#### Angie Huonker

From:

Angie Huonker

Sent:

Wednesday, July 08, 2015 2:09 PM

To: Cc:

Mindy Vaughn Angie Huonker

Subject:

FW: Online Form Submittal: FOIA Request (Police)

Due Date: 07.15.15

### FOIA Request (Police)

REQUEST FOR ACCIDENT REPORT OR OTHER POLICE REPORT UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

Requestor's Name:

Michael Bernico

Address: City:

36 Holder Way Bloomington

State: Zip:

ΙL 61704

Telephone Number (s): 3092126997

Email Address:

mike.bernico@qmail.com

Person/Business Represented:

Report Options

( ) Will Pick up Report at Normal City (X) E Mail Report

Hall 11 Uptown Circle (We will notify you when ready)

( ) Mail Report

### Mail Report to (if different from above)

Address:

36 Holder Way

City:

Bloomington

State:

I1\_

Zip:

61704

Request is for

Commercial Purposes

I Agree that Birthdates

(X) Yes

The Control of the Section ( ) No. 1987 ( ) We have

Signature (Please Type Michael Bernico

are Private Information

your Name):

Date of Request:

7/8/2015

\*ACCIDENT REPORT REQUEST -- Fee for accident reports: \$3.00

Report Number: Accident Date: Accident Location: Name of Driver 1: Name of Driver 2:

### \*OTHER POLICE REPORT REQUEST - Fee: 10 Cents a Page AFTER the First 50 Pages

Report Number:
Incident Date:
Incident Location:
Name of Individual in
Report:
Date of Birth:
Other Parties Involved
or Business Involved (if
any):

Type of Incident and other Pertinent Information Regarding Incident (Be Specific):

I would like to examine police reports and all data around bicycle vs. motorist interactions From Jan 2014 until June 2015. I can supply a storage media for this request as required. I'm a Data Scientist working to understand bicycle safety in Mclean County.

Unless otherwise notified, your request for public records will be complied with within five (5) working days after its receipt. Commercial requests will be complied with within 21 working days. \*PLEASE NOTE some police records may be exempt and will be redacted or denied under the Illinois Freedom of Information Act.



### NOTICE OF DENIAL

Your request for copies of public records received on  $\frac{7.815}{1.14.15}$  has been fully or partially denied on  $\frac{1.14.15}{1.14.15}$  pursuant to the following statutes:

A. 5 ILCS 140/7(1)(a) Information specifically prohibited from disclosure by federal or State law or rules and regulations implementing federal or State law.

### State Statute(s)

- 705 ILCS 405/1-7, 705 ILCS 405/5-905 The Juvenile Court Act, provides for confidentiality of police records regarding juveniles. Report involves a juvenile(s).
- B. 5 ILCS 140/7(1)(b) Private information, unless disclosure is required by another provision of this Act, a State or federal law or a court order, as defined at 5 ILCS 140/2 (c-5) "Private information" means unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person.
- C. 5 ILCS 140/7(1)(c) "Clearly unwarranted invasion of personal privacy" means the disclosure of information that is highly personal or objectionable to a reasonable person and in which the subject's right to privacy outweighs any legitimate public interest in obtaining the information.

Bv:

Wendellyn Briggs, Town Clerk

Angelia Huonker, Deputy Clerk



### **APPEAL RIGHT**

Pursuant to law, you are entitled to appeal the decision denying your request for certain information. You may appeal by requesting a review by the Attorney General's Public Access Counselor within 60 calendar days from the date of this denial. Here is the contact information of the Public Access Counselor:

Office of the Attorney General Public Access Bureau 500 S. 2<sup>nd</sup> Street Springfield, Illinois 62706 217-558-0486 publicaccess@atg.state.il.us

You also have the right to judicial review. Suit may be filed in the Circuit Court for McLean County:

Law and Justice Center
Circuit Clerk
104 W. Front St.
Bloomington, IL 61701
309-888-5301
www.co.mclean.il.us/circuitclerk

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POINT OF TELEPHONE > ≥ □ ᡚ SECONDARY (HOSP) PRIMARY FIRST CONTACT ... IY002 6/4/2014 DOORING WITH PEDALCYCLIST? DATE OF CRASH 4₹ M B Injury and for Tow Due To Crash 2004 CITATION NO. CITATION NO. YEAR z S z Z A No Injury / Drive Away ≻ • <u>\_</u> ္င္က ယ Records 2, 852 PRIVATE PROPERTY STATE 64 64 HIT & RUN SUPERMSORID (NAME) / (ADDR) / (TEL) OWNER ADDRESS (STREET, CITY, STATE, 2(P) CWINER ADDRESS (STREET, CITY, STATE, ZIP) TAURUS DAMAGED PROPERTY □ diAzmon MODEL (2) ON SCENE (D) NOT ON SCENE (DESK REPORT) (D) AMENDED STATE нове STATE ᆸ VEHICLE OWNER (LAST, FIRST, M.I.) VEHICLE OWNER (LAST, FIRST, M.I.) 1FAFP55S44G165131 EASTMAN, KELLY L BEAT / DIST. 4/40 NORMAL MC LEAN SECTION SECTION 다 PASSENGERS & WINESSES DRLY PLATE NO. PLATE NO COUNTY FORD -4 | \$500 OR LESS | \$501 - 51,500 | OVER \$1,500 E)ECT CLASS DATE OF BIRTH SAF ☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)
WAME □DRIVER①PARKED □ DRIVERLESS □ PED B □ EQUES □ NAV □ NOV | DATE OF ANDERSON, ANTHONY M, STATE STATE Σ Sheek O TUTWILER, MAURICE A. 8 ğ **L** KAPRAUN, LAUREN K. Normal Fire Dept. Sheet 1 of 1 KELLY, TREVOR A. DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY NAME (BORIVER [] PARKED [] ORIVERLESS [] PED [] PEDAL [] EQUES [] NIAV [] NICV Chad Bock EMS AGENCY **EMS AGENCY** SIGNATURE DAMAGED PROPERTY CWNER NAME -ILLINOIS TRAFFIC CRASH REPORT (SEX) (SAFT) (AIR) (HA) (ELCT PROPERTY OWNER ADDRESS DRIVER LICENSE NO. HIGHWAY OR STREET NAME RIVER LICENSE NO. 3 0 S LINDEN ST 4 ARREST NAME ARREST NAME STATE OFFICER ID, Advocate Bromenn - (Normal) (CIRCLE) ... FILM N S E W (201) Σ ц, Σ Σ CLAYTON, DEMARCO A S EASTMAN, ANNA M 13 Normal Police Dept (000) INVESTIGATING AGENCY (CIRCLE)  $oldsymbol{\Sigma}$ STREET ADDRESS (URIT) (SEAT) (EVNO) STREET ADDA ADDRESS NO. TELEPHONE TELEPHONE TAKEN TO m N e) N m TAKEN TO ₹ ₹ ≥ F JIND S TINU  $\Box$ 

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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.

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	808 S Linden St	<b>&gt;</b>
	A2014-0575 June 4, 2014 © 1523 hrs Drawn by: C. Bock #782 Diagram Drawn Not To Scale	

This crash occured as Unit 1, a bicyclist, entered the parking lot suddenly from the trees an NARRATIVE (Refer to vehicle by Unit No.

Driver 2 stated she was traveling east in the parking lot and preparing to park in a

was struck by Unit 2.

space to her left. Unit 1 suddenly appeared from the trees on her right and pulled right in front of her. Driver 2 attempted to stop, unsuccessfully, and struck Unit 1 with front right

Witnesses Kelly, Tutwiler, and Anderson all provided the following chain of events for the corner of her vehicle.

crash. The three of them and Driver 1 had been climbing the hill, which was concealed by

trees and tall grass, south of the parking lot on thier bicycles. Each rider would circle in the parking lot to build up momentum to climb the hill. Driver 1 was coming down the hill to return to the parking lot. Each witness stated they yelled for Driver 1 to wait because a car was coming. Driver 1 came out of the trees, entered the parking lot in front of Unit 2, and

LOCAL USE ONLY

Motorist 1 Report No. 20140005304

Mod	Motorist 2 Report No: 20140005303		
5	Ut Color Black	Uz Color. Silver, Aluminum	UI Race. B
5	Ji Towed by I to -		U2 Towed by / to .

# COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CAV IS INVOLVED, USE SR 1050A ADDITIONAL LINITS FORMS.

CMV is defined as any motor vehicle used to transport ssenders or property and

passengers or properly and 1. Has a weight rating of more than 10,000 pounds (example: thuck

Has a weight rating of more than 10,000 pounds (example: or trucktrialter combination), or
 Is used or designed to transport more than 15 passengers,

L. Is used of designed to flashing massingles, including the driver (example shulle or charter bus), or 3. Is designed to carry 15 or fewer passengers and operated by a contract camer transporting employees in the course of their employment (example; employees in the course of their employees; employees transporter - usually a var-type emplote or passenger cal); or

vehicle or passenger car); cr 4, is used or designed to fransport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for sciences purpose), or

is so yearly churches, or see the first out any hazardous material (HAZMAT) that requires placarding (example, placards will be displayed on the vehicle.

ES S

CARRIER NAME	
ADDRESS	
CITY/STATE/ZIP	
USDOT NO.	ILLCC NO.

Source of above info. 🔲 Side of Truck 📋 Papers 📋 Driver 🖺 Log Book	Side of Truck	☐ Papers	□ Driver	🗇 Log Baok
Gross Vehicle Weight Rating (GVWR).	Rating (GVWR),			
Were HAZMAT placards displayed on the vehicle ?	s displayed on the	vehicla ?	\ []	Ż C

| If yes, name on placerd | 1-digit Hazard Class no. | 1-digit Hazard Class no. | Did HAZMAT Spill from the vende (do not consider fuel from the vendes own tank)? | DY | DN | DUNK

vahide's own tank) ? \*\*\* OY ON OUNK

Did HAZMAT Regulations violation contribute to the crash ?

CY ON OUNK

D:d Motor Carrier Safety Regulations (MCS) violation contribute the crash ? Cly N N CLVMK

Was a DiveriVerhicle Examination Report form completed ?

Was a DriverNehicle Examination Report form completed ?

HAZMAT CPY CIN CUNK Out of Service ?

MCS CIN CINK Out of Service ?

Form No.

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TOTAL VEHICLE LENGTH 1 NO. OF AXLES

