Mindy Vaughn

From: Angie Huonker
Sent: Thursday, January 05, 2017 10:03 AM
To: Michael Gorman
Subject: RE: Crash Data

Michael,

I will start processing your request. Typically a FOIA request is completed within 5 business days, however since your request includes December 2016 it will delay processing by roughly ten days. Officers have 10 days after the end of the month to complete any accident reports and submit them. While I don't anticipate many bicycle/vehicle accidents in December we still have to wait until all reports are complete to be certain.

These reports will be subject to redactions under FOIA. I don't believe that waiving the fee's will be an issue, but I will confirm that as well.

If you have any questions please feel free to contact me.

Angie

Angie Huonker
Deputy Clerk
Town of Normal | 11 Uptown Circle Normal, Illinois 61761 | Ph: 309.454.9508 | ahuonker@normal.org

From: Michael Gorman [mailto:michael@bikeblono.org]
Sent: Thursday, January 05, 2017 9:18 AM
To: Angie Huonker <ahuonker@normal.org>
Subject: Fwd: Crash Data

Angie,

Heather says I should talk to you about getting updated data on bike-related crashes in the Town of Normal from July 2015 through December 2016. Can you help with this?

Thanks!

Michael Gorman

---------- Forwarded message ----------
From: **Michael Gorman** <michael@bikeblono.org>
Date: Wed, Jan 4, 2017 at 11:28 AM
Subject: Crash Data
To: Heather Wagner <hwagner@normal.org>

Heather,

I'm not sure if you were involved in this process back in 2015, but Bike BloNo filed a FOIA request for 18 months of police reports on bike-car crashes in order to compile a report on bike safety, seen here: https://bikeblono.org/crashdata/

Given that the report covered an 18-month period (January 2014 to June 2015) and the subsequent 18-month period (July 2015 to December 2016) has just wrapped up, we're interested in compiling an updated report.

I wasn't directly involved in the FOIA with the Town of Normal, so I'm not sure what roadblocks existed in obtaining your data. My experience was with the City of Bloomington, which initially fought our request, thinking we might use the data for nefarious purposes. Initially, as I recall, we were asked to pay an exorbitant sum (pursuant to standard City policy) - but once Nora got involved and explained to others on staff what our plans were, we got a CD with all of the crash reports, free of charge. She also asked that, in the future, we *start* with her, rather than filing a FOIA first.

Given that background, I'm wondering if you'd be able to help provide direction on how to approach this updated data request with the Town. Our goal is to receive the same dataset as last time, but updated for the July 2015-December 2016 period. The PDF we received last time can be seen here: https://github.com/mbernico/mclean_bike_safety/blob/master/normal_il_reports/normal_foia.pdf

Can you help with this?

Thanks!

Michael

--
Michael C Gorman
847-894-9805

Treasurer, Bike BloNo
Board Member, Green Top Grocery
Senior Web Developer, Illinois Wesleyan University
Commissioner, McLean County Regional Planning Commission

--
Michael C Gorman
847-894-9805

Treasurer, Bike BloNo
Board Member, Green Top Grocery
Senior Web Developer, Illinois Wesleyan University
Commissioner, McLean County Regional Planning Commission

Town of
Normal

NOTICE OF DENIAL

Your request for copies of public records received on 1-5-17 has been partially denied on 1-13-17, as per 5 ILCS 140/7(1)(b) – Private information, unless disclosure is required by another provision of this Act, a State or federal law or a court order, as defined at 5 ILCS 140/2 (c-5) - "Private information" means unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person is exempt from disclosure.

By:

Wendellyn Briggs, Town Clerk

Angelia Huonker, Deputy Clerk

APPEAL RIGHT

Pursuant to law, you are entitled to appeal the decision denying your request for certain information. You may appeal by requesting a review by the Attorney General's Public Access Counselor within 60 calendar days from the date of this denial. Here is the contact information of the Public Access Counselor:

Office of the Attorney General
Public Access Bureau
500 S. 2nd Street
Springfield, Illinois 62706
217-558-0486
publicaccess@atg.state.il.us

You also have the right to judicial review. Suit may be filed in the Circuit Court for McLean County:

Law and Justice Center
Circuit Clerk
104 W. Front St.
Bloomington, IL 61701
309-888-5301
www.co.mclean.il.us/circuitclerk

Accident Nr
A20150832
A20150901
A20150966
A20150972
A20151011
A20151074
A20151089
A20151109
A20151146

A20151148
A20151163
A20151382
A20151434

A20160019

A20160026
A20160142

A20160455
A20160582
A20160634
A20160652
A20160653

A20160735

A20160738

A20160769

A20160822
A20160968
A20161008
A20161024

A20161061

A20161320
A20161341
A20161381
A20161414
A20161421

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000296779 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	2	3	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 5 U2 1	51	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-832

TRFW: 2

ADDRESS NO.:

HIGHWAY OR STREET NAME: KINGSLEY

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 8/6/2015

TIME: 6:15 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH hovey (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 99

NO.LANES: 3

ALIGN: 2

RSUR: 1

VEHU: U1 2

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 4

U2 6

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: TALLEY, ROBIN S

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: CHEVROLET MODEL: K1500 YEAR: 2014

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 1GCVKREC8EZ264948

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): (00) NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. POINT OF FIRST CONTACT: 0

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): TALLEY, ROBIN S

INSURANCE CO.: STATE FARM

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: 067 2422-A12-13L

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: RACHEL, EVELYN L

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: F SAFT: 4 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE ZIP

INJURY: B EJECT: 1

VIN:

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.:

STATE: IL CLASS:

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Advocate Bromenn - (Normal) EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					RACHEL, JOHN C, [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY STATE ZIP

ARREST NAME: TALLEY, ROBIN S SECTION: 11-901(C) CITATION NO.: 253920

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 969 SIGNATURE: David Bagnell BEAT / DIST.: 3/32 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 02 SECONDARY 15

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 8/6/2015 TIME NOTIFIED: 6:15 ☐ AM ☑ PM

COURT DATE: 9/8/2015 COURT TIME: 9:00 ☑ AM ☐ PM

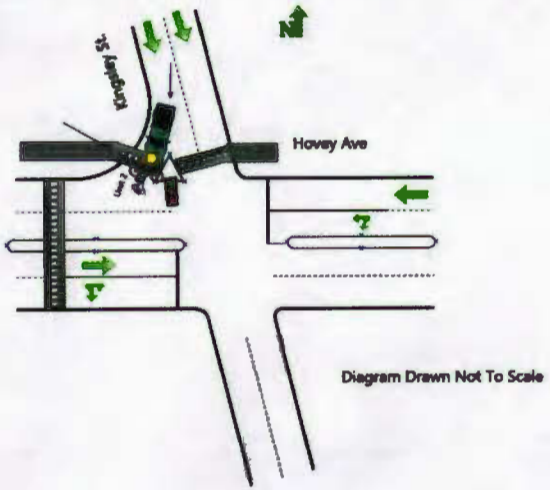
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000296779

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 Southbound on Kingsley in the right turn lane attempting to turn right on red to westbound Hovey.

Unit 1 slowly crossed into the cross walk while Unit 2 was eastbound on Hovey in the cross walk.

Unit 2 was struck by the front bumper of Unit 1 and knocked to the ground.

The driver of Unit 1 said that she was creeping southbound on Kingsley to turn right on to westbound Hovey on red. Unit 1 was watching westbound traffic on Hovey and not where she was going. Unit 1 clipped Unit 2 as she crossed the cross walk.

LOCAL USE ONLY

Motorist 1 Report No: **20140019368**

Motorist 2 Report No: **20140019369**

U1 Color: **Silver, Aluminum**	U2 Color: **Pink**	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. _____ WIDE 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 stated she was eastbound on Hovey crossing in the crosswalk on the north side of the street. Unit 1 had the walk signal and Unit 2 entered the cross walk. As Unit 2 crossed the crosswalk Unit 1 pulled forward and struck her at an angleknocking her off her bicycle .

A witness who was just in front of Unit 2 also eastbound on a bicycle in the crosswalk looked back and watched Unit 1 pull into the cross walk striking Unit 2 and knock her to the ground.

The driver of Unit 1 was issued a citation for failure to yield right of way.

The driver of Unit 2 was transported to BroMenn by NFD and treated for a small laceration to her leg.

No tows.

Photos were taken and placed in records.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000297332 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	4	1	2	U2 2 U1 1 U2 1	U1 1 U2 1	1	2	U1 9 U2 3	3	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-901

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: MAIN

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 8/17/2015

TIME: 2:18 ☐ AM ☑ PM

LARS CODE:

VEHT: 15 U1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) SUMMIT

☑ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2

NO.LANES: 0

ALIGN: 1

RSUR: 1

VEHU: 2 U1

U2

RDEF: 1

BAC: 96 U1

96 U2

NO. OCCS: 1 U1

1 U2

DIRP: 7 U1

5 U2

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

HARRIS, MICHAEL L

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: CHEVROLET MODEL: TAHOE YEAR: 2010

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 1GNUKCE03AR125598

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): (00) NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT: 2

TOWED DUE TO CRASH ☐ Y ☑ N

FIRE ☐ Y ☑ N

CELLPHONE ☐ Y ☑ N

EXCEED SPEED LIMIT ☐ Y ☑ N

COM VEH ☐ Y ☑ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): HARRIS, MICHAEL L

INSURANCE CO.: STATE FARM

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted]

TELEPHONE: [redacted]

POLICY NO.: 9839281C2913A

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

SMITH, ROBERT

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 5 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE ZIP

INJURY: B EJECT: 1

VIN:

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 ☐ Y ☐ N

FIRE ☐ Y ☐ N

CELLPHONE ☐ Y ☐ N

EXCEED SPEED LIMIT ☐ Y ☐ N

COM VEH ☐ Y ☐ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS:

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP):

TELEPHONE:

POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	4
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME SECTION CITATION NO.

ARREST NAME SECTION CITATION NO.

OFFICER ID.: 632

SIGNATURE: Melissa Zabukovec

BEAT / DIST.: 1/11

SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S)

PRIMARY: 02

SECONDARY: 20

POSTED SPEED LIMIT

DATE POLICE NOTIFIED: 8/17/2015

TIME NOTIFIED: 2:18 ☐ AM ☑ PM

COURT DATE

COURT TIME ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:

☐ Construction

☐ Maintenance

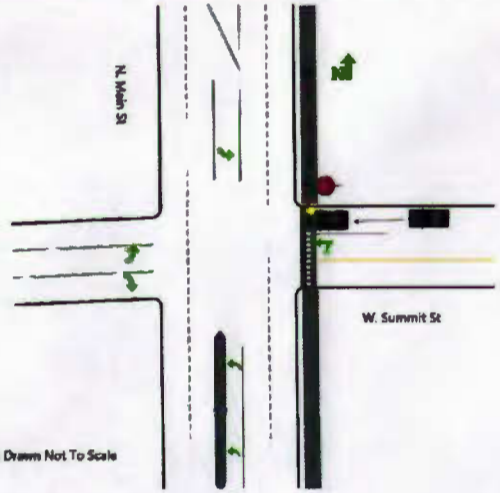
☐ Utility

☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000297332

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.)

On 8-16-15 I was dispatched to Main and Summit for a accident involving a bicyclist and a vehicle. Upon my arrival I spoke to both Units. The driver of Unit 1 stated he was west on Summit and stopped at the stop sign at the intersection of Main Street before turning north on Main. Unit 2 was southbound on the sidewalk on the east side of Main Street. Unit1 did not see Unit 2 and they collided. I spoke to Unit 2 who stated he was southbound on that sidewalk and was planning to turn left on Summit. Unit 2 stated Unit 1 did not stop before entering the crosswalk and Units 1 and 2 collided. Unit 2 had some scrapes on his legs and refused treatment from NFD Rescue. The front tire on Unit 2 was damaged. I did not issue any UTTs.

LOCAL USE ONLY

Motorist 1 Report No: **20140007462**

Motorist 2 Report No: **20140007463**

U1 Color: **Black**	U2 Color:	U1 Race: **W**	U2 Race: **B**
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000306933 *

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

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☑ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-966

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: ADELAIDE

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 9/1/2015

TIME: 12:14 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 15

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) Eastview

☑ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO. LANES: 2

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: MURRAY, CAITLIN M

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: KIA MODEL: SPORTAGE YEAR: 2013

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT: 2

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 9 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY / STATE / ZIP: [redacted]

INJURY: O EJECT: 1

VIN: KNDPBCA21D7465328

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): MURRAY, MICHAEL

INSURANCE CO.: STATE FARM

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: C185907B1313

NO. LANES: 2

ALIGN: 1

RSUR: 1

VEHU: U1 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: SUTHERLAND, TYE D

DATE OF BIRTH: [redacted]

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:

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY / STATE / ZIP: [redacted]

INJURY: B EJECT: 2

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 7

U2 5

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	F					RODGERS, EMILY A [redacted]		
W		[redacted]	M					NOLEN, JUSTIN D [redacted]		
W		[redacted]	M					HARGRITT, RONALD G [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: SECTION: CITATION NO.:

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 922 SIGNATURE: Tyler VanWynsberg BEAT / DIST.: SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 02 SECONDARY 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 9/1/2015 TIME NOTIFIED: 12:14 ☐ AM ☑ PM

COURT DATE: COURT TIME: ☐ AM ☐ PM

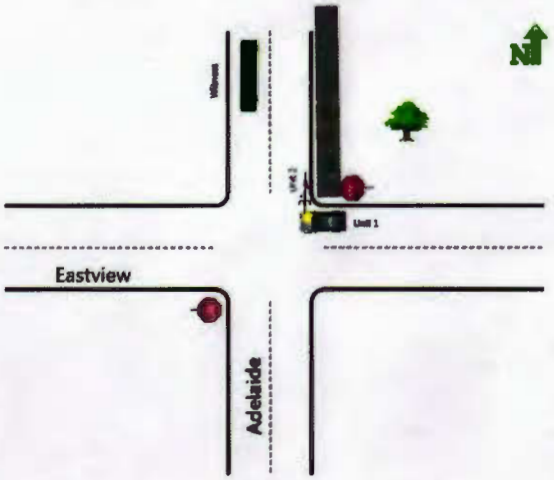
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000306933

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 stated she had stopped at the stop sign at Eastview and Adelaide and was going to turn right to head north on Adelaide. Unit 1 stated she looked both ways and then pulled out to turn right and Unit 2 hit the right side of her vehicle and rolled onto the windshield.

