

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000144873

DRAC	1	PEDV	2	TRFD	3	TRFC	4	WEAT	1	DRVA		U1	U2	1	U1	U2	1	VEHD	99	U1	U2	1	LGHT	1	COLL	2	MANV	4	PPA	56	PPL	1
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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 type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B14-42954		TRFW 8									
ADDRESS NO.		HIGHWAY OR STREET NAME MARKET		<input type="checkbox"/> City <input checked="" type="checkbox"/> Township BLOOMINGTON CITY		DATE OF CRASH 9/23/2014		TIME 8:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT 16 U1					
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) Center (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY MC LEAN		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		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 1 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 TJADEN, SILVIA		DATE OF BIRTH mo / day / yr		MAKE FORD		MODEL CMAX		YEAR 2013		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 8 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 1	
STREET ADDRESS		SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR 1 3		PLATE NO.		STATE IL		YEAR 2015		VIN						RSUR 1	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY B		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.				VEHU 2	
TELEPHONE		DRIVER LICENSE NO.		STATE IL		CLASS D				OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U1 2	
TAKEN TO Advocate BroMenn Hospital		EMS AGENCY Bloomington EMS														U2 1	

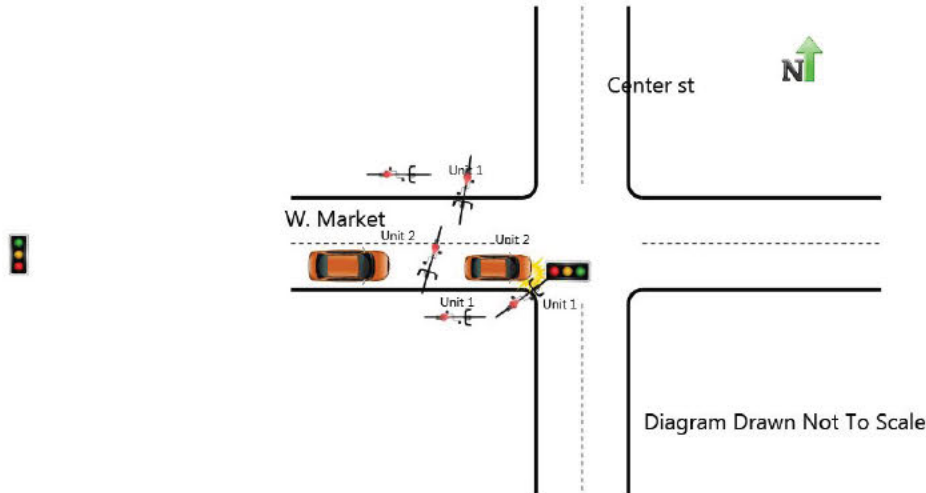
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV GOULD, ROSS J		DATE OF BIRTH mo / day / yr		MAKE FORD		MODEL CMAX		YEAR 2013		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 8 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"/>		BAC 96	
STREET ADDRESS		SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR 2 4		PLATE NO.		STATE IL		YEAR 2015		VIN						U1 96	
CITY PEKIN		STATE IL		ZIP 61554		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) GOULD, ROSS J		INSURANCE CO. state farm				U2 96	
TELEPHONE		DRIVER LICENSE NO.		STATE IL		CLASS D				OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U2 96	
TAKEN TO Refused		EMS AGENCY Refused														U1 1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)	(EMS)	U1
												1
												U2 DIRP
												U1
												5
												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	<input type="checkbox"/>			PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 61			
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY 18			
UNIT 2	1	<input checked="" type="checkbox"/>	13	4	ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED 9/23/2014		TIME NOTIFIED 8:01 <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. 6364		SIGNATURE Elias Mendiola		BEAT / DIST. 1		SUPERVISOR ID. Henry Craft, 3992	
	3	<input type="checkbox"/>			COURT DATE		COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM					

X000144873

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 said they were biking to Center for Human Services and came from the Jimmy Johns parking lot, went across Market Street and went to the intersection of Market and Center. Unit 1 said they entered Center Street and thought they had a "yellow" light to go and entered the street and were hit by Unit 2. Unit 1 was injured and transported to BroMenn hospital for treatment. Unit 1 bike's both tires were very bent.

Unit 2 said they came to a complete stop just prior to the intersection of Market and Center. Unit 1 came behind their vehicle and entered the sidewalk and then lost sight of Unit 1. Unit 2 had a green light and entered the intersection and Unit 1 came onto the street and Unit 2 hit Unit 1.

There were no independent witnesses.

LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No: **20140036341**

U1 Color:

U2 Color: **Red**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 _____

Narrative

END.