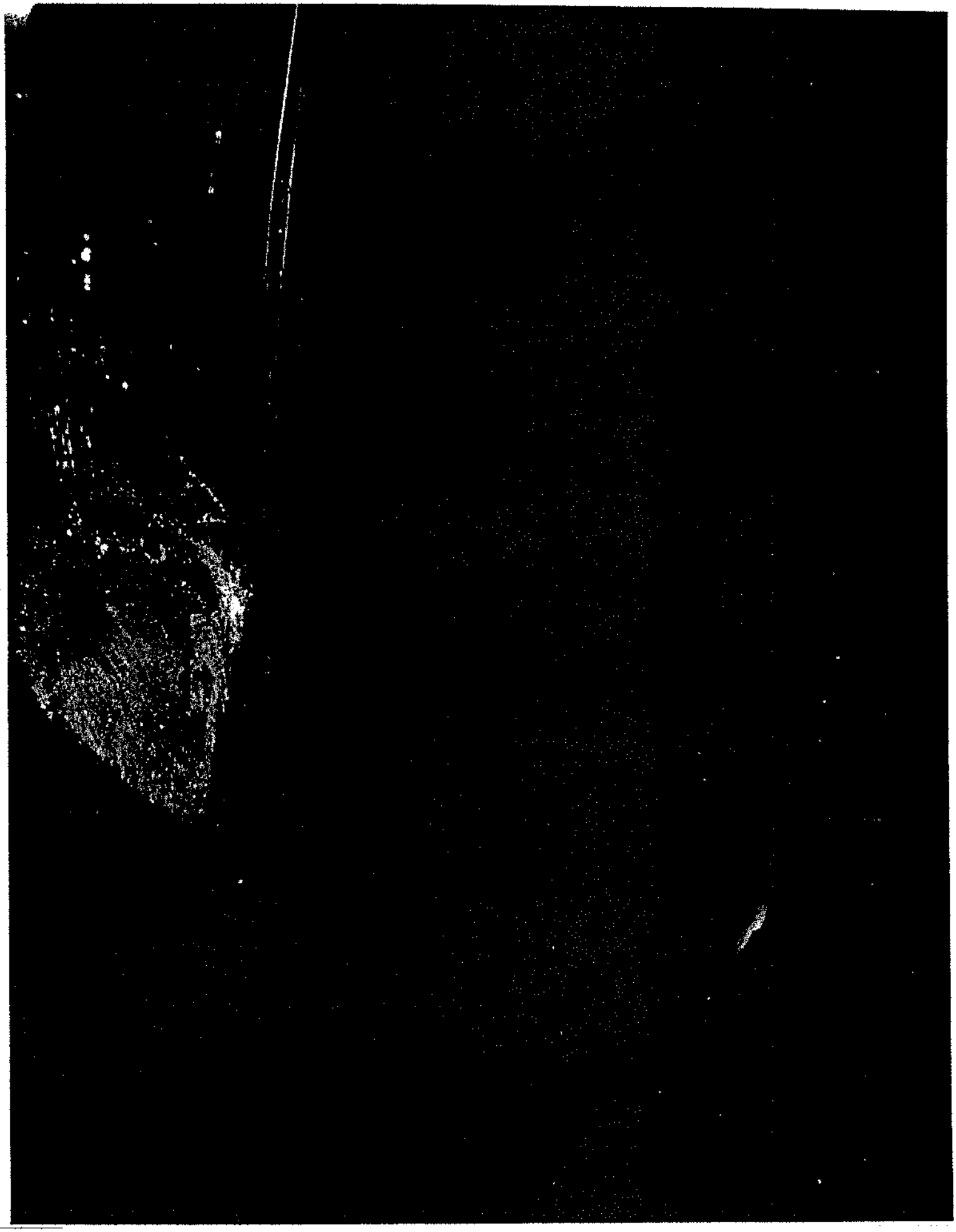
A2014-576

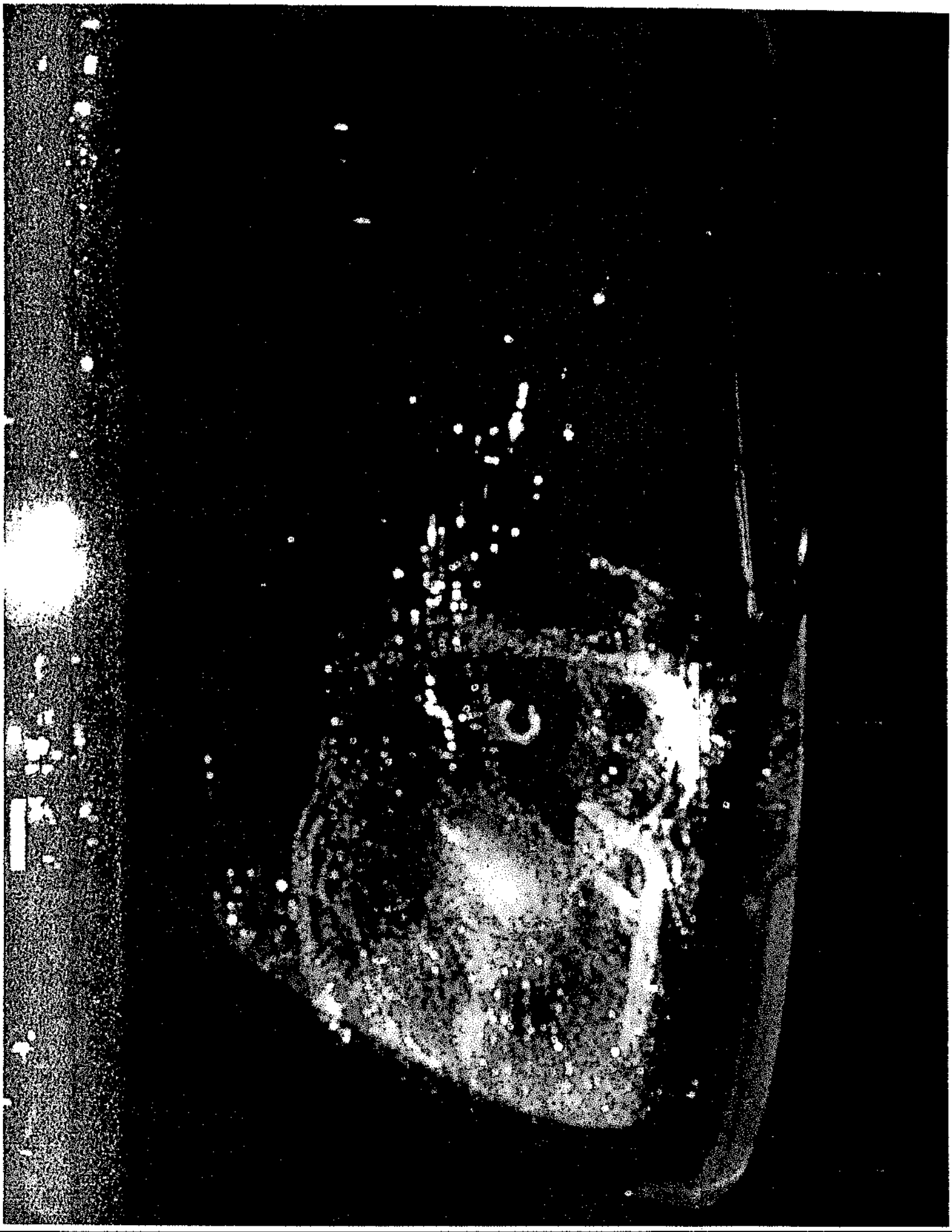












ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000124710 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	1	1	1	U2 1	U1 1 U2 1	U1 1 U2 1	1	2	U1 1 U2 4	64	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY CNE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☑ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-778

TRFW: 2

ADDRESS NO.:

HIGHWAY OR STREET NAME: TOWANDA

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 8/14/2014

TIME: 3:40 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 16

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH KAYS Dr. (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 15

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: OWENS, SKYLER A

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE / MODEL / YEAR

STREET ADDRESS: [redacted]

SEX: M | SAFT: 9 | AIR: 3

PLATE NO. / STATE / YEAR

CITY: [redacted] STATE: [redacted] ZIP

INJURY: C | EJECT: 3

VIN

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT:

FRONT / REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

TELEPHONE: [redacted]

DRIVER LICENSE NO.

STATE: IL | CLASS

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE

POLICY NO.