Unit 2 stated he was biking on Adelaide in the southbound lane heading south. Unit 2 stated a bus was behind him so he went into the northbound lane and was going to turn left on Eastview. Unit 2 stated that he hit Unit 1 and Unit 1 did not look both ways before pulling out.

There were three witnesses who all told my backup officer that Unit 2 was southbound in the right lane and did not signal. Unit 2 then turned left into the drive.

LOCAL USE ONLY

Motorist 1 Report No: **20140006204**

Motorist 2 Report No: **20140006205**

U1 Color: **Red**	U2 Color: **Green**	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 tha 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 tha vehicle ? ☐ Y ☐ N

If yes, name on placard _____

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

Did HAZMAT Spill from tha 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. _____ WIDE 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 collision occurred at the intersection of Eastview and Adelaide.

Rescue responded to the scene, however Unit 2 was not transported.

No tickets were issued due to both parties being at fault.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000309541 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	2	3	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 4 U2 1	51	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-972

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: LINDEN

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 9/2/2015

TIME: 3:29 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

☐ (CIRCLE) ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH VERNON (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO. LANES: 4

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: VANTINE, DUSTIN B

DATE OF BIRTH: [redacted]

MAKE: FORD MODEL: FOCUS 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: 1

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N. * IF YES SEE SIDEBAR

ALIGN: 1

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

RSUR: 1

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN: 3FAFP31332R175903

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): VANTINE, DUSTIN B

INSURANCE CO.: ALLSTATE

VEHU: U1 2

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: 932 685 931

U2 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: PHEASANT, SETH A

DATE OF BIRTH: [redacted]

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N. * IF YES SEE SIDEBAR

RDEF: 1

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

BAC: U1 96

CITY: [redacted] STATE: ZIP:

INJURY: C EJECT: 2

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

U2 96

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

NO. OCCS: U1 2

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
1	3	[redacted]	M	2	4	O	1	CHENOWETH, JACOB L. [redacted]		
W		[redacted]	M					DUFRESNE, ANDREW D. [redacted]		
W		[redacted]	F					DREWRY, TAYLOR A. [redacted]		

U2 1

DIRP: U1 1

U2 7

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME:

DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: VANTINE, DUSTIN B SECTION: 11-903 CITATION NO.: 256030

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 700 SIGNATURE: Melanie Crays BEAT / DIST.: 4/42 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 02 SECONDARY 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 9/2/2015 TIME NOTIFIED: 3:30 ☐ AM ☑ PM

COURT DATE: 10/13/2015 COURT TIME: 9:00 ☑ AM ☐ PM

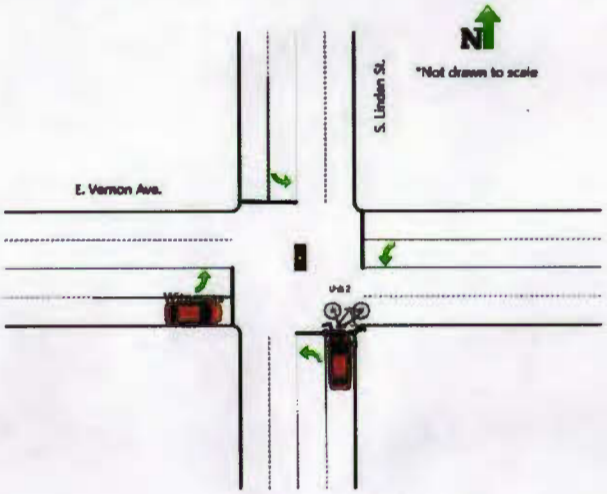
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000309541

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 driver, Dustin, stated that he had stopped at the red traffic light on northbound Linden Street at the intersection with Vernon Avenue. He stated that he was preparing to turn right and, since he had a red light, he looked to his left to make sure that traffic was clear from the eastbound lanes. He stated that, while he was looking to the left, he remembered that the vehicles in the east/west turn lanes were turning. Since traffic was clear, Dustin said that he started to make his turn and hit the bicyclist which was in the crosswalk heading westbound on the south side of the intersection. Dustin and his passenger, Jacob, stated that they were not injured during the crash. Unit 1 had some minor scratches on the front of the car.

Unit 2 bicyclist, Seth, stated that he had been on his bicycle westbound on Vernon Avenue. He stated that he had stopped and was waiting for the "walk" signal. He said

LOCAL USE ONLY

Motorist 1 Report No: **20140006265**

Motorist 2 Report No: **20140006266**

U1 Color: **Black**	U2 Color: **Black**	U1 Race:	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. _____ WIDE 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

that he knows very well how the lights work at the intersection of Vernon Avenue and Linden Street. He stated that, as soon as the east/west turn lanes turn signal finishes its cycle, then the east/west "walk" signal appears. Seth said that he started to ride his bicycle across the crosswalk on the south side of the intersection as soon as he saw the "walk" signal appear. Seth stated that is when he was struck by Unit 1. Seth was complaining of pain in his left ankle area and right wrist area. He was transported to the Bromenn Emergency Room by the Normal Rescue Squad. I later transported Seth's bicycle to the hospital for Seth. I did not see any noticeable damage to the bicycle.

Witnesses Andrew and Taylor had been in a vehicle on the west side of the intersection and they were stopped at the eastbound red traffic light. They told me that they believed the north/south traffic light had either just turned yellow or just turned red just prior to them seeing Unit 1 strike Unit 2. They stated that this was just prior to their traffic light for eastbound traffic turned green. They told me that Unit 1 had been completely stopped and could not have been driving faster than 5 miles per hour. They stated that they saw Seth come off the bicycle and land on the hood of Unit 1. Andrew said that he is a first responder, so he stopped at the scene as soon as he could get across the intersection.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000314509 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	1	1	1	6	U2 16 U1 1 U2 1	U1 U2 1	1	2	U1 1 U2 20	57	1

INVESTIGATING AGENCY: Normal Police Dept.	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500	TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO.: A2015-1011

TRFW: 4

ADDRESS NO.	HIGHWAY OR STREET NAME	☑ City ☐ Township	INTERSECTION RELATED ☐ Y ☑ N	DATE OF CRASH	TIME	LARS CODE
	SCHOOL ST	NORMAL	PRIVATE PROPERTY ☐ Y ☑ N	9/13/2015	2:25 ☐ AM ☑ PM	

VEHT U1

(CIRCLE)	(CIRCLE)	COUNTY	HIT & RUN	DOORING WITH PEDALCYCLIST?	NUMBER MOTOR VEHICLES INVLD	LARS CODE
☑ 200 FT / MI N S E W ☐ AT INTERSECTION WITH	NORTHFIELD DR (NAME OF INTERSECTION OR ROAD FEATURE)	MC LEAN	☐ Y ☑ N	☐ Y ☑ N	1	

VEHT U2: 1

NO. LANES

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: SALGADO, CLARITZA A

DATE OF BIRTH: [redacted]

MAKE / MODEL / YEAR

STREET ADDRESS: [redacted]

SEX: F | SAFT: 1 | AIR: 3

PLATE NO. / STATE / YEAR

CITY / STATE / ZIP: [redacted]

INJURY: B | EJECT: 2

VIN

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL | CLASS

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP) / TELEPHONE / POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT:

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

VEHU U1: 2

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: LINDLEY, PATRICK J

DATE OF BIRTH: [redacted]

MAKE: CHEVROLET | MODEL: COBALT | YEAR: 2008

STREET ADDRESS: [redacted]

SEX: M | SAFT: 2 | AIR: 4

PLATE NO.: [redacted] | STATE: IL | YEAR: 2015

CITY / STATE / ZIP: [redacted]

INJURY: O | EJECT: 1

VIN: 1G1AK18F887253320

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL | CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): LINDLEY, PATRICK J

INSURANCE CO.: COUNTRY FINANCIAL

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] / TELEPHONE: [redacted] / POLICY NO.: A12A885090

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

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

ALIGN	1
RSUR	1
RDEF	1
BAC U1	96
U2	96
NO. OCCS U1	1
U2	1
DIRP U1	4
U2	4

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					LUNDQUIST, SAM M [redacted]		
W		[redacted]	F					JOHNSON, EMILY T [redacted]		
W		[redacted]	M					JOHNSON, SCOTT T [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	1
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME / DAMAGED PROPERTY

PROPERTY OWNER ADDRESS / CITY / STATE / ZIP

ARREST NAME / SECTION / CITATION NO.

ARREST NAME / SECTION / CITATION NO.

OFFICER ID.: 231 | SIGNATURE: Amanda Street | BEAT / DIST.: 1/10 | SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 05 | SECONDARY 99

POSTED SPEED LIMIT

DATE POLICE NOTIFIED: 9/13/2015 | TIME NOTIFIED: 2:25 ☐ AM ☑ PM

COURT DATE | COURT TIME ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000314509

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

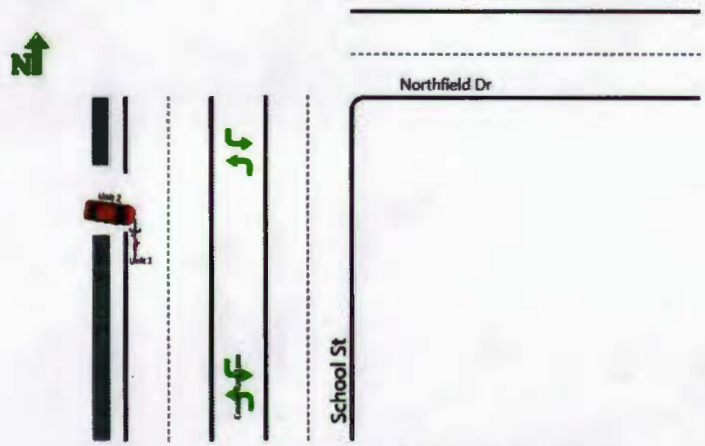


Diagram Drawn Not To Scale

NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 was traveling northbound in the southbound lane in the 1700 block of School St. Unit 2 was turning southbound on to School St. from a private drive in the 1700 block. Unit 2 struck Unit 1. Unit 1 was ejected from bicycle. Unit 2 sustained minor damage to front bumper and was driven from scene. Unit 1 bicycle sustained minor damage, ridden from scene. Unit 1 refused treatment from NFD Rescue. Unit 2 driver refused treatment from NFD rescue. Unit 1 issued written warning for improper lane usage.

LOCAL USE ONLY

Motorist 1 Report No: **20140005859**

Motorist 2 Report No: **20140005860**

U1 Color:	U2 Color: **Silver, Aluminum**	U1 Race: **H**	U2 Race:
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000324272 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
U1 1	U2 1	1	3	4	1	2	U2 1	U1 13	U2 1	U1 1	U2 1	1	2	U1 4	U2 1	51	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-1074

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: CONSTITUTION BLVD

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

DATE OF CRASH: 9/25/2015

TIME: 3:38 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH COLLEGE (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 99

NO.LANES: 0

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: MC COLLOUGH, JACQUELIN E

DATE OF BIRTH: [redacted]

MAKE: FORD MODEL: ESCAPE 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: 99

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: TX YEAR: 2016

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN: 1FMYU01191KF08628

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): MC COLLOUGH, MARY L

INSURANCE CO.: CONSUMERS COUNTY MUTUAL

TAKEN TO: Refused

EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: 992789719 222 1

NO.LANES: 0 ALIGN: 1 RSUR: 1 VEHU: U1 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: SHOLTY, MICHAEL R

DATE OF BIRTH: [redacted]

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 5 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP:

INJURY: B EJECT: 1

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: OSF St. Josephs - (Bloomington)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

U2 2 RDEF 1 BAC U1 96 U2 96 NO. OCCS U1 1 U2 1 DIRP U1 3 U2 7

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	F					LUCIO, DANIELLE E, [redacted]		

UNIT 1

(EVNO)	(MOST)	(EVNT)	(LOC)
1	☑	13	1
2	☐		
3	☐		

UNIT 2

1	☐		
2	☐		
3	☐		

DAMAGED PROPERTY OWNER NAME: DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: MC COLLOUGH, JACQUELIN E SECTION: 11-1003.1 CITATION NO.: 253595

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 803 SIGNATURE: Eric Sage BEAT / DIST.: 3/33 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 02 SECONDARY: 14

POSTED SPEED LIMIT: 20

DATE POLICE NOTIFIED: 9/25/2015 TIME NOTIFIED: 3:38 ☐ AM ☑ PM

COURT DATE: 10/27/2015 COURT TIME: 9:00 ☑ AM ☐ PM

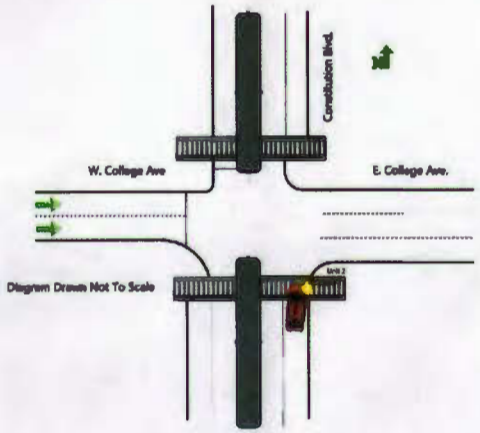
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000324272

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 stated she was stopped at a red light on Constitution Blvd, waiting to turn right onto College. Driver of Unit 1 stated she was looking to the West at on coming traffic waiting until it was safe to complete the right turn. Driver of Unit 1 advised as she began to make the turn she heard a male yell and then realized some kind of impact had occurred on her passenger side. Driver of Unit 1 exited her vehicle to find Unit 2 (bicycle) and it's male rider laying on the ground under her vehicle. Driver of Unit 1 stated she never observed Unit 2 until after the collision occurred.

Unit 2 bicyclist advised he was heading West on the South sidewalk next to College. Unit 2 approached the intersection of College and Constitution Blvd. where he observed Unit 1 stopped and waiting to turn right on red from Constitution Blvd. onto College. Unit 2 advised the crossing signal that controls the marked crosswalk was displaying the "white

LOCAL USE ONLY

Motorist 1 Report No: **20140020656**

Motorist 2 Report No:

U1 Color: **Black**	U2 Color:	U1 Race: **W**	U2 Race: **W**
U1 Towed by / to: **N/A**		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. _____ WIDE 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

walking figure" to indicate pedestrians right of way to cross the intersection. Unit 2 stated Unit 1 had advanced it's position partially into the crosswalk area, but was at a complete stop. Unit 2 stated he started into the cross walk and around the same time Unit 1 began to move forward to complete it's turn. Unit 2 advised he did not believe driver of Unit 1 ever saw him.

