

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



\*X000222184\*

DRAC	1	PEDV	1	TRFD	3	TRFC	4	WEAT	1	DRVA	3	U1	U2	1	VIS	1	U1	U2	1	VEHD	1	U1	U2	1	LGHT	1	COLL	2	MANV	1	U1	U2	1	PPA	52	PPL	2
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INVESTIGATING AGENCY <b>Bloomington Police Department</b>	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" 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. <b>B15-61714</b>	TRFW <b>10</b>
ADDRESS NO. <b>MAIN STREET</b>	HIGHWAY OR STREET NAME <b>EMPIRE STREET</b>	<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>	DATE OF CRASH <b>4/8/2015</b>	TIME <b>4:48</b>
(CIRCLE) <input type="checkbox"/> FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH		COUNTY <b>MC LEAN</b>	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH <b>4/8/2015</b>
(NAME OF INTERSECTION OR ROAD FEATURE)		HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD <b>1</b>

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>UTKIN, CHANCE T</b>	DATE OF BIRTH mo / day / yr <b>1 3</b>	MAKE <b>UTKIN, CHANCE T</b>	MODEL <b>UTKIN, CHANCE T</b>	YEAR <b>UTKIN, CHANCE T</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>UTKIN, CHANCE T</b>	FRONT 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"/>	ALIGN <b>1</b>				
STREET ADDRESS <b>UTKIN, CHANCE T</b>	SEX <b>1</b>	SAFT <b>3</b>	AIR <b>UTKIN, CHANCE T</b>	PLATE NO. <b>UTKIN, CHANCE T</b>	STATE <b>UTKIN, CHANCE T</b>	YEAR <b>UTKIN, CHANCE T</b>	INJURY <b>B</b>	EJECT <b>2</b>	VIN <b>UTKIN, CHANCE T</b>	VEHICLE OWNER (LAST, FIRST, M.I.) <b>UTKIN, CHANCE T</b>	INSURANCE CO. <b>UTKIN, CHANCE T</b>	VEHU <b>2</b>
CITY <b>NORMAL</b>	STATE <b>IL</b>	ZIP <b>61761</b>	INJURY <b>B</b>	EJECT <b>2</b>	VIN <b>UTKIN, CHANCE T</b>	VEHICLE OWNER (LAST, FIRST, M.I.) <b>UTKIN, CHANCE T</b>	INSURANCE CO. <b>UTKIN, CHANCE T</b>	VEHU <b>2</b>				
TELEPHONE <b>UTKIN, CHANCE T</b>	DRIVER LICENSE NO. <b>UTKIN, CHANCE T</b>	STATE <b>IL</b>	CLASS <b>D</b>	VEHICLE OWNER (LAST, FIRST, M.I.) <b>UTKIN, CHANCE T</b>	INSURANCE CO. <b>UTKIN, CHANCE T</b>	VEHU <b>2</b>						
TAKEN TO <b>Advocate BroMenn Hospital</b>	EMS AGENCY <b>Bloomington EMS</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>UTKIN, CHANCE T</b>	TELEPHONE <b>UTKIN, CHANCE T</b>	POLICY NO. <b>UTKIN, CHANCE T</b>	VEHU <b>2</b>							