NO. LANES: 0

ALIGN: 2

RSUR: 1

VEHU: U1 2

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: TRETTER, SARAH L

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: MITSUBISHI | MODEL: OUTLANDER | YEAR: 2012

STREET ADDRESS: [redacted]

SEX: F | SAFT: 2 | AIR: 4

PLATE NO.: [redacted] | STATE: IL | YEAR: 2014

CITY: [redacted] STATE: [redacted] ZIP

INJURY: O | EJECT: 1

VIN: JA4AP4AU0CZ001524

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT: 3

FRONT / REAR

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐	☑

* IF YES SEE SIDEBAR

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL | CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): TRETTER, SARAH L

INSURANCE CO.: STATE FARM

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted]

TELEPHONE: [redacted]

POLICY NO.: VS66602F0413E

VEHU: U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

U1 1

U2 1

DIRP: U1 5

U2 5

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	4
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS / CITY / STATE / ZIP

ARREST NAME: OWENS, SKYLER A | SECTION: 11-1002(B) | CITATION NO.: 244377

ARREST NAME | SECTION | CITATION NO.

OFFICER ID.: 871 | SIGNATURE: Mitchell Willson | BEAT / DIST.: 2/22 | SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 02 | SECONDARY 28

POSTED SPEED LIMIT: 35

DATE POLICE NOTIFIED: 8/14/2014 | TIME NOTIFIED: 3:40 ☐ AM ☑ PM

COURT DATE: 9/23/2014 | COURT TIME: 9:00 ☑ AM ☐ PM

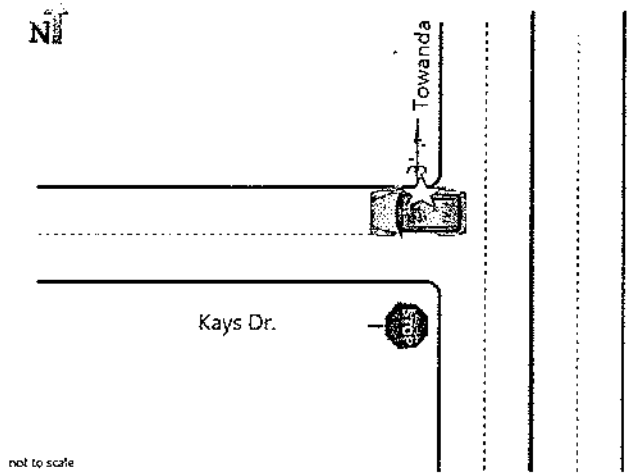
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000124710

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

The driver of unit 1 was on his bicycle (Mongoose), Southbound on the sidewalk (Towanda) approaching the intersection with Kays Dr. The driver of unit 2 was Southbound on Towanda, approaching Kays Dr. The driver of unit 2 stated she remembered passing a bicycle before turning onto Kays Dr, as he (unit 1) was riding down the sidewalk. The driver of unit 2 stated she thought unit 1 was slowing down, and stated he wasn't near her as she turned onto Kays Dr. The driver of unit 1 stated he was going fast down the hill as he was approaching Kays Dr. The driver of unit 1 stated he remembered seeing her turning signals as she passed him on Towanda. The driver of unit 1 stated he was not able to stop, before crashing into the passenger side door of unit 2. The driver of unit 1 acknowledged that unit 2 was in the intersection before he was. The mother of unit 1 arrived on scene (Elizabeth Fultz) shortly after the incident. The driver of unit 1 was examined by NFD, and refused to be transported to the hospital. No tows.

LOCAL USE ONLY

Motorist 1 Report No: 20110721419

Motorist 2 Report No: 20110721420

U1 Color: Black	U2 Color: Gray	U1 Race: W	U2 Race: W
U1 Towed by / to: n/a		U2 Towed by / to: n/a	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car), or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ___

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S)	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000124954 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
9 (U1)	1 (U2)	9	3	4	1	1	3 (U2)	1 (U1)	99 (U2)	1 (U1)	99 (U2)	1	2	9 (U1)	99 (U2)	52	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-797

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: VERNON

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☑ Y ☐ N

DATE OF CRASH: 8/18/2014

TIME: 5:45 ☐ AM ☑ PM

LARS CODE:

VEHT: 16 (U1)

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH LINDEN (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2: 1

NO. LANES: 4

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: UNKNOWN

DATE OF BIRTH: mo / day / yr

MAKE / MODEL / YEAR

STREET ADDRESS

SEX / SAFT / AIR

PLATE NO. / STATE / YEAR

CITY / STATE / ZIP

INJURY: O

EJECT

VIN

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT

TOWED DUE TO CRASH ☐ ☐ Y N

FIRE ☐ ☐

CELLPHONE ☐ ☐

EXCEED SPEED LIMIT ☐ ☐

COM VEH ☐ ☐ * IF YES SEE SIDEBAR

ALIGN: 1

TELEPHONE / DRIVER LICENSE NO. / STATE / CLASS

VEHICLE OWNER (LAST, FIRST, M.I.) / INSURANCE CO.

RSUR: 1

TAKEN TO / EMS AGENCY / OWNER ADDRESS (STREET, CITY, STATE, ZIP) / TELEPHONE / POLICY NO.

VEHU: 99 (U1)

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: HOUCHENS, EDWARD C

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: CADILLAC

MODEL: ELDORADO

YEAR: 1999

STREET ADDRESS: [redacted]

SEX: M

SAFT: 2

AIR: 4

PLATE NO.: [redacted]

STATE: IL

YEAR: 2015

CITY: [redacted]

STATE / ZIP: [redacted]

INJURY: O

EJECT: 1

VIN: 1G6EL12Y7XU609694

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 8; 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT: 8

TOWED DUE TO CRASH ☐ ☑ Y N

FIRE ☐ ☑

CELLPHONE ☐ ☑

EXCEED SPEED LIMIT ☐ ☑

COM VEH ☐ ☑ * IF YES SEE SIDEBAR

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL

CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): HOUCHENS, EDWARD C

INSURANCE CO.: STATE FARM

TAKEN TO / EMS AGENCY / OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] / TELEPHONE: [redacted] / POLICY NO.: 050 6212-A14-13I

U2: 2

RDEF: 1

BAC: 96 (U1)

U2: 96

NO. OCCS: 1 (U1)

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

U2: 1

DIRP: 5 (U1)

U2: 6

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	1
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME / DAMAGED PROPERTY

PROPERTY OWNER ADDRESS / CITY / STATE / ZIP

ARREST NAME / SECTION / CITATION NO.

ARREST NAME / SECTION / CITATION NO.

CONTRIBUTORY CAUSE(S): PRIMARY 18; SECONDARY 99

POSTED SPEED LIMIT: 30

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

DATE POLICE NOTIFIED: 8/18/2014

TIME NOTIFIED: 5:46 ☐ AM ☑ PM

OFFICER ID.: 700

SIGNATURE: Melanie Crays

BEAT / DIST.: 4/41

SUPERVISOR ID.: Records 2, 852

COURT DATE

COURT TIME ☐ AM ☐ PM

Workers present? ☐ Y ☑ N

X000124954

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

NARRATIVE (Refer to vehicle by Unit No.)

Unit 2 driver, Houchens, stated that he had been fully stopped at a red traffic light in the right southbound lane on Linden Street at the intersection with Vernon Avenue. He stated that he wanted to turn right (westbound) onto Vernon Avenue. He ensured that all traffic was clear and he saw that the crosswalk signal for crossing on Linden southbound over Vernon Avenue was a steady red color. Houchens stated that he looked to his left one more time to make sure traffic was still clear and it was so he started to make his right turn and all of a sudden there was a bicycle in front of him and he had just barely struck the rear tire of the bicycle. Houchens stated that the bicycle did not fall over and the bicycle rider did not fall off. He stated that the young male, approximately 19-21 years of age, kept riding and left the area. Houchens said that he had driven around the block and came back to the area to try to find the bicyclist but he was unsuccessful. There did not appear to be any fresh damage on Unit 2 and Houchens stated that he just wanted to let us know what had

LOCAL USE ONLY

Motorist 1 Report No

Motorist 2 Report No: 20140019701

U1 Color:	U2 Color: Silver, Aluminum	U1 Race:	U2 Race W
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example truck or truck/trailer combination), or
2. Is used or designed to transport more than 15 passengers, including the driver (example shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car), or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example large van used for specific purpose), or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

happened in case the bicyclist came in to file a report.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000129292 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	1	1	1	U2 2	U1 1 U2 1	U1 1 U2 1	1	2	U1 3 U2 1	64	5

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-814

TRFW: 13

ADDRESS NO.: 510

HIGHWAY OR STREET NAME: S KINGSLEY STREET

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☑ Y ☐ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 8/20/2014

TIME: 5:15 ☐ AM ☑ PM

LARS CODE

VEHT: U1 1

(CIRCLE) (CIRCLE) ☐ ..... FT / MI N S E W ☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

U2 16

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: MARVIN, MICHAEL A

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: CHEVROLET MODEL: AVEO YEAR: 2009

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. POINT OF FIRST CONTACT: 8 (FRONT / REAR)

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N * IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2014

CITY: [redacted] STATE: [redacted] ZIP: [redacted]