CRASH LOCATION | CITY OF OR | NEAREST CITY

MILES N E S W OR

SELECT CODES FROM BACK COVER OF CRASH BOOKLET
VEHICLE CONFIGURATION
CARGO BODY TYPE
LOAD TYPE

U2 Race: W

## Narrative

was struck by Unit 2.
Driver 2 stated she was traveling east in the parking lot and preparing to park in a space to her left. Unit 1 suddenly
appeared from the trees on her right and pulled right in front of her. Driver 2 attempted to stop, unsuccessfully, and struck Unit 1
with front right corner of her vehicle.
Witnesses Kelly, Tutwiler, and Anderson all provided the following chain of events for the crash. The three of them and
Driver 1 had been climbing the hill, which was concealed by trees and tall grass, south of the parking lot on thier bicycles. Each
rider would circle in the parking lot to build up momentum to climb the hill. Driver 1 was coming down the hill to return to the
parking lot. Each witness stated they yelled for Driver 1 to wait because a car was coming. Driver 1 came out of the trees,
entered the parking lot in front of Unit 2, and was struck by Unit 2.
Driver 1 complained of an injury to his left foot. Driver 1 was transported to Advocate Bromenn Hospital by NFD for futher
evaluation.
I contacted Driver 1 at the hospital. Driver 1 stated he was returning to the parking lot from the trail. Driver 1 did see Unit 2
until he emerged from trees and was entering the parking lot. Driver steered right attempting to avoid Unit 2, but he was struck.
Driver 1 stated it felt like his left leg was pulled under Unit 2 and his left foot was run over.
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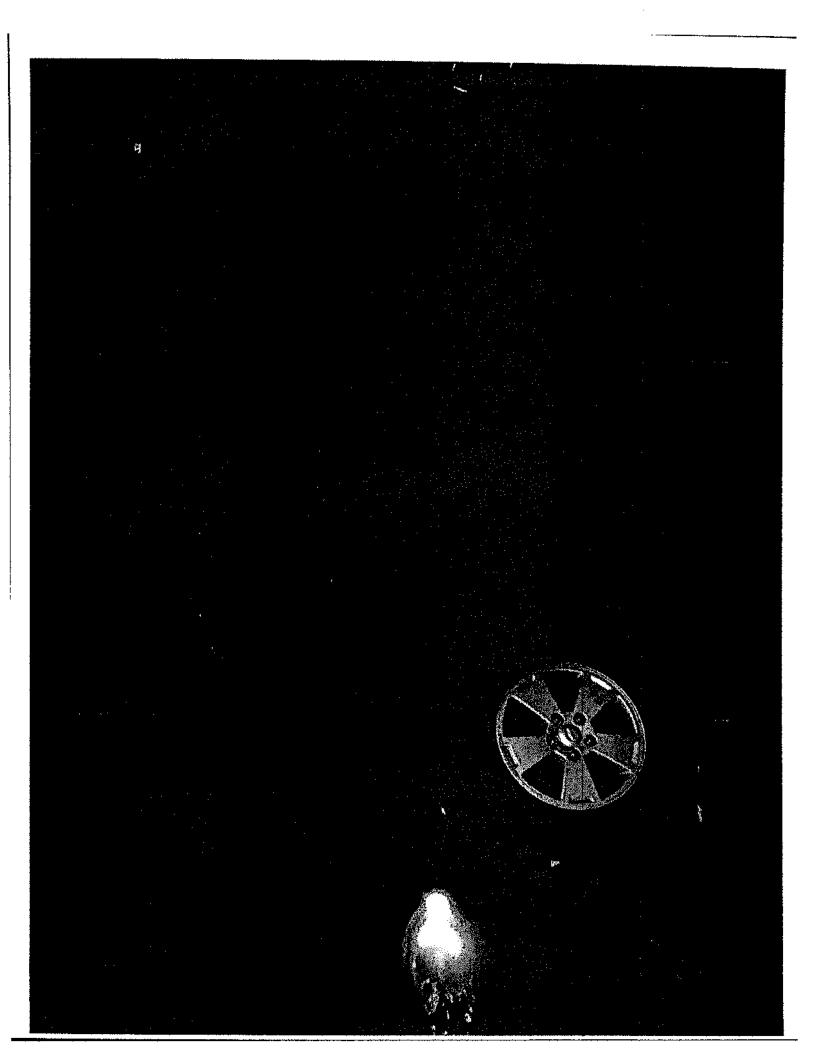
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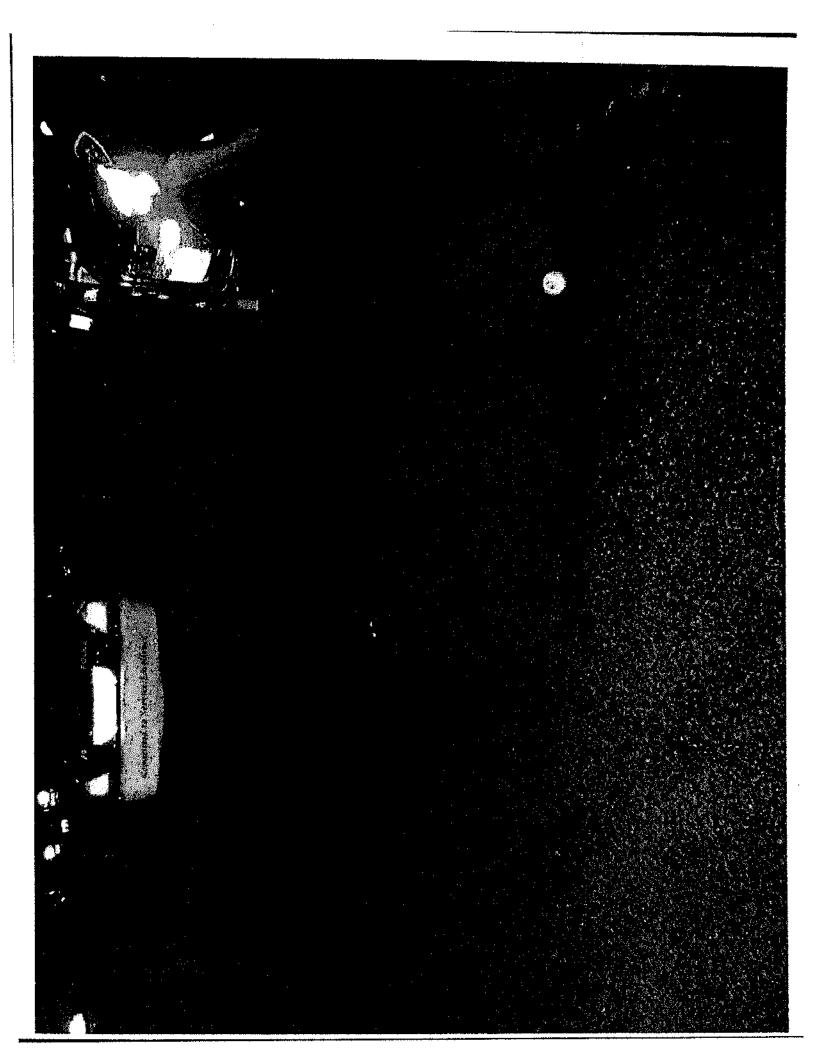
Unbrown work zone type 16 96 96 > z □ [3]  $\infty$ Q ALIGN 7 Workers present? ☑ Y VEHU RDEF 벁 77 DIRP 2 TOWED LE TO CRASH [] Did crash occur in a Work Zone? FIRE CELLPHONE CC <u>-</u> Δ 0,0 8 \* IF YES SEE SIDEBAR CELLPHONE | [7] \* IF YES SEE SIDEBAR TOWED CUE TO CHASH EXCEED SPEED LIMIT LARS CODE EXCEED SPEED LIMIT COM VEH LARS CODE COM VEH GIC27135327-7101 AGENCY CRASH REPORT NO. A2014-576 2 2 2 2 4 5 5 TIME NOTIFIED 10:30 ☐ AM 30 POSTED SPEED LIMIT COURT THE ₩ □ **₹** 8.6 NUMBER MOTOR VEHICLES INVLD POLICY NO. POLICY NO. (O (O **USA INSURANCE** secondary 18 CONTRIBUTORY CAUSE(S) DATE POLICE NOTIFIED 9:40 6/4/2014 court DATE 7/8/2014 CIRCLE NUMBER(S)
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NAME □DENVER □ PARKED □ DRIVERLESS □ PED Ø FEDAL □ EQUES □ MAY □ NOV □ DATE OF STATE 님 ğZ ALCANTAR, ALEJANDRA, O Sheet 1 of 1 Sheets Σ ⋖ Normal Fire Dept. Isaiah Williamson KAWULIA, JOHN, DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY ZOLL, ANDREW, GAUF, DAVID W, NAME GORIVER [] PARKED [] DRIVERLESS [] PED [] PEDAL [] EQUES [] NIM [] NCV EMS AGENC EMS AGENCY SIGNATURE DAMAGED PROPERTY OWNER NAME RUTLEDGE, DAVID W LLINOIS TRAFFIC CRASH REPORT PROPERTY OWNER ADDRESS DRIVER LICENSE NO. SCHWAY OR STREET NAME Š M (SEX) (SAFT) (AIR) (INJ) VERNON ARREST NAME STATE ARREST NAME LINDEN OFFICER ID. 954 4 Advocate Bromenn - (Normal) (CIRCLE) 3 ₪ v) PERHOCH, ZACHERY A 4 RUTLEDGE, DAVID W (EVNT) 13 Normal Police Dept. AT INTERSECTION WITH ന (BOB) INVESTIGATING AGENCY (CIRCLE)  $oldsymbol{\Sigma}$ STREET ADDRESS STREET ADDR (UMT) (SEAT) ADDRESS NO. ო m N R 건 Ġ 3 ≥ **‡ JIN∩** ₹ ₹ S TINU

ŽZ ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book z Z SELECT CODES FROM BACK COVER OF CRASH BOOKLET. weight rating of more than 10,000 pounds (example truck including the driver (example: shuttle or charter bus), or 3, is designed to carry 15 or fewer passengers and operated by a confract camer transporting employees in the course of their 4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example, large van used Did HAZMAT Spill from the vehicle (to not consider fuel from the vehicle's own tank) ?  $\Box$ Y  $\Box$ N  $\Box$ NUNK □UNK Out of Service ? □Y □UNK Out of Service ? □Y Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ?  $\Box Y = \Box W = \Box UNK$ employment (example: employee transporter - usually a van-type vehicle or passenger car), or COMMERCIAL MOTOR VEHICLE (CMV) ☐ NEAREST CITY IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. 2. is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or for specific purpose), or 5. is any vehicle used to transport any hazardous malerial (HAZMAT) that requires placarding (example placards will be NO. OF AXLES Did HAZMAT Regulations violation contribute to the crash ? Was a DriverNehicle Examination Report form completed ? 'n WIDE LOAD? CMV is defined as any motor vehicle used to transport ×102 LOAD TYPE TRAILER 2 ILLCC NO. he could make it through the intersection but was struck by UNIT 2. ALL witnesses reportedwere HAZIMAT placates displayed on the vehicle? 97-102" VEHICLE CONFIGURATION MILES N E S W OR CROCLE ONE R Gross Vehicle Weight Rating (GWVR), CRASH LOCATION. | CITY OF CARGO BODY TYPE čö If yes, name on placard TOTAL VEHICLE LENGTH TRALER LENGTH(S), 1 displayed on the vehicle TRAILER 1 TRAILER 2 Source of above info. TRAILER WIDTH(S) IDOT PERMIT NO. CARRIER NAME HAZMAT Form No. CITY/STATE/ZIP USDOT NO. ADDRESS Z his bicycle in the roadway EASTBOUND on VERNON against the red light. UNIT 1 thought UNIT 2 was traveling Northbound on LINDEN with the green light. UNIT 1 was traveling on that UNIT 1 was traveling against the red light when he was struck by UNIT 2. UNIT 1 was transprted by EMS to BROMENN HOSPITAL. UNIT 2 had front end damage on the driver side of his vehicle and a giant crack in the windshield on the passenger side. UNIT 2 was U2 Race: W ļ•**E** A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival, UZ Townd by 1 to: Ul Race: W ä **NEBNON** vz Color: Black NARRATIVE (Refer to vehicle by Unit No.) Motorist 1 Report No. 20140020301 Motorist 2 Report No. 20140020302 able to drive away X000102826 LOCAL USE ONLY Ut Toward by / fo: U1 Color: Red

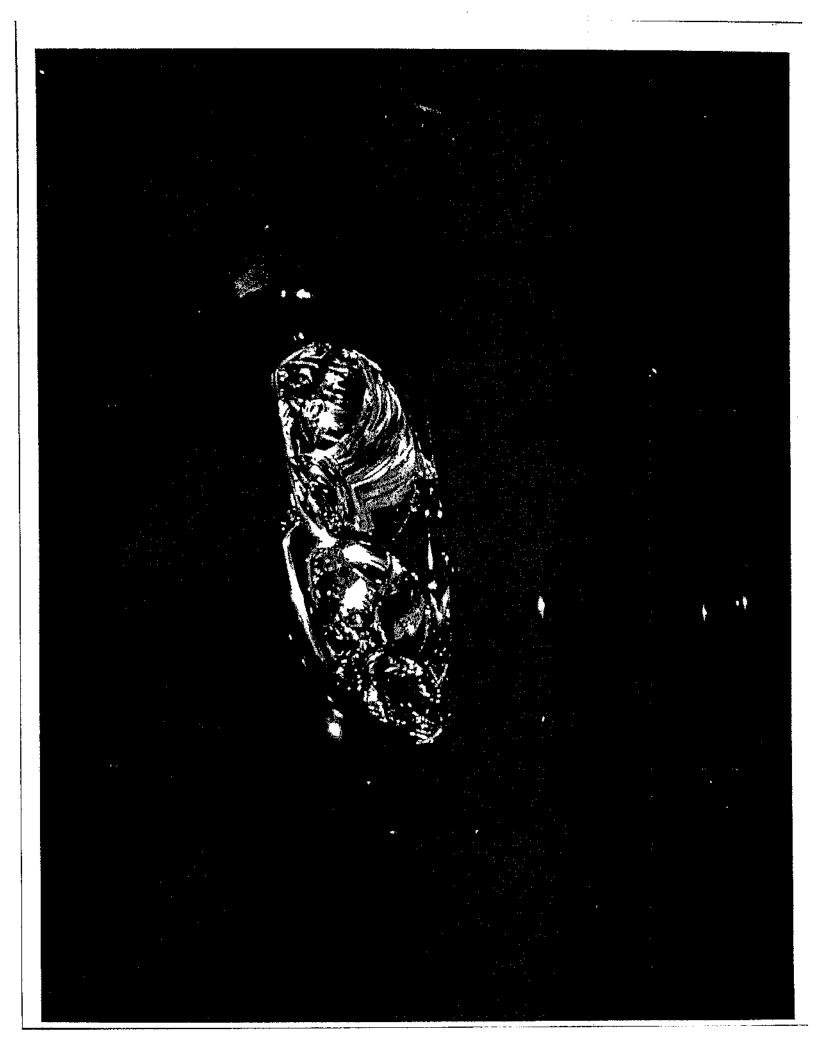
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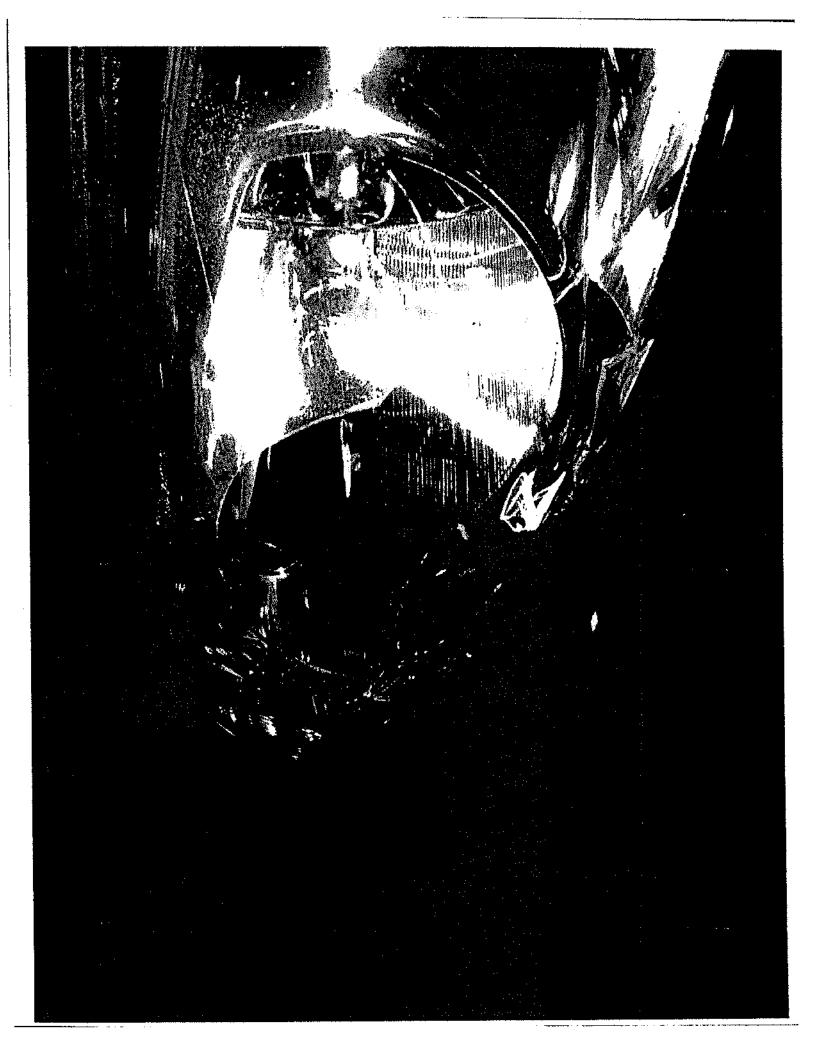


