

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000229931

DRAC 9 U1	PEDV 9 U2	TRFD 9 U1	TRFC 3 U2	WEAT 9 U1	WEAT 1 U2	DRVA 2 U1	DRVA 1 U2	VIS 99 U1	VIS 1 U2	VEHD 99 U1	VEHD 1 U2	LGHT 5 U1	LGHT 2 U2	COLL 3 U1	COLL 1 U2	PPA 51 U1	PPL 1 U2
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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. B15-56337	TRFW 8
ADDRESS NO. OLIVE STREET	HIGHWAY OR STREET NAME MC LEAN	CITY BLOOMINGTON	DATE OF CRASH 4/18/2015	TIME 5:00
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH MAIN STREET	(CIRCLE) (NAME OF INTERSECTION OR ROAD FEATURE) MC LEAN	COUNTY MC LEAN	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 4/18/2015
PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		HIT & RUN <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD 1
LARS CODE		LARS CODE	LARS CODE	VEHT 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 (NOT KNOWN), (NOT KNOWN)	DATE OF BIRTH mo / day / yr	MAKE (NOT KNOWN)	MODEL (NOT KNOWN)	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 8	FRONT 8 1 2 7 9 3 6 5 4 REAR	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"/>	ALIGN 2		
STREET ADDRESS (NOT KNOWN)	SEX 9	SAFT 9	AIR 9	PLATE NO. (NOT KNOWN)	STATE (NOT KNOWN)	YEAR	INJURY 0	EJECT 1	VIN (NOT KNOWN)	VEHU 99
CITY (NOT KNOWN)	STATE (NOT KNOWN)	ZIP (NOT KNOWN)	INSURANCE CO. (NOT KNOWN)	OWNER ADDRESS (STREET, CITY, STATE, ZIP) (NOT KNOWN), (NOT KNOWN),	TELEPHONE (NOT KNOWN)	POLICY NO. (NOT KNOWN)	TAKEN TO (NOT KNOWN)	EMS AGENCY (NOT KNOWN)	OWNER ADDRESS (STREET, CITY, STATE, ZIP) (NOT KNOWN), (NOT KNOWN),	U1 2

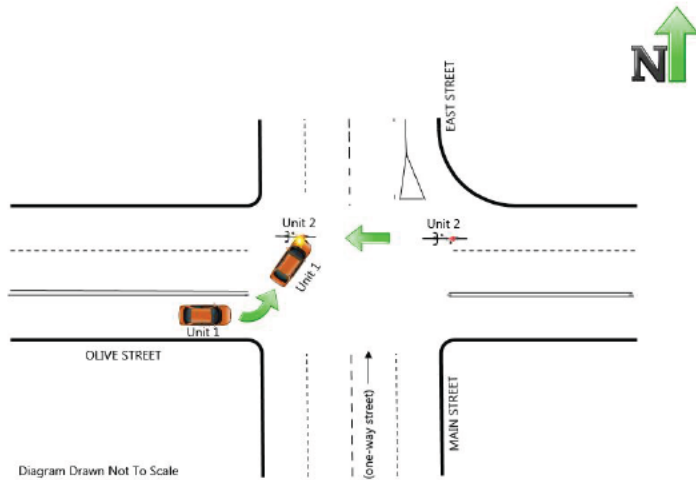
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV POWELL, MICHAEL L	DATE OF BIRTH mo / day / yr	MAKE (NOT KNOWN)	MODEL (NOT KNOWN)	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 8	FRONT 8 1 2 7 9 3 6 5 4 REAR	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"/>	U2 1		
STREET ADDRESS (NOT KNOWN)	SEX 9	SAFT 9	AIR 9	PLATE NO. (NOT KNOWN)	STATE (NOT KNOWN)	YEAR	INJURY C	EJECT D	VIN (NOT KNOWN)	BAC 96
CITY BLOOMINGTON	STATE IL	ZIP 61701	INSURANCE CO. (NOT KNOWN)	OWNER ADDRESS (STREET, CITY, STATE, ZIP) (NOT KNOWN), (NOT KNOWN),	TELEPHONE (NOT KNOWN)	POLICY NO. (NOT KNOWN)	TAKEN TO (NOT KNOWN)	EMS AGENCY (NOT KNOWN)	OWNER ADDRESS (STREET, CITY, STATE, ZIP) (NOT KNOWN), (NOT KNOWN),	U1 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
											1
											3
											7

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	
	1	<input checked="" type="checkbox"/>	13	3	PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	PRIMARY 02	
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	SECONDARY 14	30	
	3	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED 4/18/2015	TIME NOTIFIED 12:42	
UNIT 2	1	<input type="checkbox"/>			OFFICER ID. 6653	SIGNATURE Josh Loudenburg	BEAT / DIST. 2	SUPERVISOR ID. Henry Craft, 3992	COURT DATE 4/18/2015	TIME NOTIFIED 12:42
	2	<input type="checkbox"/>								
	3	<input type="checkbox"/>								

X000229931

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 reported having been struck by Unit 1 and that Unit 1 left the scene. See case #201505455.

LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No:

U1 Color: **White**

U2 Color: **Multicolor**

U1 Race:

U2 Race: **H**

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. _____ 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 _____