

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000603609

DRAC	1	PEDV	2	TRFD	1	TRFC	1	WEAT	1	DRVA	2	VIS	1	VEHD	1	LGHT	1	COLL	2	MANV	4	PPA	56	PPL	1
U1	U2											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 type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B16-59785		TRFW 1					
ADDRESS NO.		HIGHWAY OR STREET NAME AUBURN RD		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 9/26/2016		TIME 12:12 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 15 U1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) MOSS CREEK ROAD		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	
<input checked="" type="checkbox"/> AT INTERSECTION WITH		(NAME OF INTERSECTION OR ROAD FEATURE)				HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								U2 16	

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 HORTON, MATTHEW J		DATE OF BIRTH 11/11/1983		MAKE FORD		MODEL EXPLORER		YEAR 2003		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		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		ALIGN 1	
STREET ADDRESS [REDACTED]		SEX M		SAFT 2		AIR 3		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		RSUR 1	
CITY BLOOMINGTON		STATE IL		ZIP 61704		INJURY O		EJECT 1		VIN [REDACTED]		INSURANCE CO. STATE FARM		VEHU 2 U1	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) HORTON, JOHN R		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 2	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61704		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]						U2 2	

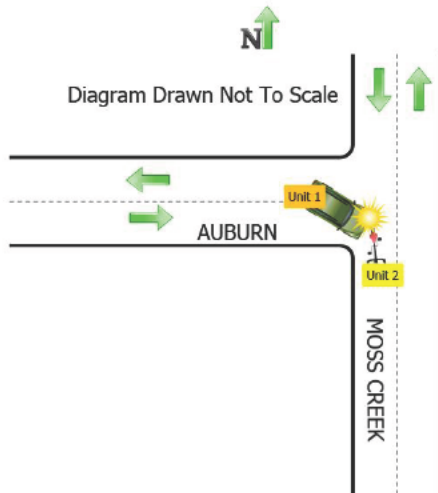
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV KARR, BRIAN K		DATE OF BIRTH 11/11/1983		MAKE FORD		MODEL EXPLORER		YEAR 2003		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		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		BAC 96 U1	
STREET ADDRESS [REDACTED]		SEX M		SAFT 1		AIR 3		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		U2 1	
CITY BLOOMINGTON		STATE IL		ZIP 61704		INJURY B		EJECT 1		VIN [REDACTED]		INSURANCE CO. STATE FARM		U2 96	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) HORTON, JOHN R		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 96	
TAKEN TO OSF St. Francis Hospital		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61704		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]						U2 1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	
W		[REDACTED]	F					PUSHING, ANGIE T.	[REDACTED] BLOOMINGTON, IL, 61704 / [REDACTED]			U1 1
												U2 3
												U1 5
												U2 5

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 02				
	2	<input type="checkbox"/>			ARREST NAME HORTON, MATTHEW J		SECTION 11-901		CITATION NO. 259754	SECONDARY 99			
UNIT 2	1	<input type="checkbox"/>			ARREST NAME		SECTION		CITATION NO.	DATE POLICE NOTIFIED 9/26/2016	TIME NOTIFIED 12:15 <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. 7922		SIGNATURE Scott Karstens		BEAT / DIST. 3	SUPERVISOR ID. Rob Raycraft, 6965	COURT DATE 10/25/2016		COURT TIME 9:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	3	<input type="checkbox"/>											

X000603609

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 eastbound on Ayburn Road turning right onto Moss Creek Road. Unit 2 was southbound in the southbound lane of traffic.

The driver of unit 1 said he made his turn and did not see unit 2 until it was too late. Unit 1 struck unit 2 in the intersection.

The driver of unit 2 said he was southbound and saw unit 1. He said unit 1 was moving quickly, but slowed down when he got to the intersection. The driver of unit 2 said the though the driver of unit 1 saw him. Unit 2 went through the intersection and was struck by unit 1 causing him to be thrown off his bike.

A wittiness said unit 1 was traveling about 10 mph to 15 mph into the intersection. Unit 2

LOCAL USE ONLYMotorist 1 Report No: **20140230475**Motorist 2 Report No: **20140230608**

U1 Color:

U2 Color:

U1 Race:

U2 Race:

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

was in the southbound lane of traffic near the center of the road. Unit 1 made the turn and struck unit 2.

The driver of unit 2 was transported to St. Joseph for treatment.