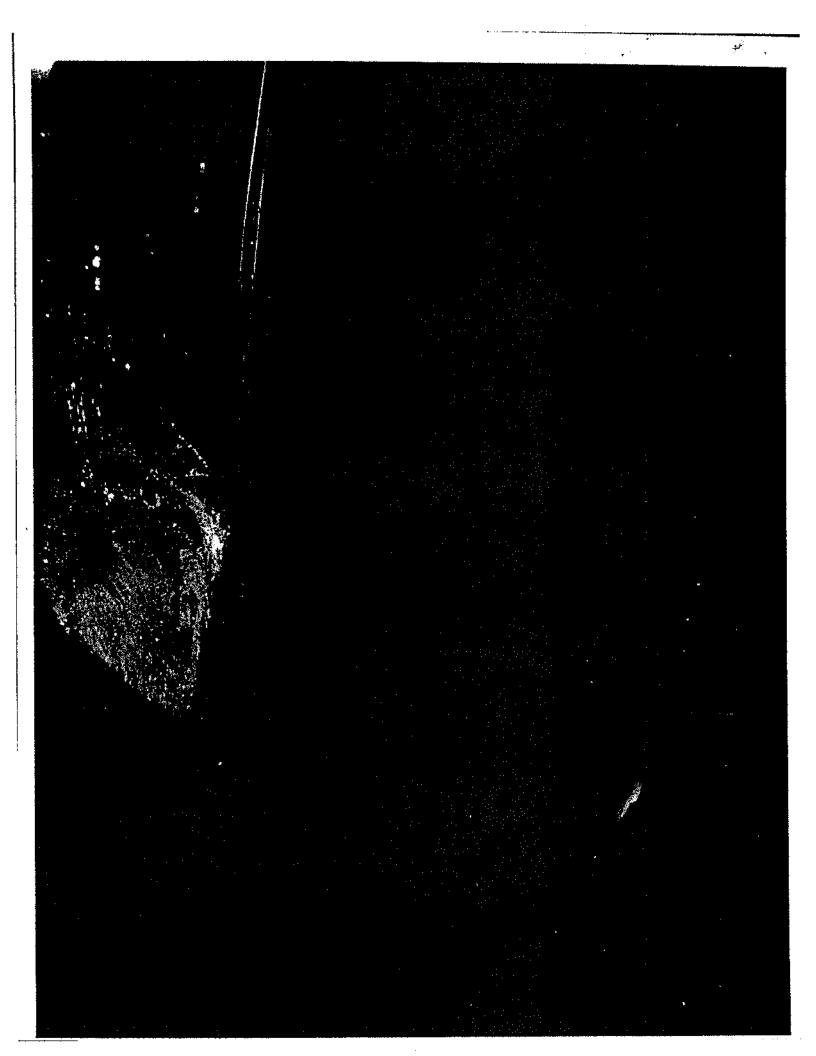


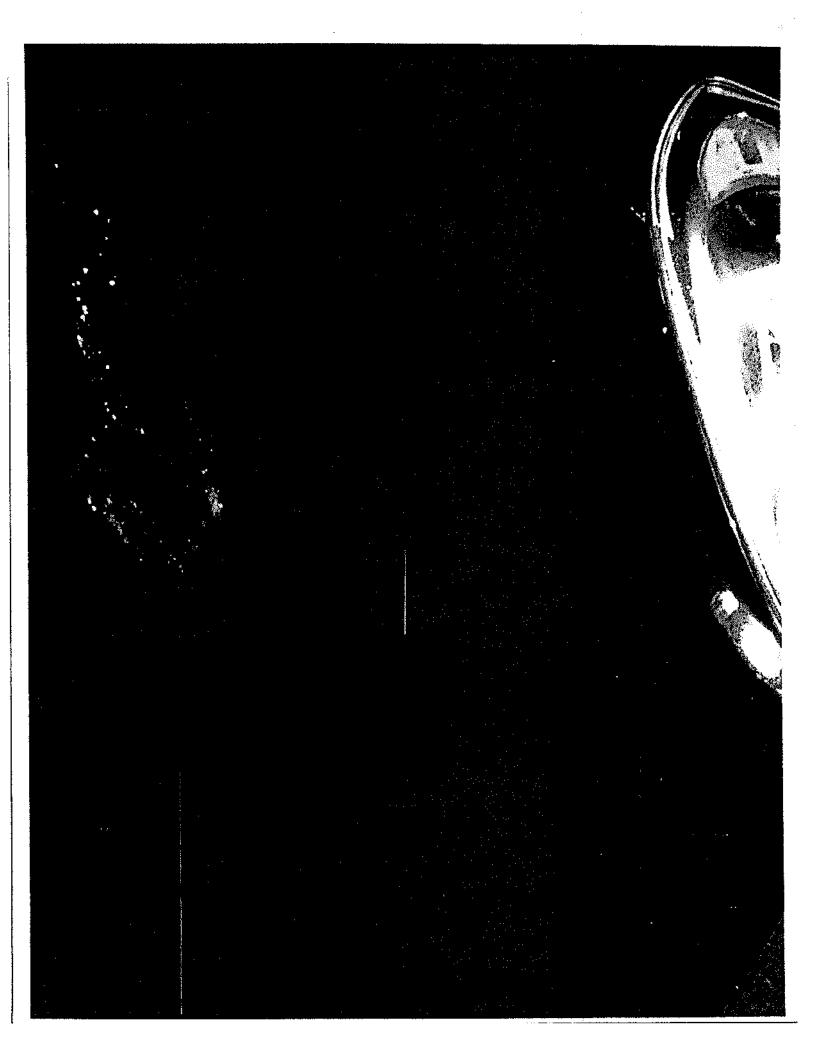


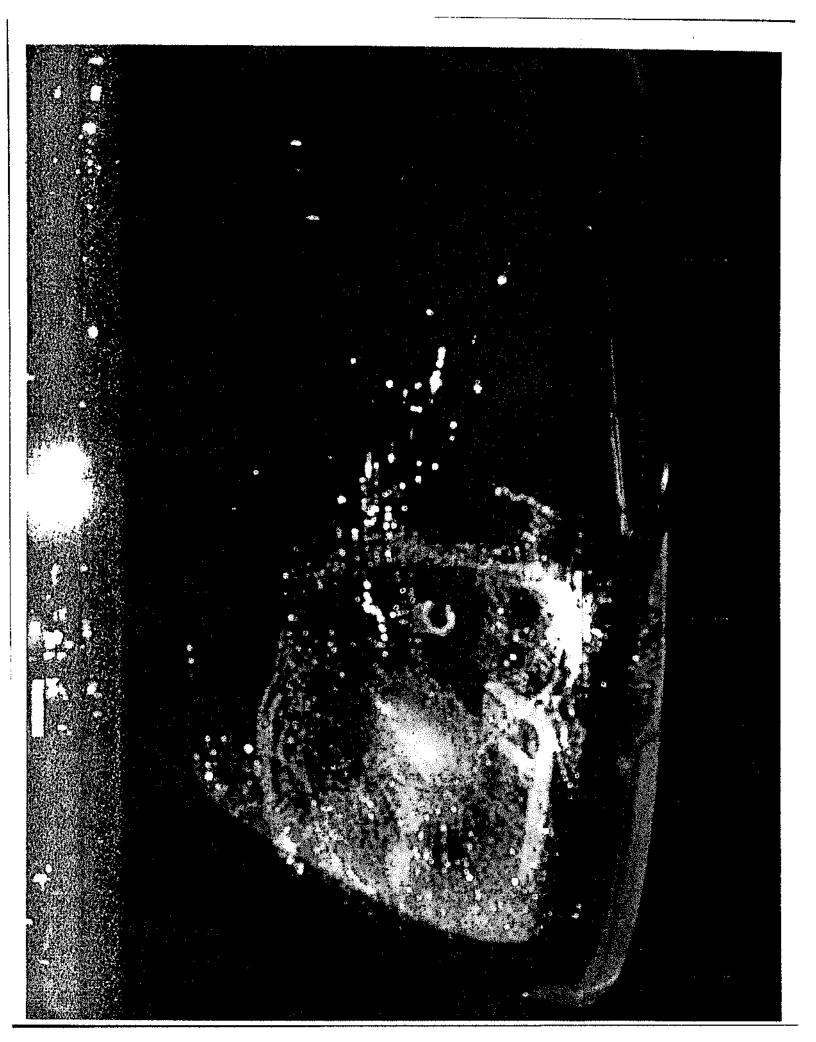












NO.LANES NO OCCS 16 16 **13** 96 96 ALIGN 0 3 > ≈ □ □ 2 Workers present? ☑ N Ŋ S If YES check one below: FIRE CELLPHONE [] C Did crash occur in a Work Zone? , III \* FYES SEE SIDEBAR Construction
Maintenance - Chibran EXCEED SPEED LIVIT COM VEH F YES SEE LARS CODE LARS CODE AGENCY CRASH REPORT NO. A2014-778 V566602F0413E 3:40 NAM COURT TIME 35 [] A.M. NUMBER MOTOR VEHICLES INVLD S. H.S. <u>•</u> POLICY NO. TELEPHONE POLICY NO. DATE POLICE NOTIFIED SECONDARY 28 3:40 STATE FARM COMPRIBUTORY 8/14/2014 COURT DATE 9/23/2014 CAUSE(S) TEME 00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL ARRAS)
12 - OTHER
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POINT OF
FIRST CONTACT 10 - UNDER CARRUAGE
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PONITOF INSURANCE CO TELEPHONE CIRCLE NUMBER(S) FOR DAMAGED AREA(S) ≻ \* □ 5 GRCLE NUMBER(S) FOR DAMAGED AREA(S) 8/14/2014 PRIMARY FIRST CONTACT DOORING WTH PEDALCYCLIST? DATE OF CRASH 삸 ☑ B Injury and / or Taw Due To Crash 2012 YEAR 2014 CITATION NO. CITATION NO. E SE 244377 2 | 2 5 Z A No Injury / Orive Away INTERSECTION
RELATED S Y PRIVATE PROPERTY TY ò <u>م</u> 2 Records 2, 852 64 HIT & RUN OUTLANDER SUPERVISOR 10. (NAME) (ADDR) ((TEL) OWNER ADDRESS (STREET, CITY, STATE, ZIP) OWNER ADDRESS (STREET, CITY, STATE, 21P) DAMAGED PROPERTY S ON SCENE

D NOT ON SCENE (DESK REPORT)

AMENDED Township STATE STATE VEHICLE OWNER (LAST, FIRST, M.L.) VEHICLE OWAVER (LAST, FIRST, MJ.) JA4AP4AU0CZ001524 TRETTER, SARAH L 11-1002(B) BEAT / DIST. Coff 2/22 MITSUBISHI NORMAL MC LEAN SECTION SECTION 츱 PLATE NO. PLATE NO. COUNTY | \$500 OR LESS | \$501 - \$1,500 | OVER \$1,500 SZSS EJEC DATE OF BIRTH / dep / σ SAF S8F1 NAME □DRIVER □ PARKED □ DRIVERLESS □ PED Ø PEDAL □ EQUES □ MAN □ NCV □ DATE OF Sheel 1 of 1 Sheets Σ 0 ž Mitchell Willson DAMAGE TO ANY CNE PERSON'S VEHICLE / PROPERTY NAME (JORIVER 🗋 PARKED 📋 DRIVERLESS 🗍 PED 🗓 PEDAL 📋 EQUES 🗍 NAV 🗍 NOV EMS AGENCY SIGNATURE 늄 ILLINOIS TRAFFIC CRASH REPORT (SEX) (SAFT) ((AIR) (NJ) (EJCT) OWENS, SKYLER A PROPERTY OWNER ADDRESS HIGHWAY OR STREET NAME DRIVER LICENSE NO DRIVER LICENSE NO. S KAYS Dr TOWANDA ARREST NAME ARREST MAME OFFICER ID. 871 FILM N S E W ব TRETTER, SARAH L OWENS, SKYLER A Normal Police Dept. 13 AT INTERSECTION WITH (000) INVESTIGATING AGENCY > STREET ADDRESS STREET ADDRESS **–** (UMT) (SEAT) ADDRESS NO. ę N 3 ₽ TINO S TINU

TINU

25 ☐ Papers ☐ Driver ☐ Log Book z z SELECT CODES FROM BACK COVER OF CRASH BOOKLET Has a weight rating of more than 10,000 pounds (example: truck Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their including the driver for direct compensation (example large van used used or designed to transport between 9 and 15 passengers Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own fank)? □UNK Out of Service ? □Y □UNK Out of Service ? □Y Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ?  $\Box Y \quad \Box N \quad \Box IJNK$ employment (example: employee transporter - usually a van-type 1-digit Hazard Class no. ☐ NEAREST CITY COMMERCIAL MOTOR VEHICLE (CMV) IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. for specific purpose); or 5. Is any vehicle used to transport any hazardous material (HAZMAT). That requires placarding (example placards will be is used or designed to transport more than 15 passengers, NO. OF AXLES Did HAZMAT Regulations violation contribute to the crash ? Cly  $\Box$  N  $\Box$  UNK LOAD TYPE\_ Was a DriverNehicle Examination Report form completed ? WIDE LOAD? CMV is defined as any motor vehicle used to transport >102 þ TRAILER 2 including the driver (example: shuttle or charter bus), or LLCC NO. Were HAZMAT placards displayed on the vehicle? 97-102" VEHICLE CONFIGURATION MILES N E S VV OR CIRCLE ONE ő Side of Truck Gross Vehicle Weight Rating (GVWR), CRASH LOCATION: CITY OF žč CARGO BODY TYPE vehicle or passenger car), or if yes, name on placard TOTAL VEHICLE LENGTH fisplayed on the vehicle. òò TRAILER LENGTH(S): 1 TRAILER 1 TRAILER 2 Source of above info. TRAILER WIDTH(S) IDOT PERMIT NO. 4-Digit UN Po CARRIER NAME HAZMAT Form No. CITY/STATE/ZIP SOM The driver of unit 1 was on his bicycle (Mongoose), Southbound on the sidewalk (Towanda) uspor No. ADDRESS as she passed him on Towanda. The driver of unit 1 stated he was not able to stop, before bicycle before turning onto Kays Dr, as he (unit 1) was riding down the sidewalk. The drive of unit 2 stated she thought unit 1 was slowing down, and stated he wasn't near her as she approaching Kays Dr. The driver of unit 1 stated he remembered seeing her turning signal crashing into the passenger side door of unit 2. The driver of unit 1 acknowledged that unit Fultz) shortly after the incident. The driver of unit 1 was examined by NFD, and refused to turned onto Kays Dr. The driver of unit 1 stated he was going fast down the hill as he was Towanda, approaching Kays Dr. The driver of unit 2 stated she remembered passing a was in the intersection before he was. The mother of unit 1 arrived on scene (Elizabeth approaching the intersection with Kays Dr. The driver of unit 2 was Southbound on UZ Race: W even if units have been moved prior to the officer's arrival. **EbnewoT** U2 Towed by / to: n/a A Diagram and Narrative are required on all Type B Ul Race: W Kays Dr. be transported to the hospital. No tows. UZ Colon Gray not to scale Target Z NARRATIVE (Refer to vehicle by that No. Motorist 1 Report No. 20110721419 Motorist 2 Report No. 20110721420 X000124710 Ul Towed by / to: 11/a LOCAL USE DNLY Ut Color: Black

