

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000137824

DRAC	1	PEDV	2	TRFD	3	TRFC	4	WEAT	1	DRVA	3	VIS	3	VEHD	1	LGHT	5	COLL	2	MANV	1	PPA	52	PPL	2
U1	U2											U1	U2	U1	U2										

INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" 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. B14-46332		TRFW 1					
ADDRESS NO.		HIGHWAY OR STREET NAME FRONT 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 9/26/2014		TIME 7:48 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) East Street		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 0	

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 HILL, ELIZABETH E		DATE OF BIRTH mo / day / yr 2 / 4		MAKE HONDA		MODEL CIVIC		YEAR 1997		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 checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR		ALIGN 1	
STREET ADDRESS		SEX 2		SAFT 4		AIR 1		PLATE NO.		STATE IL		YEAR 2015		RSUR 1	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY O		EJECT 1		VIN		INSURANCE CO. Progressive		VEHU 1	
TELEPHONE		DRIVER LICENSE NO.		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) HILL, ELIZABETH E		TELEPHONE		POLICY NO.		U1 1	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.						U2 2	

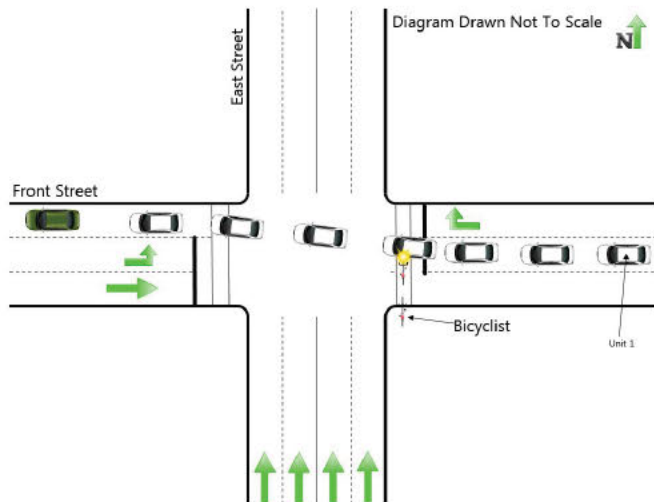
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV ORENDORFF, AUSTIN L		DATE OF BIRTH mo / day / yr 1 / 3		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 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	
STREET ADDRESS		SEX 1		SAFT 3		AIR 3		PLATE NO.		STATE		YEAR		U1 2	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY B		EJECT 3		VIN		INSURANCE CO.		U2 96	
TELEPHONE		DRIVER LICENSE NO.		STATE		CLASS		VEHICLE OWNER (LAST, FIRST, M.I.)		TELEPHONE		POLICY NO.		U1 2	
TAKEN TO Advocate BroMenn Hospital		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.						U2 2	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	
1	3			2	4	O	1	MILLER, MATTHEW, [REDACTED]	Refused	Refused	1
W								NEUHAUS, KENDRA, [REDACTED]			U2 DIRP
W								NEUHAUS, JEREMY, [REDACTED]			7
											U1
											1
											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 checked="" type="checkbox"/>	13	4	PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 25				
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY 02				
UNIT 2	1	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED 9/26/2014		TIME NOTIFIED 7:48 <input type="checkbox"/> AM <input checked="" 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. 10470		SIGNATURE Tyrel Klein		BEAT / DIST. 5				COURT DATE
	3	<input type="checkbox"/>			SUPERVISOR ID. Clayton Arnold, 7616				COURT TIME				

X000137824

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.)

Driver of Unit #1 was west on Front Street when she observed the stop light turn yellow.

Driver said she was in a hurry to get home so she went through the yellow light. Driver of Unit #1 said the bicyclist appeared to her left and she could not avoid him. Driver of Unit #1 said the bicyclist ran into the side of Unit #1.

The bicyclist said he was northbound on the sidewalk of East Street and approached the intersection with Front Street. The bicyclist entered the intersection but could not remember if he had the signal to proceed. The bicyclist stated he saw Unit #1 approaching quickly and tried to turn to avoid the car. The bicyclist stated he collided with Unit #1 near the driver's door area.

Two witnesses on scene observed Unit #1 traveling west on Front Street. The witnesses

LOCAL USE ONLY

Motorist 1 Report No: **20110893352**

Motorist 2 Report No: **20110893353**

U1 Color: **Dark Green**

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 ☐ UNK

Did HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Did 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 ☐ N

MCS ☐ 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

indicated Unit #1 appeared to be traveling very fast. The traffic light for westbound traffic turned yellow and the witnesses' stated Unit #1 appeared to accelerate. The witnesses observed the bicycle traveling north on the sidewalk and then into the crosswalk. While the bicyclist was in the crosswalk it collided with Unit #1. Witnesses provided a description of Unit #1 and stated it fled the scene westbound.