

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000283040

DRAC U1	9	PEDV U2	1	TRFD	1	TRFC	1	WEAT	1	DRVA	99	VIS U2	99	VEHD U1	99	U2	1	LGHT	1	COLL	2	MANV U1	4	U2	99	PPA	64	PPL	1
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INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B15-53333		TRFW 1					
ADDRESS NO.		HIGHWAY OR STREET NAME MARKET		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 7/23/2015		TIME 5:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 1 U1	
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) HOWARD (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY MC LEAN		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 1		LARS CODE		U2 16	

UNIT 1	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 LAVENDER, JAMEL P		DATE OF BIRTH 11/11/93		MAKE MAZDA		MODEL MAZDA3		YEAR 2012		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT				TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N		ALIGN 1	
	STREET ADDRESS [REDACTED]		SEX M		SAFT 9		AIR 3		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		FIRE <input type="checkbox"/>		CELLPHONE <input type="checkbox"/>	
	CITY NORMAL		STATE IL		ZIP 61761		INJURY C		EJECT 2		VIN [REDACTED]		99 - UNKNOWN POINT OF FIRST CONTACT [REDACTED]		EXCEED SPEED LIMIT <input type="checkbox"/>		COM VEH <input type="checkbox"/>	
	TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		INSURANCE CO. [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		RSUR 1	
	TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		VEHU 2 U1							

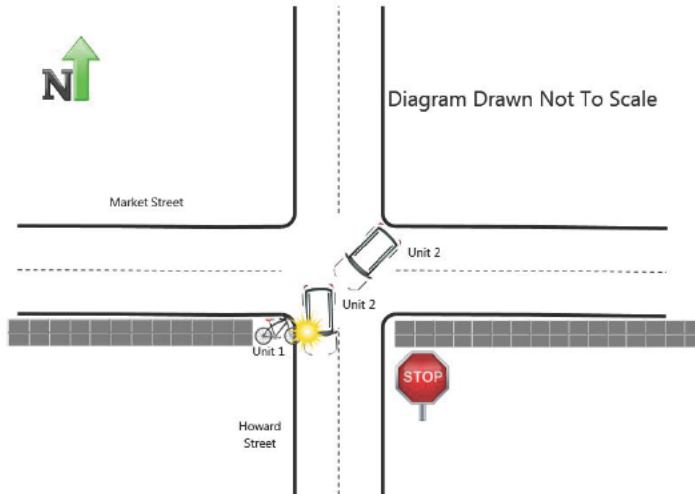
UNIT 2	NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV UNKNOWN, UNKNOWN		DATE OF BIRTH 09/09/2002		MAKE JEEP		MODEL UNKNOWN		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				TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		RDEF 1	
	STREET ADDRESS UNKNOWN		SEX M		SAFT 9		AIR 9		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		FIRE <input checked="" type="checkbox"/>		CELLPHONE <input checked="" type="checkbox"/>	
	CITY UNKNOWN		STATE IL		ZIP [REDACTED]		INJURY O		EJECT 9		VIN [REDACTED]		99 - UNKNOWN POINT OF FIRST CONTACT 2		EXCEED SPEED LIMIT <input checked="" type="checkbox"/>		COM VEH <input checked="" type="checkbox"/>	
	TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS [REDACTED]		VEHICLE OWNER (LAST, FIRST, M.I.) UNKNOWN, UNKNOWN		INSURANCE CO. UNKNOWN		TELEPHONE [REDACTED]		POLICY NO. UNKNOWN		BAC 96 U1	
	TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) UNKNOWN UNKNOWN, IL		TELEPHONE [REDACTED]		POLICY NO. UNKNOWN		U2 96 NO. OCCS							

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)	(EMS)	U1
W								HARVEY, VELEDA, [REDACTED] BLOOMINGTON, IL, 61701 / UNK-NOWN				1
												U2
												DIRP
												5
												U1
												3
												U2

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		SECTION CITATION NO.		SECONDARY 18			
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED 7/23/2015		TIME NOTIFIED 5:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			OFFICER ID. 10040		SIGNATURE Ryne Donovan		BEAT / DIST. 1		SUPERVISOR ID. Jeff Albee, 6464	
	3	<input type="checkbox"/>			COURT DATE		COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM					

X000283040

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

**NARRATIVE** (Refer to vehicle by Unit No.)

Unit 1, Jamel Lavender, was riding his bicycle on the sidewalk, south side of Market Street. Jamel was traveling eastbound on the sidewalk towards Howard Street. Shortly before that, the driver of unit 2 (who has not yet been identified), was traveling westbound on Market Street towards Howard Street. The driver of unit 2 made a left hand turn to travel southbound on Howard Street. Shortly after the driver of unit 2 made the turn onto Howard Street, Jamel was not paying attention to what was going on in front of him. Jamel had his head turned and he was yelling something to people that were behind him. Jamel did not see that Unit 2 had already made the turn onto Howard Street. When Jamel turned his head back around to look in front of him, he tried to stop to avoid running into unit 2. However, he was not able to stop in time. The front of Jamel's bicycle ran into the front passenger's side of unit 2, who was already in the crosswalk area before Jamel started to cross onto the street from the sidewalk.

