

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000088989

DRAC	1	PEDV	1	TRFD	3	TRFC	4	WEAT	1	DRVA	3	U1	1	U2	1	VEHD	1	U1	1	U2	1	LGHT	4	COLL	2	MANV	1	U1	4	PPA	52	PPL	2
------	---	------	---	------	---	------	---	------	---	------	---	----	---	----	---	------	---	----	---	----	---	------	---	------	---	------	---	----	---	-----	----	-----	---

INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B1444522		TRFW 2					
ADDRESS NO.		HIGHWAY OR STREET NAME PRAIRIE STREET		<input type="checkbox"/> City <input checked="" type="checkbox"/> Township BLOOMINGTON CITY		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 4/12/2014		TIME 2:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT 16 U1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) <input type="checkbox"/> Washington Street		COUNTY MC LEAN		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 1		LARS CODE		U2 1	
<input checked="" type="checkbox"/> AT INTERSECTION WITH		(NAME OF INTERSECTION OR ROAD FEATURE)				HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								NO. LANES 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 BURLESON, LEVI K		DATE OF BIRTH mo / day / yr		MAKE CHEVROLET		MODEL MONTE CARLO		YEAR 2002		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 checked="" 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		ALIGN 1	
STREET ADDRESS		SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR <input type="checkbox"/>		PLATE NO.		STATE IL		YEAR 2014		VIN				RSUR 1	
CITY BLOOMINGTON		STATE IL		ZIP 61704		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) SAWYER, JEREMIAH		INSURANCE CO. Unique Insurance Company		VEHU 2 U1	
TELEPHONE		DRIVER LICENSE NO.		STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U2 2	
TAKEN TO Refused		EMS AGENCY Bloomington EMS												U2 2	

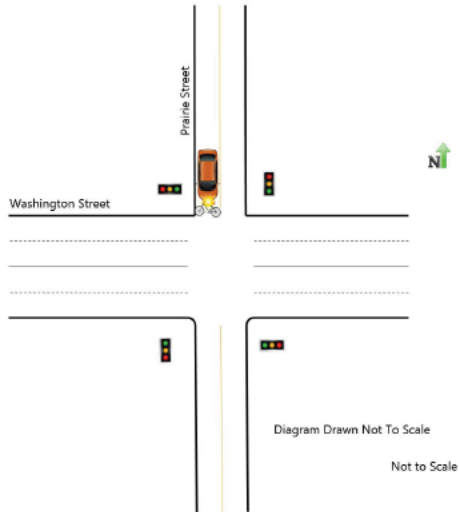
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV SPENCER, TERRELL N		DATE OF BIRTH mo / day / yr		MAKE CHEVROLET		MODEL MONTE CARLO		YEAR 2002		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 checked="" 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		SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR <input type="checkbox"/>		PLATE NO.		STATE IL		YEAR 2014		VIN				U2 1	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) SAWYER, JEREMIAH		INSURANCE CO. Unique Insurance Company		U2 96 U1	
TELEPHONE		DRIVER LICENSE NO.		STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U2 1	
TAKEN TO Bloomington EMS		EMS AGENCY Bloomington EMS												U2 1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	
											U1 1
											U2 7
											U1 8
											U2 8

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 type="checkbox"/>			PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 18				
	2	<input type="checkbox"/>			ARREST NAME BURLESON, LEVI K		SECTION 5/11-1001		CITATION NO. 242163	SECONDARY 99			
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME SPENCER, TERRELL N		SECTION 5/6-303		CITATION NO. 242392	DATE POLICE NOTIFIED 4/12/2014	TIME NOTIFIED 2:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. 10042		SIGNATURE Paul Jones		BEAT / DIST. 2	SUPERVISOR ID. Jeff Klepec, 3744	COURT DATE 5/13/2014		COURT TIME 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	3	<input type="checkbox"/>											

X000088989

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 2 was traveling southbound on Prairie Street approaching the intersection of Prairie Street and Washington Street. Unit 1, a bicyclist, was traveling westbound on Washington Street on the north sidewalk, approaching the intersection. Having a green traffic control signal, Unit 2 entered the intersection to turn westbound on Washington Street. Unit 1, having a red traffic signal, disobeyed the traffic control signal and continued through the intersection. Unit 1 was hit by Unit 2 while crossing the intersection.

LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No:

U1 Color:

U2 Color: **Maroon**U1 Race: **W**U2 Race: **B**U1 Towed by / to: **N/A**U2 Towed by / to: **N/A****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 _____