Unit 2 stated he put his left hand out onto the hood of Unit 1 while it moved towards him, which knocked him and his bicycle to the ground. Unit 2 stated once on the ground Unit 1 front passenger side tire partially rolled over his left foot and bent the rear tire of his bicycle.

A witness advised she was South on Constitution Blvd, stopped at a red light on College. The witness observed Unit 2 on the passenger side of Unit 1, waiting to cross Constitution Blvd. The witness advsised she observed Unit 1 stopped on Constitution Blvd waiting to complete a right turn onto College. The witness stated she looked away briefly, heard the collision of Unit 1 and Unit 2 and then observed Unit 2 on the ground under Unit 1. The witness stated she did not observe the actual impact but based on positioning prior to the accident believed Unit 1 to be at fault.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000326363 *

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

INVESTIGATING AGENCY: Normal Police Dept.	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500	TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO.: A2015-1089	TRFW 1
ADDRESS NO.:	HIGHWAY OR STREET NAME: LINDEN	☑ City ☐ Township: NORMAL	INTERSECTION RELATED ☐ Y ☑ N	DATE OF CRASH: 9/30/2015	TIME: 3:24 ☐ AM ☑ PM	LARS CODE	VEHT U1 11
☑ .25 (FT) / M (N) S E W (CIRCLE) ☐ AT INTERSECTION WITH	LINDELL (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY: MC LEAN	PRIVATE PROPERTY ☐ Y ☑ N	DOORING WITH PEDALCYCLIST? ☐ Y ☑ N	NUMBER MOTOR VEHICLES INVLD: 1	LARS CODE	U2 99
			HIT & RUN ☐ Y ☑ N				NO.LANES 4

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: STADELE, CAROLA

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: VITACCI MODEL: MILAN YEAR: 2008

STREET ADDRESS: [redacted]

SEX: F SAFT: 4 AIR: 3

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN: L5YTCKPA481229018

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN. POINT OF FIRST CONTACT: 2

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): STADELE, CAROLA

INSURANCE CO.: STATE FARM

TAKEN TO: Refused EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: 8168359E1213A

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: BERENDT JR, DANIEL S

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 5 AIR: 3

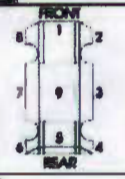
PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP:

INJURY: B EJECT: 1

VIN:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN. POINT OF FIRST CONTACT:



	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					WEIR, TODD M, [redacted]		

NO. OCCS	1	U1	1	U2	DIRP	5	U1	5	U2

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: STADELE, CAROLA SECTION: 11-601A CITATION NO.: 253596

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 803 SIGNATURE: Eric Sage BEAT / DIST.: 4/42 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 28 SECONDARY 15

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 9/30/2015 TIME NOTIFIED: 3:24 ☐ AM ☑ PM

COURT DATE: 11/3/2015 COURT TIME: 9:00 ☑ AM ☐ PM

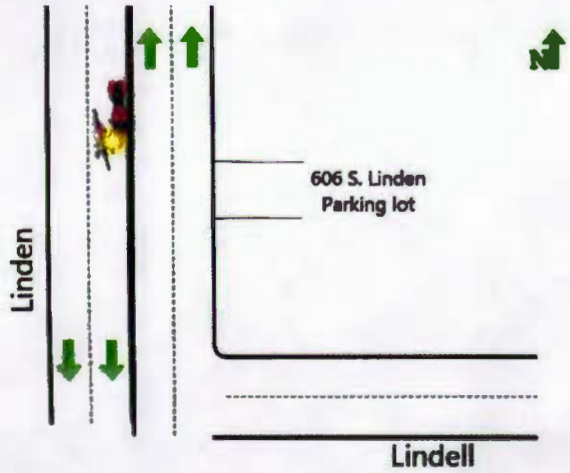
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000326363

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 stated he was riding his bicycle South on Linden approaching the parking lot entrance to 606 S. Linden. Unit 2 said he was in the middle lane of the East Southbound lane on Linden. Unit 2 advised he was intending to complete a left turn into the parking lot of 606 S. Linden, when Unit 1 came around his left side, striking him and knocking him to the ground.

Unit 1 advised she just turned South onto Linden from Vernon. Unit 1 continued South on Linden changing lanes from the West Southbound lane to the East Southbound lane. Upon entering the East Southbound lane on Linden she observed Unit 2 in the middle of that lane. Unit 1 stated she did not realize that Unit 2 was slowing down until it was too late. Unit 1 tried to avoid hitting Unit 2 by going around Unit2 on the left, however ended up colliding with Unit 2.

LOCAL USE ONLY

Motorist 1 Report No: **20140020660**

Motorist 2 Report No: **20140020661**

U1 Color:	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. _____ WIDE 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

A witness advised he observed Unit 2 attempting to make a left hand turn from Southbound Linden into the parking lot entrance to 606 S. Linden. The witness observed Unit 1 approaching Unit 2 from the rear and could see Unit 1 manuvering her handlebars trying to decide how to get around Unit 2. The witness then observed Unit 1 trying to go around Unit 2 on the left side, while Unit 2 was also attempting to turn left, resulting in a collision.

Unit 2 advised he observed no damage to his bicycle but when he was thrown to the ground he sustained a cut lower lip and a minor laceration to his right leg. Rescue arrived on scene and Unit 2 refused medical treatment. Unit 1 driver was not injured and had only minor scratches on the right side of her scooter.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000328934 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	3	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 4 U2 1	51	2

INVESTIGATING AGENCY	Normal Police Dept.
DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500
TYPE OF REPORT	☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED
	☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash
AGENCY CRASH REPORT NO.	A2015-1109
TRFW	2
ADDRESS NO.	
HIGHWAY OR STREET NAME	TOWANDA
☑ City ☐ Township	NORMAL
INTERSECTION RELATED	☑ Y ☐ N
PRIVATE PROPERTY	☐ Y ☑ N
HIT & RUN	☐ Y ☑ N
DATE OF CRASH	10/4/2015
TIME	3:20 ☐ AM ☑ PM
LARS CODE	
VEHT	U1 1
(CIRCLE) ☐ ..... FT / MI N S E W ☑ AT INTERSECTION WITH (CIRCLE)	FORT JESSE (NAME OF INTERSECTION OR ROAD FEATURE)
COUNTY	MC LEAN
DOORING WITH PEDALCYCLIST?	☐ Y ☑ N
NUMBER MOTOR VEHICLES INVLD	1
LARS CODE	
U2	99
NO.LANES	4

UNIT 1

NAME	☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV
	PHILLIPS, KERI S
DATE OF BIRTH	[redacted]
MAKE	BUICK
MODEL	SEDAN
YEAR	1998
STREET ADDRESS	[redacted]
SEX	F
SAFT	2
AIR	4
PLATE NO.	[redacted]
STATE	IL
YEAR	2016
CITY	[redacted]
STATE	
ZIP	
INJURY	O
EJECT	1
VIN	1G4HR52K6WH448687
TELEPHONE	[redacted]
DRIVER LICENSE NO.	[redacted]
STATE	IL
CLASS	D
VEHICLE OWNER (LAST, FIRST, M.I.)	KAUFMAN, MICHAEL R
INSURANCE CO.	State Farm
TAKEN TO	
EMS AGENCY	
OWNER ADDRESS (STREET, CITY, STATE, ZIP)	[redacted]
TELEPHONE	[redacted]
POLICY NO.	0409258C0413L

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN. POINT OF FIRST CONTACT: 2

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

ALIGN	1
RSUR	1
VEHU	U1 2
U2	2

UNIT 2

NAME	☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV
	DAVIS, MICHAEL J
DATE OF BIRTH	[redacted]
MAKE	
MODEL	
YEAR	
STREET ADDRESS	[redacted]
SEX	M
SAFT	5
AIR	3
PLATE NO.	
STATE	
YEAR	
CITY	[redacted]
STATE	
ZIP	
INJURY	C
EJECT	1
VIN	
TELEPHONE	[redacted]
DRIVER LICENSE NO.	[redacted]
STATE	IL
CLASS	D
VEHICLE OWNER (LAST, FIRST, M.I.)	
INSURANCE CO.	
TAKEN TO	Refused
EMS AGENCY	Normal Fire Dept.
OWNER ADDRESS (STREET, CITY, STATE, ZIP)	
TELEPHONE	
POLICY NO.	

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN. POINT OF FIRST CONTACT:

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

RDEF	1
BAC	U1 96
U2	96
NO. OCCS	U1 1
U2	1
DIRP	U1 2
U2	7

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	F					FIELDS, ANGEL M. [redacted]		

UNIT 1

(EVNO)	(MOST)	(EVNT)	(LOC)
1	☑	13	1
2	☐		
3	☐		

UNIT 2

(EVNO)	(MOST)	(EVNT)	(LOC)
1	☐		
2	☐		
3	☐		

DAMAGED PROPERTY OWNER NAME	DAVIS, MICHAEL J
DAMAGED PROPERTY	BLACK MONGOOSE BICYCLE
PROPERTY OWNER ADDRESS	17525 HAWTHORNE DR
CITY	COUNTRY CLUB HILLS
STATE	IL
ZIP	60478
ARREST NAME	PHILLIPS, KERI S
SECTION	11-904
CITATION NO.	257353
ARREST NAME	
SECTION	
CITATION NO.	
OFFICER ID.	954
SIGNATURE	Isaiah Williamson
BEAT / DIST.	4/40
SUPERVISOR ID.	Records 2, 852
CONTRIBUTORY CAUSE(S) PRIMARY	02
SECONDARY	99
POSTED SPEED LIMIT	30
DATE POLICE NOTIFIED	10/4/2015
TIME NOTIFIED	3:20 ☐ AM ☑ PM
COURT DATE	11/10/2015
COURT TIME	9:00 ☐ AM ☑ PM

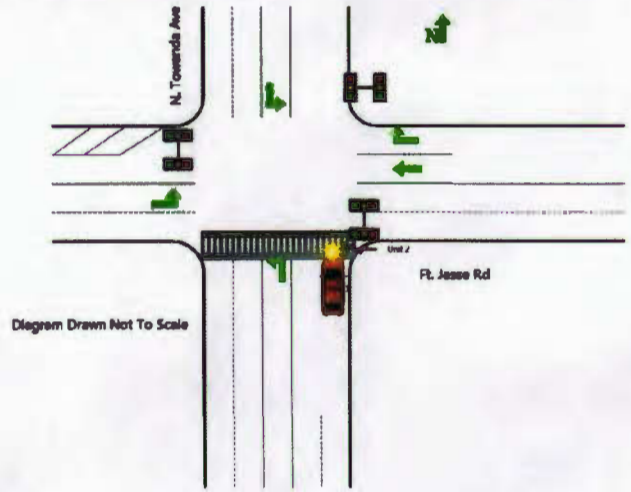
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000328934

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 Northbound on Towanda. Unit 2 was at the crosswalk of Ft. Jesse and Towanda. Witness 1 was behind Unit 1. Witness 1 stated that there was a red light Northbound, but that Westbound traffic had a green light and the crosswalk sign. Witness 1 observed that Unit 1 looked down as she was stopped at the intersection, but then she looked up and proceeded to turn right on red. Unit 1 had left the scene before police arrival. Unit 2 stated he was okay and refused rescue.

LOCAL USE ONLY

Motorist 1 Report No: **2011072282**

Motorist 2 Report No: **2011072283**

U1 Color: **Beige**	U2 Color: **Black**	U1 Race: **W**	U2 Race: **B**
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000335884 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 10 U2 10	3	14	4	1	10	U1 13 U2 13	U1 1 U2 1	2	2	U1 1 U2 1	56	1

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-1146

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: WHITE OAK

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☐ Y ☑ N

DATE OF CRASH: 10/12/2015

TIME: 6:31 ☑ AM ☐ PM

LARS CODE:

VEHT: U1 1

☑ 1000 (FT) / MI N (S) E W (CIRCLE) ☐ AT INTERSECTION WITH (CIRCLE)

COLLEGE (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☐ Y ☑ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO.LANES: 2

ALIGN: 1

RSUR: 1

VEHU: U1 2

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 1

U2 1

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: OWENS, TRAYVON M

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: CHEVROLET MODEL: IMPALA YEAR: 2007

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 2G1WU58R379174510

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 2

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐* Y ☑ N; * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): MCGILL, YACEMINE O

INSURANCE CO.: COUNTRY FINANCIAL

TAKEN TO: Refused EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE

POLICY NO.: 2G1WU58R379174510

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: ALLEN, TREVOR J

DATE OF BIRTH: [redacted] mo / day / yr

MAKE MODEL YEAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 9 AIR: 3

PLATE NO. STATE YEAR

CITY: [redacted] STATE ZIP

INJURY: B EJECT: 1

VIN

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐* Y ☐ N; * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Advocate Bromenn - (Normal) EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE

POLICY NO.

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME: OWENS, TRAYVON M SECTION: 11-403 CITATION NO.: 254963

ARREST NAME SECTION CITATION NO.

OFFICER ID.: 600 SIGNATURE: Brian Larimore BEAT / DIST.: 3/30 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 14 SECONDARY 99

POSTED SPEED LIMIT: 45

DATE POLICE NOTIFIED: 10/12/2015 TIME NOTIFIED: 6:33 ☑ AM ☐ PM

COURT DATE: 11/17/2015 COURT TIME: 9:00 ☑ AM ☐ PM

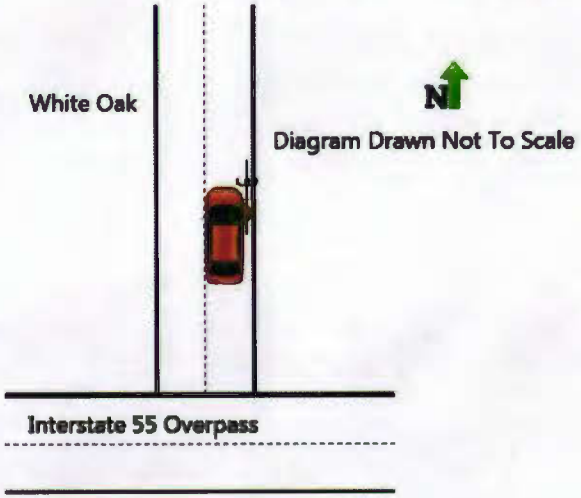
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000335884

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 (bicycle) was northbound on White Oak and had just passed under the Interstate 55 overpass. Unit 1 was also northbound on White Oak. Unit 1 passenger mirror struck Unit2. Unit 1 did not stop and left the scene. Unit 1 was later located. Unit 1 driver admitted to driving and striking Unit 2. Unit 1 driver stated that he had just gone under the Interstate 55 overpass when he saw Unit 2 at the last second. He was unable to avoid Unit 2 and struck him. Unit 1 driver was afraid because he hit someone, so he did not stop. Debris left at the scene matched the damaged mirror on Unit 1.