NO.LANES 4 <u>9</u> <u>9</u> U2 NO. OCCS 164 164 96 66 > z [][] **써** 왕 4 ALIGN Unknown work zone type Yorkers present? ☑ N VEHU Ŋ ဖ ---PDEF If YES check one below: FRE CELLPHONE DO Did crash occur in a Work Zone? TOWED ORASH OF FIRE CELLPHONE OF S ≠ [] > [] 00 0.0 8.8 \* IF YES SEE SIDEBAR IF YES SEF SIDEBAR Construction
Maintenance
Utility TOWED Due Toickash EXCEED SPEED LIWIT COM VEH SPEED LIMIT COM VEH ARS CODE LARS CODE AGENCY CRASH REPORT NO. 050 6212-A14-13I A2014-797 5:46 C PM COURT TIME POSTED SPEED LIMIT 30 NUMBER MOTOR VEHICLES INVLD □ 5 1 1 1 1 1 1 1 6, 15 EAA POLICY NO. POLICY NO. CONTRIBUTORY CAUSE(S) SECONDARY 99 DATE POLICE NOTIFIED Θ 18 5:45 STATE FARM 8/18/2014 COURT DATE TIME INSURANCE CO. CIRCLE NUMBERIS)
FOR DAMAGED AREA(S)
(W) NOME
10 - NUMBER CARRIAGE
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FIRST CONTACT INSURANCE CO. 00 - NOWE - 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER TELEPHONE TELEPHONE > z [] [3 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) PRIMARY 8/18/2014 IY002 99 - UNKNOWN FOUNT OF FIRST CONTACT DOORING WITH PEDALCYCLIST? DATE OF CRASH <u>d12</u> D hyvy and for Tow Due To Crash 1999 2015 CITATION NO. CITATION NO. Ž YEAR YEAR YEAR z [] z S A No Injury / Drive Away INTERSECTION
RELATED SY 7dd Ď ≻ Σ PRIVATE PROPERTY Records 2, 852 STATE 52 HIT & RUN SUPERVISOR ID. ELDORADO CIWNER ADDRESS (STREET, CITY, STATE, ZIP) (MAME) / (ADDR) / (TEL) OWNER ADDRESS (STREET, CITY, STATE, ZIP) တို့ Township 🔲 DAMAGED PROPERTY STATE 1L STATE MODEL HOUCHENS, EDWARD C ON SCENE
Who ton Scene (DESK REPORT) VEHICLE OWNER (LAST, FIRST, M.I.) VEHICLE OWNER (LAST, FIRST, M.I.) 1G6EL12Y7XU609694 TYPE OF REPORT န္နဲ့ တ BEAT / DIST 4/41 NORMAL MC LEAN SECTION SECTION CADILLAC PASSENGERS & WITNESSES ONLY 늗 PLATE NO. PLATE NO COUNTY FG# ₹ [] 18KE MAKE ნ<sub>5</sub> SEX SAFT AIR CLASS CLASS E/ECT DATE OF BIRTH 1 day 1 DATE OF BIRTH ~ (NAME OF INTERSECTION OR ROAD FEATURE) O STATE 0 Sheet 1 of 1 Sheets Ξ ş တ္ဆ DAMAGE TO ANY ONE PERSONS VEHICLE / PROPERTY Melanie Crays NAME | DRIVER | PARKED | DRIVERLESS | PED | PED L | EQUES | NAV | NCV NAME KIDRIVER 🗆 PARKED 👝 DRIVERLESS 🗇 PED 🗋 PEDAL 📋 EQUES 🗋 NIAV 🗋 NCV EMS AGENCY EMS AGENCY SIGNATURE w<sup>zi</sup> ₫. ILLINOIS TRAFFIC CRASH REPORT (SEX) (SAFT) (AIR) (INJ) (EJCT) PROPERTY OWNER ADDRESS DRIVER LICENSE NO. HIGHWAY OR STREET NAME DRIVER LICENSE NO DRVA Н LINDEN STATE STATE arrest name ARREST NAME VERNON OFFICER ID. 200 4 (CIRCLE) N S E W HOUCHENS, EDWARD C 13 Normal Police Dept. AT INTERSECTION WITH Φ 1900 INVESTIGATING AGENCY (CIRCLE) Z UNKNOWN STREET ADDRESS STREET ADDR (UNIT) (SEAT) ADDRESS NO. TELEPHONE TAKEN TO ന 2 g 입과 LIND S TINU ு வ 5

ðð ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book Z 2 SELECT CODES FROM BACK COVER OF CRASH BOOKLET. 1. Has a weight rating of more than 10,000 pounds (example truck including the driver, for direct compensation (example large van used vehicle or passenger car), or 4. Is used or designed to transport between 9 and 15 passengers. Vernon Avenue was a steady red color. Houchens stated that he looked to his left one moreon and 3 at the long remains and the long remains and the long remains of the long remains of the long remains of the long remains and the long remains are consider tool from the related to the long remains and the long remains and the long remains are consider tool from the related to the long remains and the long remains are consider tool from the related tool from the including the driver (example shuftle or charter bus), or 3. Is designed to carry 15 or fewer passengers and operated by contract carrier transporting employees in the course of their àà COMMERCIAL MOTOR VEHICLE (CMV) employment (example: employee transporter - usually a van-type ☐ NEAREST CITY IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. Did Motor Carrier Safety Regulations (MCS) violation contribute the crash ?  $\Box Y = \Box N = \Box U N K$ or frucktrailer combination), or 2. Is used or designed to transport more than 15 passengers, for specific purpose); or 5. is any vehicle used to transport any hazardous malerial (HAZMAT) that requires placarding (example: placards will be □UNK Out of Service ? □UNK Out of Service ? NO. OF AXLES WIDE LOAD? Did HAZMAT Regulations violation contribute to the crash ? Was a Driver/Vehicle Examination Report form completed ? CMV is defined as any motor vehicle used to transport , 102 LOAD TYPE ò TRAILER 2 TLCC ND, VEHICLE CONFIGURATION Were HAZMAT placards displayed on the vehicle? 97-102" MILES N E S W OR CIRCLE ONE CRASH LOCATION DICITY OF OR Gross Vehicle Welght Rating (GVWR), ăă CARGO BODY TYPE\_ passengers or properly and: If yes, name on placard TOTAL VEHICLE LENGTH HAZMAT DY MCS DY TRAILER LENGTH(S): 1 Source of above info. TRAILER WIDTH(S): **FDOT PERMIT NO.** CARRIER NAME Form No. CITY/STATE/ZIP USDOT NO. ADDRESS Ę time to make sure traffic was still clear and it was so he started to make his right turn and a of a sudden there was a bicycle in front of him and he had just barely struck the rear tire of right southbound lane on Linden Street at the intersection with Vernon Avenue. He stated the bicycle. Houchens stated that the bicycle did not fall over and the bicycle rider did not fall off. He stated that the young male, approximately 19-21 years of age, kept riding and fresh damage on Unit 2 and Houchens stated that he just wanted to let us know what had that he wanted to turn right (westbound) onto Vernon Avenue. He ensured that all traffic Unit 2 driver, Houchens, stated that he had been fully stopped at a red traffic light in the was clear and he saw that the crosswalk signal for crossing on Linden southbound over left the area. Houchens said that he had driven around the block and came back to the area to try to find the bicyclist but he was unsuccessful. There did not appear to be any U2 Race W even if units have been moved prior to the officer's arrival. A Diagram and Narrative are required on all Type B U2 Towed by / to Uf Race? U2 Color. Silver, Aluminum NARRATIVE (Refer to vehicle by Unit No.) Motorist 2 Report No. 20140019701 X000124954 LOCAL USE ONLY Motorist 1 Report No. UI Towed by / to: V1 Color:

# Narrative

								TWO SHARES AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT							
happened in case the bicyclist came in to file a report.															

NO LANES 96 NO. OCCS 13 **16** 96 > ≥ □ [3] 0 work zone type <u>≻</u> ≈ □∑ ALIGN N g ---₩ 21 02 MYES check one below: Workers present? Did crash occur in a Work Zone? 0,0 CELLPHONE [] [] SPEED IMF [3] TOWED | K \* JF YES SEE SIDEBAR Constructor
Maintenance
Unliky IF YES SEE SIDEBAR EXCEED SPEED LIMIT EXCEED SPEED UMIT COM VEH LARS CODE LARS CODE COM VEH AGENCY CRASH REPORT NO A2014-814 787017 U7101 3 (EMS) □ ₹ ₹ TIME NOTIFIED 5:53 DAM COURT TIME POSTED SPEED URIT 30 □ 53 ₩ ₩ NUMBER MOTOR VEHICLES INVLD POLICY NO POLICY NO. 5 77 . © **ම** DATE POUCE NOTIFIED SECONDARY 99 CONTRIBUTORY CAUSE(S) 5:15 02 8/20/2014 COURT DATE 00 NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
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POINT OF INSURANCE CO. 10 - NONE 10 - UNOER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNIVOWN POINT OF TELEPHONE CIRCLE NUMBER(S) FOR DAMAGED AREA(S) TELEPHONE > z POINT OF FIRST CONTACT CIRCLE NUMBER(S) FOR DAMAGED AREA(S) USAA (нозы) 8/20/2014 IY002 FIRST CONTACT DOORING WITH PEDALCYCLIST? DATE OF CRASH 2IP 62650 D B Injury and / or Tow Due To Crash 2009 YEAR 2014 CITATION NO. CITATION NO. 2 [5] Z z O YEAR YEAR S A No Injury / Drive Away INTERSECTION RELATED SY ٥ <u>≻</u> Records 2, 852 PRIVATE PROPERTY STATE IL 49 HIT & RUN SUPERVISOR ID. DWINER ADDRESS (STREET, CITY, STATE, ZIP) OWNER ADDRESS (STREET, CITY, STATE, ZIP) (MAME) / (ADDR) / (TEL DAMAGED PROPERTY TREK BICYCLE Tawmshup AVEO ON SCENE
ON TO STATE (DESK REPORT)
ON AMENDED MODEL STATE STATE ≓ VEHICLE OWNER (LAST, FIRST, M.1.) VEHICLE OWNER (LAST, FIRST, M.L.) MARVIN, MICHAEL A KL1TD66E29B628271 TYPE OF REPORT JACKSONVILLE ķg M<sub>5</sub> BEAT / DIST. 100 K 3/32 NORMAL MC LEAN CHEVROLET SECTION SECTION PASSENGERS & WITNESSES ONLY PLATE NO COUNTY 1GH ₩ MAKE 4 **₩** (2) \$500 OR LESS (1) \$501 - \$1,500 (1) OVER \$1,500 CLASS CLASS E-ECT \_ ~ DATE OF BIRTH day / / day / SEX SAFT SAFT g (NAME OF INTERSECTION OR ROAD FEATURE) INJURY Z STATE STATE 0 Sheet 1 of 1 Sheets Σ O DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY SIGNATURE Melanie Crays NAME GORIVER [] PARKED [] DRIVERLESS [] PED [] PEDAL [] EQUES [] HAVE NOV MAME DORIVER DPARKED DRIVERLESS DPED MPEDAL DEQUES NIMY DICY EMS AGENCY EMS AGENCY BLAIR, TYLER B M<sub>S</sub> ILLINOIS TRAFFIC CRASH REPORT S KINGSLEY STREET (SAFT) (AIR) (INJ) (EJCT) PROPERTY OWNER ADDRESS HIGHWAY OR STREET NAME DRIVER LICENSE NO. DRIVER LICENSE NO. DRVA N WEAT ARREST NAME ARREST NAME OFFICER ID. 700 TRFC ≩ IJ IJ 4 TRFD MARVIN, MICHAEL A 13 Normal Police Dept. Š D ......FT / MI N (BOB) BLAIR, TYLER B INVESTIGATING AGENCY (CIRCLE) STREET ADDRESS (UNIT) (SEAT) ADDRESS NO. TELEPHONE TAKEN TO TAKEN TO N N က 510 F TINU UNIT 2 5

88 🗌 Log Book z z SELECT CODES FROM BACK COVER OF CRASH BOOKLET. passengers or property and. 1. Has a weight rating of more than 10,000 pounds (example. truck including the driver, for direct compensation (example, large van used for speculic purpose), or 5. Is any vehicle used to transport any hazardous material symptoms vehicle used to transport any hazardous material displayed on the vehicle. including the driver (example, shuttle or charter bus), or 3. is designed to carry 15 or fewer passengers and operated by a 4. Is used or designed to fransport between 9 and 15 passengers. Was a DriverNehide Examination Report form completed ?