INJURY: O EJECT: 1

VIN: KL1TD66E29B628271

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): MARVIN, MICHAEL A

INSURANCE CO.: USAA

TAKEN TO: EMS AGENCY: OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: 787017 U7101 3

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: BLAIR, TYLER B

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MODEL: YEAR:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. POINT OF FIRST CONTACT: (FRONT / REAR)

TOWED DUE TO CRASH ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N * IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 9 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: [redacted] ZIP: [redacted]

INJURY: O EJECT: 2

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS:

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: EMS AGENCY: OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	4
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: BLAIR, TYLER B

DAMAGED PROPERTY: TREK BICYCLE

PROPERTY OWNER ADDRESS: [redacted] CITY: JACKSONVILLE STATE: IL ZIP: 62650

ARREST NAME: SECTION: CITATION NO.:

ARREST NAME: SECTION: CITATION NO.:

CONTRIBUTORY CAUSE(S) PRIMARY: 02 SECONDARY: 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 8/20/2014 TIME NOTIFIED: 5:53 ☐ AM ☑ PM

COURT DATE: COURT TIME ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

OFFICER ID.: 700 SIGNATURE: Melanie Crays BEAT / DIST.: 3/32 SUPERVISOR ID.: Records 2, 852

VEHT U1 1 / U2 16 / NO.LANES 0 / ALIGN 1 / RSUR 1 / VEHU U1 2 / U2 2 / RDEF 1 / BAC U1 96 / U2 96 / NO. OCCS U1 1 / U2 1 / DIRP U1 6 / U2 1

X000129292

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.

NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 driver, Marvin, came to the police department to report a crash involving a bicycle. Marvin stated that he was leaving the parking lot of the Neuman's Center and he was stopped (facing west) at the driveway entrance which intersects with Kingsley Street, a southbound (SB) one-way street. Marvin stated that he had stopped behind the sidewalk and was looking to the right, north, and checking for traffic to clear. He stated that several cars were traveling SB and he waited until he saw the last one and he moved up to where his vehicle was crossing the sidewalk and waited for the last vehicle to clear the intersection. Marvin stated that he then saw that the last vehicle in traffic was past him and he started to turn left (SB) and all of a sudden a bicycle was in front of him. Marvin stated that the bicycle crossed in front of his vehicle and went onto the street (NB) in front of him. Marvin said that the front tire of the bicycle went completely underneath his car. Marvin explained that he spoke with the bicyclist, Blair, and he said that he was not injured in the crash.

LOCAL USE ONLY

Motorist 1 Report No: 20140019703

Motorist 2 Report No: 20140019702

U1 Color: White	U2 Color: Gray	U1 Race: W	U2 Race: W
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination), or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car), or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose), or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ___

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S). 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

Marvin showed me photographs that he had taken at the scene of the damages to his vehicle and to the bicycle. Unit 1 had scratches on the driver's side portion of the front bumper. (Marvin stated that he believes that, because the damage was so far on the driver's side, that the bicyclist may have actually run into his car.) There was paint scraped off of the front wheel well on the driver's side behind the front tire. Additionally, there were scratches on the bottom portion of both doors on the driver's side of the vehicle. The bicycle had damage to the left handle bar grip. The front wheel was bent and missing a spoke and the sprocket guard was broken. Marvin provided me with Blair's information. I spoke with Blair and he told me that he was riding his bicycle on the sidewalk and was northbound along Kingsley Street. He stated that he observed Unit 1 at the edge of the parking lot, blocking the sidewalk. Blair stated that Marvin did not even look to the south to see if there was any pedestrian traffic. Blair stated that he rode his bicycle in front of Unit 1 on the entryway to the parking lot, but did not go into the street. Blair said that is when Unit 1 struck his bicycle. Blair stated that he was able to jump of the bicycle without being struck or injured.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000131230 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
1 (U1) 1 (U2)	1	2	4	1	2	99 (U2) 1 (U1) 1 (U2)	1 (U1) 2 (U2)	1	2	9 (U1) 1 (U2)	64	6

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☑ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-867

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: BROADWAY

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 9/3/2014

TIME: 1:35 ☐ AM ☑ PM

LARS CODE:

VEHT: 3 (U1)

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH COLLEGE AVE (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

16 (U2)

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: KOVEL, ELIZABETH A

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE / MODEL / YEAR:

STREET ADDRESS: [redacted]

SEX: F SAFT: 1 AIR: 3

PLATE NO. / STATE / YEAR:

CITY: [redacted] STATE: [redacted] ZIP:

INJURY: B EJECT: 1

VIN:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT

FRONT 8 1 2 7 9 3 6 5 4 REAR

TOWED DUE TO CRASH ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N; * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP):

TELEPHONE:

POLICY NO.:

NO. LANES: 0

ALIGN: 2

RSUR: 1

VEHU: 2 (U1)

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: LIGHTLE, JOHANNA E

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: TOYOTA MODEL: SIENNA YEAR: 2002

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 3

PLATE NO.: [redacted] STATE: IL YEAR: 2015

CITY: [redacted] STATE: [redacted] ZIP:

INJURY: O EJECT: 1

VIN: 4T3ZF13C02U452479

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 2

FRONT 8 1 2 7 9 3 6 5 4 REAR

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N; * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): LIGHTLE, JOHANNA E

INSURANCE CO.: STATE FARM

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted]

TELEPHONE: [redacted]

POLICY NO.: 0790420B2113F

2 (U2)

RDEF: 1

BAC: 96 (U1)

96 (U2)

NO. OCCS: 1 (U1)

1 (U2)

DIRP: 1 (U1)

7 (U2)

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	
	2	☐	29	4
	3	☐	13	4

DAMAGED PROPERTY OWNER NAME:

DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: SECTION: CITATION NO.:

ARREST NAME: SECTION: CITATION NO.:

CONTRIBUTORY CAUSE(S): PRIMARY 18; SECONDARY 18

POSTED SPEED LIMIT: 30

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

DATE POLICE NOTIFIED: 9/3/2014

TIME NOTIFIED: 1:44 ☐ AM ☑ PM

OFFICER ID.: 516

SIGNATURE: Gregory Passini

BEAT / DIST.: 3/32

SUPERVISOR ID.: Records 2, 852

COURT DATE:

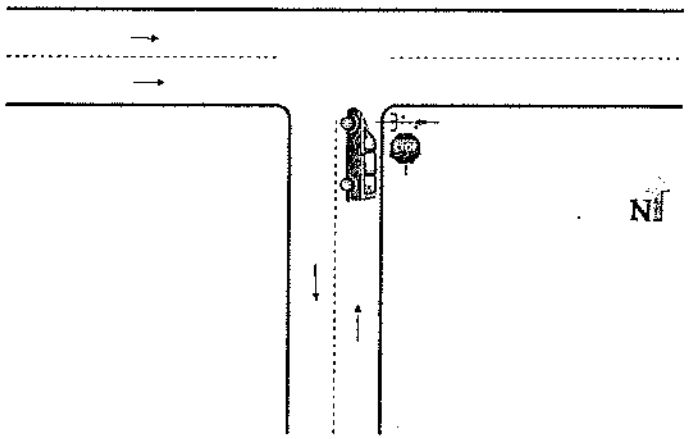
COURT TIME: ☐ AM ☐ PM

Workers present? ☐ Y ☑ N

X000131230

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

Diagram Drawn Not To Scale



NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 is listed as the driven by Elizabeth Kovel. Miss Kovel was riding w/b on the sidewalk located on the south side of College Ave. Miss Kovel stated that as she approached the intersection with Broadway; she observed unit 2 slow and come to a complete stop. Miss Kovel was in continual motion as she traveled uphill and she was under the impression that the minivan would stay stopped until passed through the designated crosswalk. Unit 2 unexpectedly proceeded forward across the intended path of Miss Kovel and stopped. Miss Kovel stated that she applied the brakes on her bicycle but was unable to avoid striking the p/s front quarter panel of the mini van. Miss Kovel stated that one of her bicycle brakes needed work.

Miss Kovel struck the side of the van with the front of her bicycle and body. She sustained minor injuries. Miss Kovel had obvious abrasions to the underside of her right forearm and

LOCAL USE ONLY

Motorist 1 Report No: 20140020275

Motorist 2 Report No: 20140020276

U1 Color:	U2 Color: White	U1 Race: W	U2 Race: W
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination), or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car), or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S).	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

to her left leg. Medical attention was offered several times and declined.

Unit 2 is a Toyota mini van driven by Johanna Lightle which was slowing/stopped at the stop sign intersection of Broadway at College Ave. Miss Lightle stated that she came to a stop at the intersection and looked to her right and then to her left and began to proceed forward. Miss Lightle stated that she did not see the approaching bicyclist prior to the impact.

The two parties involved conversed at the crash scene and loaded the damaged bicycle into the mini van and drove to NPD where they made the report.