Unit 2 was transported to Bromenn by NFD. Unit 1 driver refused treatment. Unit 1 driver was cited for Leaving the Scene/Fail to Provide Aid (UTT 254963).

Please reference EJS 201514491 for additional details.

LOCAL USE ONLY

Motorist 1 Report No: **20140007638**

Motorist 2 Report No: **20140007637**

U1 Color: **White**	U2 Color:	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 ☐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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000335221 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	2	3	4	1	1	U2 3	U1 1 U2 1	U1 1 U2 1	1	2	U1 1 U2 25	52	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☑ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-1148

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: RAAB ROAD

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 10/12/2015

TIME: 6:17 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

☐ (CIRCLE) ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH COMMUNITY COLLEGE DRIVE (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: SHAW, AARON M

DATE OF BIRTH: [redacted] mo / day / yr

MAKE / MODEL / YEAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO. / STATE / YEAR

CITY / STATE / ZIP: [redacted]

INJURY: B EJECT: 2

VIN

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP) / TELEPHONE / POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: BARTLETT, MACKENZIE J

DATE OF BIRTH: [redacted]

MAKE: HYUNDAI MODEL: ELANTRA YEAR: 2012

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2015

CITY / STATE / ZIP: [redacted]

INJURY: O EJECT: 1

VIN: 5NPDH4AE5CH115261

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): BARTLETT, MACKENZIE J

INSURANCE CO.: STATE FARM

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: C77 4484-E17-13

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 3

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
2	3	[redacted]	F	2	4	O	1	STEVENS, DARRAH C. [redacted]		
W		[redacted]	F					REID, CAROL E. [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	1
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME / DAMAGED PROPERTY

PROPERTY OWNER ADDRESS / CITY / STATE / ZIP

ARREST NAME: SHAW, AARON M SECTION: 11-1001 CITATION NO.: 256049

ARREST NAME / SECTION / CITATION NO.

OFFICER ID.: 700 SIGNATURE: Melanie Crays BEAT / DIST.: 1/11 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 25 SECONDARY 02

POSTED SPEED LIMIT: 45

DATE POLICE NOTIFIED: 10/12/2015 TIME NOTIFIED: 6:18 ☐ AM ☑ PM

COURT DATE: 11/17/2015 COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

U1 4 / U2 1 / U1 1 / U2 2 / U1 2 / U2 1 / U1 96 / U2 96 / U1 3 / U2 1

NO. OCCS 1

X000335221

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

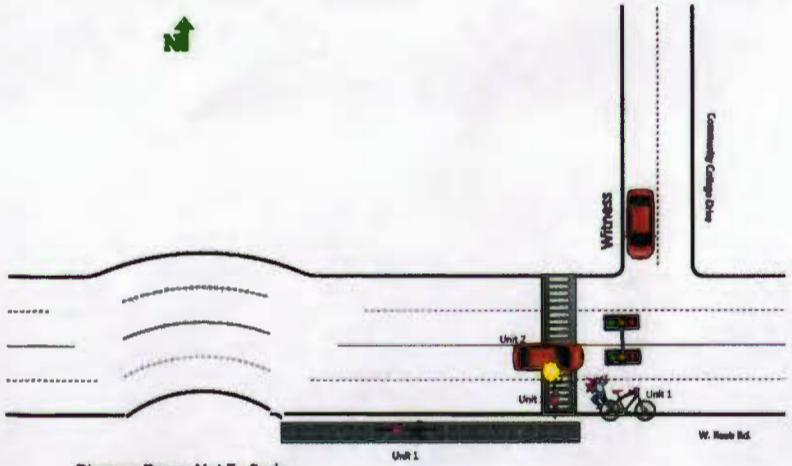


Diagram Drawn Not To Scale

NARRATIVE (Refer to vehicle by Unit No.)

Unit 2 driver, Mackenzie, stated that she had just left an apartment complex off Raab Road and she was driving approximately 20 to 30 miles per hour in the left eastbound lane on Raab Road approaching the intersection with Community College Drive. She stated that she had a green traffic signal as she approached the intersection. She said that she then all of a sudden saw that a bicyclist on the right side of the road was entering the crosswalk and she tried to swerve to the left to avoid hitting him, but he ran straight into the passenger side of her car. Mackenzie's passenger, Darrah, confirmed this account of the events. Mackenzie and Darrah stated that they were not injured during the crash. Unit 2 had a black mark and some dents on the front right door and another black mark with some scratches on the right corner of the front bumper.

Unit 1 rider, Aaron, stated that he had been riding his bicycle eastbound on the sidewalk

LOCAL USE ONLY

Motorist 1 Report No: **20140006274**

Motorist 2 Report No: **20140006275**

U1 Color: **Silver, Aluminum**	U2 Color: **Silver, Aluminum**	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.

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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. _____ WIDE 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

along the south side of Raab Road. He said that he got to the crosswalk at the intersection with Community College Drive and he did not even look before he entered the crosswalk. He said that he ran into the side of Unit 2 and bounced off and was thrown off his bicycle. Aaron had some patches of skin missing from his left arm and shoulder. He also had a small cut on his left palm and his left hand was swollen and somewhat distorted. Aaron's parents, Felicia Shaw and Maurice Shaw, stated that they had arrived at the crash scene just before police arrived because Aaron had called them. Aaron was transported to the emergency room at Advocate Bromenn Hospital to be treated for his injuries. I met with Aaron and his parents at the ER and Aaron was about to have x-rays of his hand taken. I asked them to let me know how the x-rays turn out. Aaron was issued a citation for a pedestrian failing to obey traffic control devices and traffic regulations.

A witness, Carol, stated that she had been stopped in her car on the north side of the intersection, facing south. She said that the traffic signal she had was red, which was why she was stopped and that the northbound traffic signal for Unit 2 was green. Carol said that Unit 2 was driving northbound and Unit 1 rode off of the sidewalk into the crosswalk and struck Unit 2.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000336031 *

DRAC	PEDV	TRFD	TRFC	WEAT	ORVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	2	3	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 1 U2 4	50	6

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-1163

TRFW: 2

ADDRESS NO.:

HIGHWAY OR STREET NAME: COLLEGE AVE

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 10/15/2015

TIME: 9:25 ☑ AM ☐ PM

LARS CODE:

VEHT: 16 U1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH UNIVERSITY STR (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 1

NO. LANES: 0

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: PFAFMAN, MORGAN T

DATE OF BIRTH: [redacted] mo / day / yr

MAKE / MODEL / YEAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO. / STATE / YEAR

CITY / STATE / ZIP: [redacted]

INJURY: O EJECT: 1

VIN

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE

POLICY NO.

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 8 1 2 7 9 3 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

ALIGN: 1

RSUR: 1

VEHU: 2 U1

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: BEACHUM, BRECHELLE A

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: TOYOTA MODEL: CAMRY YEAR: 2010

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: TX YEAR: 2016

CITY / STATE / ZIP: [redacted]

INJURY: O EJECT: 1

VIN: 4T1BF3EK8AU048435

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: TX CLASS: C

VEHICLE OWNER (LAST, FIRST, M.I.): BEACHUM, KEVIN

INSURANCE CO.: FARMERS

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted]

TELEPHONE

POLICY NO.: 044942697

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 2

FRONT 8 1 2 7 9 3 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐	☑

* IF YES SEE SIDEBAR

RDEF: 1

BAC: 96 U1

96 U2

NO. OCCS: 1 U1

1 U2

DIRP: 3 U1

5 U2

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					ISAIA JR, JOSEPH A. [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	4
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS / CITY / STATE / ZIP

ARREST NAME / SECTION / CITATION NO.

ARREST NAME / SECTION / CITATION NO.

OFFICER ID.: 589

SIGNATURE: Todd Drought

BEAT / DIST.: 3/33

SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 28 SECONDARY 15

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 10/15/2015

TIME NOTIFIED: 9:28 ☑ AM ☐ PM

COURT DATE

COURT TIME ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000336031

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 driving east on W. College and began to turn right onto S. University when Unit 1 left the sidewalk and struck Unit 2 in the front right quarter panel just in front of the tire. Unit 2 said she had the green light and there was no one in the cross walk as she began her turn. Unit 1 stated he had the white walk sign and he entered the cross walk after riding his bike around a group of people on the sidewalk. Unit 1 said he was struck by Unit 2 in the cross walk. A witness, who was two cars behind Unit 2, stated Unit 2 began the turn when the cross walk was clear. The witness stated Unit 1 was traveling very fast East on the sidewalk and rode directly into the crosswalk without even looking for traffic. The witness stated there was no way Unit 2 could have seen Unit 1 approaching. No injuries were reported.

LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No:

U1 Color: Black	U2 Color: Red	U1 Race: W	U2 Race: B
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000375177 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	3	4	2	2	U2 2 U1 1 U2 1	U1 1 U2 1	4	2	U1 1 U2 25	64	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☑ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2015-1382

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: RAAB

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 11/30/2015

TIME: 4:38 ☐ AM ☑ PM

LARS CODE:

VEHT U1: 1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH

COMMUNITY COLLEGE DRIVE (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2: 16

NO.LANES: 5

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

WOLFGANG, RONALD P

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MAZDA MODEL: MIATA YEAR: 1990

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 ☑ Y ☐ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐* ☑ N

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 9 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN: JM1NA3515L0120872

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): WOLFGANG, RONALD P

INSURANCE CO.: USAA

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted]

TELEPHONE: [redacted]

POLICY NO.: 037564130G71015

ALIGN: 1

RSUR: 2

VEHU U1: 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

BROWN, CLIFT E

DATE OF BIRTH: [redacted] mo / day / yr

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐* ☐ N

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP:

INJURY: C EJECT: 1

VIN:

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS:

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP):

TELEPHONE:

POLICY NO.:

RDEF: 1

BAC U1: 96

U2: 96

NO. OCCS U1: 1

U2: 1

DIRP U1: 5

U2: 3

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					HAWKINS, CHRIS M[redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: BROWN, CLIFT E

DAMAGED PROPERTY: BLACK SCHWIN G5 SIERRA BICYLE

PROPERTY OWNER ADDRESS: 1710 A ST CITY: NORMAL STATE: IL ZIP: 61761

ARREST NAME: SECTION: CITATION NO.:

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 924 SIGNATURE: Landon Richmond BEAT / DIST.: 1/10 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 02 SECONDARY: 15

POSTED SPEED LIMIT: 45

DATE POLICE NOTIFIED: 11/30/2015 TIME NOTIFIED: 4:38 ☐ AM ☑ PM

COURT DATE: COURT TIME: ☐ AM ☐ PM

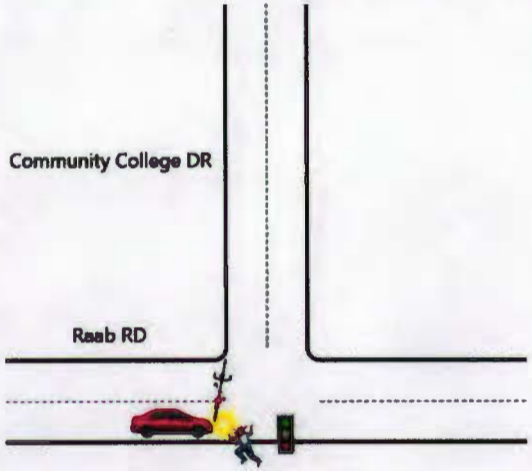
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000375177

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 driver stated that he was eastbound at the intersection of Raab/ Community College Dr. Unit 1 driver stated he was stopped at a red light. Unit 1 driver stated that as the light turned green, he proceeded to drive east on Raab. Unit 1 driver stated that he only went a few feet and then a bicyclist ran into his car. Unit 1 driver stated that he stopped instantaneously and the man rolled off of the car. Unit 1 driver stated that the male was moved to the side of the road and was attended to until paramedics arrived on scene. Unit 1 driver stated that the bicyclist was moving around after the accident. Unit 1 driver stated that he believes the bicyclist came from the northeast corned of the intersection. I asked Unit 1 driver if it was possible that the bicyclist was in the cross-walk and he stated that he did not know.

The witness of this accident stated that he was behind Unit 1 at the stoplight. The

LOCAL USE ONLY

Motorist 1 Report No: **20140018951**

Motorist 2 Report No: **20140018952**

U1 Color: **Red**	U2 Color: **Black**	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. _____ WIDE 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

witness said that the light turned green and Unit 1 proceeded to go straight. The witness stated that when Unit 1 stopped suddenly, he realized there was a bike laying on the ground as well. The witness stated that at this time he realized that Unit 1 hit a bicycle. The witness could not say where the bicyclist came from.

The bicyclist was transported to Bromenn by Normal Fire. The bicyclist then refused services and walked out of Bromenn. On 12/1/15, I made contact with the bicyclist. He stated that he was crossing in the crosswalk from the north side of Raab to the south side. I asked him if he had the walk symbol to cross.The bicyclist stated that he does not know if he had the walk symbol, but he remembers seeing a green light for the southbound traffic. The bicyclist believes that it was his turn to go. On 11/30/15, the bicyclist had a laceration on his head and he complained of pain in his right shoulder.

The damage sustained by Unit 1 was a caved in windshield. The damage sustained by the bike was the right pedal being bent into the rear tire.