HAZMAT □Y □N □UNIX Out of Service ? □Y

MCS □Y □N □UNIX Out of Service ? □Y Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tang? \(\text{CIY}\) \(\text{CIY}\) employment (example employee transporter - usually a van-type 2 MOTOR VEHICLE (CMV) 1-digit Hazard Class no. C NEAREST CITY IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS, Is used or designed to transport more than 15 passengers. Did Motor Camer Safety Regulations (MCS) violation contribute the crash ?  $\Box$ Y  $\Box$ N  $\Box$ UNX NO. OF AXLES contract carrier transporting employees in the course of their Side of Truck Dapers Driver A CMV is defined as any motor vehicle used to transport ٦ WIDE LOAD? Did HAZMAT Regulations violation contribute to the crash CIY CIN CLUNK >105 LOAD TYPE TRAILER 2 Were HAZMAT placards displayed on the vehicle? 97-102 VEHICLE CONFIGURATION MILES N E S W OR ± ő Gross Vehicle Weight Rating (GVWR). CRASH LOCATION: CITY OF CARGO BODY TYPE COMMERCIAL If yes, name on placard vehicle or passenger car), TOTAL VEHICLE LENGTH TRAILER LENGTH(S). 1 TRAILER 1 TRAILER 2 Source of above info. TRAILER WIDTH(S): IDOT PERMIT NO. CARRIER NAME Form No. CITY/STATE/ZIP USDOT NO. ADDRESS 120 Marvin stated that he then saw that the last vehicle in traffic was past him and he started to his vehicle was crossing the sidewalk and waited for the last vehicle to clear the intersectio said that the front tire of the bicycle went completely underneath his car. Marvin explained and was looking to the right, north, and checking for traffic to clear. He stated that several cars were traveling SB and he waited until he saw the last one and he moved up to where bicycle crossed in front of his vehicle and went onto the street (NB) in front of him. Marvin southbound (SB) one-way street. Marvin stated that he had stopped behind the sidewalk Unit 1 driver, Marvin, came to the police department to report a crash involving a bicycle. Marvin stated that he was leaving the parking lot of the Neuman's Center and he was that he spoke with the bicyclist, Blair, and he said that he was not injured in the crash. stopped (facing west) at the driveway entrance which intersects with Kingsley Street, turn left (SB) and all of a sudden a bicycle was in front of him. Marvin stated that the U2 Race: W A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival. U2 Towed by / to: UI Race: W Uz Color. Gray NARRATIVE (Refer to vehicle by Unit No. Motorist 1 Report No. 20140019703 Motorist 2 Report No. **20140019702** X000129292 LOCAL USE ONLY Ut Color: White Ut Towed by 1 to:

## Narrative

Marvin showed me photographs that he had taken at the scene of the damages to his vehicle and to the bicycle. Unit 1 had scratches on the driver's side portion of the front bumper. (Marvin stated that he believes that, because the damage was so far
the driver's side, that the bicyclist may have actually fun into his car.) There was paint scraped on of the front wheel well on the driver's side behind the front tire. Additionally, there were scratches on the bottom portion of both doors on the driver's side of the vehicle. The bicycle had damage to the left handle bar grip. The front wheel was bent and missing a spoke and the
sprocket guard was broken. Marvin provided me with Blair's information. I spoke with Blair and he told me that he was riding his bicycle on the sidewalk and was northbound along Kingsley Street. He stated that he observed Unit 1 at the edge of the
parking lot, blocking the sidewalk. Blair stated that Marvin did not even look to the south to see if there was any pedestrian
traffic. Blair stated that he rode his bicycle in front of Unit 1 on the entryway to the parking lot, but did not go into the street.  Blair said that is when Unit 1 struck his bicycle. Blair stated that he was able to jump of the bicycle without being struck or

UZ UZ NO.LANES UZ NO OCCS 96 96 Unknown work zone type 0 ≻ z ⊡[3] Workers present? VEHO N ---불 #0G# HP H2 If YES check one below Did crash occur in a Work Zone? FIRE CELLPHONE CO <u>-</u> Y N , D \* IF YES SEE SIDEBAR FIRE LIKE CELLPHONE [] [5] Construction
Maintenance \* IF YES SEE SIDEBAR TOWED DUE TO CRASH TOWED DOCUMENT EXCRED SPECTO LIMIT COM VEH EXCEED SPECD UMT COM VEH LARS CODE ARS CODE AGENCY CRASH REPORT NO. A2014-867 0790420B2113F COURT TIME TIME NOTIFIED AN I.44 □ AN POSTED SPEED LIMIT 30 S S S ₩ □ ∑ NUMBER MOTOR VEHICLES INVLD 0 POUCY NO. POLICY NO. SECONDARY 18 CONTRIBUTORY CAUSE(S) DATE POLICE NOTIFIED 18 STATE FARM 1:35 9/3/2014 COURT DATE CRCCE NUMBER(S)
FOR DANAGED AREA(S)
40 - NON
40 - NON
11 - TOTAL (ALL AREAS)
12 - OTHER
19 - UNKNOWN
POUNT OF
FIRST CONTACT INSURANCE CO. CIRCLE NUMBER(S) FOR DAMAGED AREA(S) CO - NONE 10 - UNDER CARRIAGE
(1) TOTAL (ALL AREAS)
(2 - OTHER TELEPHONE TELEPHONE > z [] [3] PRIMARY IY002 99 - UNKNOWN POINT OF FIRST CONTACT 9/3/2014 WATH PEDALCYCLIST? DATE OF CRASH DOORING 412 E Injery and for Tow Due To Crash 2002 2015 CITATION NO. CITATION NO. YEAR YER. Ž YEAR z S Z Z 🗌 A No Injury / Drive Away PRIVATE
PROPERTY | Y ò HATERSECTION RELATED [2] Y ್ಜ ಅ Records 2, 852 <sup>₽₽</sup> 64 STATE HIT & RUN SUPERVISOR ID. OWNER ADDRESS (STREET, CITY, STATE, ZIP) (NAME) / (ADDR) / (TEL OWNER ADDRESS (STREET, CITY, STATE, ZIP) SIENNA CAMAGED PROPERT STATE Tovenship BOCM O ON SCENE
W NOTON SCENE (DESK REPORT)
O AMENCED STATE VEHICLE OWNER (LAST, FIRST, M.I.) VEHICLE OWNER (LAST, FIRST, M.I.) LIGHTLE, JOHANNA E 4T3ZF13C02U452479 o, BEAT / DIST. 3/32 NORMAL MC LEAN SECTION SECTION Ë PASSENGERS & WITNESSES ONLY OYOTA PLATE NO. COUNTY ш ĿGHŤ MAKE Ä 2 CLASS | \$500 OR LESS | | \$501 - \$1,500 | | | | | CLASS ۵ DATE OF BIRTH DATE OF BIRTH SAF S AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

NAME □DRIVER □ PARKED □ DRIVERLESS □ PED S PEDA □ EGUES □ MAY □ NOV ONTE OF I STATE STATE 0 SEX Ω Sheet 1 of 1 Gregory Passini DAMAGE TO ANY ONE PERSONS VEHICLE / PROPERTY NAME (ZIDRIVER 🗍 PARKED 🗇 DRIVERLESS 📋 PED 🗓 PEDAL 🗓 EQUES 🗓 NAV 🗍 NOV ۳ EMS AGENCY EMS AGENC SIGNATURE တ္ဆ DAMAGED PROPERTY OWNER NAME LINOIS TRAFFIC CRASH REPORT PROPERTY OWNER ADDRESS COLLEGE AVE HIGHWAY OR STREET NAME DRIVER LICENSE NO. ~ BROADWAY WEAT ARREST NAME ARREST NAME OFFICER 1D. ISEX) (SAFT) 516TREC 4 (CIRCLE) N S E W (201) 4 4 ê **∽** LIGHTLE, JOHANNA E KOVEL, ELIZABETH A (EVINE) 13 29 13 Normal Police Dept. A AT INTERSECTION WITH (80a) **NVESTIGATING AGENCY** (CIRCLE) STREET ADDRESS (ewio) ADDRESS NO. UNITY (SEAT TELEPHONE C) ო TAKEN TO Ø F TINU S TINU

☐ Side of Truck ☐ Papers ☐ Dinver ☐ Log Book ãã 2 Z SELECT CODES FROM BACK COVER OF CRASH BOOKLET. passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck including the driver (example shuttle or charter bus), or 3. Is designed to carry 15 or fewer passengers and operated by a Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used òò Cid HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ?  $\Box$ Y  $\Box$ N  $\Box$ JUNK VEHICLE (CIMV) employment (example, employee transporter - usually a van-type 2 1-digit Hazard Class no. C NEAREST CITY IF MORE THAN ONE CMV IS INVOLVED. USE SR 1050A ADDITIONAL UNITS FORMS. Is used or designed to transport more than 15 passengers. Did Motor Carrier Safety Regulations (MCS) violation contribute the crash ?  $\Box Y$   $\Box N$   $\Box UNK$ for specific purpose); or 5. Is any vehicle used to bransport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle. Was a DriverVehicle Examination Report form completed ?

HAZMAT DY DN DUNK Out of Service?

MCS DY DN DUNK Out of Service? WIDE LOAD? | Y NO. OF AXLES contract carrier transporting employees in the course of their Did HAZMAT Regulations violation contribute to the crash ?  $\Box Y = \Box Y = \Box V V K$ A CMV is defined as any motor vehicle used to transport 'n ×102 LOAD TYPE TRAILER 2 Were HAZMAT placards displayed on the vehicle? 97-102" VEHICLE CONFIGURATION MILES N E S W OR COMMERCIAL MOTOR ö Gross Vehicle Weight Raling (GVWR). CRASH LOCATION | CITY OF CARGO BODY TYPE If yes, name on placard vehicle or passenger car), TOTAL VEHICLE LENGTH TRAILER LENGTH(S): 1 TRAILER 1 TRAILER 2 Source of above infa, TRAILER WIDTH(S). 4-Digit UN no. IDOT PERMIT NO. CARRIER NAME Form No. CITY/STATE/ZIP USDOT NO. ADDRESS Unit 1 is listed as the driven by Elizabeth Kovel. Miss Kovel was riding w/b on the sidewalk unexpectedly proceeded forward across the intended path of Miss Kovel and stopped. Miss Kovel was in continual motion as she traveled uphill and she was under the impression that Kovel stated that she applied the brakes on her bicycle but was unable to avoid striking the Miss Kovel struck the side of the van with the front of her bicycle and body. She sustained minor injuries. Miss Kovel had obvious abrasions to the underside of her right forearm and intersection with Broadway; she observed unit 2 slow and come to a complete stop. Miss Miss Kovel stated that as she approached the p/s front quarter panel of the mini van. Miss Kovel stated that one of her bicycle brakes the minivan would stay stopped until passed through the designated crosswalk. Unit 2 Z S Race: W Diagram Drawn Not To Scale A Diagram and Narrative are required on all Type B crashes. even if units have been moved prior to the officer's arrival. UZ Towed by 1 to: Ul Rade: W located on the south side of College Ave. † uz color. White NARRATIVE (Refer to vehicle by Unit No. Motorist 2 Report No. 20140020276 Motorist 1 Report No. 20140020275 X000131230 needed work. LOCAL USE ONLY Ul Towed by / to U1 Color

## Narrative

to her left leg. Medical attention was offered several times and declined.
Unit 2 is a Toyota mini van driven by Johanna Lightle which was slowing/stopped at the stop sign intersection of Broadway at
College Ave. Miss Lightle stated that she came to a stop at the intersection and looked to her right and then to her left and began to proceed forward. Miss Lightle stated that she did not see the approaching bicyclist prior to the impact.
The two parties involved conversed at the crash scene and loaded the damaged bicycle into the mini van and drove to NPD
where they made the report.
Unit 2 had a dented front p/s quarter panel and an obvious scratch in the paint. The bicycle involved sustained a bent front tire
and a bent pedal which left the bike inoperable.
N = 14 at 1 a
No citations were issued. Miss Kovel was given a ride home.

WO. OCCS VO,LANES 16 96 ☑ A Workers present? ☑ Y ☐ Y ☐ PM 9 ~ Did crash occur ☐ Y in a Work Zone? ☑ N RDEF 1f YES check one below:

| Construction | Italians 54 PG FIRE CELLPHONE [] [] EXCEED FIRE CELLPHONE CO × [] ≻ [] 0,0 [2] <u>D</u> \* IF YES SEE SIDEBAR FYESSEES PRIMA Unknow TOWED DUE TO CRASH SPEED SPEED COM VEH EXCEED SPEED UNIT COST VEH LARS CODE LARS CODE AGENCY CRASH REPORT NO. A2014-876 EMS 1467115E2313E TIME NOTIFIED

3:04 N PM
COURT TIME STATE FARM INSURANCE 30 ₹ ± ⊠ □ NUMBER NOTOR VEHICLES INVLD 9:00 POLICY NO. DOLICY NO \* CONTRIBUTORY CAUSE(S) SECONDARY 25 DATE POLICE NOTIFIED 3:04 10/17/2014 9/5/2014 COURT DATE INSURANCE CO. CIRCLE NUMBER(S)
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RELATED [2] Y PRIVATE PROPERTY Records 2, 852 <sup>PPA</sup> 22 CALVERT, BRENDA AND GEORGE HIT & RUP (NAME) / (ADOR) / (TEL) SUPERVISOR ID. OWNER ADDRESS (STREET, CITY, STATE, ZIP) OWNER ADDRESS (STREET, CITY, STATE, ZIP) UTILITY Tawnship [ DAMAGED PROPERT STATE S ON SCENE
UND TON SCENE (DESK REPORT)
AMENDED STATE 뻐 VEHICLE OWNER (LAST, FIRST, M.I.) VEHICLE OWNER (LAST, FIRST, M.I.) 5XYKT3A16BG112193 TYPE OF REPORT BEAT / DIST. 11-306(C) 11-1010 NORMA1 **MCLEAN** CITY PASSENGERS & WITNESSES ONLY PLATE NO PLATENO COUNTY 4 MAKE ₹ sg 🖸 Class \$591 - \$1,500 OVER \$1,500 2 SEX SAFT R) AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)
NAME [DORIVER ☐ PARKED ☐ DRIVERLESS ☐ PED B. ☐ ROUES ☐ NAIV ☐ NCV ☐ DATE OF STATE 0 Sheet 1 of 1 Sheets Σ Normal Fire Dept. Isaiah Williamson DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY NAME GORIVER C PARKED C DRIVERLESS C PEO C PEDAL C EQUES C NAV C NOV EMS AGENCY EMS AGENCY SIGNATURE DAVIDSON, WILLIAM H DAVIDSON, WILLIAM H DAMAGED PROPERTY CANNER NAME ILLINOIS TRAFFIC CRASH REPORT PROPERTY OWNER ADDRESS (SEX) (SAFT) (AIR) (NJ) (EJCT) DAIVER LICENSE NO. HIGHWAY OR STREET MAME M BEAUFORT ARREST NAME ARREST NAME OFFICER ID. MAIN Advocate Bromenn - (Normal) 4 (CIRCLE) N S E W DAVIDSON, WILLIAM H 4 BROWN, STEPHANIE R m 13 Normal Police Dept AT INTERSECTION WITH INVESTIGATING AGENCY (CIRCLE)  $oldsymbol{\Sigma}$ STREET ADDRESS UNITY (SEAT) ADDRESS NO. TAKEN TO 'n N 0 F JINN S TIND