Unit 2 had a dented front p/s quarter panel and an obvious scratch in the paint. The bicycle involved sustained a bent front tire and a bent pedal which left the bike inoperable.

No citations were issued. Miss Kovel was given a ride home.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000131611 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
12 (U1)	11 (U2)	1	3	4	1	3	1 (U2)	1 (U1)	13 (U2)	1 (U1)	1 (U2)	4	2	1 (U1)	1 (U2)	52	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-876

TRFW: 3

ADDRESS NO.:

HIGHWAY OR STREET NAME: MAIN

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 9/5/2014

TIME: 3:04 ☑ AM ☐ PM

LARS CODE:

VEHT: 16 (U1)

☐ (CIRCLE) FT / MI N S E W (CIRCLE) BEAUFORT

☑ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

VEHU: 15 (U2)

NO.LANES: 6

ALIGN: 1

RSUR: 1

VEHU: 2 (U1)

RDEF: 1

BAC: 27 (U1)

96 (U2)

NO. OCCS: 1 (U1)

1 (U2)

DIRP: 7 (U1)

1 (U2)

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

DAVIDSON, WILLIAM H

DATE OF BIRTH: [redacted] mo / day / yr

MAKE / MODEL / YEAR

STREET ADDRESS: [redacted]

SEX: M | SAFT: 1 | AIR: 3

PLATE NO. / STATE / YEAR

CITY: [redacted] STATE: [redacted] ZIP

INJURY: A | EJECT: 2

VIN

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL | CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP) / TELEPHONE / POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT:

FRONT 1 2 3 4 5 6 7 8 9 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

BROWN, STEPHANIE R

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: KIA | MODEL: UTILITY | YEAR: 2011

STREET ADDRESS: [redacted]

SEX: F | SAFT: 2 | AIR: 4

PLATE NO.: [redacted] | STATE: IL | YEAR: 2015

CITY: [redacted] STATE: [redacted] ZIP

INJURY: O | EJECT: 1

VIN: 5XYKT3A16BG112193

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL | CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): CALVERT, BRENDA AND GEORGE

INSURANCE CO.: STATE FARM INSURANCE

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted]

TELEPHONE

POLICY NO.: 1467115E2313E

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT: 1

FRONT 1 2 3 4 5 6 7 8 9 REAR

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐	☑

* IF YES SEE SIDEBAR

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	4
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME / DAMAGED PROPERTY

PROPERTY OWNER ADDRESS / CITY / STATE / ZIP

ARREST NAME: DAVIDSON, WILLIAM H | SECTION: 11-1010 | CITATION NO.: 243797

ARREST NAME: DAVIDSON, WILLIAM H | SECTION: 11-306(C) | CITATION NO.: 243798

OFFICER ID.: 954 | SIGNATURE: Isaiah Williamson | BEAT / DIST.: 3/32 | SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 19 | SECONDARY 25

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 9/5/2014 | TIME NOTIFIED: 3:04 ☑ AM ☐ PM

COURT DATE: 10/17/2014 | COURT TIME: 9:00 ☑ AM ☐ PM

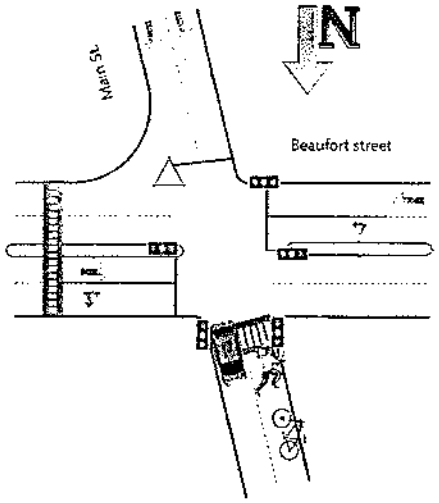
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000131611

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

Unit 2 was traveling Northbound on Main through the intersection of Main and Beaufort in a vehicle with the green light. Unit 1 was traveling Westbound through the intersection of Main and Beaufort on a bicycle against the red light. Unit 1 driver was not wearing any contrasting clothing and did not have a required lighted lamp for night use on his bicycle. Unit 2 driver did not see Unit 1 bicyclist crossing at the intersection and struck him with her vehicle. Unit 1 driver was ejected from the bicycle. Unit 1 driver was transported to Bromenn to be treated for injuries. Unit 1 driver was found to be extremely intoxicated. Unit 1 driver was issued multiple citations.

LOCAL USE ONLY

Motorist 1 Report No: 20140019665

Motorist 2 Report No: 20140019664

U1 Color:	U2 Color:	U1 Race: W	U2 Race: W
U1 Towed by / to :		U2 Towed by / to :	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination), or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car), or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?

HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N

MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION. ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Traffic Crash Reconstruction Report

A14-0876

By

Officer Chad Bock #7082

Traffic Crash Re-constructionist

September 5, 2014

Table of Contents

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Circumstances	*Page 2*
Issue	*Page 2*
Data Collected	*Pages 2-3*
Holloway's Statement	*Page 3*
Summary	*Page 3*

Identification

Location: S. Main St. and W. Beaufort St.

Date: September 5, 2014

Time: 3:04 a.m.

Involving: 1. Fuji Sagres 10 speed bicycle (driver William H. Davidson)

2. 2011 Kia Sorento (driver Stephanie R. Brown)

Circumstances

This crash occurred at the intersection of S. Main St. and W. Beaufort St., in Normal, McLean County, IL. S. Main St. is bituminous asphalt, two-lane, one-way, city-street and the speed limit is 30 M.P.H. W. Beaufort St. is a bituminous asphalt, four-lane, divided city street and the speed limit is 30 M.P.H. The intersection is controlled by a traffic signal, which was functioning properly.

The weather at the time of the crash was clear and roadway was dry. There were no apparent defects on the roadway in the area of the crash.

It was dark at the time of the crash. There were no street lights in the immediate area of the intersection. There was some ambient light illuminating from the parking lot lights northeast of the intersection.

It was reported to officers on scene that the Davidson entered the intersection against a red traffic signal and failed to yield the right of way to the Kia.

Issue

The issue addressed in this report is did the Davidson enter the intersection against a red traffic signal and subsequently cause the crash.

Data Collected

I conducted a preliminary investigation of the crash scene. I took photographs of the crash scene. I collected measurements of the crash scene to complete a scale diagram of the scene if necessary however, a scale diagram was not completed at this time.

The Kia left anti-lock, brake, tire marks on the roadway that measured 38 feet 10 inches from the driver's side and 44 feet 4 inches from the passenger's of the vehicle. There was damage on the forward fourth of the Kia's hood. The damage location appeared consistent with the Kia traveling at or below the posted speed limit of 30 M.P.H.

The Fuji bicycle was not equipped with a front head lamp, as required. Davidson was reported to be wearing blue jeans and a black t-shirt.

Brown's Statement

Brown stated she was traveling north on S. Main St. and entered the intersection with a green traffic signal. Brown was unfamiliar with the area and had begun to slow down for road construction that was ahead of her. Brown suddenly struck Davidson. Brown did not see Davidson until she had struck him and reacted to stop her vehicle after the collision had occurred.

Summary

The cause of the crash was Davidson entering the intersection against a red traffic signal and failing to yield the right of way to the Kia.

The limited lighting at the intersection, dark clothing worn by Davidson, and the lack of a head lamp on the bicycle contributed to Brown's inability to see Davidson and therefore react in an attempt to avoid the crash.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000152963 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	1	1	1	U2 16	U1 1 U2 1	U1 1 U2 1	1	2	U1 20 U2 25	64	6

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO: A2014-1075

TRFW: 8

ADDRESS NO.:

HIGHWAY OR STREET NAME: MAIN ST.

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☐ Y ☑ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 10/21/2014

TIME: 4:50 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 3

(CIRCLE) ☑ 20 (FT) / MI (N) S E W Beaufort St.

☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO.LANES: 0

ALIGN: 1

RSUR: 1

VEHU: U1 2

U2 98

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 7

U2 5

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

BICKNELL, CATHY J

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: DODGE MODEL: CARAVAN YEAR: 2008

STREET ADDRESS: [redacted]

SEX: SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR:

CITY: [redacted] STATE: ZIP: [redacted]

INJURY: O EJECT: 1

VIN: 1D8HN54P48B107286

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT: 1

TOWED DUE TO CRASH ☐ Y ☑ N

FIRE ☐ Y ☑ N

CELLPHONE ☐ Y ☑ N

EXCEED SPEED LIMIT ☐ Y ☑ N

COM VEH ☐ Y ☑ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): BICKNELL, CATHY J

INSURANCE CO.: STATE AUTO

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: AIL0023433

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

RUBINGER, NATHAN M

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP: [redacted]

INJURY: O EJECT: 1

VIN:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT:

TOWED DUE TO CRASH ☐ Y ☐ N

FIRE ☐ Y ☐ N

CELLPHONE ☐ Y ☐ N

EXCEED SPEED LIMIT ☐ Y ☐ N

COM VEH ☐ Y ☐ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: RUBINGER, NATHAN M

DAMAGED PROPERTY: BICYCLE

PROPERTY OWNER ADDRESS: [redacted] CITY: BLOOMINGTON STATE: IL ZIP: 61701

ARREST NAME: BICKNELL, CATHY J SECTION: 11-906 CITATION NO.: 246440

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 981 SIGNATURE: Jordan Krueger BEAT / DIST.: 3/33 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 02 SECONDARY 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 10/21/2014 TIME NOTIFIED: 4:50 ☐ AM ☑ PM

COURT DATE: 11/25/2014 COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000152963

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.

NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 driver stated she was in the drive-thru at McDonald's on S. Main St. Unit 1 driver stated she was leaving the drive-thru and looking S/B at oncoming traffic. Unit 1 driver stated she did not see Unit 2 and attempted to enter traffic. Unit 1 driver stated she struck Unit 2 with her vehicle. Unit 1 driver did not require medical attention.

Unit 2 stated he was riding his bicycle S/B on the side-walk near McDonald's drive-thru. Unit 2 stated he was crossing in front of Unit 1 when he was struck by Unit 1's vehicle. Unit 2 stated he was pinned under Unit 1 until Unit 1 reversed backwards to allow him to get from under the vehicle. Unit 2 did not require medical attention.

LOCAL USE ONLY

Motorist 1 Report No. 20140019623

Motorist 2 Report No: 20140019624

U1 Color: Maroon	U2 Color:	U1 Race: W	U2 Race: W
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose), or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?

HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N

MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000156891 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS			VEHD		LGHT	COLL	MANV		PPA	PPL
1 (U1)	1 (U2)	1	2	4	1	1	1 (U2)	1 (U1)	1 (U2)		1 (U1)	1 (U2)	1	2	4 (U1)	1 (U2)	99	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-1178

TRFW: 2

ADDRESS NO.:

HIGHWAY OR STREET NAME: NORTHBROOK

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 11/11/2014

TIME: 4:18 ☐ AM ☑ PM

LARS CODE

VEHT: 1 (U1)

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH W. RAAB (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

16 (U2)

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: STOLLER, OLIVIA L.

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: CHEVROLET MODEL: CRUZE YEAR: 2014

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. POINT OF FIRST CONTACT: 1 (FRONT)

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐	☑

* IF YES SEE SIDEBAR

NO. LANES: 2

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2015

ALIGN: 1

CITY: [redacted] STATE: [redacted] ZIP: [redacted]

INJURY: O EJECT: 1

VIN: 1G1PC5SB5E7156236

RSUR: 1

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): STOLLER, OLIVIA L

INSURANCE CO.: AAA INSURANCE

VEHU: 2 (U1)

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: AUT004591060

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: MELVIN, SAMANTHA N

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MODEL: YEAR:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. POINT OF FIRST CONTACT: (FRONT)

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

2 (U2)

STREET ADDRESS: [redacted]

SEX: F SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

RDEF: 1

CITY: [redacted] STATE: [redacted] ZIP: [redacted]

INJURY: C EJECT: 1

VIN:

BAC: 96 (U1)

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

96 (U2)

TAKEN TO: Refused EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

NO. OCCS: 1 (U1)

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

1 (U2)

DIRP: 1 (U1)

7 (U2)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: STOLLER, OLIVIA L SECTION: 11-601(A) CITATION NO: 247575

ARREST NAME: SECTION: CITATION NO.:

CONTRIBUTORY CAUSE(S): PRIMARY 28 SECONDARY 18

POSTED SPEED LIMIT: 30

Did crash occur in a Work Zone? ☐ Y ☑ N

IF YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

DATE POLICE NOTIFIED: 11/11/2014 TIME NOTIFIED: 4:18 ☐ AM ☑ PM

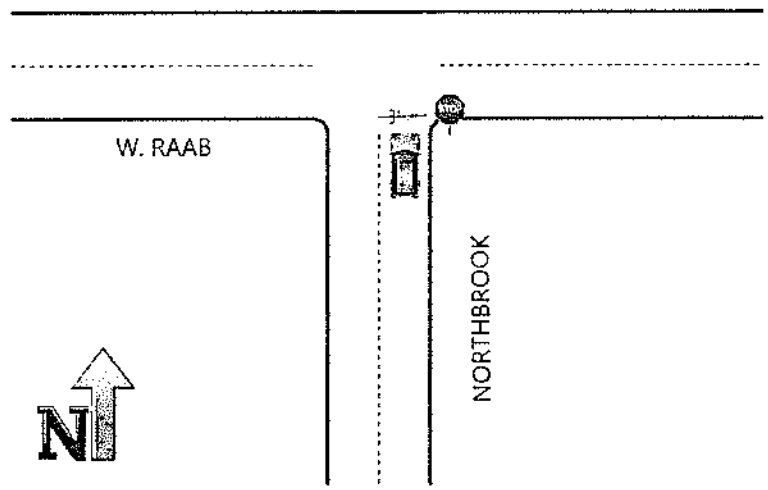
OFFICER ID.: 963 SIGNATURE: Alexander Curry BEAT / DIST.: 1/11 SUPERVISOR ID.: Records 2, 852

COURT DATE: 12/16/2014 COURT TIME: 9:00 ☑ AM ☐ PM

Workers present? ☐ Y ☑ N

X000156891

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

U1 was traveling northbound on Northbrook, preparing to turn right at the intersection of W. Raab. U2 was traveling westbound, across the unmarked cross walk on W. Raab. The driver of U1 stated she was watching oncoming eastbound traffic as she traveled forward.The front bumper of U1 struck the left side of U2. Both units claimed U1 was traveling approximately 1-2 mph. No damage was reported to either unit. U2 did not report injuries at the time of the accident but reported sore wrist and a chipped tooth several hours later. NFD checked on U2 and found no injuries. U1 was cited for failure to reduce speed to avoid an accident.

LOCAL USE ONLY

Motorist 1 Report No: 20140019926

Motorist 2 Report No: 20140019927

U1 Color: Black	U2 Color:	U1 Race: W	U2 Race: W
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S).	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET.

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000162494 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	4	1	2	U2 3 U1 1 U2 1	U1 1 U2 1	5	2	U1 1 U2 1	64	1

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-1230

TRFW: 2

ADDRESS NO.:

HIGHWAY OR STREET NAME: ADELAIDE

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

DATE OF CRASH: 11/28/2014

TIME: 9:53 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH (CIRCLE) HOVEY (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 99

NO. LANES: 0

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: HAMRICK, MITCHELL J

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MERCURY MODEL: GRAND MARQUIS YEAR: 1998

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. POINT OF FIRST CONTACT: 2

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N (* IF YES SEE SIDEBAR)

ALIGN: 1

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2015

RSUR: 1

CITY: [redacted] STATE: [redacted] ZIP: [redacted]

INJURY: O EJECT: 1

VIN: 2MEFM75W9WX635036

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): HAMRICK, MITCHELL J

INSURANCE CO.: GEICO

VEHU: U1 2

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: 4328050051

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: SPARKS, JESIAH D

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MODEL: YEAR:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. POINT OF FIRST CONTACT:

TOWED DUE TO CRASH ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N (* IF YES SEE SIDEBAR)

U2 2

RDEF: 1

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

BAC: U1 96

CITY: [redacted] STATE: [redacted] ZIP: [redacted]

INJURY: B EJECT: 1

VIN:

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

U2 96

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

NO. OCCS: U1 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

U2 1

DIRP: U1 5

U2 3

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME:

DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

CONTRIBUTORY CAUSE(S): PRIMARY 23; SECONDARY 02

POSTED SPEED LIMIT: 30

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

ARREST NAME: HAMRICK, MITCHELL J SECTION: 11-1204B CITATION NO: 247657

ARREST NAME: SPARKS, JESIAH D SECTION: 11-1507 CITATION NO.: 247659

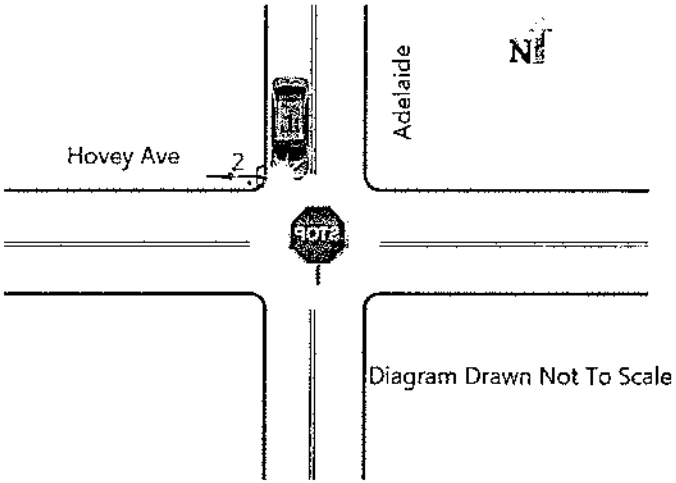
DATE POLICE NOTIFIED: 11/28/2014 TIME NOTIFIED: 9:53 ☐ AM ☑ PM

OFFICER ID.: 982 SIGNATURE: Jason Parmenter BEAT / DIST.: 3/32 SUPERVISOR ID.: Records 2, 852

COURT DATE: 12/30/2014 COURT TIME: 9:00 ☑ AM ☐ PM

X000162494

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 was traveling southbound on Adelaide approaching the intersection at Hovey Ave. Unit 2 was traveling eastbound on Hovey Ave. approaching the intersection at Adelaide. The driver of Unit 2 stated he approached the intersection at Adelaide and saw a vehicle traveling southbound on Adelaide. The driver of Unit 2 stated since the vehicle had to stop at the stop sign at the intersection he proceeded through the intersection without stopping. The driver of Unit 2 stated as he proceeded through the intersection he was struck by Unit 1. The driver of Unit 2 stated he then fell off his bicycle causing an injury to his leg.

