

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000642710

DRAC	1	PEDV	2	TRFD	1	TRFC	1	WEAT	1	DRVA	1	VIS	1	VEHD	1	LTGT	4	COLL	2	MANV	3	PPA	65	PPL	1
U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2

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 checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B16-57802		TRFW 1					
ADDRESS NO.		HIGHWAY OR STREET NAME BARKER ST		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 11/12/2016		TIME 5:20		LARS CODE <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		VEHT 1	
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) BEYER ST		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 16	
		(NAME OF INTERSECTION OR ROAD FEATURE)				HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								NO LANCES	

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 HOIT, SAMANTHA A		DATE OF BIRTH 11/11/1990		MAKE TOYOTA		MODEL CAMRY		YEAR 2009		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 1		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR		ALIGN 1	
STREET ADDRESS [REDACTED]		SEX 2		SAFT 4		AIR 1		YEAR 2017								RSUR 1	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY O		EJECT 1		VIN [REDACTED]						VEHU 2	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) HOIT, PATRICIA L		INSURANCE CO. state farm						U1 99	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]								U2 1	

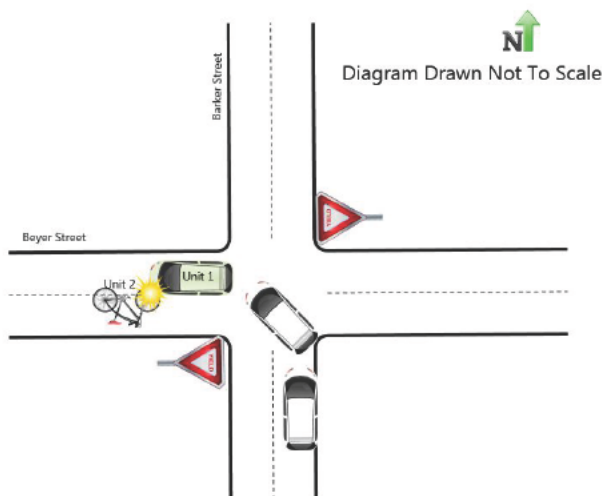
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV PERSON, JESSIE L		DATE OF BIRTH 11/11/1990		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 [REDACTED]		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"/> Y <input type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR		BAC 96	
STREET ADDRESS [REDACTED]		SEX 1		SAFT 3		AIR 1		YEAR								U1 95	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY O		EJECT 1		VIN						U2 1	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS NA		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.						U1 1	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.								U2 1	

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

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 checked="" type="checkbox"/>	13	1	PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 14				
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY 08				
UNIT 2	1	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED 11/12/2016		TIME NOTIFIED 5:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. 10000		SIGNATURE Curtis Squires		BEAT / DIST. 6				COURT DATE
	3	<input type="checkbox"/>			SUPERVISOR ID. Jeff Albee, 6464				COURT TIME				

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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 stated she was driving North on Barker Street and proceeded to make a left turn on Beyer Street. Unit 1 stated she could not see Unit 2 because the street was dark. Unit 2 was not wearing light colored clothing. Unit 2 was wearing dark colored clothing. Unit 1 struck Unit 2. Unit 1 stated she did not see a light on Unit 2 bicycles. Unit 2 had a light illuminated when I arrived on scene.

Unit 2 stated he was within his lane of travel and Unit 1 crossed over. Speaking with Unit 2, I was able to determine he was intoxicated from his slurred and mumbled speech, odor of an alcoholic beverage on his breath, unsteady gait and glassy red and bloodshot eyes. Unit 2 stated he consumed only 2 beers and was on his way to purchase more beer. Unit 2 refused to take a portable breath test. Unit 2 stated the only injury he suffered was a minor cut to his right leg.

LOCAL USE ONLYMotorist 1 Report No: **20140230357**Motorist 2 Report No: **20140230358**U1 Color: **Green**

U2 Color:

U1 Race: **W**U2 Race: **B**

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 _____