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35 🗌 Log Bock z O z SELECT CODES FROM BACK COVER OF CRASH BOOKLET passengers or property and: 1. Has a weight rating of more than 10,000 pounds (example: truck 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 including the driver (example, shuttle or charter bus), or 3. Is designed to carry 15 or fewer passengers and operated by a □UNIK Out of Service ? □Y
□UNIK Out of Service ? □Y Did HAZMAT Spill from the vehicle (60 not consider fuel from the vehicle's own tank) ?  $\Box$ Y  $\Box$ N  $\Box$ UNN Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ?  $\square V$   $\square V$   $\square V$ COMMERCIAL MOTOR VEHICLE (CMV) employment (example: employee transporter - usually a van type 1-digit Hazard Class no. D NEAREST CITY IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. or designed to transport more than 15 passengers, for specific purpose); or f. is any vinitide used to transport any hazardous maternal (FAZMAT) that requires placarding (example: placards will be displayed on the vehicle. CITY NAME NO. OF AXLES vehicle with the green light. Unit 1 was traveling Westbound through the intersection of Maih Source of above info. In Side of Track In Papers In Diver WIDE LOAD? 📋 Y contract carrier transporting employees in the course of their Did HAZMAT Regulations violation contribute to the crash? CMV is defined as any motor vehicle used to transport Was a Driver/Vehicle Examination Report form completed ? <u>></u> ×102 LOAD TYPE TRAILER 2 ILLCC NO. MILES N E S W OR VEHICLE CONFIGURATION \_\_ and Beaufort on a bicycle against the red light. Unit 1 driver was not wearing any contrastingwere HAZMAT placeads displayed on the valvice? 97-102" 8 CIRCLE ONE DUNK DUNK Gross Vehicle Weight Rating (GVWR). CRASH LOCATION. | CITY OF CARGO BODY TYPE\_ őő If yes, name on placard TOTAL VEHICLE LENGTH ă ò à TRAILER LENGTH(S): 1 TRAILER 1 TRAILER 2 TRAILER WIDTH(S); IDOT PERMIT NO. 4-Digit UN no. HAZMAT CARRIER NAME ò Form No. CITY/STATE/ZIP or truck/trailer 2, is used or USDOT NO. ADDRESS 1 driver was ejected from the bicycle. Unit 1 driver was transported to Bromenn to be treated Unit 2 was traveling Northbound on Main through the intersection of Main and Beaufort in a did not see Unit 1 bicyclist crossing at the intersection and struck him with her vehicle. Unit clothing and did not have a required lighted lamp for night use on his bicycle. Unit 2 driver for injuries. Unit 1 driver was found to be extremely intoxicated. Unit 1 driver was issued U2 Race: W A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival. U2 Towed by 1 to: Beaufort street Uf Race: W as useW UZ Color NARRATIVE (Refer to vehicle by Unit No.) Motorist 1 Report No. 20140019665 Motorist 2 Report No. 20140019664 multiple citations X000131611 LOCAL USE ONLY Ul Towed by / 10: Color:

### **Traffic Crash Reconstruction Report**

A14-0876



Ву

Officer Chad Bock #7082

Traffic Crash Re-constructionist

September 5, 2014

## **Table of Contents**

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#### **Identification**

Location:

S. Main St. and W. Beaufort St.

Date:

September 5, 2014

Time:

3:04 a.m.

Involving:

1. Fuji Sagres 10 speed bicycle (driver William H. Davidson)

2. 2011 Kia Sorento (driver Stephanie R. Brown)

#### Circumstances

This crash occurred at the intersection of S. Main St. and W. Beaufort St., in Normal, McLean County, IL. S. Main St. is bituminous asphalt, two-lane, one-way, city-street and the speed limit is 30 M.P.H. W. Beaufort St. is a bituminous asphalt, four-lane, divided city street and the speed limit is 30 M.P.H. The intersection is controlled by a traffic signal, which was functioning properly.

The weather at the time of the crash was clear and roadway was dry. There were no apparent defects on the roadway in the area of the crash.

It was dark at the time of the crash. There were no street lights in the immediate area of the intersection. There was some ambient light illuminating from the parking lot lights northeast of the intersection.

It was reported to officers on scene that the Davidson entered the intersection against a red traffic signal and failed to yield the right of way to the Kia.

#### <u>Issue</u>

The issue addressed in this report is did the Davidson enter the intersection against a red traffic signal and subsequently cause the crash.

#### **Data Collected**

I conducted a preliminary investigation of the crash scene. I took photographs of the crash scene. I collected measurements of the crash scene to complete a scale diagram of the scene if necessary however, a scale diagram was not completed at this time.

The Kia left anti-lock, brake, tire marks on the roadway that measured 38 feet 10 inches from the driver's side and 44 feet 4 inches from the passenger's of the vehicle. There was damage on the forward fourth of the Kia's hood. The damage location appeared consistent with the Kia traveling at or below the posted speed limit of 30 M.P.H.

The Fuji bicycle was not equipped with a front head lamp, as required. Davidson was reported to be wearing blue jeans and a black t-shirt.

#### **Brown's Statement**

Brown stated she was traveling north on S. Main St. and entered the intersection with a green traffic signal. Brown was unfamiliar with the area and had begun to slow down for road construction that was ahead of her. Brown suddenly struck Davidson. Brown did not see Davidson until she had struck him and reacted to stop her vehicle after the collision had occurred.

#### **Summary**

The cause of the crash was Davidson entering the intersection against a red traffic signal and failing to yield the right of way to the Kia.

The limited lighting at the intersection, dark clothing worn by Davidson, and the lack of a head lamp on the bicycle contributed to Brown's inability to see Davidson and therefore react in an attempt to avoid the crash.

U2 NO. OCCS NOLANES **1**€ 96 86 96  $\infty$ m 0 Doknown work zone type Н ALIGN YEE. ~ 2 28 If YES check one below. TOWED LINE | SPECTOR COLOR Did crash occur in a Work Zone? PUE TO CRASH
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Maintenance
Utility ' IF YES SEE SIDEBAR TOWED DUE TO CRASH EXCEED SPEED UNIT **LARS CODE** LARS CODE COM VEH AGENCY CRASH REPORT NO A2014-1075 SM3 TIME NOTIFIED
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COURT TIME 30 POSTED SPEED LIMIT AIL0023433 S. I.S. [] [3] NUMBER MOTOR VEHICLES MALD 9:00 TELEPHONE POLICY NO. POLICY NO CONTRIBUTORY CAUSE(S) DATE POLICE NOTIFIED STATE AUTO 99 02 10/21/2014 CCURT DATE 11/25/2014 10/21/2014 4:50 INSURANCE CO. 11. TOTAL (ALL AREAS)
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ŏŏ ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book z z SELECT CODES FROM BACK COVER OF CRASH BOOKLET. 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. 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 (cample: shuttle or charter bus); or is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their Was a Driver/Vehicle Examination Report form completed ?

HAZMAT □Y □N □UNK Out of Service ? □Y

MCS\*\*\* □Y □N □UNIK Out of Service ? □Y Did HAZMAT Spull from the vehicle (do not consider twel from the vehicle's own tank) ?  $\Box Y$   $\Box N$   $\Box N$ Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? DY DN DUNK [] NEAREST CITY employee transporter - usually a van-type COMMERCIAL MOTOR VEHICLE (CMV) IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. NO. OF AXLES Did HAZMAT Regulations violation contribute to the crash ? >102 WIDE LOAD? A CMV is defined as any motor vehicle used to transport LOAD TYPE TRAILER 2 ILLCC NO. Were HAZMAT placends displayed on the vehicle? 97-102 VEHICLE CONFIGURATION MILES N E S W OR CIRCLE ONE CRASH LOCATION [] CITY OF OR Gross Vehicle Weight Rating (GVWR). CARGO BODY TYPE \_\_ passenger car); or If yes, name on placard TOTAL VEHICLE LENGTH TRAILER LENGTH(S): 1 TRAILER 1 TRAILER 2 stated she was leaving the drive-thru and looking S/B at oncoming traffic. Unit 1 driver stated TRAILER WIDTH(S): 4-Digit UN no. IDOT PERMIT NO. CARRIER NAME Form No. CITY/STATE/ZIP USDOT NO. ADDRESS vehicle or Ę Unit 2 stated he was riding his bicycle S/B on the side-walk near McDonald's drive-thru. Un stated he was pinned under Unit 1 until Unit 1 reversed backwards to allow him to get from she did not see Unit 2 and attempted to enter traffic. Unit 1 driver stated she struck Unit 2 2 stated he was crossing in front of Unit 1 when he was struck by Unit 1's vehicle. Unit 2 Unit 1 driver stated she was in the drive-thru at McDonald's on S. Main St. Unit 1 driver with her vehicle. Unit 1 driver did not require medical attention. even if units have been moved prior to the officer's arrival. under the vehicle. Unit 2 did not require medical attention. A Diagram and Narrative are required on all Type B U2 Towed by / to: UI Race: W U2 Color. NARRATIVE (Refer to vehicle by Unit No. ) Molorist 2 Report No. 20140019624 Motonst 1 Report No. 20140019623 X000152963 LOCAL USE ONLY Ut Calar: Maroon Ul Towed by I to:

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CONTROL Did crash occur in a Work Zone? FIRE CELLPHONE COLL PROPERTY COLL PROPERTY COLL PROPERTY COLL PROPERTY COLUMN C THE YES SEE SIDEBAR Construction Mainlenance IF YES SEE SIDEBAR -15 □ LARS CODE EXCEED UIME LARS CODE COM VEH AGENCY CRASH REPORT NO. A2014-1178 AUT004591060 POSTED SPEED LIMIT 30 □ 13 \$ \$ SALE SALE S S NUMBER MOTOR VEHICLES INVLO POLICY NO. POLICY NO AAA INSURANCE SECONDARY 18 DATE POLICE NOTIFIED 28 CONTRIBUTORY 11/11/2014 4:18 11/11/2014 COURT DATE 12/16/2014 CAUSE(S) 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN INSURANCE CO CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 00 - NONE 10 - LINDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER TELEPHONE TELEPHONE FOR DAMAGED AREA(S) > ≈ □ S CIRCLE NUMBER(S) PRIMARY IY002 FIRST CONTACT 99 - UNKNOWN POINT OF FIRST CONTACT WITH PEDALCYCLIST? DATE OF CRASH POINT OF DOCAING ఠ B Injury and for Tow Due To Crash 2014 YEAR 2015 CITATION NO CITATION NO 247575 rear ă YEAR z S z S A No Input/ Chive Away INTERSECTION RELATED S Y <u>₹</u> ~ ò <u>`</u> Records 2, 852 PRIVATE PROPERTY STATE <sup>₹</sup>66 ALT & RUN SUPERVISOR ID. OWNER ADDRESS (STREET, CITY, STATE, ZIP) OWNER ADDRESS (STREET, CITY, STATE, ZIP) CRUZE DAMAGED PROPERT Township 🗋 MODEL STATE ON SCENE (DESK REPORT)

AMENDED STATE  $\exists$ VEHICLE OWNER (LAST, FIRST, M.L.) JEHICLE OWNER (LAST, FIRST, M.I.) 1GIPC5SB5E7156236 4<sup>2</sup> STOLLER, OLIVIA L BEAT / DIST. 11-601(A) 1/11 COL MC LEAN SECTION NORMAL CHEVROLET Ë PASSENGERS & VATNESSES ONLY PLATE NO. PLATE NO. COUNTY 按 MAKE CLASS S \$500 OR LESS

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0 OVER \$1,500 EJECT DATE OF BIRTH DATE OF BIRTH 7 day 1 SEX SAFT (NAME OF INTERSECTION OR ROAD FEATURE) ⊒ 0 Sheet 1 of 1 Sheets Alexander Curry DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY NAME SIDRIVER TO PARKED TO DRIVERLESS TO PED TO PECAL TO EQUES TO NAVIONAL NAME CIDRIVER C PARKED C DRIVERLESS C PED (2) PEDAL C EQUES C WIXV C NCV EMS AGENCY Refused SIGNATURE DAMAGED PROPERTY OWNER NAME H LLINOIS TRAFFIC CRASH REPORT STOLLER, OLIVIA L PROPERTY OWNER ADDRESS DRIVER LICENSE NO. HIGHWAY OR STREET NAME DRIVER LICENSE NO DRVA H NORTHBROOK W. RAAB (SEX) (SAFT) (AIR) ARREST NAME ARREST NAME MEA! OFFICER ID. 963 4 TRFC AT INTERSECTION WITH MELVIN, SAMANTHA N 2 13 STOLLER, OLIVIA L Normal Police Dept (DOB) INVESTIGATING AGENCY (CIRCLE) > STREET ADDRESS STREET ADDRESS (UNIT) (SEAT) ADDRESS NO. Refused N ന N ന TAKEN TO TAKEN TO t TIND S TINU 口図

