

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000559617

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

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 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. B16-58454		TRFW 2					
ADDRESS NO.		HIGHWAY OR STREET NAME FRONT ST		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 8/8/2016		TIME 5:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 16 U1	
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) GRIDLEY ST (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 15	

UNIT 1	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 ZINGONE, JOSEPH R		DATE OF BIRTH 1/1/1980		MAKE DODGE		MODEL DURANGO		YEAR 2004		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 		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		ALIGN 1	
	STREET ADDRESS [REDACTED]		SEX M		SAFT 9		AIR 3		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		FIRE <input type="checkbox"/>		CELLPHONE <input checked="" type="checkbox"/>	
	CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY B		EJECT 3		VIN [REDACTED]		99 - UNKNOWN POINT OF FIRST CONTACT [REDACTED]		EXCEED SPEED LIMIT <input type="checkbox"/>		COM VEH <input type="checkbox"/>	
	TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED] Z		STATE IL		CLASS ID		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		INSURANCE CO. [REDACTED]		POLICY NO. [REDACTED]		RSUR 1		VEHU 2 U1	
	TAKEN TO Refused		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 2		U2 2		U2 2		U2 2	

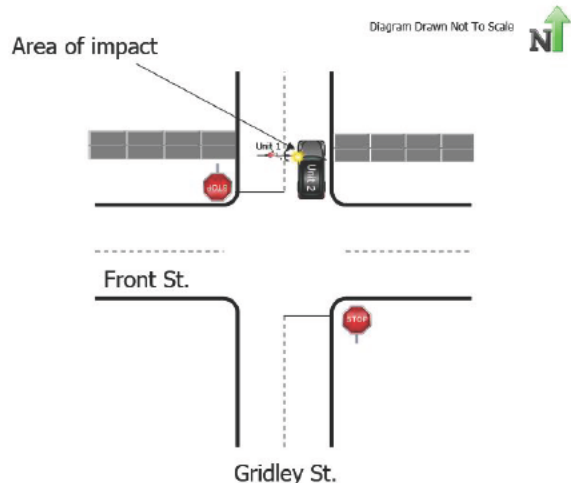
UNIT 2	NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV AL SHABAH, LUZ E		DATE OF BIRTH 1/1/1980		MAKE DODGE		MODEL DURANGO		YEAR 2004		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 		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		RDEF 1	
	STREET ADDRESS [REDACTED]		SEX M		SAFT 2		AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		FIRE <input type="checkbox"/>		CELLPHONE <input checked="" type="checkbox"/>	
	CITY BLOOMINGTON		STATE IL		ZIP 61704		INJURY O		EJECT 1		VIN [REDACTED]		99 - UNKNOWN POINT OF FIRST CONTACT 7		EXCEED SPEED LIMIT <input type="checkbox"/>		COM VEH <input checked="" type="checkbox"/>	
	TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) AL SHABAH, LUZ E		INSURANCE CO. COUNTRY FINANCIAL		POLICY NO. [REDACTED]		U2 96		U2 96	
	TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61704		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 96		U2 96		U2 96		U2 96	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
W								MCMORRIS, CARA C, [REDACTED] NORMAL, IL, 61761 / [REDACTED]			1
											U2
											DIRP
											3
											U1
											1
											U2

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				PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 02				
	2				ARREST NAME ZINGONE, JOSEPH R		SECTION 11-904		CITATION NO. 258496	SECONDARY 99			
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME		SECTION		CITATION NO.	DATE POLICE NOTIFIED 8/8/2016	TIME NOTIFIED 5:11 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2				OFFICER ID. 9034		SIGNATURE Chris Ellinger		BEAT / DIST. 5	SUPERVISOR ID. Tim McCoy, 5428	COURT DATE 9/12/2016		COURT TIME 9:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	3												

X000559617

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 one said he was riding his bicycle east-bound on the sidewalk, on the west-bound Front Street side of the road. Unit one said he was running late for work, so he entered the intersection of Front and Gridley, on the sidewalk/crosswalk, without looking. When unit one entered the intersection, he crashed into the driver's side of unit two.

Unit two said she was north-bound on Gridley and stopped for the stop sign at Front Street. After checking the roadway to see if it was clear unit two proceeded into the intersection. Upon exiting the intersection, unit one came from the left side, and crashed into the driver's side mirror of unit two.

Witness Cara McMorris was stopped, facing south on Gridley, at the intersection with Front Street. Cara said Unit two safely cleared the intersection, when unit one, who was

LOCAL USE ONLYMotorist 1 Report No: **20140231117**Motorist 2 Report No: **20140231118**

U1 Color:

U2 Color: **Black**U1 Race: **W**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 ☐ 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

riding on the sidewalk, entered the crosswalk at a high rate of speed and crashed into the side of unit two.

Unit one sustained only minor cuts and abrasions to his right hand, and refused medical treatment. No other injuries were reported.