The driver of Unit 1 stated he was traveling southbound on Adelaide approaching the intersection at Hovey. The driver of Unit 1 stated he thought he stopped at the intersection but he may have proceeded over the designated stop line. The driver of Unit 1 stated as he proceeded through the intersection, the front passenger side of his vehicle was struck by

LOCAL USE ONLY

Motorist 1 Report No. 20140005376

Motorist 2 Report No. 20140005377

U1 Color: Maroon	U2 Color: Black	U1 Race: W	U2 Race: W
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10 000 pounds (example: truck or truck/trailer combination), or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose), or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?

HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N

MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S)	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

Unit 2. The driver of Unit 1 stated he did not check if the intersection was clear before proceeding. The driver of Unit 1 stated he exited his vehicle and asked the driver of Unit 2 if he was alright. The driver of Unit 1 stated the driver of Unit 2 stated he was ok.

Unit 2 sustained minimal damage to the front end. Unit 1 sustained minimal damage to the front passengers side.

The driver of Unit 2 sustained a leg injury. The driver of Unit 2 was transported to Bromenn by Normal Fire Deparrment. The driver of Unit 1 sustained no injuries. No Tows.

The driver of Unit 1 was issued a citation for Disobeying a Stop Sign and Operating a Uninsured Vehicle.

The driver of Unit 2 was issued a citation for Disobeying a Stop Sign and Improper Equipment on a Bicycle.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000174802 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
9 U1	9 U2	9	1	1	1	99	99 U2	99 U1	U2	99 U1	U2	3	2	99 U1	U2	56	1

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2014-1353

TRFW: 2

ADDRESS NO.:

HIGHWAY OR STREET NAME: COLLEGE AVE

☑ City ☐ Township

NORMAL

INTERSECTION RELATED ☐ Y ☑ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☑ Y ☐ N

DATE OF CRASH: 12/31/2014

TIME: 4:35 ☐ AM ☑ PM

LARS CODE:

VEHT: 99 U1

☑ 200 (CIRCLE) (FT) / MI N S E (W) (CIRCLE) Sheringham Dr

☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2

NO.LANES:

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: UNKNOWN

DATE OF BIRTH: mo / day / yr

MAKE: UNKNOWN MODEL: UNKNOWN YEAR:

STREET ADDRESS:

SEX: SAFT: 9 AIR: 9

PLATE NO. STATE YEAR

CITY STATE ZIP

INJURY: O EJECT: 9

VIN:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT: 1

FRONT 1, 2, 3, 4, 5, 6, 7, 8, 9 REAR

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐	☑

* IF YES SEE SIDEBAR

ALIGN: 1

TELEPHONE DRIVER LICENSE NO. STATE CLASS

VEHICLE OWNER (LAST, FIRST, M.I.): UNKNOWN

INSURANCE CO.

RSUR: 1

TAKEN TO EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE POLICY NO.

VEHU: 99 U1

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: ZEMMAL, ALLEN J

DATE OF BIRTH: [redacted]

MAKE MODEL YEAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO. STATE YEAR

CITY: [redacted] STATE: [redacted] ZIP

INJURY: A EJECT: 2

VIN:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT:

FRONT 1, 2, 3, 4, 5, 6, 7, 8, 9 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

U2

RDEF: 1

BAC: 97 U1

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

96 U2

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE POLICY NO.

NO. OCCS: 1 U1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

U2

DIRP: 7 U1

U2

UNIT 1

(EVNO)	(MOST)	(EVNT)	(LOC)
1	☑	13	1
2	☐		
3	☐		

UNIT 2

1	☐		
2	☐		
3	☐		

DAMAGED PROPERTY OWNER NAME: ZEMMAL, ALLEN J

DAMAGED PROPERTY: BICYCLE

PROPERTY OWNER ADDRESS: [redacted] CITY: NORMAL STATE: IL ZIP: 61761

ARREST NAME SECTION CITATION NO.

ARREST NAME SECTION CITATION NO.

OFFICER ID.: 981 SIGNATURE: Jordan Krueger BEAT / DIST.: 3/31 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 18 SECONDARY: 18

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 12/31/2014 TIME NOTIFIED: 5:30 ☐ AM ☑ PM

COURT DATE COURT TIME ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000174802

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

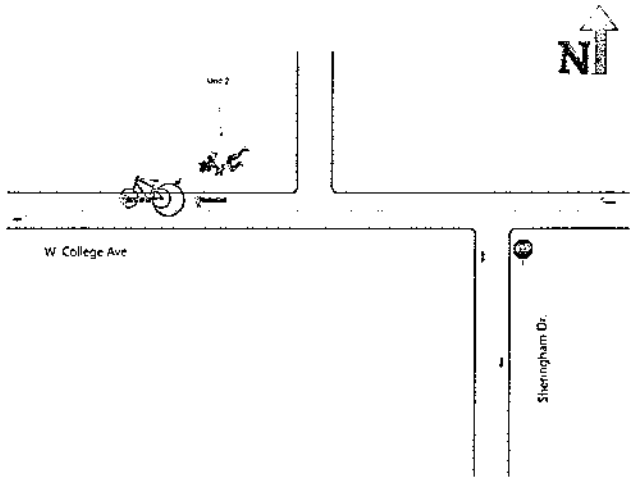


Diagram Drawn Not To Scale

NARRATIVE (Refer to vehicle by Unit No.)

On 12-31-14 at approximately 1635 hours, I was dispatched to a hit and run. The victim was traveling w/b on College Ave on his bicycle and was struck from behind by an unknown vehicle. The victim suffered an apparent head injury. The victim was transported by Normal Fire Department to Bromenn Hospital where he was treated for his injuries. Later at the ER I was notified by the nursing staff that the victim suffered multiple skull fractures, a lower back fracture, and a degloving scalp.

There were no witnesses to the hit and run therefore I was not able to provide any suspect information.

The suspect's bicycle was collected as evidence and was damaged due to the crash.

LOCAL USE ONLY

Motorist 1 Report No

Motorist 2 Report No: 20110722214

U1 Color:	U2 Color	U1 Race:	U2 Race: U
U1 Towed by / to		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example, truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose), or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ___

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

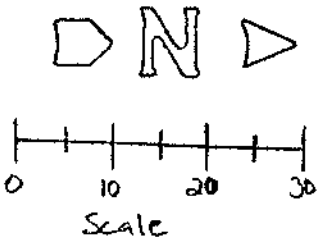
CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET.

