

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



\*X000217321\*

DRAC	1	PEDV	1	TRFD	2	TRFC	4	WEAT	1	DRVA	16	U1	1	U2	1	VEHD	1	U1	1	U2	1	LGHT	1	COLL	2	MANV	15	U1	9	U2	PPA	64	PPL	1
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INVESTIGATING AGENCY <b>Bloomington Police Department</b>		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 checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. <b>B15-45940</b>		TRFW <b>1</b>					
ADDRESS NO.		HIGHWAY OR STREET NAME <b>BISSELL STREET</b>		<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH <b>3/30/2015</b>		TIME <b>3:15</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT <b>16</b> U1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) <input type="checkbox"/> Low Street		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>15</b>	
<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 <b>2</b>	

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>CUNNINGHAM, CAROL J</b>		DATE OF BIRTH mo / day / yr		MAKE <b>CHEVROLET</b>		MODEL <b>CAPTIVA</b>		YEAR <b>2013</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		FRONT 7 9 3 6 5 4 REAR		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 <b>1</b>	
STREET ADDRESS		SEX <input checked="" type="checkbox"/> SAFT <input type="checkbox"/> AIR <input type="checkbox"/>		PLATE NO.		STATE <b>IL</b>		YEAR <b>2015</b>		VIN						RSUR <b>1</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61701</b>		INJURY <b>O</b>		EJECT <b>1</b>		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.				VEHU <b>2</b> U1	
TELEPHONE		DRIVER LICENSE NO.		STATE <b>IL</b>		CLASS <b>D</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.			
TAKEN TO <b>Refused</b>		EMS AGENCY <b>Refused</b>															

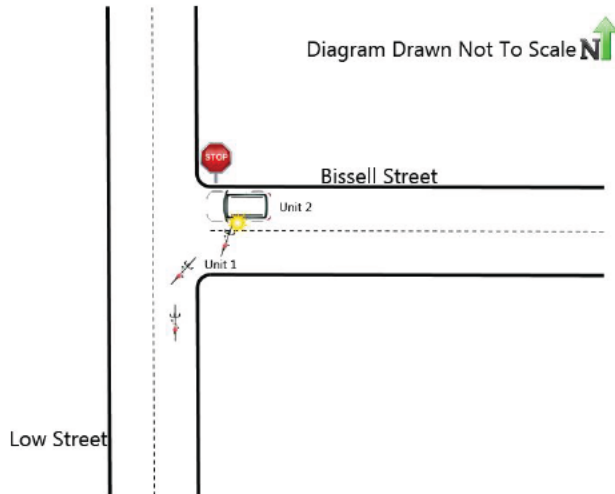
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>STEVENSON, MARY E</b>		DATE OF BIRTH mo / day / yr		MAKE <b>CHEVROLET</b>		MODEL <b>CAPTIVA</b>		YEAR <b>2013</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		FRONT 7 9 3 6 5 4 REAR		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 <b>96</b> U1	
STREET ADDRESS		SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR <input type="checkbox"/>		PLATE NO.		STATE <b>IL</b>		YEAR <b>2015</b>		VIN						U2 <b>1</b>	
CITY <b>ATLANTA</b>		STATE <b>IL</b>		ZIP <b>61723</b>		INJURY <b>O</b>		EJECT <b>1</b>		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO. <b>Pekin Insurance</b>				U2 <b>96</b> NO. OCCS	
TELEPHONE		DRIVER LICENSE NO.		STATE <b>IL</b>		CLASS <b>D</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.			
TAKEN TO <b>Refused</b>		EMS AGENCY <b>Refused</b>														U1 <b>1</b>	

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT <b>35</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 type="checkbox"/>			PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY <b>15</b>			
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY <b>99</b>			
UNIT 2	1	<input checked="" type="checkbox"/>	<b>13</b>	<b>1</b>	ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED <b>3/30/2015</b>		TIME NOTIFIED <b>7:04</b> <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. <b>10900</b>		SIGNATURE <b>Dan Kendall</b>		BEAT / DIST. <b>6</b>		SUPERVISOR ID. <b>Tim McCoy, 5428</b>	
	3	<input type="checkbox"/>							COURT DATE		COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	

**X000217321**

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 travelling northbound on Low Street at Bissell Street. Unit 1 lost control and veered into Unit 2.

Unit 2 was stopped, facing westbound on Bissell Street at Low Street. Unit 1 was travelling northbound on Low Street at Bissell Street. Unit 1 lost control and struck unit 2.

**LOCAL USE ONLY**Motorist 1 Report No: **20140046726**Motorist 2 Report No: **20140046749**

U1 Color:

U2 Color: **White**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 \_\_\_\_\_