

Sheet **1** of **1** Sheets



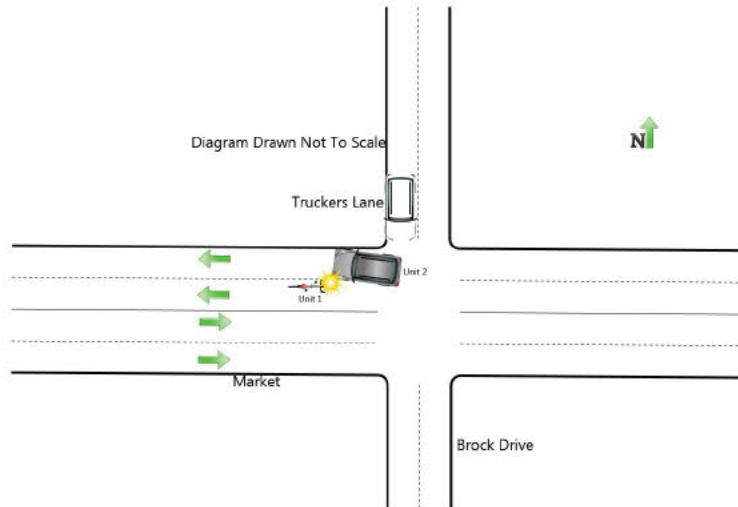
* X000274898 *

IY002

DRAC		1		1		1		3		4		1		6		1		1		1		1		1		1		2		1		4		57		1		IY002		* X000274898 *																																	
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												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																																					
(CIRCLE) <input checked="" type="checkbox"/> 25 FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH																(CIRCLE) TRUCKERS LANE (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				U1 15																									
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				MAKE [REDACTED]				MODEL [REDACTED]				YEAR [REDACTED]				CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT [REDACTED]				FRONT [REDACTED] REAR [REDACTED]				Y N TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR				U2 6																													
STREET ADDRESS [REDACTED]																SEX [REDACTED]				SAFT 1				AIR 3				PLATE NO. [REDACTED]				STATE [REDACTED]				YEAR [REDACTED]				VIN [REDACTED]				[REDACTED]				U2 1																									
CITY SPRINGFIELD																STATE IL				ZIP 62702				INJURY C				EJECT 1				VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]				INSURANCE CO. [REDACTED]				[REDACTED]				U2 1																													
TELEPHONE [REDACTED]																DRIVER LICENSE NO. [REDACTED]				STATE IL				CLASS [REDACTED]				OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]				TELEPHONE [REDACTED]				POLICY NO. [REDACTED]				U2 2																																	
TAKEN TO Refused																EMS AGENCY Refused				OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]				TELEPHONE [REDACTED]				POLICY NO. [REDACTED]				[REDACTED]				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 WALKER, JAYDEN S																DATE OF BIRTH mo / day / yr				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				FRONT [REDACTED] REAR [REDACTED]				Y N TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR				U2 1																													
STREET ADDRESS [REDACTED]																SEX [REDACTED]				SAFT 2				AIR 4				PLATE NO. [REDACTED]				STATE AR				YEAR 2016				VIN [REDACTED]				[REDACTED]				U2 96																									
CITY OZARK																STATE AR				ZIP 72949				INJURY O				EJECT 1				VEHICLE OWNER (LAST, FIRST, M.I.) WALKER, ROGER				INSURANCE CO. SHELTER MUTUAL INSURANCE CO				[REDACTED]				U2 96																													
TELEPHONE [REDACTED]																DRIVER LICENSE NO. [REDACTED]				STATE AR				CLASS D				OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]				TELEPHONE [REDACTED]				POLICY NO. [REDACTED]				U2 1																																	
TAKEN TO Refused																EMS AGENCY Refused				OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]				TELEPHONE [REDACTED]				POLICY NO. [REDACTED]				[REDACTED]				U2 1																																					
(UNIT)		(SEAT)		(DOB)		(SEX)		(SAFT)		(AIR)		(INJ)		(EJECT)		PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)												(HOSP)				(EMS)				U1 1																																					
																																				U1 1																																					
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UNIT 1		(EVNO)		(MOST)		(EVNT)		(LOC)		DAMAGED PROPERTY OWNER NAME												DAMAGED PROPERTY												CONTRIBUTORY CAUSE(S)				POSTED SPEED LIMIT				Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																															
		1								PROPERTY OWNER ADDRESS												CITY												STATE												ZIP												PRIMARY 05				SECONDARY 20				45				If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type			
		2								ARREST NAME BUCHANAN, JOSHUA C												SECTION 29/16/A												CITATION NO. T-94566												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																			
		3								ARREST NAME												SECTION												CITATION NO.												COURT DATE 8/19/2015				COURT TIME 8:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM																							
UNIT 2		1								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											
		2																																																																							
		3																																																																							

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 ONLYMotorist 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).