

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



\*X000085845\*

DRAC U1 <b>8</b>	PEDV U2 <b>1</b>	TRFD <b>2</b>	TRFC <b>1</b>	WEAT <b>1</b>	DRVA <b>1</b>	U2 <b>1</b>	VIS U1 <b>4</b>	U2 <b>4</b>	VEHD U1 <b>1</b>	U2 <b>1</b>	LGHT <b>1</b>	COLL <b>2</b>	MANV U1 <b>1</b>	U2 <b>3</b>	PPA <b>50</b>	PPL <b>5</b>
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INVESTIGATING AGENCY <b>Bloomington Police Department</b>		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. <b>B14-45717</b>		TRFW <b>7</b>									
ADDRESS NO. <b>706</b>		HIGHWAY OR STREET NAME <b>N. CLINTON</b>		<input type="checkbox"/> City <input checked="" type="checkbox"/> Township <b>BLOOMINGTON CITY</b>		DATE OF CRASH <b>3/30/2014</b>		TIME <b>11:17</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT <b>16</b> U1					
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY <b>MC LEAN</b>		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		PRIVATE PROPERTY <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 <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>ORENDORFF, AUSTIN L</b>		DATE OF BIRTH mo / day / yr <b>1 3</b>		MAKE <b>TOYOTA</b>		MODEL <b>AVALLON</b>		YEAR <b>1998</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>1</b>		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>3</b>					
STREET ADDRESS <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61701</b>		SEX <b>1</b>		SAFT <b>3</b>		AIR <b>1</b>		INJURY <b>B</b>		EJECT <b>1</b>		VIN <b>1</b>		VEHU <b>2</b> U1	
TELEPHONE <b>Refused</b>		DRIVER LICENSE NO. <b>IL</b>		STATE <b>IL</b>		CLASS <b>NA</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>ERDMAN, BARBARA</b>		INSURANCE CO. <b>COUNTRY</b>		TELEPHONE <b>Refused</b>		POLICY NO. <b>Refused</b>		U2 <b>2</b> RDEF			
TAKEN TO <b>Refused</b>		EMS AGENCY <b>Bloomington EMS</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>Refused</b>		TELEPHONE <b>Refused</b>		POLICY NO. <b>Refused</b>		U2 <b>2</b> BAC									

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>REYNOLDS, JANET E</b>		DATE OF BIRTH mo / day / yr <b>2 4</b>		MAKE <b>TOYOTA</b>		MODEL <b>AVALLON</b>		YEAR <b>1998</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>1</b>		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> RDEF					
STREET ADDRESS <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61701</b>		SEX <b>2</b>		SAFT <b>4</b>		AIR <b>1</b>		INJURY <b>O</b>		EJECT <b>1</b>		VIN <b>1</b>		U2 <b>1</b> BAC	
TELEPHONE <b>Refused</b>		DRIVER LICENSE NO. <b>IL</b>		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>ERDMAN, BARBARA</b>		INSURANCE CO. <b>COUNTRY</b>		TELEPHONE <b>Refused</b>		POLICY NO. <b>Refused</b>		U2 <b>1</b> NO. OCCS			
TAKEN TO <b>Refused</b>		EMS AGENCY <b>Refused</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>Refused</b>		TELEPHONE <b>Refused</b>		POLICY NO. <b>Refused</b>		U2 <b>1</b> NO. OCCS									

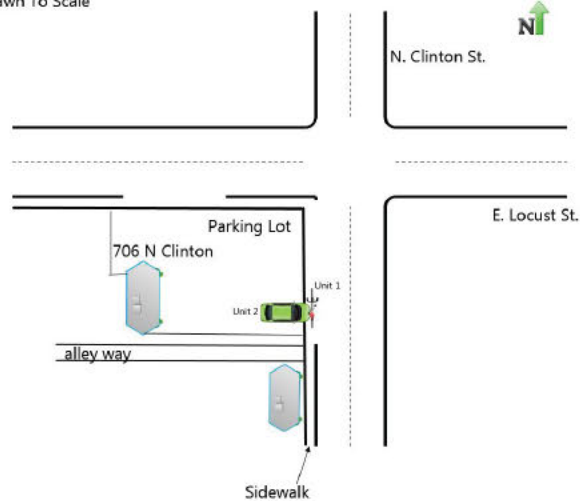
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
											<b>1</b>
											<b>1</b>
											<b>1</b>
											<b>3</b>

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  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>99</b>		
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY	<b>99</b>		
UNIT 2	1	<input checked="" type="checkbox"/>	<b>13</b>	<b>5</b>	ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED		TIME NOTIFIED	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			OFFICER ID.		SIGNATURE		BEAT / DIST.		SUPERVISOR ID.	
	3	<input type="checkbox"/>			<b>7511</b>		<b>James Smith</b>		<b>2</b>		<b>Rob Raycraft, 6965</b>	

**X000085845**

A **Diagram** and **Narrative** are required on all **Type B** crashes,  
even if units have been moved prior to the officer's arrival.

Not Drawn To Scale

**NARRATIVE** (Refer to vehicle by Unit No.)

Unit 1- Austin stated he was traveling northbound on Clinton St. Austin was riding his bicycle on the west side of the road. Austin stated he was riding his bicycle really fast and did not see Unit 2 attempting to leave the parking lot at 706 N. Clinton St.

Unit 2- Janet stated she was attempting to leave the parking lot. She stopped at the side walk to look both ways for on coming traffic. The building to the south blocked some of her view of some foot traffic on the side walk. Janet stated she looked right, then left, and noticed it was clear for her to leave the parking lot. Janet stated as she began to leave the parking lot, Unit 1 struck her vehicle. She believed he hit either the front right of the vehicle or center of the front bumper. Janet stated she never saw Unit 1 and believed he was riding his bicycle really fast to cover the distance that she could see before leaving the parking lot.

**LOCAL USE ONLY**Motorist 1 Report No: **20140034030**Motorist 2 Report No: **20140034029**U1 Color: **Black**U2 Color: **Green**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

Note: The entrance into the parking lot is at a grade up to the side walk then into the parking lot.