

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



IY002

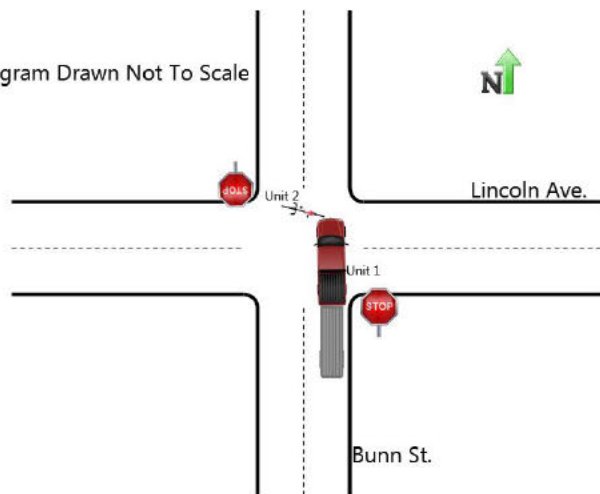
* X000102781 *

[illegible]

X000102781

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.)

THE DRIVER OF UNIT 1 STATED THE FOLLOWING: HE WAS TRAVELING NORTHBOUND ON BUNN ST. APPROACHING LINCOLN AVE. HE LOOKED BOTH WAYS DOWN LINCOLN AVE. AND DID NOT SEE ANYONE. UNIT 1 PROCEEDED THROUGH THE INTERSECTION AND SAW A BICYCLE (UNIT 2) TRAVELING WESTBOUND ON LINCOLN AVE. UNIT 1 SLAMMED ON HIS BRAKES TO AVOID STRIKING UNIT 2. UNIT 2 SWERVED TO MISS UNIT 1 AND STRUCK A CURB. UNIT 2 WAS THROWN FROM HIS BICYCLE.

THE DRIVER OF UNIT 2 STATED THE FOLLOWING: HE WAS TRAVELING WESTBOUND ON LINCOLN AVE. UNIT 1 WAS TRAVELING NORTHBOUND ON BUNN ST. UNIT 1 NEARLY STRUCK UNIT 2. UNIT 2 SWERVED TO MISS COLLIDING WITH UNIT 1. UNIT 2 STRUCK A CURB AND WAS THROWN FROM HIS

LOCAL USE ONLY

Motorist 1 Report No: **20140034774**Motorist 2 Report No: **20140034775**U1 Color: **Red**U2 Color: **Yellow**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" >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

BICYCLE.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000102781

DRAC	1	PEDV	1	TRFD	2	TRFC	4	WEAT	1	DRVA	2	U1	U2	1	VIS	1	U1	U2	1	VEHD	1	U1	U2	1	LGHT	1	COLL	8	MANV	1	U1	U2	14	PPA	56	PPL	1
------	---	------	---	------	---	------	---	------	---	------	---	----	----	---	-----	---	----	----	---	------	---	----	----	---	------	---	------	---	------	---	----	----	----	-----	----	-----	---

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. B14-46133	TRFW 2
ADDRESS NO. BUNN ST.	HIGHWAY OR STREET NAME BUNN ST.	CITY BLOOMINGTON CITY	DATE OF CRASH 6/1/2014	TIME 10:17	VEHT 1
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH LINCOLN AVE.	COUNTY MC LEAN	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 6/1/2014	TIME 10:17	U1
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH LINCOLN AVE.	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	U2
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH LINCOLN AVE.	COUNTY MC LEAN	HIT & RUN <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	U2

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 NORD, CLINT A	DATE OF BIRTH 2/12/1954	MAKE GMC	MODEL SIERRA	YEAR 2012	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE	FRONT 0	REAR 0	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ALIGN 2
STREET ADDRESS 302 W HAMILTON	SEX M	SAFT 2	AIR 4	PLATE NO. 146945D	STATE IL	YEAR 2014	10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 0	FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/>	RSUR 1
CITY BLOOMINGTON	STATE IL	ZIP 61704	INJURY O	EJECT 1	VIN 1GT02ZCGXCZ295289	INSURANCE CO.	INSURANCE CO.	INSURANCE CO.	VEHU 2
TELEPHONE (309) 824-7569	DRIVER LICENSE NO. N630-1015-4043	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) NORD, CLINT A	INSURANCE CO.	INSURANCE CO.	INSURANCE CO.	INSURANCE CO.	U1
TAKEN TO EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP) 302 W HAMILTON BLOOMINGTON, IL, 61704	TELEPHONE (309) 824-7569	POLICY NO.	POLICY NO.	POLICY NO.	POLICY NO.	POLICY NO.	POLICY NO.	U2