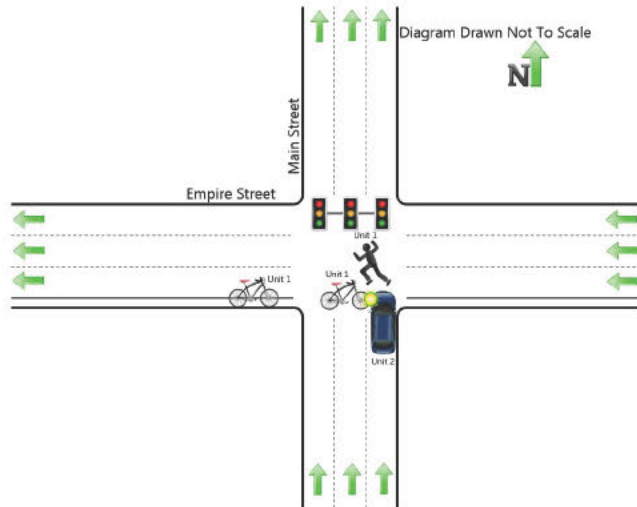
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>ARBUCKLE, JEANNE</b>	DATE OF BIRTH mo / day / yr <b>2 4</b>	MAKE <b>MITSUBISHI</b>	MODEL <b>LANCER</b>	YEAR <b>2014</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>8</b>	FRONT 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"/>	U2 <b>1</b>				
STREET ADDRESS <b>ARBUCKLE, JEANNE</b>	SEX <b>2</b>	SAFT <b>4</b>	AIR <b>ARBUCKLE, JEANNE</b>	PLATE NO. <b>ARBUCKLE, JEANNE</b>	STATE <b>IL</b>	YEAR <b>2016</b>	INJURY <b>O</b>	EJECT <b>1</b>	VIN <b>ARBUCKLE, JEANNE</b>	VEHICLE OWNER (LAST, FIRST, M.I.) <b>ARBUCKLE, JEANNE</b>	INSURANCE CO. <b>STATE FARM</b>	U2 <b>96</b>
CITY <b>NORMAL</b>	STATE <b>IL</b>	ZIP <b>61761</b>	INJURY <b>O</b>	EJECT <b>1</b>	VIN <b>ARBUCKLE, JEANNE</b>	VEHICLE OWNER (LAST, FIRST, M.I.) <b>ARBUCKLE, JEANNE</b>	INSURANCE CO. <b>STATE FARM</b>	U2 <b>96</b>				
TELEPHONE <b>ARBUCKLE, JEANNE</b>	DRIVER LICENSE NO. <b>ARBUCKLE, JEANNE</b>	STATE <b>IL</b>	CLASS <b>D</b>	VEHICLE OWNER (LAST, FIRST, M.I.) <b>ARBUCKLE, JEANNE</b>	INSURANCE CO. <b>STATE FARM</b>	U2 <b>96</b>						
TAKEN TO <b>Refused</b>	EMS AGENCY <b>Refused</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>ARBUCKLE, JEANNE</b>	TELEPHONE <b>ARBUCKLE, JEANNE</b>	POLICY NO. <b>ARBUCKLE, JEANNE</b>	U2 <b>96</b>							

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
2	3			2	4	O	1		Refused	Refused	2
W								POTTER, MARIAH L.			U2
W								ALLEN, BARBARA D.			DIRP
											U1
											1

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?
1	1				PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 25	30	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2	2				ARREST NAME	SECTION CITATION NO.	SECONDARY 15		If YES check one below:
3	3				ARREST NAME	SECTION CITATION NO.			<input type="checkbox"/> Construction
1	1	13	4		OFFICER ID.	SIGNATURE	DATE POLICE NOTIFIED	TIME NOTIFIED	<input type="checkbox"/> Maintenance
2	2				19359	Jeremy Cunningham	4/8/2015	4:48	<input type="checkbox"/> Utility
3	3						COURT DATE	COURT TIME	<input type="checkbox"/> Unknown work zone type
									Workers present?
									<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

X000222184

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 WAS STOPPED FOR A RED LIGHT ON NORTHBOUND MAIN STREET AT  
EMPIRE STREET.

UNIT 1 WAS TRAVELING EASTBOUND ON THE SOUTH SIDEWALK OF EMPIRE  
STREET, APPROACHING MAIN STREET.

UNIT 2 RECEIVED A GREEN TRAFFIC SIGNAL AND STARTED TO ACCELERATE.

UNIT 1 WENT THROUGH THE CROSS WALK AGAINST A "DON'T WALK" TRAFFIC  
SIGNAL.

UNIT 1 COLLIDED INTO UNIT 2 AS DEPICTED.

## LOCAL USE ONLY

Motorist 1 Report No: 20140044920

Motorist 2 Report No: 20140044921

U1 Color: **Yellow**U2 Color: **Blue**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" &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 DRIVER OF UNIT 1 CAME OFF HIS BICYCLE AND ONTO THE HOOD OF UNIT 2, BEFORE FALLING ON THE GROUND.