

Sheet **1** of **1** Sheets



\* X000555168 \*

INVESTIGATING AGENCY <b>Bloomington Police Department</b>		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 type="checkbox"/> ON SCENE <input checked="" type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. <b>B16-50026</b>		TRPW <b>1</b>			
ADDRESS NO. _____		HIGHWAY OR STREET NAME <b>LONG COVE CT</b>		<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH <b>6/16/2016</b>		TIME <b>4:30</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		VEHT <b>99</b> U1	
(CIRCLE) <input checked="" type="checkbox"/> 25		(CIRCLE) F / MI N S E W		COUNTY <b>MC LEAN</b>		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 <b>1</b>		LARS CODE <b>15</b> U2	
AT INTERSECTION WITH		<b>COPPER CREEK RD</b> (NAME OF INTERSECTION OR ROAD FEATURE)											

# UNIT 1

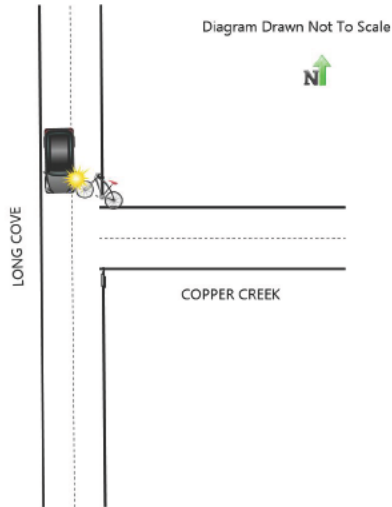
## UNIT 2

U1	1
U2	1
DIRP	
U1	7
U2	5

		(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME				DAMAGED PROPERTY				CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT	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
UNIT 1	1	<input type="checkbox"/>												PRIMARY			
	2	<input type="checkbox"/>				PROPERTY OWNER ADDRESS				CITY STATE ZIP							
	3	<input type="checkbox"/>				ARREST NAME				SECTION		CITATION NO.		SECONDARY			
UNIT 2	1	<input checked="" type="checkbox"/>	20	1		ARREST NAME				SECTION		CITATION NO.		DATE POLICE NOTIFIED		TIME NOTIFIED	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>				OFFICER ID.		SIGNATURE		BEAT / DIST.		SUPERVISOR ID.		COURT DATE		COURT TIME	
	3	<input type="checkbox"/>				8075		Kim Givens		4		Dan Donath, 5430				<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

**X000555168**

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 stated he was turning North onto Long Cove Court from Copper Creek Road. Unit 1 stated he was distracted by some kids playing ball on the sidewalk and when he looked up he struck Unit 2 with his bicycle.

Unit 2 stated she was traveling South on Long Cove, She saw a bicycle (Unit 1) t, She was aware Unit 1 did not see her. Therefore, she slowed down. However, Unit 1 ran directly into the driver's side of her vehicle.

**LOCAL USE ONLY**Motorist 1 Report No: **20140231315**Motorist 2 Report No: **20140231316**

U1 Color:

U2 Color: **Blue**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 ☐ 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" &gt;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 \_\_\_\_\_