Due to the conflicting stories, I cannot determine who is at fault.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000382359 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 9 U2	9	1	1	9	4	U2 1	U1 99 U2 1	U1 99 U2 1	5	2	U1 1 U2 1	56	1

INVESTIGATING AGENCY: Normal Police Dept.	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500	TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO.: A2015-1434	TRFW 3

ADDRESS NO.	HIGHWAY OR STREET NAME: VETERANS	☑ City ☐ Township: NORMAL	INTERSECTION RELATED ☐ Y ☑ N	DATE OF CRASH: 12/9/2015	TIME: 6:00 ☐ AM ☑ PM	LARS CODE	VEHT U1 1
(CIRCLE) ☑ 100 FT / MI N S E W ☐ AT INTERSECTION WITH	(CIRCLE) PARKWAY PLAZA (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY: MC LEAN	PRIVATE PROPERTY ☐ Y ☑ N	DOORING WITH PEDALCYCLIST? ☐ Y ☑ N	NUMBER MOTOR VEHICLES INVLD: 1	LARS CODE	U2 16
			HIT & RUN ☑ Y ☐ N				NO.LANES 8

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: UNKNOWN, UNKNOWN

DATE OF BIRTH (mo / day / yr):

MAKE: CHEVROLET MODEL: CAVALIER YEAR:

STREET ADDRESS:

SEX: SAFT: 9 AIR: 9

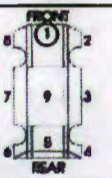
PLATE NO. STATE YEAR

CITY STATE ZIP

INJURY: O EJECT: 1

VIN

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



	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

TELEPHONE DRIVER LICENSE NO. STATE CLASS

VEHICLE OWNER (LAST, FIRST, M.I.): UNKNOWN

INSURANCE CO.: UNKNOWN

TAKEN TO EMS AGENCY OWNER ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE POLICY NO.

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: AYERS, QUINONEZ

DATE OF BIRTH (mo / day / yr): [redacted]

MAKE: - MODEL YEAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 9 AIR: 3

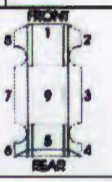
PLATE NO. STATE YEAR

CITY STATE ZIP: [redacted]

INJURY: B EJECT: 1

VIN

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN. POINT OF FIRST CONTACT:



	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

TELEPHONE DRIVER LICENSE NO.: [redacted] STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO EMS AGENCY OWNER ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE POLICY NO.

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

VEHU U1 99	NO. OCCS U1 1	U2 96	RDEF 1	BAC U1 96
U2 2	U2 1	DIRP U1 5	U2 5	

UNIT 1 / UNIT 2

(EVNO)	(MOST)	(EVNT)	(LOC)
1 (UNIT 1)	☑	13	1
2 (UNIT 1)	☐		
3 (UNIT 1)	☐		
1 (UNIT 2)	☐		
2 (UNIT 2)	☐		
3 (UNIT 2)	☐		

DAMAGED PROPERTY OWNER NAME DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME SECTION CITATION NO.

ARREST NAME SECTION CITATION NO.

OFFICER ID.: 632 SIGNATURE: Melissa Zabukovec BEAT / DIST.: 4/43 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 20 SECONDARY 99

POSTED SPEED LIMIT: 45

DATE POLICE NOTIFIED: 12/11/2015 TIME NOTIFIED: 10:05 ☑ AM ☐ PM

COURT DATE COURT TIME ☐ AM ☐ PM

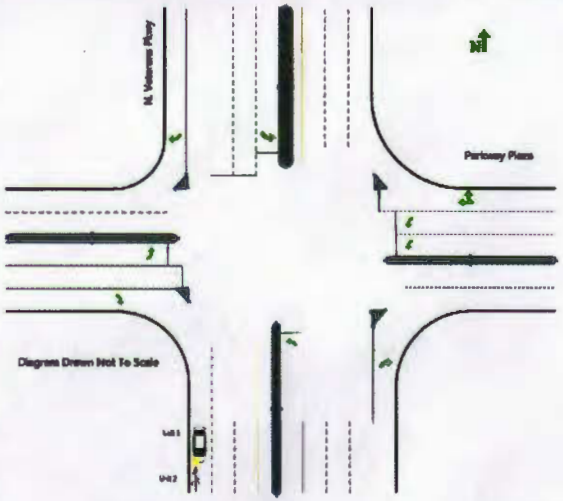
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000382359

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.)

On 12-11-15 I was dispatched to OSF St. Joseph's Emergency Department to take the report of a hit and run accident that occurred on 12-9-15. Upon my arrival I spoke to Quinonez Ayers. He stated on 12-9-15 sometime between 1800 hours and 2000 hours he was southbound on Veterans Parkway just south of Parkway Plaza riding his bicycle along the right hand side of the road. Ayers stated he was suddenly struck from behind and fell off his bicycle. Unit 1 pulled over in front of Unit 2 and stopped for about 10 seconds and then drove off. Ayers described Unit 1 as a white 90s Chevrolet Cavalier. Ayers did not see who was driving Unit 1 or get a license plate number. Ayers hand was injured. Ayers did not call the police at the time of the accident because he knew there was not much the police could do without a license plate of Unit 1. This case is adminstratively closed.

LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No: **20140007493**

U1 Color: **White**	U2 Color:	U1 Race:	U2 Race: **B**
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets

IY002

* X000405422 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	4	1	2 U2 2	U1 1 U2 1	U1 1 U2 1	4	2	U1 1 U2 1	56	1

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-19

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: LINDBERGH BLVD

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

DATE OF CRASH: 1/7/2016

TIME: 5:28 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 2

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) MIDWAY AVE

☑ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☑ Y ☐ N

HIT & RUN ☐ Y ☑ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 99

NO.LANES: 0

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

DONALD, RAY D

DATE OF BIRTH: [redacted]

MAKE: CHEVROLET MODEL: AVALANCHE YEAR: 2009

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 3GNFK22029G264852

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 ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): DONALD, KATHARINA

INSURANCE CO.:

ALIGN: U1 1

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: 0733409-C27-13P

RSUR: 1

VEHU: U1 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

MURRELL, TYLER C

DATE OF BIRTH: [redacted]

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN:

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 3

U2 5

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	F					MURRELL, JULIE A [redacted]		
W		[redacted]	F					CHAPAI, NICOLE L [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐	13	1
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME SECTION CITATION NO.

ARREST NAME SECTION CITATION NO.

CONTRIBUTORY CAUSE(S): PRIMARY 02; SECONDARY 23

POSTED SPEED LIMIT:

DATE POLICE NOTIFIED: 1/7/2016

TIME NOTIFIED: 5:28 ☐ AM ☑ PM

COURT DATE:

COURT TIME: ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:

☐ Construction

☐ Maintenance

☐ Utility

☐ Unknown work zone type

Workers present? ☐ Y ☑ N

OFFICER ID.: 643

SIGNATURE: Matt Badalamenti

BEAT / DIST.: 2/20

SUPERVISOR ID.: Records 2, 852

X000405422

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 stopped facing eastbound on Lindbergh Blvd at the stop sign with Midway Ave. Units 2 and 3 were bicyclists riding together southbound on Midway. Units 2 and 3 advised that they stopped at the stop sign at the same intersection for southbound traffic. Units 2 and 3 stated that they believed that Unit 1 had seen them and thus began to proceed through the intersection southbound. Unit 1, who had not seen Units 2 or 3, proceeded eastbound through the intersection. The front end of Unit 1 struck Units 2 and 3 causing minor damage to the front end of Unit 1 and significant damage to both bicycles. Both Units 2 and 3 were examined by Normal Rescue. Parents were contacted for both Units 2 and 3. No injuries were reported. Due to the accident occurring on private property, no citations were issued.

LOCAL USE ONLY

Motorist 1 Report No: **20110720217**

Motorist 2 Report No: **20110720218**

U1 Color: **Red**	U2 Color:	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 ☐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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets

IY002

* X000405422 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U3 1 U	1	2	4	1	2 U	U3 1 U	U3 1 U	4	2	U3 1 U	50	1

INVESTIGATING AGENCY	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	TYPE OF REPORT		AGENCY CRASH REPORT NO.	TRFW
Normal Police Dept.	☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500	☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash	A2016-19	1

ADDRESS NO.	HIGHWAY OR STREET NAME		INTERSECTION RELATED	DATE OF CRASH	TIME	LARS CODE	VEHT
	LINDBERGH BLVD	☑ City ☐ Township NORMAL	☑ Y ☐ N	1/7/2016	5:28 ☐ AM ☑ PM		U3 16

(CIRCLE)	(CIRCLE)	COUNTY	PRIVATE PROPERTY	DOORING WITH PEDALCYCLIST?	NUMBER MOTOR VEHICLES INVLD	LARS CODE	
☐ ..... FT / MI N S E W ☑ AT INTERSECTION WITH	MIDWAY AVE (NAME OF INTERSECTION OR ROAD FEATURE)	MC LEAN	☑ Y ☐ N HIT & RUN ☐ Y ☑ N	☐ Y ☑ N	1		U

UNIT 3

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV	DATE OF BIRTH	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	Y N TOWED DUE TO CRASH / FIRE / CELLPHONE / EXCEED SPEED LIMIT / COM VEH * IF YES SEE SIDEBAR	NO.LANES
CHAPAI, CONNOR A	[redacted] mo / day / yr						0
STREET ADDRESS [redacted]	SEX M / SAFT 1 / AIR 3	PLATE NO.	STATE	YEAR			ALIGN 1
CITY [redacted] STATE ZIP	INJURY O / EJECT 1	VIN					RSUR 1
TELEPHONE [redacted] / DRIVER LICENSE NO. NA	STATE IL / CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.			VEHU U3 2
TAKEN TO Refused / EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE	POLICY NO.		

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV	DATE OF BIRTH	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	Y N TOWED DUE TO CRASH / FIRE / CELLPHONE / EXCEED SPEED LIMIT / COM VEH * IF YES SEE SIDEBAR	U
STREET ADDRESS	mo / day / yr SEX / SAFT / AIR	PLATE NO.	STATE	YEAR			RDEF 1
CITY STATE ZIP	INJURY / EJECT	VIN					BAC U3 96
TELEPHONE / DRIVER LICENSE NO.	STATE / CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.			
TAKEN TO / EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE	POLICY NO.		U

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	NO. OCCS
											U3 1
											U
											DIRP U3 5
											U

UNIT 3

(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	Did crash occur in a Work Zone?
1	☐							☐ Y ☑ N
2	☐			PROPERTY OWNER ADDRESS / CITY / STATE / ZIP		PRIMARY 02		If YES check one below:
3	☐			ARREST NAME / SECTION	CITATION NO.	SECONDARY 23		☐ Construction ☐ Maintenance ☐ Utility
1	☐			ARREST NAME / SECTION	CITATION NO.	DATE POLICE NOTIFIED 1/7/2016	TIME NOTIFIED 5:28 ☐ AM ☑ PM	☐ Unknown work zone type
2	☐			OFFICER ID. 643 / SIGNATURE Matt Badalamenti	BEAT / DIST. 2/20 / SUPERVISOR ID. Records 2, 852	COURT DATE	COURT TIME ☐ AM ☐ PM	Workers present? ☐ Y ☑ N
3	☐							

X000405422

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.)

LOCAL USE ONLY

Motorist 3 Report No: **20110720219**

Motorist Report No:

U3 Color:	U Color:	U3 Race: W	U Race:
U3 Towed by / to :		U Towed by / to :	

COMMERCIAL MOTOR VEHICLE (CMV)

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

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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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000412569 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	3	3	4	2	1	U2 16 U1 1 U2 1	U1 1 U2 1	4	2	U1 4 U2 1	51	2

INVESTIGATING AGENCY: Normal Police Dept.	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500	TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash
AGENCY CRASH REPORT NO.: A2016-26	TRFW 3		

ADDRESS NO.	HIGHWAY OR STREET NAME	☑ City ☐ Township	INTERSECTION RELATED ☑ Y ☐ N	DATE OF CRASH	TIME	LARS CODE	VEHT
	GREGORY	NORMAL	PRIVATE PROPERTY ☐ Y ☑ N	1/9/2016	12:07 ☑ AM ☐ PM		U1 1
(CIRCLE) ☐ ..... FT / MI N S E W ☑ AT INTERSECTION WITH (CIRCLE)	MAIN (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY: MC LEAN	HIT & RUN ☐ Y ☑ N	DOORING WITH PEDALCYCLIST? ☑ Y ☐ N	NUMBER MOTOR VEHICLES INVLD: 1	LARS CODE	U2 16

UNIT 1

NAME	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	Y N
☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV BROWN, CLIFT E	[redacted] mo / day / yr				00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT	TOWED DUE TO CRASH ☐ ☐ FIRE ☐ ☐ CELLPHONE ☐ ☐ EXCEED SPEED LIMIT ☐ ☐ COM VEH ☐* ☐ * IF YES SEE SIDEBAR

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR
[redacted]	M	1	3			

CITY	STATE	ZIP	INJURY	EJECT	VIN
[redacted]			O	1	

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.
[redacted]		IL			

TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.

UNIT 2

NAME	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	Y N
☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV WELLS, TRIVON J	[redacted] mo / day / yr	NISSAN	VERSA	2014	00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT: 1	TOWED DUE TO CRASH ☐ ☑ FIRE ☐ ☑ CELLPHONE ☐ ☑ EXCEED SPEED LIMIT ☐ ☑ COM VEH ☐* ☑ * IF YES SEE SIDEBAR

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR
[redacted]	M	2	4	[redacted]	IL	2016

CITY	STATE	ZIP	INJURY	EJECT	VIN
[redacted]			O	1	3N1CN7AP4EL844459

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.
[redacted]	[redacted]	IL	D	WELLS, TRIVON J	PROGRESSIVE

TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.
		[redacted]	[redacted]	905852261

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

NO. LANES	ALIGN	RSUR	VEHU	RDEF	BAC	NO. OCCS	DIRP
4	1	2	U1 2	1	U1 96	U1 1	U1 1
			U2 2		U2 96	U2 1	U2 4

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	1
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT
		PRIMARY 99	30
PROPERTY OWNER ADDRESS / CITY / STATE / ZIP		SECONDARY 99	

ARREST NAME	SECTION	CITATION NO.
BROWN, CLIFT E	11-1507(A)	261172
ARREST NAME	SECTION	CITATION NO.

DATE POLICE NOTIFIED	TIME NOTIFIED
1/9/2016	12:07 ☑ AM ☐ PM

OFFICER ID.	SIGNATURE	BEAT / DIST.	SUPERVISOR ID.	COURT DATE	COURT TIME
965	Nick Mishevich	1/12	Records 2, 852	2/16/2016	9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000412569

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.)

I was in my squad car and witnessed an accident occur at the intersection of Gregory and Main.

Unit 2 was traveling eastbound on Gregory attempting to turn right to travel southbound on Main.

Unit 1 was a bicycle that was on the sidewalk traveling northbound on Main approaching Gregory. I observed that Unit 2 did not have the required head lamp attached to his bicycle.

