

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



\*X000145435\*

DRAC	1	PEDV	1	TRFD	2	TRFC	4	WEAT	8	DRVA	2	U1	1	U2	8	VEHD	8	U1	1	U2	1	LGHT	1	COLL	2	MANV	1	U1	7	U2	64	PPA	2	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 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. <b>B14-44570</b>		TRFW <b>1</b>					
ADDRESS NO.		HIGHWAY OR STREET NAME <b>ROBINSON STREET</b>		<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH <b>10/17/2014</b>		TIME <b>11:32</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT <b>99</b> U1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH <b>OAKLAND AVE</b> (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY <b>MC LEAN</b>		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 <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>BLAIR, STEVEN D</b>		DATE OF BIRTH mo / day / yr <b>5 / 3</b>		MAKE <b>CADILLAC</b>		MODEL <b>STS</b>		YEAR <b>2006</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"/> * IF YES SEE SIDEBAR		ALIGN <b>1</b>	
STREET ADDRESS <b>BLOOMINGTON</b>		SEX <input checked="" type="checkbox"/> SAFT <input type="checkbox"/> AIR <b>IL</b>		PLATE NO. <b>61701</b>		STATE <b>IL</b>		YEAR <b>2014</b>		VIN <b>1</b>		INSURANCE CO. <b>STATE FARM</b>		U1 <b>2</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</b>		INJURY <b>O</b>		EJECT <b>1</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>WING, LISA R</b>		POLICY NO. <b>Refused</b>		U2 <b>1</b>	
TELEPHONE <b>Refused</b>		DRIVER LICENSE NO. <b>Refused</b>		STATE <b>IL</b>		CLASS <b>D</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>Refused</b>		TELEPHONE <b>Refused</b>		POLICY NO. <b>Refused</b>		U2 <b>1</b>	
TAKEN TO <b>Advocate BroMenn Hospital</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>1</b>		U2 <b>1</b>		U2 <b>1</b>	

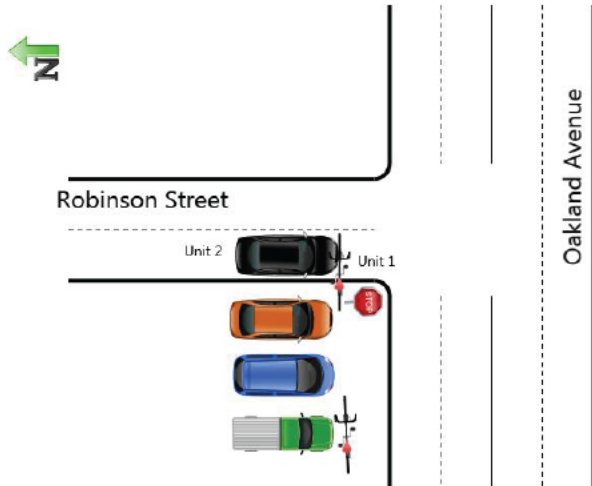
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>WING, LISA R</b>		DATE OF BIRTH mo / day / yr <b>2 / 4</b>		MAKE <b>CADILLAC</b>		MODEL <b>STS</b>		YEAR <b>2006</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"/> * IF YES SEE SIDEBAR		U2 <b>1</b>	
STREET ADDRESS <b>BLOOMINGTON</b>		SEX <input checked="" type="checkbox"/> SAFT <input type="checkbox"/> AIR <b>IL</b>		PLATE NO. <b>61704</b>		STATE <b>IL</b>		YEAR <b>2014</b>		VIN <b>1</b>		INSURANCE CO. <b>STATE FARM</b>		U2 <b>1</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</b>		INJURY <b>O</b>		EJECT <b>1</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>WING, LISA R</b>		POLICY NO. <b>Refused</b>		U2 <b>1</b>	
TELEPHONE <b>Refused</b>		DRIVER LICENSE NO. <b>Refused</b>		STATE <b>IL</b>		CLASS <b>D</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>Refused</b>		TELEPHONE <b>Refused</b>		POLICY NO. <b>Refused</b>		U2 <b>1</b>	
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>		U2 <b>1</b>		U2 <b>1</b>	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)		(EMS)		U1 <b>1</b>	
W								KALMES, KARRIE E						U2 <b>1</b>	
														U2 <b>3</b>	
														U1 <b>5</b>	
														U2 <b>5</b>	

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT <b>30</b>	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>24</b>				
	2	<input type="checkbox"/>			ARREST NAME <b>BLAIR, STEVEN D</b>		SECTION <b>11-1512 C</b>		CITATION NO. <b>247022</b>	SECONDARY <b>14</b>			
UNIT 2	1	<input checked="" type="checkbox"/>	<b>13</b>	<b>4</b>	ARREST NAME		SECTION		CITATION NO.	DATE POLICE NOTIFIED <b>10/17/2014</b>	TIME NOTIFIED <b>11:32</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. <b>7702</b>		SIGNATURE <b>Brad Melton</b>		BEAT / DIST. <b>5</b>	SUPERVISOR ID. <b>Rick Beoletto, 7919</b>	COURT DATE <b>11/18/2014</b>		COURT TIME <b>2:30</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	3	<input type="checkbox"/>											

**X000145435**

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 at the stop sign heading south on Robinson Street at the intersection with Oakland Avenue. Unit 1 was pedaling east on the north sidewalk along Oakland Avenue. Unit 1 didn't stop before entering the crosswalk and rode directly in front of Unit 2. Driver of Unit 2 said that her view was obstructed by parked vehicles so she was slowly moving forward. Driver of Unit 2 said she didn't even see Unit 1 until he was directly in front of her vehicle. The rider of Unit 1 said he didn't stop before entering the crosswalk.

**LOCAL USE ONLY**Motorist 1 Report No: **20140035417**Motorist 2 Report No: **20140035418**U1 Color: **Blue**U2 Color: **Black**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 \_\_\_\_\_