

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000106597

DRAC	2	U1	PEDV	1	U2	TRFD	1	TRFC	1	WEAT	8	DRVA	2	U2	VIS	1	U1	VEHD	8	U2	U1	VEHD	2	U1	U2	LGHT	1	COLL	2	MANV	1	U1	U2	PPA	20	PPL	1
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INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B14-51114		TRFW 1					
ADDRESS NO.		HIGHWAY OR STREET NAME N. CATHERINE ST.		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 6/11/2014		TIME 4:49 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 16 U1	
<input checked="" type="checkbox"/> 100 (CIRCLE) FT / MI N (CIRCLE) S E W <input type="checkbox"/> AT INTERSECTION WITH		W. MARKET ST. (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY MC LEAN		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 1		LARS CODE		U2 1 NO. LANES	

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV HARDY, DAVID M		DATE OF BIRTH mo / day / yr		MAKE PONTIAC		MODEL GRAND PRIX		YEAR 2005		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 <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/>		ALIGN 1	
STREET ADDRESS		SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR <input type="checkbox"/>		PLATE NO.		STATE		YEAR		VIN		INSURANCE CO.		U1 2	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY C		EJECT 2		VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		U2 1	
TELEPHONE		DRIVER LICENSE NO.		STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		U1 2		VEHU 2	
TAKEN TO Refused		EMS AGENCY Refused		U1 2		U2 2		U3 1		U4 96		U5 96		U6 1	

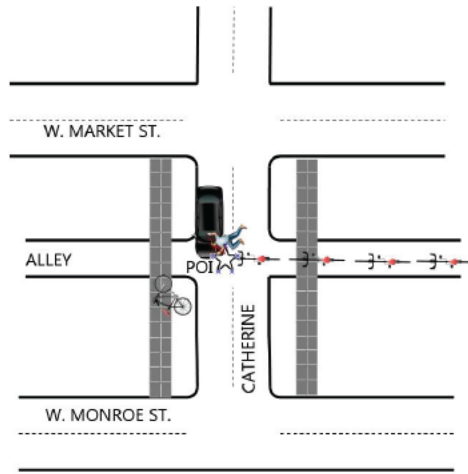
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV WORKMAN, TYLER M		DATE OF BIRTH mo / day / yr		MAKE PONTIAC		MODEL GRAND PRIX		YEAR 2005		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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/>		U1 2	
STREET ADDRESS		SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR <input type="checkbox"/>		PLATE NO.		STATE		YEAR		VIN		INSURANCE CO.		U2 1	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY C		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		U3 96	
TELEPHONE		DRIVER LICENSE NO.		STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		U1 2		U2 1	
TAKEN TO Refused		EMS AGENCY Refused		U1 2		U2 2		U3 1		U4 96		U5 96		U6 1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
2	4			2	3	O	1	PICKETT, KELSIE L.	Refused	Refused	3
2	6			2	3	O	1	AKERS, CHASSIDY L.	Refused	Refused	7
											5

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT 30	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type	
	1				PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 02				
	2				ARREST NAME HARDY, DAVID M		SECTION 11-1205		CITATION NO. 245059	SECONDARY 14			
UNIT 2	1	<input checked="" type="checkbox"/>	13	4	ARREST NAME		SECTION		CITATION NO.	DATE POLICE NOTIFIED 6/11/2014	TIME NOTIFIED 4:49 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2				OFFICER ID. 8958		SIGNATURE Aaron Veerman		BEAT / DIST. 1	SUPERVISOR ID. Brian Brown, 6088	COURT DATE 8/4/2014		COURT TIME 1:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	3												

X000106597

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



*NOT TO SCALE

NARRATIVE (Refer to vehicle by Unit No.)

UNIT #1 was a bicycle. Unit #1 driver stated that he was driving westbound down the alley and did not stop at N. Catherine St. He then entered into N. Catherine and was struck by the drivers front bumper of Unit #2. Unit #2 was going southbound.

Unit #2 driver stated he was driving southbound on N. Catherine St., approaching the alley. He then saw a bicycle enter the roadway and strike the drivers front bumper of his vehicle. He stated that the bicycle did not stop prior to entering the roadway and he did not have time to react. Unit #2 driver also stated that the cyclist on Unit #1 told him that he did not have brakes on the bicycle.

Unit #2 passengers stated that the bicycle did not stop prior to entering the roadway.

LOCAL USE ONLY

Motorist 1 Report No: 20140035075

Motorist 2 Report No: 20140035076

U1 Color:

U2 Color: **Black**

U1 Race:

U2 Race: **W**

U1 Towed by / to:

U2 Towed by / to: **Browns Wrecker**

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 ☐ UNKDid HAZMAT Regulations violation contribute to the crash ? ☐ Y ☐ N ☐ UNKDid 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 ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ W DE 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 _____