Unit 2 stopped completely at the red light before attempting to turn right onto Gregory. As Unit 2 slowly began his turn Unit 1 pulled his bike out in front of Unit 2 and hit his bicycle

LOCAL USE ONLY

Motorist 1 Report No: **20140005960**

Motorist 2 Report No: **20140005961**

U1 Color:	U2 Color: **Gray**	U1 Race: **W**	U2 Race: **B**
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. _____ WIDE 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

into the vehicle.

The bicyclist stated that immediately that it was his fault because he knew that he needed to have a light on his bike. He also stated that he believed Unit 2 was going to turn after he crossed.

The driver of Unit 2 stated that he did not see Unit 1 at all while he was driving until he was in front of his vehicle.

There were no injuries, and neither Unit was towed.

There was no damage to the bicycle or the vehicle.

The bicyclist was issued a citation for failure to equip bicycle with head lamp.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000421183 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 9 U2 1	4	2	4	1	99	U2 1 U1 99 U2 1	U1 99 U2 1	5	2	U1 3 U2 1	56	1

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-142

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: BEECH

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

DATE OF CRASH: 1/31/2016

TIME: 5:40 ☑ AM ☐ PM

LARS CODE:

VEHT: U1 3

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) poplar

☑ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☑ Y ☐ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO.LANES: 2

ALIGN: 1

RSUR: 9

VEHU: U1 99

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 3

U2 5

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: UNKNOWN, UNKNOWN

DATE OF BIRTH: mo / day / yr

MAKE: UNKNOWN MODEL: MINIVAN YEAR:

STREET ADDRESS: UNKNOWN

SEX: M SAFT: 9 AIR: 9

PLATE NO.: [redacted] STATE: YEAR:

CITY: UNKNOWN STATE: ZIP:

INJURY: O EJECT: 9

VIN: UNKNOWN

TELEPHONE: UNK-NOWN

DRIVER LICENSE NO.: UNKNOWN STATE: CLASS:

VEHICLE OWNER (LAST, FIRST, M.I.): UNKNOWN, UNKNOWN

INSURANCE CO.: UNKNOWN

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): UNKNOWN UNKNOWN,

TELEPHONE: UNK-NOWN POLICY NO.: UNKNOWN

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT: 99

FRONT 1 2 8 9 3 7 5 4 6 REAR

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: WHEELER, ALEXANDER S

DATE OF BIRTH: [redacted]

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP:

INJURY: C EJECT: 1

VIN:

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted] STATE: WI CLASS:

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP):

TELEPHONE: POLICY NO.:

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 1 2 8 9 3 7 5 4 6 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: WHEELER, ALEXANDER S

DAMAGED PROPERTY: BICYCLE

PROPERTY OWNER ADDRESS: 707.5 N LINDEN CITY: NORMAL STATE: IL ZIP: 61761

ARREST NAME: SECTION: CITATION NO.:

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 922 SIGNATURE: Tyler VanWynsberg BEAT / DIST.: 2/22 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 18 SECONDARY: 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 1/31/2016 TIME NOTIFIED: 6:01 ☑ AM ☐ PM

COURT DATE: COURT TIME: ☐ AM ☐ PM

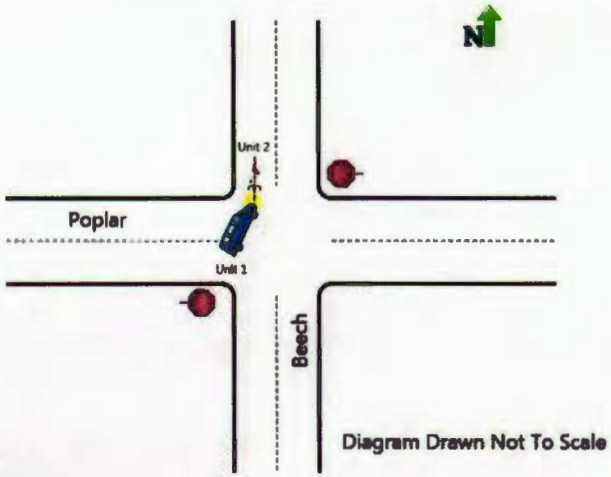
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000421183

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 stated that he was traveling S/B on Beech on his bicycle. He stated that at the intersection of Beech and Poplar, Unit 1 hit him when Unit 1 was traveling E/B on Poplar and attempting to turn north on Beech. Unit 2 said he was unsure if Unit 1 stopped at the stop sign. unit 2 also said his front bike light was on. Unit 2 said Unit 1 stopped to make sure he was okay, but then left the scene when he told him that he was fine. Unit 2 only got part of the license plate, which was (H96). Unit 2 said that Unit 1 was a dark blue minivan. Rescue was called for Unit 2, but he refused to be transported. He complained of a hurt left ankle and scraped right leg.

I was unable to locate Unit 1 or it's owner.

LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No: **20140814257**

U1 Color: **Blue**	U2 Color:	U1 Race: **U**	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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000476949 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	4	1	2	U2 1 U1 11 U2 1	U1 1 U2 1	1	2	U1 1 U2 1	51	2

INVESTIGATING AGENCY: Normal Police Dept.	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500	TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO.: A2016-455

ADDRESS NO.	HIGHWAY OR STREET NAME	☑ City ☐ Township	INTERSECTION RELATED ☑ Y ☐ N	DATE OF CRASH	TIME	LARS CODE
	MAIN	NORMAL	PRIVATE PROPERTY ☐ Y ☑ N	4/13/2016	7:08 ☐ AM ☑ PM	

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH DALE (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: TAYLOR, IAN A

DATE OF BIRTH: [redacted]

MAKE: HYUNDAI MODEL: SUV YEAR: 2001

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: KM8SC83D11U118299

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN. POINT OF FIRST CONTACT: 0

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): TAYLOR, SHELLY

INSURANCE CO.: PROGRESSIVE

TAKEN TO: EMS AGENCY: OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: 908568275

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: MC CLURE, DANIEL J

DATE OF BIRTH: [redacted]

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 5 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN:

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N * IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused EMS AGENCY: Normal Fire Dept. OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	4
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: MC CLURE, DANIEL J

DAMAGED PROPERTY: RALEIGH BICYCLE

PROPERTY OWNER ADDRESS: 1016 N OAK ST CITY: NORMAL STATE: IL ZIP: 61761

ARREST NAME: TAYLOR, IAN A SECTION: 11-904 CITATION NO.: 261185

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 954 SIGNATURE: Isaiah Williamson BEAT / DIST.: 3/33 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 11 SECONDARY 02

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 4/13/2016 TIME NOTIFIED: 7:08 ☐ AM ☑ PM

COURT DATE: 5/17/2016 COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

TRFW 2 | VEHT U1 1 | U2 99 | NO.LANES 2 | ALIGN 1 | RSUR 1 | VEHU U1 2 | U2 2 | RDEF 1 | BAC U1 96 | U2 96 | NO. OCCS U1 1 | U2 1 | DIRP U1 7 | U2 5

X000476949

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 Westbound on Dale and was stopped at the intersection of Main and Dale. Unit 1 stated he had the sun in his eyes and was checking for traffic heading Southbound on Main. Unit 1 proceeded through the intersection and did not see Unit 2 entering the crosswalk. Unit 1's front bumper struck Unit 2's rear bike tire.

Unit 2 refused rescue.

Unit 1 was cited for Failure to yield.

LOCAL USE ONLY

Motorist 1 Report No: **20140814284**

Motorist 2 Report No: **20140814285**

U1 Color: **Black**	U2 Color: **Dark Blue**	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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000498856 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	9	1	1	2	2	U2 1 U1 4 U2 4	U1 1 U2 1	5	2	U1 20 U2 99	64	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☑ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-582

TRFW: 8

ADDRESS NO.:

HIGHWAY OR STREET NAME: S MAIN

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☐ Y ☑ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 5/11/2016

TIME: 9:44 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

(CIRCLE) ☑ 150 (FT) / M (N) S E W (CIRCLE) OSAGE (NAME OF INTERSECTION OR ROAD FEATURE)

☐ AT INTERSECTION WITH

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO.LANES: 2

ALIGN: 1

RSUR: 2

VEHU: U1 2

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 3

U2 1

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: WILLS, MICHELLE L

DATE OF BIRTH: [redacted]

MAKE: BUICK MODEL: LACROSSE YEAR: 2011

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: DL1290A STATE: IL YEAR: 2016

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN: 1G4GC5ED1BF162519

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. POINT OF FIRST CONTACT: 3

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): INC, UNITY MOTORS

INSURANCE CO.: AUTO-OWNERS INS CO

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): 402 S CHESTNUT ARCOLA, IL, 61910

TELEPHONE: (217) 268-3328 POLICY NO.: 44-343-645-01

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: TAFT, TREVOR J

DATE OF BIRTH: [redacted]

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN:

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP):

TELEPHONE: POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: TAFT, TREVOR J

DAMAGED PROPERTY: BICYCLE

PROPERTY OWNER ADDRESS: 404 N MAIN APT 10 CITY: NORMAL STATE: IL ZIP: 61761

ARREST NAME: WILLS, MICHELLE L SECTION: 11-1205 CITATION NO.: 259698

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 700 SIGNATURE: Melanie Crays BEAT / DIST.: SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 02 SECONDARY: 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 5/11/2016 TIME NOTIFIED: 9:45 ☐ AM ☑ PM

COURT DATE: 6/21/2016 COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000498856

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 driver, Michelle, stated that she was preparing to exit the parking lot just to the north of Avanti's Restaurant at 407 S. Main Street and turn left (one-way northbound) onto Main Street. She stated that, as she started to cross the sidewalk, Unit 2 (a bicycle) ran into the passenger side of her vehicle. I observed that Michelle's vehicle was stopped on the sidewalk and she told me that is where she had stopped and where the bicycle struck her vehicle. Michelle stated that she was not injured during the crash. Unit 1 had a small dent and a couple scratches on the front passenger side door. Michelle was issued citation 259698 for ILCS 625 5/11-1205 for failing to yield when emerging from an alley, building, or private road or driveway.

Unit 2 rider, Trevor, stated that he was riding his bicycle northbound on the sidewalk on the west side of the 400 block of S. Main Street. He stated that he had just passed the

LOCAL USE ONLY

Motorist 1 Report No: **20140019769**

Motorist 2 Report No: **20140019770**

U1 Color: **Tan**	U2 Color: **Black**	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. _____ WIDE 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

Avanti's restaurant and, all of a sudden, Unit 1 pulled onto the sidewalk right in front of him. He stated that he did not have time to stop or swerve to avoid a collision. Trevor said that he ran into the passenger side of Unit 1. Trevor stated that he was a little sore, but not injured. The rescue squad had already been dispatched and was on scene, but Trevor refused transport. Trevor's bicycle had some damage to the handle bars, brakes and front tire, but he was able to ride it away after the crash.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000508342 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
U1 1	U2 1	3	2	4	1	2	U2 1	U1 1	U2 1	U1 1	U2 1	1	2	U1 1	U2 1	50	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-634

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: WILLOW ST

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 6/1/2016

TIME: 10:15 ☑ AM ☐ PM

LARS CODE:

VEHT: U1 15

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH SCHOOL ST (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO.LANES: 0

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: TRAXLER, MARTHA A

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: JEEP MODEL: GRAND CHEROKEE YEAR: 2011

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 1J4RR4GGXBC509399

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 ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): TRAXLER, MARTHA A

INSURANCE CO.: FARMERS INSURANCE

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: 191010139

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: ANDERSON, ROGER C

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE ZIP

INJURY: B EJECT: 2

VIN:

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					KOTOWSKI, LARRY A[redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME: TRAXLER, MARTHA A SECTION: 11-904 CITATION NO.: 262980

ARREST NAME SECTION CITATION NO.

OFFICER ID.: 231 SIGNATURE: Amanda Street BEAT / DIST.: 1/12 SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 02 SECONDARY: 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 6/1/2016 TIME NOTIFIED: 10:15 ☑ AM ☐ PM

COURT DATE: 7/5/2016 COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

TRFW	1
VEHT U1	15
U2	16
NO.LANES	0
ALIGN	1
RSUR	1
VEHU U1	2
U2	2
RDEF	1
BAC U1	96
U2	96
NO. OCCS U1	1
U2	1
DIRP U1	3
U2	5

X000508342

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

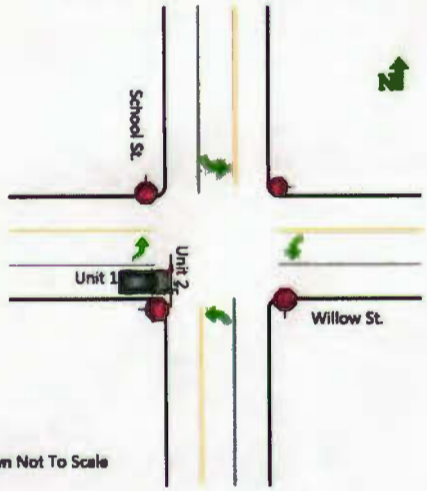


Diagram Drawn Not To Scale

NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 was eastbound on Willow St, stopped at the stop sign at School St. Unit 2 was southbound on School St, crossing Willow St. Unit 1 proceeded into intersection and struck Unit 2. Unit 2 was ejected from bicycle. Unit 1 sustained no visible damage to vehicle. Unit 2 bicycle sustained possible damage. Unit 2 cyclist sustained minor injury and refused transport by NFD Rescue. Unit 1 driver refused NFD Rescue. Unit 1 driven from scene. Unit 1 driver cited for failure to yield.

