

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000236452

DRAC	1	PEDV	1	TRFD	1	TRFC	1	WEAT	1	DRVA	1	VIS	2	VEHD	1	LGHT	1	COLL	2	MANV	1	PPA	64	PPL	1
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. B15-56344	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME JEFFERSON	<input checked="" type="checkbox"/> City BLOOMINGTON	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 5/6/2015	TIME 6:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) ALLIN (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					VEHT 16 U1

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 SHORT, DAMARCUS C	DATE OF BIRTH mo / day / yr [REDACTED]	MAKE [REDACTED]	MODEL [REDACTED]	YEAR [REDACTED]	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 [REDACTED] REAR [REDACTED]	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 [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	SAFT 2	AIR 4	PLATE NO. [REDACTED]	STATE IL	YEAR [REDACTED]		RSUR 1
CITY BLOOMINGTON	STATE IL	ZIP 61701	INJURY O	EJECT 1	VIN [REDACTED]			VEHU 2 U1
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS 0	VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]	INSURANCE CO. [REDACTED]			
TAKEN TO Refused	EMS AGENCY Refused	OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE [REDACTED]	POLICY NO. [REDACTED]		

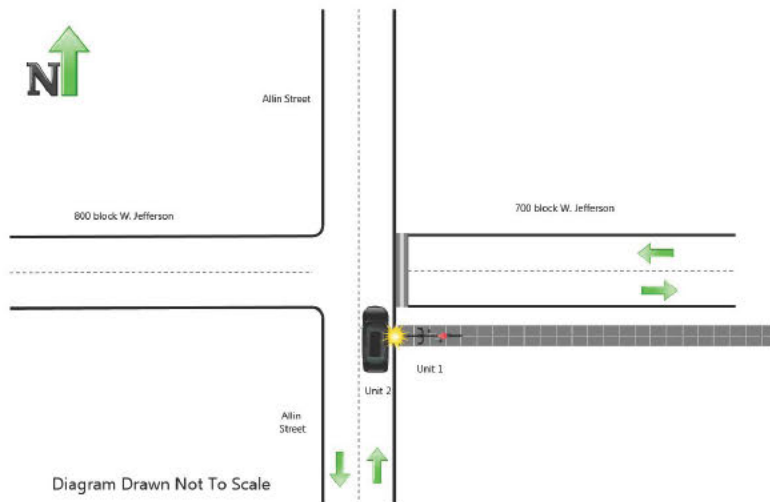
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV MATTHEWS, MARVIN D	DATE OF BIRTH mo / day / yr [REDACTED]	MAKE CHEVROLET	MODEL IMPALA	YEAR 2001	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 3	FRONT [REDACTED] REAR [REDACTED]	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"/>	BAC 96 U1
STREET ADDRESS [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	SAFT 2	AIR 4	PLATE NO. [REDACTED]	STATE IL	YEAR 2015		
CITY BLOOMINGTON	STATE IL	ZIP 61701	INJURY O	EJECT 1	VIN [REDACTED]			
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) MATTHEWS, MARVIN D	INSURANCE CO. FIRST ACCEPTANCE			
TAKEN TO Refused	EMS AGENCY Refused	OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE [REDACTED]	POLICY NO. [REDACTED]		

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	
2	3	[REDACTED]	[REDACTED]	2	4	O	1	CLARK, KIMBERLY, [REDACTED]	Refused	Refused	2
											U2
											DIRP
											7
											U1
											1
											U2

UNIT 1	(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 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 10	30	
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	SECONDARY 99			
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED 5/6/2015	TIME NOTIFIED 6:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. 10040	SIGNATURE Ryne Donovan	BEAT / DIST. 1	SUPERVISOR ID. Jeff Albee, 6464	COURT DATE	COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	3	<input type="checkbox"/>									

X000236452

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.)

The driver of unit 1, Damarcus Short, was traveling westbound on a bicycle on the sidewalk on the south side of the 700 block of W. Jefferson Street. As Damarcus approached the end of the 700 block of W. Jefferson, he tried to stop by using the brakes on the bicycle he was driving. The brakes did not work. Damarcus continued into the intersection of Jefferson and Allin as he was unable to stop.

The driver of unit 2, Marvin Matthews, was traveling northbound on Allin Street near the intersection of Jefferson Street. When Damarcus continued into the intersection on the bicycle, the front of the bicycle struck the front passenger's side door of Matthews' vehicle. Marvin did not have a stop sign or any traffic control device regulating that he stop or yield.

LOCAL USE ONLY

Motorist 1 Report No: 20110894864

Motorist 2 Report No: 20110894863

U1 Color: **Black**U2 Color: **Black**U1 Race: **B**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 _____

Narrative

Nobody was injured in the crash. Damarcus was released to his mother. Damarcus' mother was identified as Kimberly Austin

[REDACTED]