

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000352515

DRAC	U1	8	U2	1	PEDV	1	TRFD	3	TRFC	4	WEAT	1	DRVA	2	U2	1	VIS	U1	13	U2	1	VEHD	U1	99	U2	1	LGHT	1	COLL	2	MANV	3	U2	PPA	51	PPL	2
------	----	---	----	---	------	---	------	---	------	---	------	---	------	---	----	---	-----	----	----	----	---	------	----	----	----	---	------	---	------	---	------	---	----	-----	----	-----	---

INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B15-60206		TRFW 2									
ADDRESS NO.		HIGHWAY OR STREET NAME LOCUST STREET		<input checked="" type="checkbox"/> City Township <input type="checkbox"/>		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 11/6/2015		TIME 7:27 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT 1 U1			
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) COLTON AVENUE (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 16			
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		DATE OF BIRTH		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 7		FRONT 7 9 3 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR		ALIGN 1 RSUR 1	

STREET ADDRESS UNKNOWN		SEX		SAFT		AIR		PLATE NO.		STATE		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 7		FRONT 7 9 3 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR		ALIGN 1 RSUR 1	
CITY		STATE		ZIP		INJURY		EJECT		VIN		VEHICLE OWNER (LAST, FIRST, M.I.) UNKNOWN		INSURANCE CO.		TELEPHONE		POLICY NO.		VEHU 99 U1	
TELEPHONE		DRIVER LICENSE NO.		STATE		CLASS		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U2 2		RDEF 1		BAC 96 U1		U2 96	
TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U2 1		NO. OCCS 1		U1		U2 1		DIRP 3		U1	

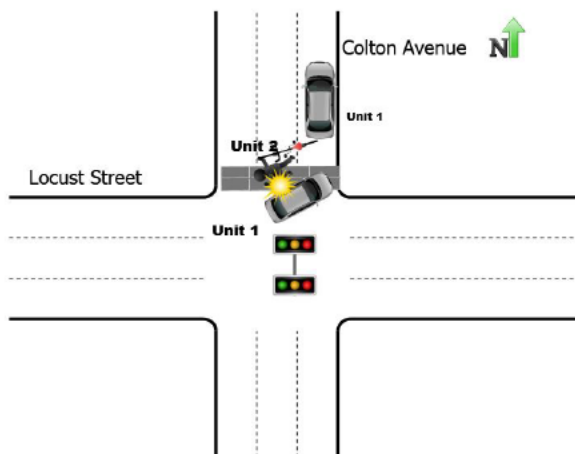
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV		DATE OF BIRTH		MAKE		MODEL		YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT		FRONT 7 9 3 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR		ALIGN 1 RSUR 1					
STREET ADDRESS SHARIF, KAMAL A		SEX		SAFT		AIR		PLATE NO.		STATE		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 7 9 3 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR		ALIGN 1 RSUR 1	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY C		EJECT 2		VIN		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.		TELEPHONE		POLICY NO.		U2 96	
TELEPHONE		DRIVER LICENSE NO. NONE		STATE		CLASS		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U2 1		NO. OCCS 1		U1		U2 1	
TAKEN TO		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U2 1		NO. OCCS 1		U1		U2 1		DIRP 3		U1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
W								PETREA, SAMANTHA R, [REDACTED] BLOOMINGTON, IL, 61701 / [REDACTED]			1
W								FOLLIS, LAUREN M, [REDACTED] MINOOKA, IL, 60447 / [REDACTED]			3
											3
											3

UNIT 1	(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		
	1	<input checked="" type="checkbox"/>	13	5	PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY	02				
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY	06				
UNIT 2	1	<input type="checkbox"/>			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.				COURT DATE	COURT TIME
	3	<input type="checkbox"/>			4185		Amy Keil		1					

X000352515

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 2- Bicyclist stated he was eastbound on the crosswalk at Locust street and Colton avenue when he was struck by Unit 1 on the right side of his bicycle and upper leg area. Unit 1 did not stop. Unit 1 continued northbound on Colton avenue to Empire street. Unable to locate Unit 1 at this time.

LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No:

U1 Color: **Silver, Aluminum**

U2 Color:

U1 Race: **U**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 ☐ 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000352515

DRAC	U1	8	1	PEDV	1	TRFD	3	TRFC	4	WEAT	1	DRVA	2	U2	1	VIS	U1	13	U2	1	VEHD	U1	99	U2	1	LGHT	1	COLL	2	MANV	3	U1	1	PPA	51	PPL	2
------	----	---	---	------	---	------	---	------	---	------	---	------	---	----	---	-----	----	----	----	---	------	----	----	----	---	------	---	------	---	------	---	----	---	-----	----	-----	---

INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input checked="" 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. B15-60206		TRFW 2					
ADDRESS NO.		HIGHWAY OR STREET NAME LOCUST STREET		<input checked="" type="checkbox"/> City Township <input type="checkbox"/>		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 11/6/2015		TIME 7:27 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT 1 U1	
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) COLTON AVENUE (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 16	

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 BUSTAMANTE, FRANCISCO		DATE OF BIRTH 11/1/1980		MAKE DODGE		MODEL CHARGER		YEAR 2006		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 7		TOWED DUE TO CRASH <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR		Y N 3 ALIGN 1 RSUR 1	
STREET ADDRESS [REDACTED]		SEX M SAFT 2 AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		VIN [REDACTED]		INSURANCE CO. American Family		VEHU 99 U1	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) BUSTAMANTE, ERIK V		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE FL		CLASS		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		TAKEN TO Advocate BroMenn Hospital		EMS AGENCY Bloomington EMS	

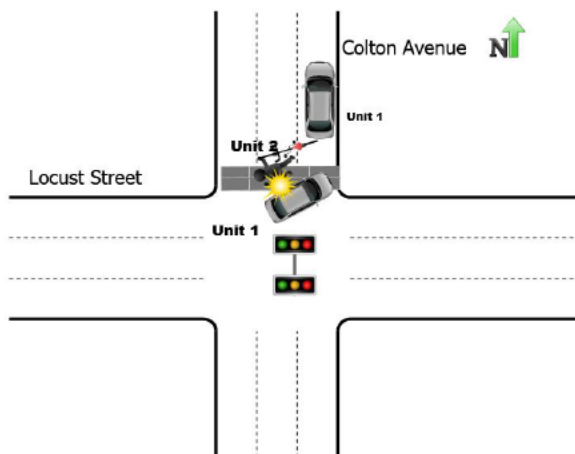
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV SHARIF, KAMAL A		DATE OF BIRTH 11/1/1980		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 <input type="checkbox"/> FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR		Y N 2 RDEF 1 BAC 96 U1	
STREET ADDRESS [REDACTED]		SEX M SAFT 1 AIR 3		PLATE NO.		STATE		YEAR		VIN		INSURANCE CO.		TELEPHONE	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY C		EJECT 2		VEHICLE OWNER (LAST, FIRST, M.I.)		TAKEN TO Advocate BroMenn Hospital		EMS AGENCY Bloomington EMS	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. NONE		STATE		CLASS		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U2 96 NO. OCCS 2	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	
W		[REDACTED]	I					PETREA, SAMANTHA R, [REDACTED] BLOOMINGTON, IL, 61701 / [REDACTED]			U1 1
W		[REDACTED]	I					FOLLIS, LAUREN M, [REDACTED] MINOOKA, IL, 60447 / [REDACTED]			U2 3
1	3	[REDACTED]	I	2	4	O	1	BUSTAMANTE, ESMERALDA, [REDACTED] BLOOMINGTON, IL, 61701			U1 3
											U2 3

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	<input checked="" type="checkbox"/>	13	5	PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 02				
	2	<input type="checkbox"/>			ARREST NAME BUSTAMANTE, FRANCISCO		SECTION 11-401		CITATION NO. 256328	SECONDARY 06			
UNIT 2	1	<input type="checkbox"/>			ARREST NAME BUSTAMANTE, FRANCISCO		SECTION 11-405		CITATION NO. 256329	DATE POLICE NOTIFIED 11/6/2015	TIME NOTIFIED 7:27 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. 4185		SIGNATURE Amy Keil		BEAT / DIST. 2	SUPERVISOR ID. Henry Craft, 3992	COURT DATE 12/15/2015		COURT TIME 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	3	<input type="checkbox"/>											

X000352515

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 2- Bicyclist stated he was eastbound on the crosswalk at Locust street and Colton avenue when he was struck by Unit 1 on the right side of his bicycle and upper leg area. Unit 1 did not stop. Unit 1 continued northbound on Colton avenue to Empire street. Unit 1 was located and stated he was eastbound on Locust street turning left(northbound) onto Colton avenue on a green light when he was struck by Unit 2. Unit 1 was issued several citations. See C#201515973 for more details.

LOCAL USE ONLYMotorist 1 Report No: **20140416610**

Motorist 2 Report No:

U1 Color: **Silver, Aluminum**

U2 Color:

U1 Race: **H**U2 Race: **B**U1 Towed (Y) / to: **Joes Towing**

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" >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 _____