LOCAL USE ONLY

Motorist 1 Report No: **20140815228**

Motorist 2 Report No: **20140815227**

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 ☐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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000513531 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 20 U2 1	50	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-652

TRFW: 7

ADDRESS NO.:

HIGHWAY OR STREET NAME: VERNON

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 6/7/2016

TIME: 2:53 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH

CUSTER (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 99

NO. LANES: 0

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

BEECHER, PATRICIA M

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: TOYOTA MODEL: 4 DOOR YEAR: 2010

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT: 2

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN: JTDKN3DU6A0028105

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): BEECHER, PATRICIA M

INSURANCE CO.: STATE FARM INSURANCE

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: 149 0476 E2313C

ALIGN: 1 RSUR: 1 VEHU: U1 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

WAKEFIELD, DEVONTE L

DATE OF BIRTH: [redacted] (mo / day / yr)

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 5 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.:

STATE: CLASS:

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

RDEF: 1 BAC: U1 96 U2 96 NO. OCCS: U1 1 U2 0 DIRP: U1 1 U2 7

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	5
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: BEECHER, PATRICIA M SECTION: 11-906 CITATION NO.:

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 954 SIGNATURE: Isaiah Williamson BEAT / DIST.: SUPERVISOR ID.: Records 2, 852

CONTRIBUTORY CAUSE(S): PRIMARY 02 SECONDARY 23

POSTED SPEED LIMIT: 0

DATE POLICE NOTIFIED: 6/7/2016 TIME NOTIFIED: 2:53 ☐ AM ☑ PM

COURT DATE: 7/12/2016 COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000513531

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 traveling Westbound on Vernon in the crosswalk on a bicycle. Unit 1 was stopped at the stop sign in the parking lot, waiting to enter traffic. Unit 1 did failed to yield at the crosswalk to Unit 2. Unit 2's front bicycle tire struck Unit 1's passengerside fender. Unit 2 refused assistance from NFD. Unit 1 was cited for failure to yield from a private drive.

LOCAL USE ONLY

Motorist 1 Report No: **20140815055**

Motorist 2 Report No: **20140815056**

U1 Color: **White**	U2 Color: **Orange**	U1 Race: **W**	U2 Race: **B**
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000515874 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	9	1	1	1	2	U2 2 U1 99 U2 99	U1 1 U2 1	1	2	U1 16 U2 1	55	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☑ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-653

TRFW: 13

ADDRESS NO.: 701

HIGHWAY OR STREET NAME: S MAIN ST

☑ City ☐ Township: NORMAL

COUNTY: MC LEAN

INTERSECTION RELATED ☐ Y ☑ N

PRIVATE PROPERTY ☑ Y ☐ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 6/7/2016

TIME: 4:15 ☐ AM ☑ PM

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

LARS CODE

(CIRCLE) (CIRCLE)
☐ ..... FT / MI N S E W
☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

VEHT U1: 1
U2: 99

NO.LANES: 0

ALIGN: 1

RSUR: 1

VEHU U1: 2
U2: 98

RDEF: 1

BAC U1: 96
U2: 96

NO. OCCS U1: 1
U2: 1

DIRP U1: 1
U2: 7

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV
MILLS, JUSTINE D

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: TOYOTA MODEL: COROLLA YEAR: 2014

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 2T1BURHE0EC219524

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT: 2

FRONT / REAR

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): MILLS, JUSTINE D

INSURANCE CO.: PROGRESSIVE

TAKEN TO: Refused

EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted]

TELEPHONE: [redacted]

POLICY NO.: 909894071

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV
FREDRICKSON, DANIEL C

DATE OF BIRTH: [redacted]

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 5 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 3

VIN:

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 / REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused

EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP):

TELEPHONE:

POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					LENZ, JOHN M, [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME SECTION CITATION NO.

ARREST NAME SECTION CITATION NO.

CONTRIBUTORY CAUSE(S): PRIMARY 14 SECONDARY 02

POSTED SPEED LIMIT: 30

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

DATE POLICE NOTIFIED: 6/7/2016

TIME NOTIFIED: 6:00 ☐ AM ☑ PM

COURT DATE

COURT TIME ☐ AM ☐ PM

Workers present? ☐ Y ☑ N

OFFICER ID.: 984

SIGNATURE: Alyssa Monnett

BEAT / DIST.: 3/32

SUPERVISOR ID.: Records 2, 852

X000515874

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 northbound and approaching the exit for the Chipotle parking lot (701 S Main St) on Osage St. Unit 1 stated that she stopped before the sidewalk, looked left and right, then proceeded to advance forward to turn westbound on Osage St. Unit 1 said that before she could enter the roadway, Unit 2 came out of nowhere and they both collided. Unit 1 had several minor scrapes on the front bumper on the passenger side of the vehicle. Unit 2 had two bike tires that were partially bent. Unit 1 stated that she got out of the car to make sure Unit 2 was alright. Unit 2 insisted that he just bumped his shoulder and that he was fine. Both Unit 1 and Unit 2 exchanged information before leaving the scene.

Note: Neither party called for the police while at the scene.

LOCAL USE ONLY

Motorist 1 Report No: **20140863298**

Motorist 2 Report No: **20140863299**

U1 Color: **Dark Blue**	U2 Color: **Blue**	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 ☐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. _____ WIDE 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 2 stated that he was traveling westbound on Osage St, when Unit 1 started coming out of the Chipotle parking lot. Unit 2 said he didn't see her coming, and she entered the sidewalk before coming to a stop. Unit 2 then collided with Unit 1, causing Unit 2 to roll of the front hood of the vehicle and fall to the ground.

Unit 2 reported minor injuries, but refused any medical treatment.

Unit 1 reported no injuries.

I have taken photos of both the vehicle and bicycle to document the damage. These photos are on file at Normal PD.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000537122 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	2	2	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 1 U2 1	64	1

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-735

TRFW: 1

ADDRESS NO.: 1500

HIGHWAY OR STREET NAME: PLAZA DRIVE

☑ City ☐ Township

NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☑ Y ☐ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 7/7/2016

TIME: 12:55 ☐ AM ☑ PM

LARS CODE

VEHT: U1 16

(CIRCLE) (CIRCLE)

☐ ..... FT / MI N S E W

☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

U2 15

NO.LANES: 2

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

WAKEFIELD, DEVONTE L

DATE OF BIRTH: [redacted] mo / day / yr

MAKE MODEL YEAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

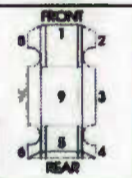
PLATE NO. STATE YEAR

CITY STATE ZIP: [redacted]

INJURY: C EJECT: 1

VIN

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT



	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS:

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Refused

EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE POLICY NO.

ALIGN: 1

RSUR: 1

VEHU: U1 2

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

MAYAVANSHI, DARCI A

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: GMC MODEL: ACADIA YEAR: 2011

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

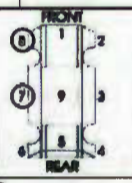
PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY STATE ZIP: [redacted]

INJURY: O EJECT: 1

VIN: 1GKKRRED5BJ240712

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



	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

TELEPHONE: [redacted]

DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): MAYAVANSHI, TEJAS V

INSURANCE CO.: Country Insurance

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: P12A3561195

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 3

U2 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
2	6	[redacted]	F	6	3	O	1	MAYAVANSHI, VIDA A [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	4
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME SECTION CITATION NO.

ARREST NAME SECTION CITATION NO.

OFFICER ID.: 310

SIGNATURE: Curtis Paine

BEAT / DIST.

SUPERVISOR ID.: Mindy Vaughn, 852

CONTRIBUTORY CAUSE(S)

PRIMARY: 02

SECONDARY: 99

POSTED SPEED LIMIT

DATE POLICE NOTIFIED: 7/7/2016

TIME NOTIFIED: 12:58 ☐ AM ☑ PM

COURT DATE

COURT TIME ☐ AM ☐ PM

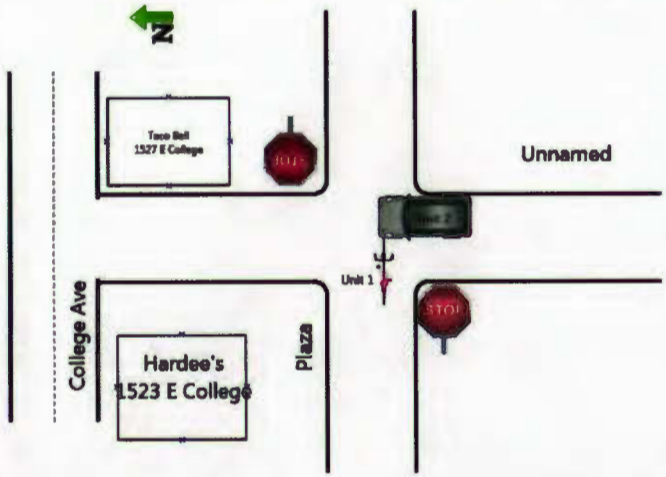
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000537122

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 east on Plaza in the 1500 block at the unnamed drive that runs between 1523 and 1527 E College. Unit 2 was traveling North at the intersection of the unnamed drive and Plaza Drive. Unit 1 struck the front driver's side quarter panel and the driver's side mirror of Unit 2. Unit 1 had a stop sign Unit 2 had no controls. Unit 1 said that he stopped then proceeded into the intersection and did not see Unit 2 until he was hit. Unit 2 said that she did not see Unit 1 until he struck her. There were no independent witness. Unit 1 was seen by NFD and refused transport.

LOCAL USE ONLY

Motorist 1 Report No: **20140020816**

Motorist 2 Report No: **20140020817**

U1 Color: **Orange**	U2 Color: **Black**	U1 Race: **B**	U2 Race:
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000537125 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	9	13	7	9	2	U2 1 U1 99 U2 99	U1 1 U2 1	1	2	U1 1 U2 1	64	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-738

TRFW: 7

ADDRESS NO.: 102

HIGHWAY OR STREET NAME: N LINDEN

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☐ Y ☑ N

DATE OF CRASH: 7/1/2016

TIME: 1:30 ☐ AM ☑ PM

LARS CODE

VEHT: U1 1

☐ ..... FT / MI N S E W (CIRCLE) ☐ AT INTERSECTION WITH (CIRCLE) (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☑ Y ☐ N

HIT & RUN ☐ Y ☑ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

U2 16

NO. LANES: 0

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

BERBAKOV, ALEXANDER S

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: MAZDA MODEL: 6 YEAR: 2004

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 ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐* ☑ N — * IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2016

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 1YVHP80D645N12560

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): BERBAKOV, ALEXANDER S

INSURANCE CO.: GEICO

TAKEN TO: Refused EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: 4417518109

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

GATHARIA, JOSEPHINE M

DATE OF BIRTH: [redacted] (mo / day / yr)

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐* ☐ N — * IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: F SAFT: 1 AIR: 3

PLATE NO. STATE YEAR

CITY: [redacted] STATE ZIP

INJURY: B EJECT: 1

VIN

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Refused EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE POLICY NO.

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
1	3	[redacted]	M	2	4	O	1	HARRIS, MATTHEW R, [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	5
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME: BERBAKOV, ALEXANDER S SECTION: 11-906 CITATION NO.: 261822

ARREST NAME SECTION CITATION NO.

OFFICER ID.: 600 SIGNATURE: Brian Larimore BEAT / DIST.: 4/41 SUPERVISOR ID.: Mindy Vaughn, 852

CONTRIBUTORY CAUSE(S): PRIMARY 02 SECONDARY 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 7/8/2016 TIME NOTIFIED: 9:00 ☑ AM ☐ PM

COURT DATE: 8/9/2016 COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

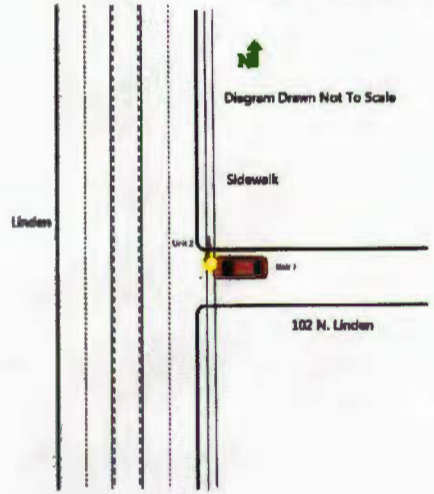
If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

TRFW 7 | VEHT U1 1 | U2 16 | NO. LANES 0 | ALIGN 1 | RSUR 9 | VEHU U1 2 | U2 2 | RDEF 1 | BAC U1 96 | U2 96 | NO. OCCS U1 2 | U2 1 | DIRP U1 7 | U2 5

X000537125

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 exiting the parking lot at 102 N. Linden. Unit 2(bicycle) was southbound on the sidewalk. Unit 1 failed to yield to Unit2. Unit 1 struck Unit 2. Unit 1 had minor damage (a plastic vent on the front bumper knocked loose). Unit 2 had a bent front tire. Unit 2 bicyclist stated she had scrapes to her right knee and knee pain.

At the time of crash neither party wished to file a report, but today both parties came to NPD to file a report.

Unit 1 driver was issued UTT #261822 for Fail to Yield/Exiting a Private Drive.

LOCAL USE ONLY

Motorist 1 Report No: **20140863266**

Motorist 2 Report No: **20140863267**

U1 Color: **Black**	U2 Color:	U1 Race: **W**	U2 Race: **B**
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets

IY002

* X000542370 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	2	3	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	3	2	U1 1 U2 1	51	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-769

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: LINDEN ST

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☑ Y ☐ N

DATE OF CRASH: 7/14/2016

TIME: 7:58 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH COLLEGE AVE (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO.LANES: 0

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

STEADMANN, BRIAN G

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MITSUBISHI MODEL: MIRAGE YEAR: 2015

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

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 9 AIR: 4

PLATE NO.: Z749344 STATE: IL YEAR: 2017

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN: ML32A3HJ4FH056217

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): TOBINS PIZZA INC

INSURANCE CO.: COUNTRY FINANCIAL

TAKEN TO: Refused EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP): 6727 OLD PEORIA RD DANVERS, IL, 61732 TELEPHONE: (309) 828-0410 POLICY NO.: AV1769240

VEHU: U1 98

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

MITHELL, DAVID G

DATE OF BIRTH: [redacted] mo / day / yr

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:

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 3

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused EMS AGENCY: Refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	F					LEHR, MARGARET A [redacted]		
W		[redacted]	M					LEHR, DAVID M [redacted]		

U1 1

U2 1

DIRP: U1 5

U2 3

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: MITHELL, DAVID G

DAMAGED PROPERTY: NISHIKI TAMARACK BICYCLE

PROPERTY OWNER ADDRESS: 1433 CHADWICK CITY: NORMAL STATE: IL ZIP: 61761

ARREST NAME: STEADMANN, BRIAN G SECTION: 11-1008 CITATION NO.: 266084

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 231 SIGNATURE: Amanda Street BEAT / DIST.: 4/41 SUPERVISOR ID.: Mindy Vaughn, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 02 SECONDARY: 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 7/14/2016 TIME NOTIFIED: 7:58 ☐ AM ☑ PM

COURT DATE: 8/23/2016 COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000542370

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 southbound on Linden St approaching the intersection of College Ave. Unit 2 was in the crosswalk crossing Linden St on the north side of College Ave. Unit 1 struck Unit 2. Unit 1 sustained minor damage to front of vehicle. Unit 2 rider was partially ejected from bicycle and reported no injury. Unit 2 bicycle was damaged and could not be pedaled from scene. Unit 1 driver cited for failure to yield to pedestrian in sidewalk. Unit 1 driven from scene.