ŏă C Log Book z 2 SELECT CODES FROM BACK COVER OF CRASH BOOKLET. 1. Has go weight rating of more than 10,000 pounds (exampler truck or truck/trailer combination); or 2. Is used or designed to framport more than 15 passongers including the driver (example: shuttle or charter bus); or is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their Le used or designed to transport between 9 and 15 passangers, including the driver, for direct compensation (example large van used for specific purpose), or the any very compensation any hazardous material (HAZMAT), that requires placarding (example placards will be àà Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)? \(\Delta\rightarrow\righ Did Motor Camer Safety Regulations (MCS) violation contribute to the crash ?  $\Box Y$   $\Box N$   $\Box UNK$ C NEAREST CITY employment (example: employee transporter - usually a van-type 1-digit Hazard Class no. COMMERCIAL MOTOR VEHICLE (CMV) IF MORE THAN ONE CAV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. ☐UNK Out of Service ? ☐UNK Out of Service ? NO. OF AXLES WIDE LOAD? □ Side of Truck □ Papers □ Direct Did HAZMAT Regulations violation contribute to the crash ? Was a DriverNehide Examination Report form completed ? >102, CMV is defined as any motor vehicle used to transport <u>\_</u> LOAD TYPE TRAILER 2 ILLCC NO. Were HAZMAT placards displayed on the vehicle ? 97-102" VEHICLE CONFIGURATION MILES N E S W OR CRASH LOCATION. II CITY OF OR CRICLE ONE Gross Vehicle Welght Rating (GVWR). ăă CARGO BODY TYPE If yes, name on placard vehicle's own tank)? DY TOTAL VEHICLE LENGTH vehicle or passenger car); áá TRAILER 1 TRAILER 2 TRAILER LENGTH(S): 1 Raab. U2 was traveling westbound, across the unmarked cross walk on W. Raab. The driver above inc. TRAILER WIDTH(S). IDOT PERMIT NO. 4-Digit UN no. HAZMAT CARRIER NAME Form No. CITY/STATE/ZIP USDOT NO. ADDRESS E of U1 stated she was watching oncoming eastbound traffic as she traveled forward.The fron 1-2 mph. No damage was reported to either unit. U2 did not report injuries at the time of the U1 was traveling northbound on Northbrook, preparing to turn right at the intersection of W. bumper of U1 struck the left side of U2. Both units claimed U1 was traveling approximately accident but reported sore wrist and a chipped tooth several hours later. NFD checked on U2 and found no injuries. U1 was cited for failure to reduce speed to avoid an accident. UZ Race W A Diagram and Narrative are required on all Type B crashes, NORTHBROOK even if units have been moved prior to the officer's arrival, U2 Towed by / ta: U1 Race: W W. RAAB UZ Colar: NARRATIVE (Refer to vehicle by Unit No. Materist 1 Report No. 20140019926 2014001992 X000156891 LOCAL USE ONLY Motorist 2 Report No. Ut Color: Black Ut Tawed by f to

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Unitry FYESSEE SIGEBAR X000162494 TOWED DUE TO CHASH Cakaga EXCEED SPEED LIMIT LARS CODE LARS CODE COM VEH AGENCY CRASH REPORT NO. A2014-1230 (EMS) 1 TIME NOTIFIED I 4328050051 30 E 4 <u>.</u> ⊚ 6, 1 5 1.4 NUMBER MOTOR VEHICLES INVLD POLICY NO. POLICY NO CONTRIBUTORY CAUSE(S) DATE POLICE NOTIFIED 23 11/28/2014 9:53 02 11/28/2014 COURT DATE 12/30/2014 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - HONE 19 - UNDER CARRAGE
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őő 🗌 Log Book **z** z SELECT CODES FROM BACK COVER OF CRASH BOOKLET. 1. Has a weight rashig of more than 10 000 pounds (example: fruck or truck/traitler combination), or 2. Is used or designed to transport nore than 15 passengers. vehicle or passenger cat), or 4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example large van used or fewer passengers and operated by a 66 Did HAZMAT Split from the vehicle (do not consider fuel from the vehicles own tank)? Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ?  $\Box V$   $\Box N$   $\Box U v$  Kemployment (example employee transporter - usually a van-type 1-digit Hazard Class no. COMMERCIAL MOTOR VEHICLE (CMV) ☐ NEAREST CITY IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. for specific purpose), or 5. Is any vehicle used to transport any hazardous material (HAZMAT), that requires placarding (example placards will be CITY NAME □UNK Out of Service ? □UNK Out of Service ? WIDE LOAD ? [] Y Papers D Daver NO. OF AXLES contract carrier transporting employees in the course of their Did HAZMAT Regulations violation contribute to the crash ? Was a DriverNehicle Examination Report form completed ? <u>\*</u> CMV is defined as any motor vehicle used to transport ď LOAD TYPE including the driver (example: shuttle or charter bus), or TRAILER 2 ILLCC NO. Were HAZMAT placards displayed on the vehicle ? 97-102" VEHICLE CONFIGURATION N E S W OR ŧ Ö CIRCLE ONE Side of Truck Gross Vehicle Weight Rating (GVWR). ž CRASH LOCATION: CITY OF 35 CARGO BODY TYPE If yes, name on placerd Is designed to carry 15 TOTAL VEHICLE LENGTH Z displayed on the vehicle àà TRAILER 1 TRAILER LENGTH(S): 1 MLES TRAILER 2 Source of above info. TRAILER WIDTH(S) 4-Digit UN no. IDOT PERMIT NO. CARRIER NAME HAZMAT ò Form No. CITY/STATE/2IP USDOT NO. ADDRESS ž but he may have proceeded over the designated stop line. The driver of Unit 1 stated as he Unit 2 was traveling eastbound on Hovey Ave. approaching the intersection at Adelaide. Th at the stop sign at the intersection he proceeded through the intersection without stopping. traveling southbound on Adelaide. The driver of Unit 2 stated since the vehicle had to stop intersection at Hovey. The driver of Unit 1 stated he thought he stopped at the intersection The driver of Unit 2 stated as he proceeded through the intersection he was struck by Unit Unit 1 was traveling southbound on Adelaide approaching the intersection at Hovey Ave. proceeded through the intersection, the front passenger side of his vehicle was struck by The driver of Unit 1 stated he was traveling southbound on Adelaide approaching the driver of Unit 2 stated he approached the intersection at Adelaide and saw a vehicle 1. The driver of Unit 2 stated he then fell off his bicycle causing an injury to his leg. Diagram Drawn Not To Scale U2 Race: W Z even if units have been moved prior to the officer's arrival. A Diagram and Narrative are required on all Type B Adelaide LZ Towed by / to: UI Bace: W Hovey Ave Uz Color: **Black** NARRATIVE (Refer to vehicle by Unit No.) Motorist 1 Report No. 20140005376 Motorist 2 Report No. 20140005377 X000162494 LOCAL USE ONLY Ut Color. Margon Ut Towed by / to;

### Narrative

Unit 2. The driver of Unit 1 stated he did not check if the intersection was clear before proceeding. The driver of Unit 1 stated he exited his vehicle and asked the driver of Unit 2 if he was alright. The driver of Unit 1 stated the driver of Unit 2 stated he was ok.
Unit 2 sustained minimal damage to the front end. Unit 1 sustained minimal damage to the front passengers side.
The driver of Unit 2 sustained a leg injury. The driver of Unit 2 was transported to Bromenn by Normal Fire Deparrment. The driver of Unit 1 sustained no injuries. No Tows.
The driver of Unit 1 was issued a citation for Disobeying a Stop Sign and Operating a Uninsured Vehicle.
The driver of Unit 2 was issued a citation for Disobeying a Stop Sign and Improper Equipment on a Bicycle.

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DAM

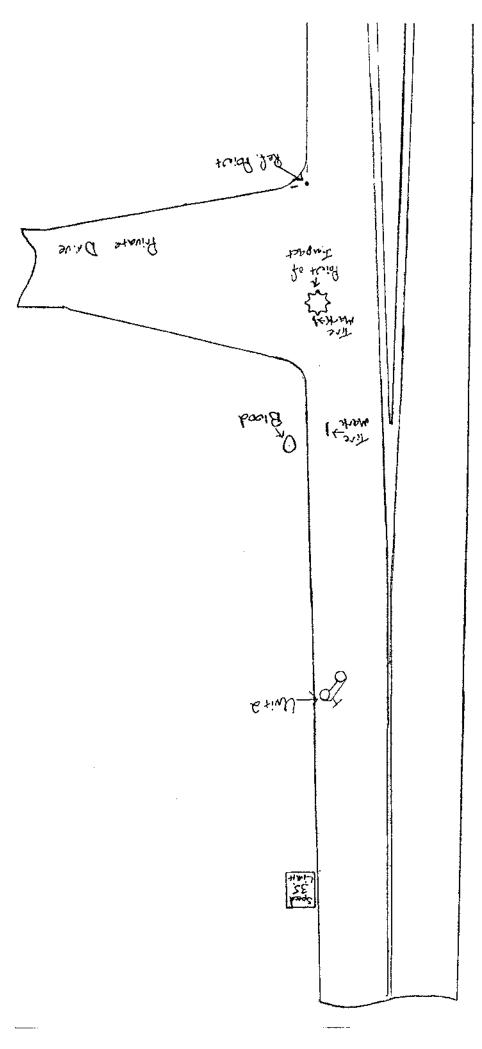
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NAME GORNVER ☐ PRAKED ☐ DEDAL ☐ EQUES ☐ NAVU NOV DATE OF E Σ INJURY A STATE 닖 O Sheet 1 of 1 Sheets e XX Normal Fire Dept, Jordan Krueger DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY NAME []DRIVER [] PARKED [] DRIVERLESS [] PED [S PEDAL [] EQUES [] NIMV [] NICV 66 EMS AGENCY EMS AGENCY SIGNATURE 66. 뫉 DAMAGED PROPERTY CWWER NAME ZEMMAL, ALLEN J ILLINOIS TRAFFIC CRASH REPORT PROPERTY OWNER ADDRESS Sheringham Dr HIGHWAY OR STREET NAME CRIVER LICENSE NO. ORIVER LICENSE NO. 999 (IN) COLLEGE AVE IAIR ARREST NAME ARREST NAME STATE STATE MEAT OFFICER ID. (SEX) {SAFT] 981 ® ∞ ∞ Advocate Bromenn - (Normal) 13 Normal Police Dept. ZEMMAL, ALLEN J S 200 (€) MI N S AT INTERSECTION WITH **ص** INVESTIGATING AGENCY (CIRCLE) UNKNOWN STREET ADDRESS **0** STREET ADOF ADDRESS NO. TELEPHONE TELEPHONE N m TAKEN TO Ø Ę Φ # LIND S TINU 5

ŏŏ ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book z z SELECT CODES FROM BACK COVER OF CRASH BOOKLET including the driver, for direct compensation (example: large van used for specific purpose), or any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be Ò weight rating of more than 10,000 pounds (example, truck 3. Is designed to carry 15 or fewer passengers and operated by a òò 4. Is used or designed to transport between 9 and 15 passengers, Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own lank) ?  $\Box Y \Box N \Box UNK$ Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ?  $\Box v$   $\Box v$   $\Box v$ 1-digit Hazard Class no. employment (example: employee transporter - usually a van-type O NEAREST CITY COMMERCIAL MOTOR VEHICLE (CMV) IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. Was a DriverVehicle Examination Report form completed ?

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MCS □Y □N □UNIX Out of Service ? | is used or designed to transport more than 15 passengers. NO. OF AXLES contract carner transporting employees in the course of their WIDE LOAD? [] <u>~</u> ×102° 4 CMV is defined as any motor vehicle used to transport Did HAZMAT Regulations valation contribute to the crash \[ \Brace \Bra LOAD TYPE TRAILER 2 (LLCC NO. notuding the driver (example: shuttle or charter bus), VEHICLE CONFIGURATION\_\_\_ Were HAZMAT placards displayed on the vehicle? 97-102" ő 8 MILES N E S W Gross Vehicle Weight Rating (GVWR). CRASH LOCATION: CITY OF CARGO BODY TYPE\_ or truck/trailer combination); or 2. Is used or designed to trans vehicle or passenger car); or passengers or property and: If yes, name on placard TOTAL VEHICLE LENGTH displayed on the yehide TRAILER LENGTH(S) 1 TRAILER 1 TRAILER 2 Source of above info. TRAILER WIDTH(S) DOT PERMIT NO. CARRIER NAME Form No. CITY/STATE/ZIP On 12-31-14 at approximately 1635 hours, I was dispatched to a hit and run. The victim was uspor no. ADDRESS UNIT vehicle. The victim suffered an apparent head injury. The victim was transported by Normal Fire Department to Bromenn Hospital where he was treated for his injuries. Later at the ER There were no witnesses to the hit and run therefore I was not able to provide any suspect I was notified by the nursing staff that the victim suffered multiple skull fractures, a lower traveling w/b on College Ave on his bicycle and was struck from behind by an unknown The suspect's bicycle was collected as evidence and was damaged due to the crash. U2 Race: 🔱 A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival. U2 Towed by / to: Ul Race: back fracture, and a degloving scalp. W College Ave U2 Color NARRATIVE (Refer to vehicle by Unit No. Motorist 2 Report No: 20110722214 X000174802 information. LOCAL USE ONLY Motorist 1 Report No Ul Towed by / to U1 Color:



Off. C Bod "1082

### **Traffic Crash Reconstruction Report**

A2014-1353



Ву

Officer Chad Bock #7082

Traffic Crash Re-constructionist

December 31, 2014

### **Table of Contents**

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issue	Page 2
Data Collected	Pages 2-3
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Summary	Page 3
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#### **Identification**

Location:

W. College Avenue west of Sheringham Drive

Date:

December 31, 2014

Time:

4:35 p.m.

involving:

1. Unknown Motor Vehicle

2. Next bicycle (cyclist Allen J. Zemmal)

#### **Circumstances**

This crash occurred on W. College Avenue west of Sheringham Drive in Normal, McLean County, IL. W. College Avenue is a bituminous concrete, two-lane, city-street, and the speed limit is 30 M.P.H. There are no traffic controls for W. College Avenue in the area of the crash.

Zemmal was cycling west on W. College Avenue in a designated bicycle lane. Zemmal's bicycle was equipped with a red LED light facing to the rear of the bicycle and a white headlamp facing to the front of the bicycle. Both of these lights were activated when the Next bicycle was located at final rest.

Zemmal reported to officers at the hospital that he was riding his bicycle on W. College Avenue and was going to Taco Bell. Zemmal was traveling west and was on the right side of the roadway. Zemmal could not recall anything further about the incident.

#### Issue

The issue addressed in this report is whether Zemmal was struck by a motor vehicle.

#### **Data Collected**

I conducted a preliminary investigation of the crash scene, with the assistance of Evidence Technician S. Koscielak. Koscielak took photographs of the crash scene. I collected coordinate measurements of the crash scene, using a fixed reference point and a Keson traffic wheel.

I observed the area of maximum engagement of the Next bicycle and the unknown motor vehicle to be 1'3" south and 28'10" west of the reference point. This was evident by a slight tire scuff, from the rear tire of the Next bicycle, and a minor gouge in the pavement, from the rear rim of the Next bicycle. The tire scuff and minor gouge were located well to the right of

the westbound lane of W. College Avenue and clearly within the designated bicycle lane. There were multiple small pieces of automobile glass in this area as well.

