

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



\*X000107427\*

DRAC	1	PEDV	1	TRFD	1	TRFC	1	WEAT	1	DRVA	16	U1	6	U2	1	U1	1	VEHD	1	U2	1	LGHT	1	COLL	2	MANV	1	U1	1	U2	57	PPA	1	PPL	1
------	---	------	---	------	---	------	---	------	---	------	----	----	---	----	---	----	---	------	---	----	---	------	---	------	---	------	---	----	---	----	----	-----	---	-----	---

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 type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. <b>B14-45328</b>		TRFW <b>10</b>					
ADDRESS NO. <b>712</b>		HIGHWAY OR STREET NAME <b>WEST WALNUT</b>		CITY <b>BLOOMINGTON CITY</b>		DATE OF CRASH <b>6/19/2014</b>		TIME <b>3:52</b>		LARS CODE <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		VEHT <b>2</b>	
(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		DATE OF CRASH <b>6/19/2014</b>		NUMBER MOTOR VEHICLES INVLD <b>1</b>		LARS CODE <b>16</b>	
DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		CITY <b>BLOOMINGTON CITY</b>		TOWNSHIP <input checked="" type="checkbox"/>		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD <b>1</b>		LARS CODE <b>16</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>DEHART, JASON L</b>		DATE OF BIRTH <b>mo / day / yr</b>		MAKE <b>FORD</b>		MODEL <b>F250</b>		YEAR <b>2001</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>8</b>		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR		ALIGN <b>1</b>	
STREET ADDRESS <b>BLOOMINGTON</b>		SEX <b>2</b>		SAFT <b>4</b>		AIR <b>1</b>		PLATE NO. <b>IL</b>		STATE <b>IL</b>		YEAR <b>2015</b>		RSUR <b>1</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61701</b>		INJURY <b>O</b>		EJECT <b>1</b>		VIN <b>DEHART, JASON L</b>		INSURANCE CO. <b>country companies</b>		VEHU <b>2</b>	
TELEPHONE <b>Refused</b>		DRIVER LICENSE NO. <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>DEHART, JASON L</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>Refused</b>		TELEPHONE <b>Refused</b>		POLICY NO. <b>Refused</b>		U1 <b>2</b>	

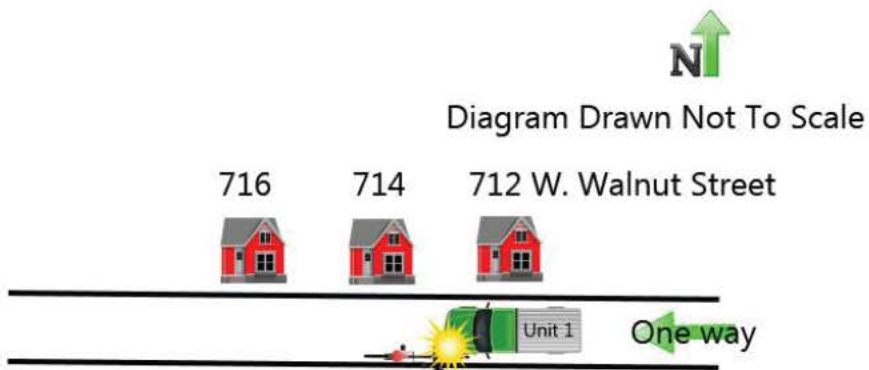
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>BENNETT, QUANTARIUS D</b>		DATE OF BIRTH <b>mo / day / yr</b>		MAKE <b>FORD</b>		MODEL <b>F250</b>		YEAR <b>2001</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>8</b>		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR		RDEF <b>1</b>	
STREET ADDRESS <b>BLOOMINGTON</b>		SEX <b>1</b>		SAFT <b>3</b>		AIR <b>1</b>		PLATE NO. <b>IL</b>		STATE <b>IL</b>		YEAR <b>2015</b>		BAC <b>96</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61701</b>		INJURY <b>B</b>		EJECT <b>1</b>		VIN <b>Advocate BroMenn Hospital</b>		INSURANCE CO. <b>Bloomington EMS</b>		U1 <b>1</b>	
TELEPHONE <b>Advocate BroMenn Hospital</b>		DRIVER LICENSE NO. <b>Bloomington EMS</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>Advocate BroMenn Hospital</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>Bloomington EMS</b>		TELEPHONE <b>Bloomington EMS</b>		POLICY NO. <b>Bloomington EMS</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>
											<b>7</b>
											<b>3</b>

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT <b>15</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 checked="" type="checkbox"/>	<b>13</b>	<b>2</b>	PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY <b>05</b>				
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY <b>20</b>				
UNIT 2	1	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED <b>6/19/2014</b>		TIME NOTIFIED <b>3:53</b> <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. <b>10000</b>		SIGNATURE <b>Curtis Squires</b>		BEAT / DIST. <b>1</b>				COURT DATE
	3	<input type="checkbox"/>			SUPERVISOR ID. <b>Jeff Albee, 6464</b>		COURT TIME						

X000107427

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 driving west in the alley behind 712 West Walnut Street. Unit 1 saw a bicyclist riding his bike the wrong way down the alley. Unit 1 collided with the bicyclist. The bicyclist hit the driver side mirror of Unit. The bicyclist was transported to the hospital because of pain to his arm.

## LOCAL USE ONLY

Motorist 1 Report No: 20140034535

Motorist 2 Report No: 20140034534

U1 Color: **Blue**

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" &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 \_\_\_\_\_