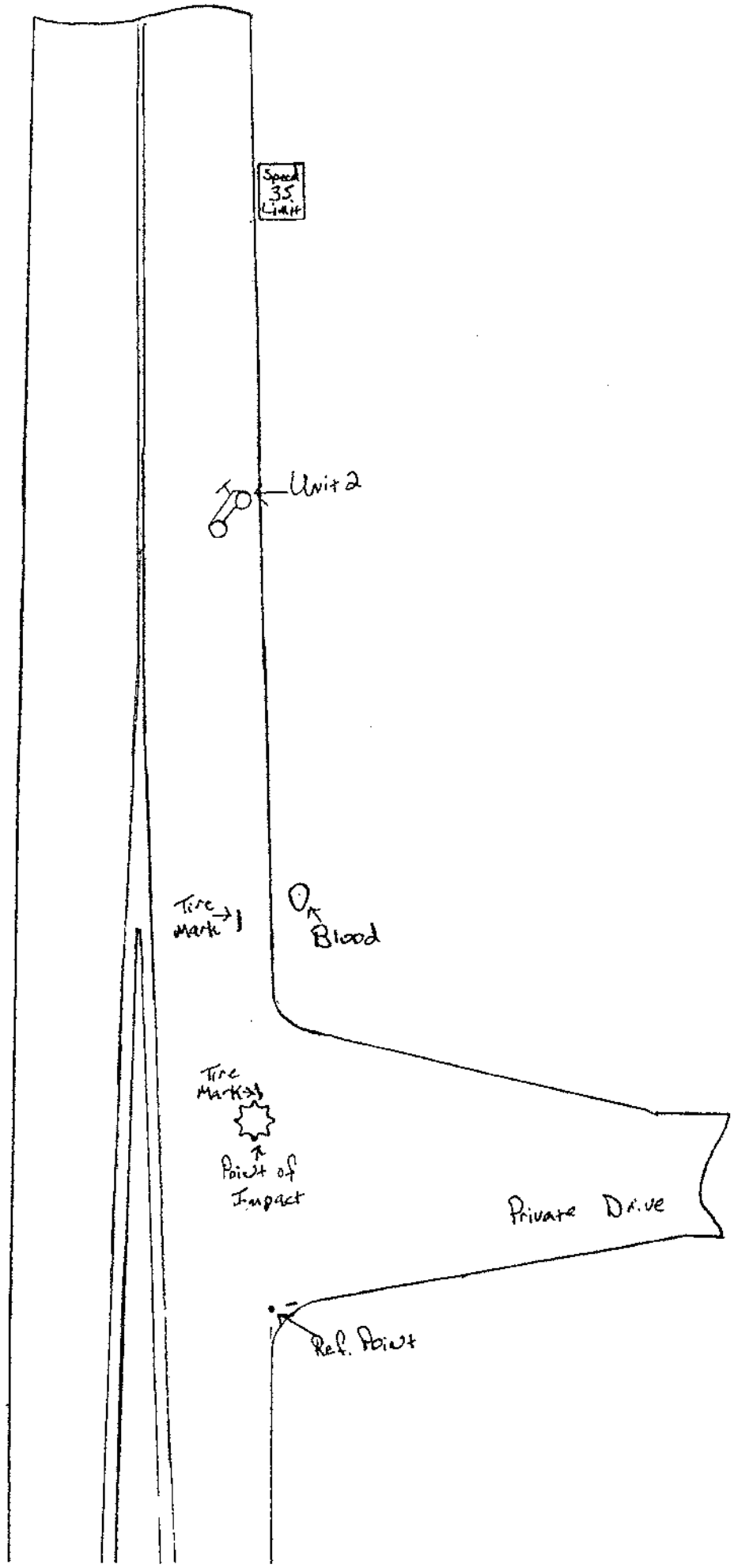
VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____



A 2014-1353

Ofc. C Bock #7082



Traffic Crash Reconstruction Report

A2014-1353

By

Officer Chad Bock #7082

Traffic Crash Re-constructionist

December 31, 2014

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Issue	*Page 2*
Data Collected	*Pages 2-3*
Witness Statements	*Page 3*
Summary	*Page 3*
Crash Scene Map	*Page 4*

Identification

Location: W. College Avenue west of Sheringham Drive

Date: December 31, 2014

Time: 4:35 p.m.

Involving: 1. Unknown Motor Vehicle

2. Next bicycle (cyclist Allen J. Zemmal)

Circumstances

This crash occurred on W. College Avenue west of Sheringham Drive in Normal, McLean County, IL. W. College Avenue is a bituminous concrete, two-lane, city-street, and the speed limit is 30 M.P.H. There are no traffic controls for W. College Avenue in the area of the crash.

Zemmal was cycling west on W. College Avenue in a designated bicycle lane. Zemmal's bicycle was equipped with a red LED light facing to the rear of the bicycle and a white headlamp facing to the front of the bicycle. Both of these lights were activated when the Next bicycle was located at final rest.

Zemmal reported to officers at the hospital that he was riding his bicycle on W. College Avenue and was going to Taco Bell. Zemmal was traveling west and was on the right side of the roadway. Zemmal could not recall anything further about the incident.

Issue

The issue addressed in this report is whether Zemmal was struck by a motor vehicle.

Data Collected

I conducted a preliminary investigation of the crash scene, with the assistance of Evidence Technician S. Koscielak. Koscielak took photographs of the crash scene. I collected coordinate measurements of the crash scene, using a fixed reference point and a Keson traffic wheel.

I observed the area of maximum engagement of the Next bicycle and the unknown motor vehicle to be 1'3" south and 28'10" west of the reference point. This was evident by a slight tire scuff, from the rear tire of the Next bicycle, and a minor gouge in the pavement, from the rear rim of the Next bicycle. The tire scuff and minor gouge were located well to the right of

the westbound lane of W. College Avenue and clearly within the designated bicycle lane. There were multiple small pieces of automobile glass in this area as well.

The Next bicycle and the unknown motor vehicle continued west on W. College Avenue. Another minor gouge in the pavement was located 3'2" south and 52'11" west of the reference point.

The Next bicycle came to rest in the roadway with the rear tire 4'6" south and 108'8" west of the reference point and the front tire 2'10" south and 110'0" west of the reference point.

There were no tire marks on the roadway to indicate that unknown vehicle attempted any braking or steering input prior to the crash.

Witnesses

There were no witnesses to the crash. Crystal Jarvas had been traveling westbound on W. College Avenue and came upon Zemmal after the crash had taken place. Jarvas contacted the police and attempted to render aid to Zemmal until rescue personnel arrived on scene.

Summary

Based upon the damage to the rear tire of the Next bicycle, it is clear the bicycle was rear-ended by an unknown motor vehicle. The crash occurred in a designated bicycle lane. The Next bicycle was illuminated both to the rear and front even though it was still daylight at the time of the crash. The unknown motor vehicle failed to yield the right of way to Zemmal and caused the crash.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000221719 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
1 (U1)	1 (U2)	1	1	1	1	2	1 (U2)	1 (U1)	1 (U2)	2 (U1)	1 (U2)	1	2	1 (U1)	1 (U2)	20	1

INVESTIGATING AGENCY	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	TYPE OF REPORT		AGENCY CRASH REPORT NO.	TRFW
Normal Police Dept.	☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500	☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash	A2015-403	1

ADDRESS NO.	HIGHWAY OR STREET NAME		INTERSECTION RELATED	DATE OF CRASH	TIME	LARS CODE	VEHT
	MONTGOMERY	☑ City ☐ Township NORMAL	☑ Y ☐ N PRIVATE PROPERTY ☐ Y ☑ N	4/6/2015	4:22 ☐ AM ☑ PM		99 (U1)

(CIRCLE)	(CIRCLE)	COUNTY		DOORING WITH PEDALCYCLIST?	NUMBER MOTOR VEHICLES INVLD	LARS CODE	
☐ ..... FT / MI N S E W ☑ AT INTERSECTION WITH	SHELBOURNE (NAME OF INTERSECTION OR ROAD FEATURE)	MC LEAN	HIT & RUN ☐ Y ☑ N	☐ Y ☑ N	1		1 (U2)

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)		NO. LANES
[redacted]	[redacted] mo / day / yr				00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT	FRONT 8 1 2 7 9 3 6 5 4 REAR	2

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR		Y N	ALIGN
[redacted]	M	5	3				TOWED DUE TO CRASH	☐ ☐	1

CITY	STATE	ZIP	INJURY	EJECT	VIN			
[redacted]	[redacted]		B	1		FIRE ☐ ☐ CELLPHONE ☐ ☐ EXCEED SPEED LIMIT ☐ ☐ COM VEH ☐ ☐ * IF YES SEE SIDEBAR	RSUR 1

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.	VEHU
[redacted]	NA					98 (U1)

TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.
OSF St. Josephs - (Bloomington)	Normal Fire Dept.			