The Next bicycle and the unknown motor vehicle continued west on W. College Avenue. Another minor gouge in the pavement was located 3'2" south and 52'11" west of the reference point.

The Next bicycle came to rest in the roadway with the rear tire 4'6" south and 108'8" west of the reference point and the front tire 2'10" south and 110'0" west of the reference point.

There were no tire marks on the roadway to indicate that unknown vehicle attempted any braking or steering input prior to the crash.

#### **Witnesses**

There were no witnesses to the crash. Crystal Jarvas had been traveling westbound on W. College Avenue and came upon Zemmal after the crash had taken place. Jarvas contacted the police and attempted to render aid to Zemmal until rescue personnel arrived on scene.

#### **Summary**

Based upon the damage to the rear tire of the Next bicycle, it is clear the bicycle was rear-ended by an unknown motor vehicle. The crash occurred in a designated bicycle lane. The Next bicycle was illuminated both to the rear and front even though it was still daylight at the time of the crash. The unknown motor vehicle failed to yield the right of way to Zemmal and caused the crash.

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Maintenance " IF YES SEE SUDEBAR MOTORIST COMMERCIAL MUTUAL EXCEED SPEED LIMIT LARS CORE CCM VEH LARS CODE COM VEH AGENCY CRASH REPORT NO. (EMS) A2015-403 POSTED SPEED LIMIT 30 5-2361522 . (0) 0 □ AM NUMBER MOTOR VEHICLES INVLD 6 S S POLICY NO. POLICY NO. DATE POLICE NOTIFIED SECONDARY 15 CONTRIBUTORY CAUSE(S) 02 4:22 4/6/2015 COURT DATE INSURANCE CO. DO NONE

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11 - TOTAL (ALL AREAS)

12 - OTHER

99 - UNKNOWN INSURANCE CO. 11 - TOTAL (ALL AREAS)
12 - OTHER
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FIRST CONTACT TELEPHONE TELEPHONE > z CIRCLE NUMBER(S) FOR DAMAGED AREA(S) FOR DAMAGED AREA(S) 60 - NONE 10 - UNDER CARRIAGE (HOSP) CIRCLE NUMBER(S) PRIMARY 4/6/2015 POINT OF FIRST CONTACT IY002 PEDALCYCLIST? DATE OF CRASH DOORING 412 S Injury and the Tow Due To Crash 2013 2015 CITATION NO. YEAR ¥ z z S z D 📗 A No Inputy / Drive Away INTERSECTION RELATED 👩 Y Ď à Records 2, 852 PRIVATE PROPERTY STATE PPA 20 HIT & RUN SUPERVISOR ID. (NAME) / (ADDRI) / (TEL) OWNER ADDRESS (STREET, CITY, STATE, ZIP) DWNER ADDRESS (STREET, CITY, STATE, ZIP. TAURUS DAMAGED PROPERTY Township | HELLER FORD SALES INC. STATE STATE MODEL (4) ON SCENE (1) NOT ON SCENE (DESK REPORT) (2) AMENDED 닖 VEHICLE OWNER (LAST, FIRST, M.L.) VEHICLE CWINER (LAST, FIRST, M.L.) 1FAHP2F84DG229937 TYPE OF REPORT BEAT/DIST. 2/22 SECTION MC LEAN NORMAL PASSENCERS & WITNESSES ONLY Ğ PLATE NO PLATE NO. FORD COUNTY MAKE 쑮 CLASS CLASS | \$500 OR LESS | \$501 - \$1,500 | OVER \$1,500 \$500 OR LESS AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)
NAME □DRIVER □ PARKED □ DRIVERLESS □ PED ☑ PEDAL □ EOUES □ NAMY □ NCV | DATE OF Σ NUCRY. STATE O Sheet 1 of 1 Sheets CASSADAY, KEEGAN E, SEX 8 Normal Fire Dept. DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY NAME FORWER PARKED DRIVERLESS OFED PEDAL DEOUES NIMY ONCY ₩<u>5</u> Eric Sage EMS AGENCY EMS AGENCY Refused SIGNATURE PROPERTY CWNER NAME ILLINOIS TRAFFIC CRASH REPORT PROPERTY OWNER ADDRESS SHELBOURNE DRIVER LICENSE NO. HIGHWAY OR STREET WAME DRIVER LICENSE NO. DRVA N MONTGOMERY (SEX) (SAFT) (AIR) (INJ) ARREST NAME ARREST NAME VÆAT STATE Ž OFFICER ID. 803 OSF St. Josephs - (Bloomington) S E (CIRCLE) ц, TRF0 BARRON, TAYLOR N (EVNT) 13 Normal Police Dept. A AT INTERSECTION WITH (CIRCLE) INVESTIGATING AGENCY > STREET ADDRESS (EVNO) ADDRESS NO. STREET ADD TELEPHONE Refused UNITY (SEAT ę ø ŝ Ø TAKEN TO FAKEN TO ≥ F TINU DAIL S 5

66 🗌 Lag Book z z SELECT CODES FROM BACK COVER OF CRASH BOOKLET: Has a weight rating of more than 10,000 pounds (example: truck including the diner (example shuftle or charter bus), or 3, is designed to carry 15 or fewer passengers and operated by a contract carrier transporting emptoyees in the course of their including the driver, for direct compensation (example large van used vehicle or passanger car); or 4. Is used or designed to transport between 9 and 15 passengers. Dut HAZMAY Spill from the vehicle (do not consider fuel from the vehicle's own tank)? àà ٥ employee transporter - usually a van-type 1-digit Hazard Class no. ☐ NEAREST CITY COMMERCIAL MOTOR VEHICLE (CMV) IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. Did Motor Carrier Safety Regulations (MCS) violation contribute the crash ?  $\Box Y = \Box W = \Box Wi$ Is used or designed to transport more than 15 passengers. r specific purpose); or Is any venicle used to transport any hazardous matenal IAZMAT) that requires placarding (example: placards wall be CITY NAME ☐UNK Out of Service ? ☐UNK Out of Service ? NO. OF AXLES ☐ Papers ☐ Driver Did HAZMAT Regulations violation contribute to the crash ? WIDE LOAD? Was a Driver/Vehicle Examination Report form completed ? A CMV is defined as any motor vehicle used to transport >102 ď LOAD TYPE TRAILER 2 ILLCC NO. Were HAZMAT placards displayed on the vehicle? 97-102 VEHICLE CONFIGURATION MILES N E S W OR CRASH LOCATION: CITY OF OR Side of Truck Gross Vehicle Weight Rating (GVWR). ăă CARGO BODY TYPE if yes, name on placant TOTAL VEHICLE LENGTH àá TRAILER LENGTH(S). 1 TRAILER 1 TRAILER 2 employment (example: Scuroe of above info. TRAILER WIDTH(S): 4-Digit UN no. DOT PERMIT NO. CARRIER NAME HAZMAT Form No. CITY/STATE/ZIP MCS USDOT NO. ADDRESS 놀 when he attempted to stop using his brakes. Unit 1 stated his bicycle brakes failed and did not provide him any stopping power. Unit 1 continued traveling down the alleyway and out South on Montgomery Unit 2 passed an alleyway that runs East and West, approximately Unit 1 is a juvenile bicyclist and Unit 2 is an automobile. Driver of Unit 2 advised he was passenger side door by Unit 1. Driver of Unit 2 immediately stopped his vehicle to assist 25 ft South of Shelbourne. While driving past the alleyway Unit 2 was struck in the front sustained a bruised knot on the left side of his foreheard, a scrape on the bridge of his West bound on Shelbourne and turned left (South) onto Montgomery. While heading Unit 1 advised he was riding his bicycle down the alleyway approaching Montgomery onto the roadway of Montgomery, striking Unit 2 passenger side door. Unit 1 rider U2 Race W A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival. UZ Towed by / to: N/A Z Ut Race: W Uz Color: Silver, Aluminum MONTGOMERY enn, SHELBOURNE NARRATIVE (Refer to vehicle by Unit No.) Ę. Motorist 2 Report No. 20140007212 Motorist 1 Report No: 20140007211 X000221719 Alleyway Ut Towed by ( to: N/A LOCAL USE ONLY Us Color: Red Unit

# Narrative

nose and a scrape to his left hand pinky finger. Unit 1 was transported to St. Joseph Medical Center by NFD Rescue for evaluation.
Unit 2 sustained dents/scratches to the passenger side door and the passenger side fender area.
A witness was behind Unit 2 in a vehicle when this accident occurred. The witness stated Unit 2 was Southbound on Montgomery when Unit 1 bicyclist rode Eastbound from an alleyway onto Montgomery, striking Unit 2 passenger side door.

NO. OCCS NOLANES **-**ို့တို 96 66<sub>5</sub> 96 Did crash oceur ☐ Y in a Work Zone? ☑ N 0 Unknows work zone type Workers present? 🔀 N TREW If YES check one below TOWED LA L FIRE CELLPHONE CO ~ \_ \_ > \_ 0, XOMIVEH ☐☐ F VES SEE SIDEBAR Construction
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UNOT ON SCENE (DESK REPORT)
AMENDED 2MELM75W1PX637190 VEHICLE OWNER (LAST, FIRST, M.I.) VEHICLE OWNER (LAST, FIRST, M.L.) TYPE OF REPORT RED TOP CAB INC BEAT / DIST. 11-1507A 11-1503 3/33 NORMAL MC LEAN ďΥ MERCURY PASSENGERS & WITNESSES ONLY PLATE NO. FF TO COUNTY δ Σ ಶ \$500 OR LESS \$501 - \$1,560 OVER \$1,500 CLASS N DATE OF BIRTH SAFT NAME DRIVER DARKED DRIVENESS DED PROBLES DEDAL DEDVES NINV NOVO DATE OF STATE 0 Σ Σ Sheet 1 of 1 Sheets  $\alpha$ NEIBARGER, TYLER R. KOSANDA, COLLIN S, Normal Fire Dept. DAVIS, JOANNA C, DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY NAME GORIVER DPARKED DRIVERLESS PED PEDAL DEQUES DNAV DNCV Jeremy Flood EMS AGENCY EMS AGENCY SIGNATURE DAMAGED PROPERTY OWNER NAME ILLINOIS TRAFFIC CRASH REPORT PROPERTY CHANER ADDRESS ISAFT | [AIR] (INJ) (TAR) KAYODE, KENT O ARREST NAME KAYODE, KENT O HIGHWAY OR STREET NAME 16va DRIVER LICENSE NO BROADWAY BEAUFORT WEAT STATE OFFICER ID. 435 78FC Advocate Bromenn - (Normal) FIIM NSEW (SEX) Σ Σ 4 of K QUINN II, MARVIN L 13 Normal Police Dept KAYODE, KENT O INVESTIGATING AGENCY > STREET ADDR (UNIT) (SEAT) ADDRESS NO. TELEPHONE m TAKEN TO N N ₹ ₹ ₹ I TINU S TINU 

ŏö C Log Bock z z SELECT CODES FROM BACK COVER OF CRASH BOOKLET a 1. Has a weight rating of more than 10,000 pounds (example fruck 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 3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their àò Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own lank) ?  $\Box Y$   $\Box N$ Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ?  $\Box Y = \Box V N V$ employment (example: employee transporter - usually a van-type 1-digit Hazard Class no. ☐ NEAREST CITY COMMERCIAL MOTOR VEHICLE (CMV) IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. CITY NAME ☐UNK Out of Service ? ☐UNK Out of Service ? Is used or designed to iransport more than 15 passengers, including the driver (example, shuttle or charler bus); or for specific purpose), or 5. is any vehicle used to transport any hazardous material (HAZMAT), that requires placerding (example: placerds with be NO, OF AXLES ☐ Side of Truck ☐ Papers ☐ Driver Did HAZMAT Regulations violation contribute to the crash ? WIDE LOAD? Was a Driver/Vehicle Examination Report form completed ? ×102 CMV is defined as any motor vehicle used to transport LOAD TYPE Ó TRAILER 2 ILLCC NO. Were HAZMAT placards displayed on the vehicle? 97-102" VEHICLE CONFIGURATION MILES N E S W OR ř Gross Vehicle Weight Rating (GVWR). CRASH LOCATION: CITY OF ăă CARGO BODY TYPE If yes, name on placard TOTAL VEHICLE LENGTH TRAILER LENGTH(S): 1 displayed on the vehicle. ò ò TRAILER 1 TRAILER 2 Source of above info, IDOT PERMIT NO. TRAILER WIDTH(S): 4-Digit UN no. HAZMAT CARRIER NAME Form No. à CITY/STATE/ZIP USDOT NO. ADDRESS Ş with Broadway, and traveling in the roadway. Unit 1 did not have a headlamp or reflectors, Beaufort, and stopped at the intersection with Broadway, waiting to turn left to head south Unit 1, a pedalcyclist, was traveling eastbound on Beaufort, approaching the intersection coming due to the darkness, lack of light, and dark clothing of the rider. The front driver's crossing thru the intersection with Broadway, and he was waiting for that vehicle to clear The driver of Unit 2 stated that another un-involved vehicle was eastbound on Beaufort, the intersection before Unit 2 made a left turn. After the un-involved vehicle passed thru the intersection, the driver of Unit 2 stated that he started his left turn and struck Unit 1, the pedalcyclist, in the intersection. The driver of Unit 2 stated that he never saw Unit 1 and had a female riding on the handlebars. Unit 2, a taxi, was traveling westbound on U2 Race. 🔱 A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival. U2 Towed by / to: Ul Race: B ž Uz Cafor. Black NARRATIVE (Refer to vehicle by Unit No. Broadway St. Diagram Drawn Not To Scale Motorist 1 Report No; 20140007807 Motorist 2 Report No: 20140007808 X000221720 on Broadway. LOCAL USE ONLY UI Color: Marcon Ut Towed by 1 to:

# Narrative

side bumper and driver's side mirror made contact with Unit 1. The pedalcyclist and the female on the handlebars were both ejected from the bicycle. The pedalcyclist suffered a possible fractured left foot, possible fractured right wrist, and also complained of lower back bain. The female on the handlebars complained of right elbow pain, but was not transported due to injury. The
bicycle was damaged from the crash.
The pedalcyclist from Unit 1 was transported to Bromenn by NFD. No other injuries.
No tows.
The pedalcyclist of Unit 1 was issued citations for no lamp at night, and Improperly seated / improper number of riders.