LOCAL USE ONLYMotorist 1 Report No: **20110894868**Motorist 2 Report No: **NONE**U1 Color: **Black**U2 Color: **White**U1 Race: **B**U2 Race: **H**

U1 Towed by / to :

U2 Towed by / to :

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book**Gross Vehicle Weight Rating (GVWR).**Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash ?
☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed ?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ W DE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE

CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

The driver of unit 2 was a Hispanic male who allegedly did not speak English very well and was unsure of what to do as far as the crash. The Hispanic male left the scene before police arrival. The Hispanic male was allegedly approached by several aggressive males after the crash, and it was believed he may have left the scene due to fearing for his safety.

Jamel lied to me about the specifics of this incident when I arrived on scene. Jamel told me that he was already in the street and was struck by the front of unit 2. I was able to determine what really happened by reviewing surveillance video and communicating with an independent witness.

This crash report is associated with EJS report #201510004

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



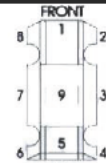
IY002

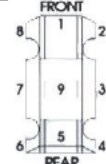


X000282625

DRAC	9	U1	PEDV	1	U2	TRFD	2	TRFC	3	WEAT	4	DRVA	1	U1	VIS	2	U2	VEHD	99	U1	1	U2	1	U1	1	U2	1	U1	1	U2	PPA	51	PPL	2
------	---	----	------	---	----	------	---	------	---	------	---	------	---	----	-----	---	----	------	----	----	---	----	---	----	---	----	---	----	---	----	-----	----	-----	---

INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input type="checkbox"/> ON SCENE <input checked="" type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B15-49174		TRFW 1					
ADDRESS NO.		HIGHWAY OR STREET NAME HAMILTON RD		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 7/22/2015		TIME 12:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 1 U1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) <input type="checkbox"/> Merna Rd		COUNTY MC LEAN		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 1		LARS CODE		U2 16	
<input checked="" type="checkbox"/> AT INTERSECTION WITH		(NAME OF INTERSECTION OR ROAD FEATURE)				HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								NO. LANES 3	

UNIT 1	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 MCCAREY, ERIN M		DATE OF BIRTH 11/11/1991		MAKE HONDA		MODEL CIVIC		YEAR 2001		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 1				TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		ALIGN 1	
	STREET ADDRESS UNKNOWN		SEX M SAFT 9 AIR 4		PLATE NO. IL		STATE IL		YEAR 2016						FIRE <input checked="" type="checkbox"/>		CELLPHONE <input checked="" type="checkbox"/>	
	CITY UNKNOWN		STATE IL		ZIP 61704		INJURY O		EJECT 1		VIN 1HGBH41F11A012345				EXCEED SPEED LIMIT <input checked="" type="checkbox"/>		COM VEH <input checked="" type="checkbox"/>	
	TELEPHONE 617-234-5678		DRIVER LICENSE NO. IL		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) MCCAREY, BRIAN P		INSURANCE CO. GEICO				* IF YES SEE SIDEBAR		RSUR 1	
	TAKEN TO St. Joseph Hospital		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 1234567890 BYRON, IL, 61010		TELEPHONE UNK-NOWN		POLICY NO. 1234567890								VEHU 2 U1	

