

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



\*X000131257\*

DRAC	12	U1	PEDV	1	U2	TRFD	1	TRFC	1	WEAT	1	DRVA	2	U2	VIS	1	U1	VEHD	99	U2	U1	U2	LGHT	1	COLL	2	MANV	1	U1	U2	PPA	64	PPL	1
------	----	----	------	---	----	------	---	------	---	------	---	------	---	----	-----	---	----	------	----	----	----	----	------	---	------	---	------	---	----	----	-----	----	-----	---

INVESTIGATING AGENCY <b>Bloomington Police Department</b>		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" 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. <b>B14-52528</b>		TRFW <b>2</b>					
ADDRESS NO.		HIGHWAY OR STREET NAME <b>IAA DRIVE</b>		<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH <b>8/31/2014</b>		TIME <b>5:23</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT <b>99</b> U1	
(CIRCLE) <input checked="" type="checkbox"/> 200 <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) FT / MI N S E W <b>CLEARWATER</b> (NAME OF INTERSECTION OR ROAD FEATURE)		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		U2 <b>1</b> 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 <b>REEL, KRISTYN W</b>		DATE OF BIRTH mo / day / yr [REDACTED]		MAKE [REDACTED]		MODEL [REDACTED]		YEAR [REDACTED]		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT [REDACTED]		FRONT [REDACTED] REAR [REDACTED]		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"/> * IF YES SEE SIDEBAR		ALIGN <b>2</b>					
STREET ADDRESS [REDACTED]		SEX <b>5</b>		SAFT <b>3</b>		AIR <b>3</b>		PLATE NO. [REDACTED]		STATE <b>IL</b>		YEAR [REDACTED]		INJURY <b>A</b>		EJECT <b>2</b>		VIN [REDACTED]		VEHU <b>2</b> U1	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</b>		INSURANCE CO. [REDACTED]		VEHICULAR OWNER (LAST, FIRST, M.I.) [REDACTED]		POLICY NO. [REDACTED]		TELEPHONE [REDACTED]		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TAKEN TO <b>St. Joseph Hospital</b>		EMS AGENCY <b>Bloomington EMS</b>		U2 <b>2</b> NO. OCCS	

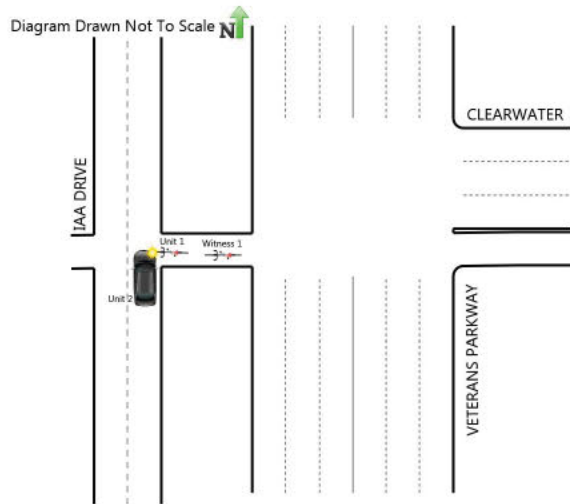
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>MCKEOWN, MICHAEL J</b>		DATE OF BIRTH mo / day / yr [REDACTED]		MAKE <b>ACURA</b>		MODEL <b>TL</b>		YEAR <b>2012</b>		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>2</b>		FRONT [REDACTED] REAR [REDACTED]		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 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		BAC <b>96</b> U1					
STREET ADDRESS [REDACTED]		SEX <b>2</b>		SAFT <b>4</b>		AIR <b>4</b>		PLATE NO. [REDACTED]		STATE <b>IL</b>		YEAR <b>2015</b>		INJURY <b>O</b>		EJECT <b>1</b>		VIN [REDACTED]		U2 <b>1</b> NO. OCCS	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</b>		INSURANCE CO. <b>STATE FARM</b>		VEHICULAR OWNER (LAST, FIRST, M.I.) <b>MCKEOWN, MICHAEL J</b>		POLICY NO. [REDACTED]		TELEPHONE [REDACTED]		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TAKEN TO <b>Refused</b>		EMS AGENCY <b>Bloomington EMS</b>		U2 <b>1</b> NO. OCCS	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)	(EMS)	U1
W		[REDACTED]	[REDACTED]					[REDACTED] DE, BRANDON R. [REDACTED]				1
												7
												1

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT <b>30</b>	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 type="checkbox"/>			PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY <b>02</b>			
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY <b>18</b>			
UNIT 2	1	<input checked="" type="checkbox"/>	<b>13</b>	<b>1</b>	ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED <b>8/31/2014</b>		TIME NOTIFIED <b>5:23</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			OFFICER ID. <b>10448</b>		SIGNATURE <b>Bryce Janssen</b>		BEAT / DIST. <b>2</b>		SUPERVISOR ID. <b>Tim McCoy, 5428</b>	
	3	<input type="checkbox"/>			COURT DATE		COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM					

**X000131257**

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 2 stated the following: He was traveling northbound on IAA Drive from Rowe Drive. He continued traveling northbound on IAA Drive. Unit 1 collided with unit 2. He did not see anything but began braking immediately after the collision.

Witness 1 stated the following: He was traveling on a bicycle from his girlfriend's, Kristyn's, residence located on [REDACTED] and Kristyn were traveling to McDonald's, located at 1610 East Empire Street. [REDACTED] was traveling behind Kristyn, who was also on a bicycle. Kristyn and [REDACTED] were in the area of Clearwater Avenue and Veteran's Parkway. Kristyn and [REDACTED] were traveling westbound across Veteran's Parkway. There was a vehicle traveling quickly southbound on Veteran's Parkway.

[REDACTED] told Kristyn to hurry across the intersection in order to avoid the vehicle. Kristyn and [REDACTED] made it safely across Veteran's Parkway. Kristyn continued westbound on

**LOCAL USE ONLY**

Motorist 1 Report No:

Motorist 2 Report No: **20140034788**U1 Color: **Pink**  
U1 Towed by / (to): **Other**U2 Color: **Gray**U1 Race: **W**  
U2 Towed by / (to): **Other**U2 Race: **W****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 \_\_\_\_\_

## Narrative

the sidewalk. [REDACTED] told Kristyn to stop because there was a vehicle traveling northbound on IAA Drive. Kristyn attempted to stop her bicycle, but her brakes did not appear to work properly. Kristyn traveled partially into the northbound lane of IAA Drive. Kristyn and her bicycle collided with the vehicle, unit 2. The driver of unit 2, Michael, stopped and exited his vehicle.

The driver of unit 1 was unconscious upon my arrival. No statement has been obtained that the time of this report.

No citations have been issued at the time of this report.

Refer to EJS report number 201412260 for additional information.