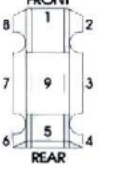
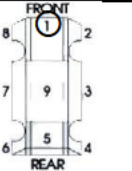


Sheet **1** of **1** Sheets



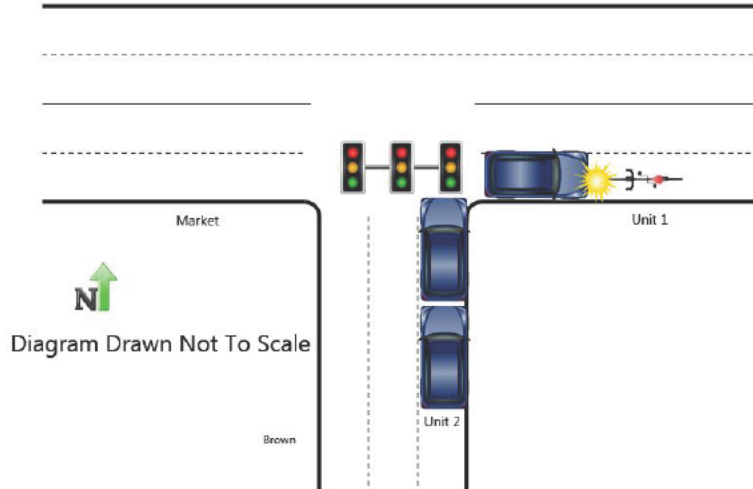
* X000465123 *

IY002

DRAC 1		1		1		3		4		1		6		1		1		1		1		1		2		12		5		57		1		IY002		X000465123																																															
INVESTIGATING AGENCY Bloomington Police Department														DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" 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. B16-56616										TRFW 1																													
ADDRESS NO.														HIGHWAY OR STREET NAME MARKET ST										<input checked="" type="checkbox"/> City BLOOMINGTON										INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N										DATE OF CRASH 4/4/2016										TIME 2:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM										LARS CODE										VEHT 16									
<input type="checkbox"/> (CIRCLE) FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH														<input type="checkbox"/> (CIRCLE) BROWN 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									
NAME MELLINGER, DALE G														DATE OF BIRTH mo / day / yr										MAKE MODEL 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																				TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR										Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										NO LANE 2									
STREET ADDRESS														SEX SAFT AIR										PLATE NO. STATE YEAR										VIN																														ALIGN 1																			
CITY BLOOMINGTON														STATE IL										ZIP 61701										INJURY EJECT										VIN																														RSUR 1									
TELEPHONE														DRIVER LICENSE NO.										STATE CLASS										VEHICLE OWNER (LAST, FIRST, M.I.)										INSURANCE CO.																				VEHU 98																			
TAKEN TO St. Joseph Hospital														EMS AGENCY Bloomington EMS										OWNER ADDRESS (STREET, CITY, STATE, ZIP)										TELEPHONE										POLICY NO.																				U1 98																			
NAME WOODS, HARVEY S														DATE OF BIRTH mo / day / yr										MAKE MODEL 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																				TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR										Y N <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>										U2 2									
STREET ADDRESS														SEX SAFT AIR										PLATE NO. STATE YEAR										VIN																														BAC 96																			
CITY NORMAL														STATE IL										ZIP 61761										INJURY EJECT										VIN																														U1 96									
TELEPHONE														DRIVER LICENSE NO.										STATE CLASS										VEHICLE OWNER (LAST, FIRST, M.I.)										INSURANCE CO.																				U2 96																			
TAKEN TO Refused														EMS AGENCY Refused										OWNER ADDRESS (STREET, CITY, STATE, ZIP)										TELEPHONE										POLICY NO.																				NO. OCCS 1																			
(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJECT)														PASSENGERS & WITNESSES ONLY										(NAME) / (ADDR) / (TEL)										(HOSP)										(EMS)										U1 1																													
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(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														1																				PRIMARY										05										35										If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type																			
2														2																				SECONDARY										99																				Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																			
3														3																																																																					
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OFFICER ID.														SIGNATURE										BEAT / DIST.										SUPERVISOR ID.										DATE POLICE NOTIFIED										TIME NOTIFIED																													
11221														Jerrad Freeman										1										Brian Brown, 6088										4/4/2016										2:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM																													
																																												COURT DATE										COURT TIME																													
																																												5/17/2016										8:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM																													

X000465123

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 1 was travelling west bound on the south sidewalk. Due to sidewalk construction, Unit 1 stated he maneuvered onto the roadway. Unit 1 was now travelling west bound in the east bound lanes, opposite direction of travel.

Unit 2 was travelling north bound on Brown. Unit 2 then turned east bound on Market. Unit 2 stopped at the red light and made turn east bound. Unit 2 and Unit 1 collided just east of the intersection.

Driver of Unit 2 stated he did not see Unit 1 because of his proximity to the light.

LOCAL USE ONLYMotorist 1 Report No: **20140229291**Motorist 2 Report No: **20140229292**

U1 Color:

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" >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 _____