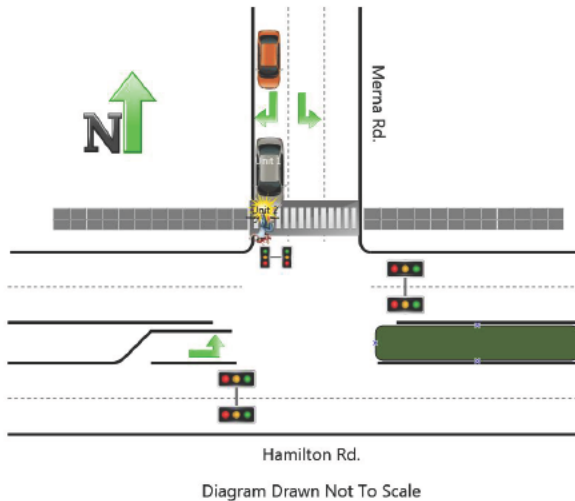
UNIT 2	NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV LARKIN, ERICA R		DATE OF BIRTH 11/11/1991		MAKE HONDA		MODEL CIVIC		YEAR 2001		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 1				TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N		RDEF 1	
	STREET ADDRESS UNKNOWN		SEX F SAFT 1 AIR 3		PLATE NO. IL		STATE IL		YEAR 2016						FIRE <input type="checkbox"/>		CELLPHONE <input type="checkbox"/>	
	CITY BLOOMINGTON		STATE IL		ZIP 61704		INJURY B		EJECT 2		VIN 1HGBH41F11A012345				EXCEED SPEED LIMIT <input type="checkbox"/>		COM VEH <input type="checkbox"/>	
	TELEPHONE 617-234-5678		DRIVER LICENSE NO. IL		STATE IL		CLASS DM		VEHICLE OWNER (LAST, FIRST, M.I.) MCCAREY, BRIAN P		INSURANCE CO. GEICO				* IF YES SEE SIDEBAR		BAC 96 U1	
	TAKEN TO St. Joseph Hospital		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 1234567890 BYRON, IL, 61010		TELEPHONE UNK-NOWN		POLICY NO. 1234567890								U2 96 NO. OCCS 1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)	(EMS)	
												U1 1
												U2 5
												U1 7
												U2 7

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME LARKIN, ERICA R		DAMAGED PROPERTY GIANT ALUXX6000 BICYCLE		CONTRIBUTORY CAUSE(S) PRIMARY 26 SECONDARY 02		POSTED SPEED LIMIT 40	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type		
	1	<input checked="" type="checkbox"/>	13	4	PROPERTY OWNER ADDRESS 1234567890 BYRON, IL, 61010		CITY BLOOMINGTON		STATE IL				ZIP 61704	
	2	<input type="checkbox"/>			ARREST NAME		SECTION		CITATION NO.				DATE POLICE NOTIFIED 7/22/2015	
UNIT 2	1	<input type="checkbox"/>			ARREST NAME		SECTION		CITATION NO.		TIME NOTIFIED 3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. 10901		SIGNATURE Vicki Miller		BEAT / DIST. 4		SUPERVISOR ID. Dan Donath, 5430			COURT DATE 7/22/2015
	3	<input type="checkbox"/>									COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM			

X000282625

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 was traveling South on Merna Road in a Silver Honda Civic to the intersection of Hamilton Road. Unit 2 was traveling West on the sidewalk along Hamilton Road on her bicycle. Unit 2, following the traffic signals, entered the crosswalk of Merna Road. Unit 1 entered the crosswalk, before coming to a complete stop, hitting Unit 2. Unit 2 was knocked from her bicycle to the ground.

Unit 2 refused medical assistance at the time of the incident.

Unit 1 and Unit 2 exchanged information at the time of the incident. Unit 1 transported Unit 2 to Unit 2's husbands' place of work.

By the time Unit 2 met with her husband she noticed bleeding from her leg and she began

LOCAL USE ONLY

Motorist 1 Report No: 20140417696

Motorist 2 Report No: 20140417695

U1 Color: Silver, Aluminum

U2 Color: Multicolor

U1 Race: W

U2 Race: W

U1 Towed by / to :

U2 Towed by / to :

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR).

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash ? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed ?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ W DE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE

CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

to notice swelling on her neck. Her husband transported her to the Emergency Room of St. Joseph Medical Center for treatment.

I, CSO Miller attempted to reach Unit 1 in order to obtain an address and a statement. Unit 1 refused to speak with our department directly at this time. I am sending the Illinois Motorist Report to the address which returns from the Secretary of State for Unit 1's DL number.

Unit 2's bicycle is a silver and purple Giant ALUXX 6000 Series OCR3 Serial number FNGN7G2900. The bicycle, helmet, and mirror were all damaged in the accident, totaling approximately \$900.00.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000274898

DRAC	1	PEDV	1	TRFD	3	TRFC	4	WEAT	1	DRVA	6	U1	U2	VIS	1	VEHD	1	U1	U2	LGHT	1	COLL	2	MANV	1	U1	U2	PPA	57	PPL	1
------	---	------	---	------	---	------	---	------	---	------	---	----	----	-----	---	------	---	----	----	------	---	------	---	------	---	----	----	-----	----	-----	---

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 type="checkbox"/> ON SCENE <input checked="" type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B15-57948		TRFW 2					
ADDRESS NO.		HIGHWAY OR STREET NAME MARKET STREET		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 7/6/2015		TIME 7:08 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 16 U1	
<input checked="" type="checkbox"/> 25 (CIRCLE) (CIRCLE) FT / MI N S E W		TRUCKERS LANE		COUNTY MC LEAN		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 1		LARS CODE		U2 15	
<input type="checkbox"/> AT INTERSECTION WITH		(NAME OF INTERSECTION OR ROAD FEATURE)				HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								NO LANES	