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 STEPHENSON, JAMES E	DATE OF BIRTH 10/25/1952	MAKE STEPHENSON	MODEL STEPHENSON	YEAR 2012	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE	FRONT 0	REAR 0	TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N	ALIGN 1
STREET ADDRESS 303 E OAKLAND AVE	SEX M	SAFT 1	AIR 3	PLATE NO. 146945D	STATE IL	YEAR 2014	10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 0	FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/>	BAC 96
CITY BLOOMINGTON	STATE IL	ZIP 61701	INJURY B	EJECT 2	VIN 1GT02ZCGXCZ295289	INSURANCE CO.	INSURANCE CO.	INSURANCE CO.	U1
TELEPHONE (000) 000-0000	DRIVER LICENSE NO. S315-4455-2304	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) STEPHENSON, JAMES E	INSURANCE CO.	INSURANCE CO.	INSURANCE CO.	INSURANCE CO.	U2
TAKEN TO St. Joseph Hospital	OWNER ADDRESS (STREET, CITY, STATE, ZIP) Bloomington EMS	TELEPHONE (309) 824-7569	POLICY NO.	POLICY NO.	POLICY NO.	POLICY NO.	POLICY NO.	POLICY NO.	NO. OCCS 1

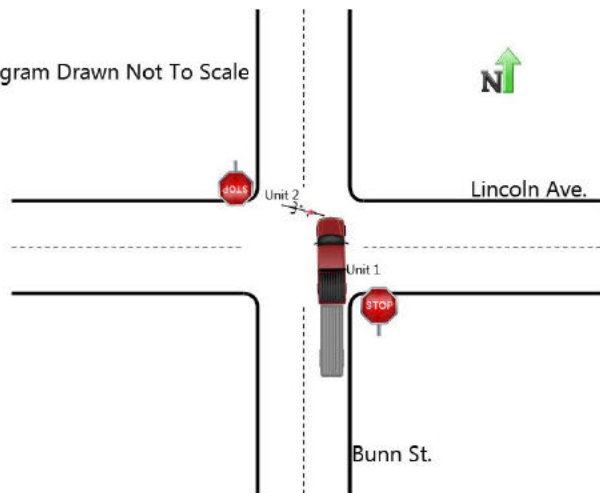
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
											1
											U2
											DIRP
											1
											U1
											7
											U2

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"/>	19	4	PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	PRIMARY
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED	SECONDARY
	3	<input type="checkbox"/>			NORD, CLINT A	11-904	245394	6/1/2014	18
UNIT 2	1	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED	TIME NOTIFIED
	2	<input type="checkbox"/>			NORD, CLINT A	3-707	245393	6/1/2014	10:17
	3	<input type="checkbox"/>			OFFICER ID.	SIGNATURE	BEAT / DIST.	SUPERVISOR ID.	COURT DATE
					10448	Bryce Janssen	5	Henry Craft, 3992	7/1/2014

X000102781

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.)

THE DRIVER OF UNIT 1 STATED THE FOLLOWING: HE WAS TRAVELING NORTHBOUND ON BUNN ST. APPROACHING LINCOLN AVE. HE LOOKED BOTH WAYS DOWN LINCOLN AVE. AND DID NOT SEE ANYONE. UNIT 1 PROCEEDED THROUGH THE INTERSECTION AND SAW A BICYCLE (UNIT 2) TRAVELING WESTBOUND ON LINCOLN AVE. UNIT 1 SLAMMED ON HIS BRAKES TO AVOID STRIKING UNIT 2. UNIT 2 SWERVED TO MISS UNIT 1 AND STRUCK A CURB. UNIT 2 WAS THROWN FROM HIS BICYCLE.

THE DRIVER OF UNIT 2 STATED THE FOLLOWING: HE WAS TRAVELING WESTBOUND ON LINCOLN AVE. UNIT 1 WAS TRAVELING NORTHBOUND ON BUNN ST. UNIT 1 NEARLY STRUCK UNIT 2. UNIT 2 SWERVED TO MISS COLLIDING WITH UNIT 1. UNIT 2 STRUCK A CURB AND WAS THROWN FROM HIS

LOCAL USE ONLY

Motorist 1 Report No: **20140034774**Motorist 2 Report No: **20140034775**U1 Color: **Red**U2 Color: **Yellow**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" >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 _____

Bicycle	Narrative
BICYCLE.	

BICYCLE.