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)		2 (U2)
BARRON, TAYLOR N	[redacted] mo / day / yr	FORD	TAURUS	2013	00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 3	FRONT 8 1 7 7 9 3 6 5 4 REAR	

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR		Y N	RDEF
[redacted]	M	2	4	[redacted]	IL	2015	TOWED DUE TO CRASH	☐ ☑	1

CITY	STATE	ZIP	INJURY	EJECT	VIN			
[redacted]	[redacted]		O	1	1FAHP2F84DG229937		FIRE ☐ ☑ CELLPHONE ☐ ☑ EXCEED SPEED LIMIT ☐ ☑ COM VEH ☐ ☑ * IF YES SEE SIDEBAR	BAC 96 (U1)

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.	
[redacted]	[redacted]	IL	D	HELLER FORD SALES INC.	MOTORIST COMMERCIAL MUTUAL	96 (U2)

TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.	NO. OCCS
Refused	Refused	[redacted]	[redacted]	5-2361522	1 (U1)

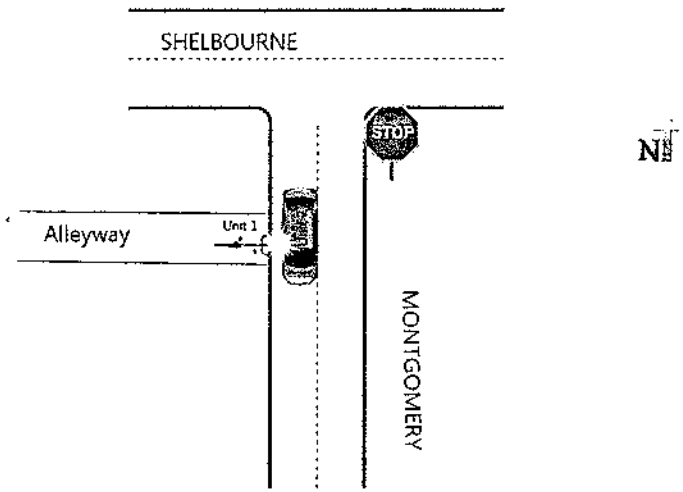
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	
W		[redacted]	F					CASSADAY, KEEGAN E, [redacted]			1 (U2)
											DIRP 3 (U1)
											5 (U2)

	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	Did crash occur in a Work Zone? ☐ Y ☑ N
UNIT 1	1	☐							
	2	☐			PROPERTY OWNER ADDRESS / CITY / STATE / ZIP		PRIMARY 02	30	If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type
	3	☐			ARREST NAME / SECTION	CITATION NO	SECONDARY 15		
UNIT 2	1	☑	13	1	ARREST NAME / SECTION	CITATION NO.	DATE POLICE NOTIFIED 4/6/2015	TIME NOTIFIED 4:22 ☐ AM ☑ PM	
	2	☐							Workers present? ☐ Y ☑ N
	3	☐							

OFFICER ID.	SIGNATURE	BEAT / DIST.	SUPERVISOR ID.	COURT DATE	COURT TIME
803	Eric Sage	2/22	Records 2, 852		☐ AM ☐ PM

X000221719

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 is a juvenile bicyclist and Unit 2 is an automobile. Driver of Unit 2 advised he was West bound on Shelbourne and turned left (South) onto Montgomery. While heading South on Montgomery Unit 2 passed an alleyway that runs East and West, approximately 25 ft South of Shelbourne. While driving past the alleyway Unit 2 was struck in the front passenger side door by Unit 1. Driver of Unit 2 immediately stopped his vehicle to assist Unit 1.

Unit 1 advised he was riding his bicycle down the alleyway approaching Montgomery when he attempted to stop using his brakes. Unit 1 stated his bicycle brakes failed and did not provide him any stopping power. Unit 1 continued traveling down the alleyway and out onto the roadway of Montgomery, striking Unit 2 passenger side door. Unit 1 rider sustained a bruised knot on the left side of his foreheard, a scrape on the bridge of his

LOCAL USE ONLY

Motorist 1 Report No: 20140007211

Motorist 2 Report No: 20140007212

U1 Color: Red	U2 Color: Silver, Aluminum	U1 Race: W	U2 Race: W
U1 Towed by / to: N/A		U2 Towed by / to: N/A	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S). 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

nose and a scrape to his left hand pinky finger. Unit 1 was transported to St. Joseph Medical Center by NFD Rescue for evaluation.

Unit 2 sustained dents/scratches to the passenger side door and the passenger side fender area.

A witness was behind Unit 2 in a vehicle when this accident occurred. The witness stated Unit 2 was Southbound on Montgomery when Unit 1 bicyclist rode Eastbound from an alleyway onto Montgomery, striking Unit 2 passenger side door.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000221720 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
1 (U1)	1 (U2)	1	2	4	1	16	1 (U2)	1 (U1)	13 (U2)	1 (U1)	1 (U2)	5	2	1 (U1)	3 (U2)	56	1

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-404

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: BEAUFORT

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 4/6/2015

TIME: 8:44 ☐ AM ☑ PM

LARS CODE:

VEHT: 99 (U1)

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) BROADWAY

☑ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

1 (U2)

NO. LANES: 0

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

KAYODE, KENT O

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE / MODEL / YEAR

STREET ADDRESS: [redacted]

SEX: M | SAFT: 1 | AIR: 3

PLATE NO. / STATE / YEAR

CITY: [redacted] STATE / ZIP: [redacted]

INJURY: B | EJECT: 2

VIN

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL | CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP) / TELEPHONE / POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT

FRONT 1 2 6 7 9 3 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

VEHU: 99 (U1)

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

QUINN II, MARVIN L

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: MERCURY | MODEL: GR MARQUIS | YEAR: 1993

STREET ADDRESS: [redacted]

SEX: M | SAFT: 2 | AIR: 4

PLATE NO.: [redacted] | STATE: IL | YEAR: 2015

CITY: [redacted] STATE / ZIP: [redacted]

INJURY: O | EJECT: 1

VIN: 2MELM75W1PX637190

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL | CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): RED TOP CAB INC

INSURANCE CO.: KROPP INS

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: LVA000041379

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 1

FRONT 8 1 2 7 9 3 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐	☑

* IF YES SEE SIDEBAR

NO. LANES: 18 (U2)

ALIGN: 1

RSUR: 1

RDEF: 1

BAC: 96 (U1)

96 (U2)

NO. OCCS: 2 (U1)

1 (U2)

DIRP: 3 (U1)

7 (U2)

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	F					DAVIS, JOANNA C, [redacted]		
W		[redacted]	M					KOSANDA, COLLIN S, [redacted]		
W		[redacted]	M					NEIBARGER, TYLER R, [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	4
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME / DAMAGED PROPERTY

PROPERTY OWNER ADDRESS / CITY / STATE / ZIP

ARREST NAME: KAYODE, KENT O | SECTION: 11-1507A | CITATION NO.: 252176

ARREST NAME: KAYODE, KENT O | SECTION: 11-1503 | CITATION NO.: 252177

CONTRIBUTORY CAUSE(S): PRIMARY 50 | SECONDARY 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 4/6/2015 | TIME NOTIFIED: 8:44 ☐ AM ☑ PM

OFFICER ID.: 435 | SIGNATURE: Jeremy Flood | BEAT / DIST.: 3/33 | SUPERVISOR ID.: Records 2, 852

COURT DATE: 5/12/2015 | COURT TIME: 9:00 ☑ AM ☐ PM

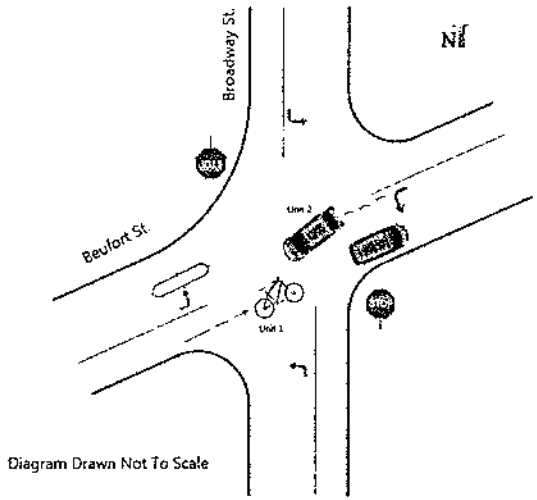
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000221720

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

Unit 1, a pedalcyclist, was traveling eastbound on Beaufort, approaching the intersection with Broadway, and traveling in the roadway. Unit 1 did not have a headlamp or reflectors, and had a female riding on the handlebars. Unit 2, a taxi, was traveling westbound on Beaufort, and stopped at the intersection with Broadway, waiting to turn left to head south on Broadway.

The driver of Unit 2 stated that another un-involved vehicle was eastbound on Beaufort, crossing thru the intersection with Broadway, and he was waiting for that vehicle to clear the intersection before Unit 2 made a left turn. After the un-involved vehicle passed thru the intersection, the driver of Unit 2 stated that he started his left turn and struck Unit 1, the pedalcyclist, in the intersection. The driver of Unit 2 stated that he never saw Unit 1 coming due to the darkness, lack of light, and dark clothing of the rider. The front driver's

LOCAL USE ONLY

Motorist 1 Report No: **20140007807**

Motorist 2 Report No: **20140007808**

U1 Color: **Maroon**	U2 Color: **Black**	U1 Race: **B**	U2 Race: **B**
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination), or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose), or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ? ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

side bumper and driver's side mirror made contact with Unit 1. The pedalcyclist and the female on the handlebars were both ejected from the bicycle. The pedalcyclist suffered a possible fractured left foot, possible fractured right wrist, and also complained of lower back pain. The female on the handlebars complained of right elbow pain, but was not transported due to injury. The bicycle was damaged from the crash.

The pedalcyclist from Unit 1 was transported to Bromenn by NFD. No other injuries.

No tows.

The pedalcyclist of Unit 1 was issued citations for no lamp at night, and Improperly seated / improper number of riders.