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 BUCHANAN, JOSHUA C		DATE OF BIRTH mo day yr 11/13		MAKE FORD		MODEL EXPEDITON		YEAR 2008		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8		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 [REDACTED]		SAFT 1		AIR 3		PLATE NO. [REDACTED]		STATE AR		YEAR 2016				RSUR 1	
CITY SPRINGFIELD		STATE IL		ZIP 62702		INJURY C		EJECT 1		VIN [REDACTED]				VEHU 2 U1	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS [REDACTED]		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		INSURANCE CO. [REDACTED]				U2 2	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]						U1 2	

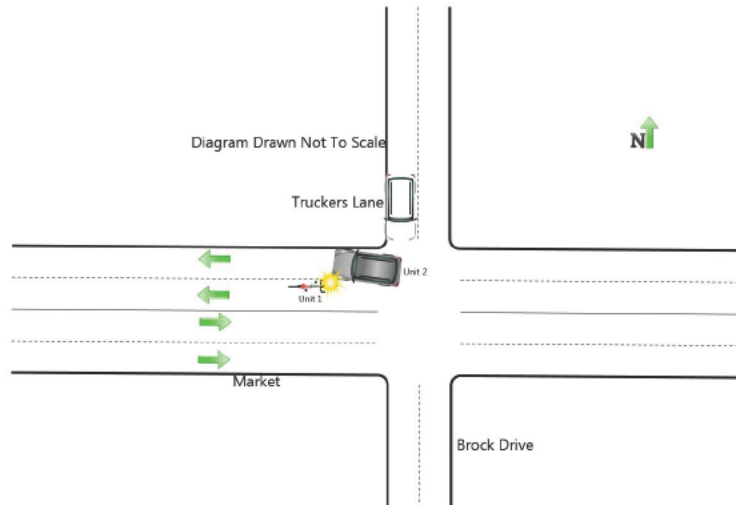
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV WALKER, JAYDEN S		DATE OF BIRTH mo day yr 11/24		MAKE FORD		MODEL EXPEDITON		YEAR 2008		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8		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		RDEF 1	
STREET ADDRESS [REDACTED]		SAFT 2		AIR 4		PLATE NO. [REDACTED]		STATE AR		YEAR 2016				BAC 96 U1	
CITY OZARK		STATE AR		ZIP 72949		INJURY O		EJECT 1		VIN [REDACTED]				U2 96	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE AR		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) WALKER, ROGER		INSURANCE CO. SHELTER MUTUAL INSURANCE CO				U2 1	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] OZARK, AR, 72949		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]						NO. OCCS 1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
												1
												3
												7

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT 45	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 05				
	2	<input type="checkbox"/>			ARREST NAME BUCHANAN, JOSHUA C		SECTION 29/16/A		CITATION NO. T-94566	SECONDARY 20			
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME		SECTION		CITATION NO.	DATE POLICE NOTIFIED 7/6/2015	TIME NOTIFIED 7:08 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. 10707		SIGNATURE Joseph Rizzi		BEAT / DIST. 1	SUPERVISOR ID. Edward Shumaker, 6875	COURT DATE 8/19/2015		COURT TIME 8:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	3	<input type="checkbox"/>											

X000274898

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 turning right from Trucker's Lane onto westbound Market.

Unit 1 (bicycle) was traveling eastbound on Market in the westbound lanes of traffic approaching Trucker's Lane. Unit 1 admitted to traveling the wrong way on Market.

Unit 1 stated he was on the shoulder when Unit 2 intentionally swerved to hit him. I noted that were Unit 1 said the accident occurred, this would have been impossible. Unit 2 would have not been able to fit as the shoulder is very small and there is a guardrail there.

Unit 2 stated as he turned onto Market, he noticed that Unit 1 was coming directly at him the wrong way down the middle of Market Street. Unit 2 tried to avoid Unit 1, however, Unit 1 ran into Unit 2.

LOCAL USE ONLY

Motorist 1 Report No: 20140045125

Motorist 2 Report No: 20140045126

U1 Color:

U2 Color: **White**U1 Race: **B**U2 Race: **W**

U1 Towed by / to:

U2 Towed by / to:

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO.

ILLCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR).

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ W DE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE

CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

Unit 1's bicycle was unharmed. Unit 2 had a very small paint transfer on the front left bumper.

Driver of Unit 1 was issued a City of Bloomington Ordinance Violation for traveling the wrong way on his bicycle (OV T-94566).