

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



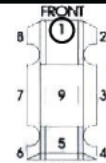
IY002

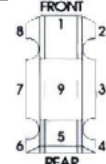


\*X000104133\*

DRAC	1	PEDV	1	TRFD	9	TRFC	2	WEAT	4	DRVA	1	99	U2	2	VIS	U1	1	U2	1	VEHD	U1	1	U2	1	LGHT	1	COLL	2	MANV	8	U1	1	U2	1	PPA	55	PPL	2
------	---	------	---	------	---	------	---	------	---	------	---	----	----	---	-----	----	---	----	---	------	----	---	----	---	------	---	------	---	------	---	----	---	----	---	-----	----	-----	---

INVESTIGATING AGENCY <b>Bloomington Police Department</b>		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"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. <b>B14-46716</b>		TRFW <b>1</b>							
ADDRESS NO.		HIGHWAY OR STREET NAME <b>STEWART</b>		<input type="checkbox"/> City <input checked="" type="checkbox"/> Township <b>BLOOMINGTON CITY</b>		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH <b>6/3/2014</b>		TIME <b>8:27</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT <b>2</b> U1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W <b>MAIN</b>		(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY <b>MC LEAN</b>		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 <b>1</b>		LARS CODE		U2 <b>16</b>	

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 <b>BEER, BARRY A</b>		DATE OF BIRTH mo / day / yr <b>2 4</b>		MAKE <b>DODGE</b>		MODEL <b>PICKUP</b>		YEAR <b>2004</b>		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>1</b>				TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		ALIGN <b>1</b>	
	STREET ADDRESS		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <b>2</b>		SAFT <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>4</b>		AIR <input type="checkbox"/> Y <input type="checkbox"/> N		YEAR <b>2015</b>		STATE <b>IL</b>		INJURY <b>O</b>		EJECT <b>1</b>		VIN	
	CITY <b>NORMAL</b>		STATE <b>IL</b>		ZIP <b>61761</b>		INJURY <b>O</b>		EJECT <b>1</b>		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>BEER, BARRY A</b>		INSURANCE CO. <b>STATE FARM</b>	
	TELEPHONE		DRIVER LICENSE NO.		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>BEER, BARRY A</b>		INSURANCE CO. <b>STATE FARM</b>		TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)	
	TELEPHONE		DRIVER LICENSE NO.		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>BEER, BARRY A</b>		INSURANCE CO. <b>STATE FARM</b>		TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)	

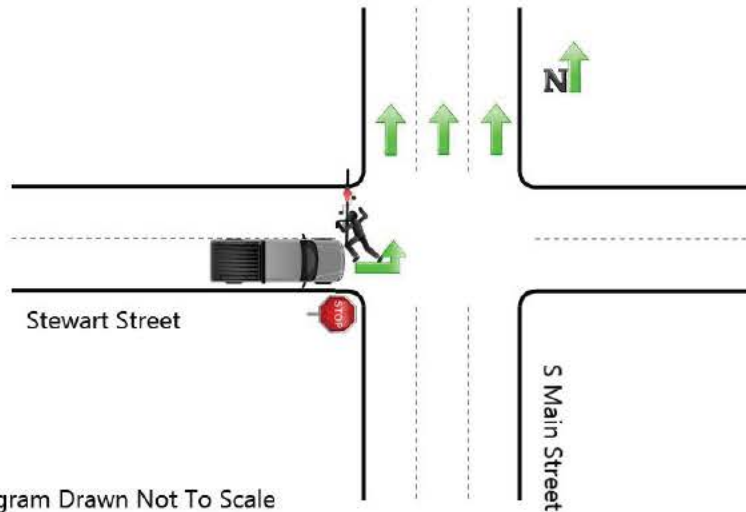
UNIT 2	NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>GLEESON, EMILY R</b>		DATE OF BIRTH mo / day / yr <b>9 3</b>		MAKE		MODEL		YEAR		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		RDEF <b>1</b>	
	STREET ADDRESS		SEX <input type="checkbox"/> M <input type="checkbox"/> F <b>9</b>		SAFT <input type="checkbox"/> Y <input type="checkbox"/> N <b>3</b>		AIR <input type="checkbox"/> Y <input type="checkbox"/> N		YEAR		STATE		INJURY <b>C</b>		EJECT <b>1</b>		VIN	
	CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</b>		INJURY <b>C</b>		EJECT <b>1</b>		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.	
	TELEPHONE		DRIVER LICENSE NO.		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.		TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)	
	TELEPHONE		DRIVER LICENSE NO.		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.		TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)	(EMS)	U1
W								KARY M.				1
												U2
												DIRP
												U1
												6
												U2

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT <b>30</b>	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type		
	1	<input checked="" type="checkbox"/>	13	1	PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY <b>99</b>					
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY <b>99</b>					
UNIT 2	1	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED <b>6/3/2014</b>		TIME NOTIFIED <b>8:27</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM  <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
	2	<input type="checkbox"/>			OFFICER ID. <b>10723</b>		SIGNATURE <b>Josh Jacobs</b>		BEAT / DIST. <b>5</b>				SUPERVISOR ID. <b>Henry Craft, 3992</b>	
	3	<input type="checkbox"/>			COURT DATE		COURT TIME							

X000104133

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



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

The bicyclist was traveling south bound on Main Street on the west sidewalk. While crossing Stewart Street, she was struck by Unit 1.

## LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No:

U1 Color: **Silver, Aluminum**

U2 Color:

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" &gt;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 \_\_\_\_\_