LOCAL USE ONLY

Motorist 1 Report No: **20140815201**

Motorist 2 Report No: **20140815250**

U1 Color: **White**	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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets

IY002

* X000542370 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
U	U		3	4	1		U	U	U	U	U	3	2	U	U		

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-769

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: LINDEN ST

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

DATE OF CRASH: 7/14/2016

TIME: 7:58 ☐ AM ☑ PM

LARS CODE:

VEHT: U

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH

COLLEGE AVE (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☑ Y ☐ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U

NO.LANES: 0

ALIGN: 1

RSUR: 1

VEHU: U

U

RDEF: 1

BAC: U

U

NO. OCCS: U

U

DIRP: U

U

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

DATE OF BIRTH: mo / day / yr

MAKE MODEL YEAR

STREET ADDRESS

SEX SAFT AIR

PLATE NO. STATE YEAR

CITY STATE ZIP

INJURY EJECT

VIN

TELEPHONE

DRIVER LICENSE NO.

STATE CLASS

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO

EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE

POLICY NO.

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 8 1 2 7 9 3 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

(EVNO)	(MOST)	(EVNT)	(LOC)
1	☐		
2	☐		
3	☐		
1	☐		
2	☐		
3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME SECTION CITATION NO.

ARREST NAME SECTION CITATION NO.

OFFICER ID.: 231

SIGNATURE: Amanda Street

BEAT / DIST.: 4/41

SUPERVISOR ID.: Mindy Vaughn, 852

CONTRIBUTORY CAUSE(S)
PRIMARY: 02
SECONDARY: 99

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 7/14/2016

TIME NOTIFIED: 7:58 ☐ AM ☑ PM

COURT DATE: 8/23/2016

COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000542370

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.)

LOCAL USE ONLY

Motorist Report No:

Motorist Report No:

U Color:	U Color:	U Race:	U Race:
U Towed by / to :		U Towed by / to :	

COMMERCIAL MOTOR VEHICLE (CMV)

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

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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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000553806 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	1	1	1	2	U2 1 U1 1 U2 1	U1 99 U2 1	1	2	U1 25 U2 3	64	2

INVESTIGATING AGENCY: Normal Police Dept.	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500	TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO.: A2016-822

ADDRESS NO.	HIGHWAY OR STREET NAME: GARDEN	☑ City ☐ Township: NORMAL	INTERSECTION RELATED ☑ Y ☐ N	DATE OF CRASH: 7/28/2016	TIME: 3:06 ☐ AM ☑ PM	LARS CODE
(CIRCLE) ☐ ..... FT / MI N S E W ☑ AT INTERSECTION WITH (CIRCLE)	Braden (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY: MC LEAN	PRIVATE PROPERTY ☐ Y ☑ N	DOORING WITH PEDALCYCLIST? ☐ Y ☑ N	NUMBER MOTOR VEHICLES INVLD: 1	LARS CODE
			HIT & RUN ☐ Y ☑ N			

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: COSENZA, DANIEL J	DATE OF BIRTH: [redacted] mo / day / yr	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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N; * IF YES SEE SIDEBAR	NO.LANES 0
STREET ADDRESS: [redacted]	SEX M; SAFT 1; AIR 3	PLATE NO. / STATE / YEAR			ALIGN 1
CITY / STATE / ZIP: [redacted]	INJURY B; EJECT 1	VIN			RSUR 1
TELEPHONE: [redacted] / DRIVER LICENSE NO.	STATE IL; CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.		VEHU 98 U1
TAKEN TO: Refused / EMS AGENCY: Normal Fire Dept.		OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.	98 U2

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: LYDEN JR, CHARLES G	DATE OF BIRTH: [redacted] mo	MAKE: NISSAN / MODEL: FRONTIER / YEAR: 2015	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 ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N; * IF YES SEE SIDEBAR	RDEF 1
STREET ADDRESS: [redacted]	SEX M; SAFT 2; AIR 4	PLATE NO.: M161488 / STATE: IL / YEAR: 2017			BAC 96 U1
CITY / STATE / ZIP: [redacted]	INJURY O; EJECT 1	VIN: 1NGBD0CT3FN728567			
TELEPHONE: [redacted] / DRIVER LICENSE NO.: [redacted]	STATE IL; CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.): TOWN OF NORMAL	INSURANCE CO.: GREAT AMERICAN INSURANCE		96 U2
TAKEN TO: Refused / EMS AGENCY: Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP): 11 UPTOWN CIR NORMAL, IL, 61761	TELEPHONE	POLICY NO.: 312819901	NO. OCCS 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					HOUSER, PHILIP L[redacted]		

U1 1 U2 1 DIRP U1 3 U2 8

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	1
	2	☐	13	1
	3	☐		

DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT
PROPERTY OWNER ADDRESS / CITY / STATE / ZIP		PRIMARY 02	30
ARREST NAME	SECTION / CITATION NO.	SECONDARY 99	
ARREST NAME	SECTION / CITATION NO.	DATE POLICE NOTIFIED 7/28/2016	TIME NOTIFIED 3:06 ☐ AM ☑ PM
OFFICER ID. 876	SIGNATURE Andrew Rippy / BEAT / DIST. 1/12 / SUPERVISOR ID. Mindy Vaughn, 852	COURT DATE	COURT TIME ☐ AM ☐ PM

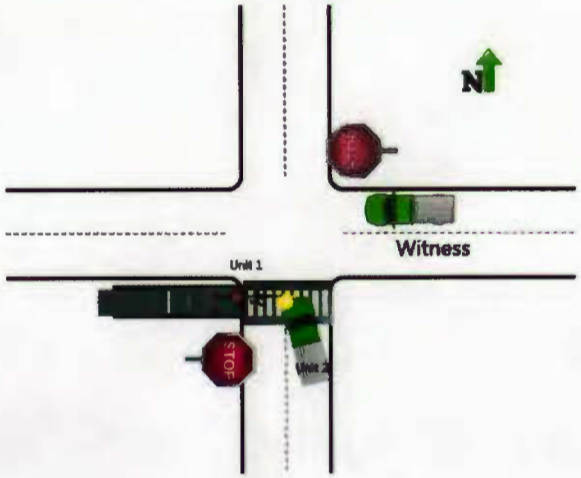
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000553806

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.)

07/28/2016 1506 hours.

I, Officer Rippy, responded to the intersection of Garden and Braden for a vehicle vs. bicyclist accident with injuries. I had no further information prior to my arrival.

I arrived and saw a Town of Normal 2015 Nissan pickup bearing IL registration M 161488 stationary in the intersection, facing Northwest. The Toyota's rear tires were parked on the rear line of the east/west cross walk on the south side of the intersection. It appeared as if the Toyota was turning W/B onto Braden from N/B Garden at the time of the crash. I witnessed the other unit, a bicyclist, walking on his own power to the ambulance.

I first met with the driver of the Toyota (Unit 2). Unit 2 advised that he was driving N/B on Garden, preparing for a left turn onto Braden. Unit 2 advised he saw another white pick up

LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No:

U1 Color: **Blue**	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 ☐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. _____ WIDE 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

W/B on Braden, approaching the intersection of Garden. Unit 2 advised that he knew he had no stop/yield signs, so he was watching to ensure the driver of the other pickup stopped at the stop sign. Unit 2 advised as he approached the intersection, he looked back to the left and the bicyclist was right in front of him in the roadway.

I then spoke with the witness in the white pickup who was facing W/B on Braden at the intersection of Garden. The witness explained that he stopped at the stop sign, and saw the white Toyota approaching the intersection N/B on Garden. The witness explained that the driver of the Toyota looked at him to ensure that he was yielding. The witness stated he saw the bicyclist on Garden, on the sidewalk on the south side of Garden, riding E/B. The witness stated that he never saw if the bicyclist slowed or stopped before entering the crosswalk.

I then spoke with Unit 1 after he was cleared by NFD. Unit 1 stated he was on the sidewalk, riding E/B on the south side of Braden. Unit 1 stated he saw the Toyota traveling N/B, but saw the vehicle was slowing down. Unit 1 thought Unit 2 was yielding to him so he could cross the road, so he went through the crosswalk. Unit 1 stated he did slow down, but did keep riding the bicycle through the crosswalk.

Ofc A Rippy #7876

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000583923 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 4 U2 1	51	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500

TYPE OF REPORT: ☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-968

TRFW: 2

ADDRESS NO.:

HIGHWAY OR STREET NAME: TOWANDA

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 8/31/2016

TIME: 2:15 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH

HANSON (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO. LANES: 4

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

GHERE, BRADLEY A

DATE OF BIRTH: [redacted]

MAKE: CHEVROLET MODEL: SEDAN YEAR: 2010

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

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR:

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 2G1FA1EV9A9221565

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS:

VEHICLE OWNER (LAST, FIRST, M.I.): GHERE, BRADLEY A

INSURANCE CO.: TRUSTGARD INSURANCE CO.

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: PA32580161

ALIGN: 1

RSUR: 1

VEHU: U1 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

RIALS, JOSHUA D

DATE OF BIRTH: [redacted]

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:

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE ZIP

INJURY: C EJECT: 3

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 4

U2 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: GHERE, BRADLEY A SECTION: 11-1002 CITATION NO.: 267296

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 954 SIGNATURE: Isaiah Williamson BEAT / DIST.: 4/40 SUPERVISOR ID.: Mindy Vaughn, 852

CONTRIBUTORY CAUSE(S): PRIMARY 02 SECONDARY 18

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 8/31/2016 TIME NOTIFIED: 3:20 ☐ AM ☑ PM

COURT DATE: 10/4/2016 COURT TIME: 9:00 ☑ AM ☐ PM

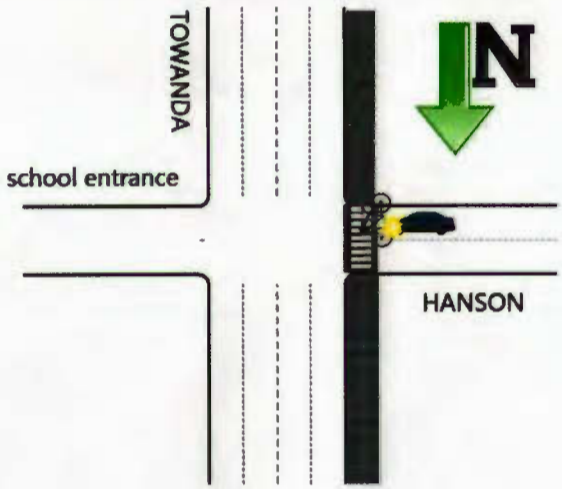
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000583923

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 stopped at the stop sign of Townda and Hanson. Unit 2 was riding his bike in the sidewalk Northbound on Towanda. Unit 1 stated he was waiting for Northbound traffic to clear, Unit 1 driver stated he began to turn right and did not see Unit 2 entering the crosswalk. Unit 1's front end struck Unit 2's bike in the crosswalk.

Both parties exchanged information and Unit 1 drove Unit 2 home.

Unit 2 later went to the hospital to get checked for injuries.

Unit 1 was cited for failure to yield pedestrian in the crosswalk.

LOCAL USE ONLY

Motorist 1 Report No: **20140815078**

Motorist 2 Report No: **20140815078**

U1 Color: **Blue**	U2 Color:	U1 Race:	U2 Race:
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000593649 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	9	1	1	2	2	U2 1 U1 8 U2 8	U1 1 U2 1	1	2	U1 1 U2 25	55	5

INVESTIGATING AGENCY	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	TYPE OF REPORT		AGENCY CRASH REPORT NO.	TRFW
Normal Police Dept.	☐ $500 OR LESS ☑ $501 - $1,500 ☐ OVER $1,500	☐ ON SCENE ☑ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash	A2016-1008	13

ADDRESS NO.	HIGHWAY OR STREET NAME	City / Township	INTERSECTION RELATED	DATE OF CRASH	TIME	LARS CODE	VEHT
	GREGORY ST	☑ City ☐ Township NORMAL	☐ Y ☑ N	9/9/2016	6:43 ☐ AM ☑ PM		U1 15

(CIRCLE)	(CIRCLE)	COUNTY	PRIVATE PROPERTY	DOORING WITH PEDALCYCLIST?	NUMBER MOTOR VEHICLES INVLD	LARS CODE	
☑ 200 FT / MI ☐ AT INTERSECTION WITH	N S E W Main St. (NAME OF INTERSECTION OR ROAD FEATURE)	MC LEAN	☐ Y ☑ N	☐ Y ☑ N	1		U2 20

HIT & RUN	NO.LANES	ALIGN	RSUR	VEHU	RDEF	BAC	
☐ Y ☑ N	0	1	2	U1 2	1	U1 96	U2 96

UNIT 1

NAME	DATE OF BIRTH	MAKE	MODEL	YEAR
☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV PETERS, STEPHANIE A	[redacted] mo / day / yr	FORD	EDGE	2013

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR
[redacted]	F	2	4	[redacted]	IL	2013

CITY	STATE	ZIP	INJURY	EJECT	VIN
[redacted]			O	1	2FMDK3JC0DBE02588

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.
[redacted]	[redacted]	IL	D	PETERS, STEPHANIE A	STATE FARM

TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.
		[redacted]	[redacted]	8299852A1713B

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

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐	☑

* IF YES SEE SIDEBAR

UNIT 2

NAME	DATE OF BIRTH	MAKE	MODEL	YEAR
☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV CORYDON, AUSTIN T	[redacted] mo / day / yr			

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR
[redacted]	M	3	3			

CITY	STATE	ZIP	INJURY	EJECT	VIN
[redacted]			C	1	

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.
[redacted]	[redacted]	IL	D		

TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT:

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

NO. OCCS 2

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
1	6	[redacted]	F	6	4	O	1	PETERS, SYDNEY A, [redacted]		

U1 1 U2 1 DIRP U1 5 U2 7

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	5
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT
		PRIMARY 02	30

PROPERTY OWNER ADDRESS	CITY	STATE	ZIP

ARREST NAME	SECTION	CITATION NO.	SECONDARY
PETERS, STEPHANIE A	11-1008	265753	14
ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED
			9/9/2016

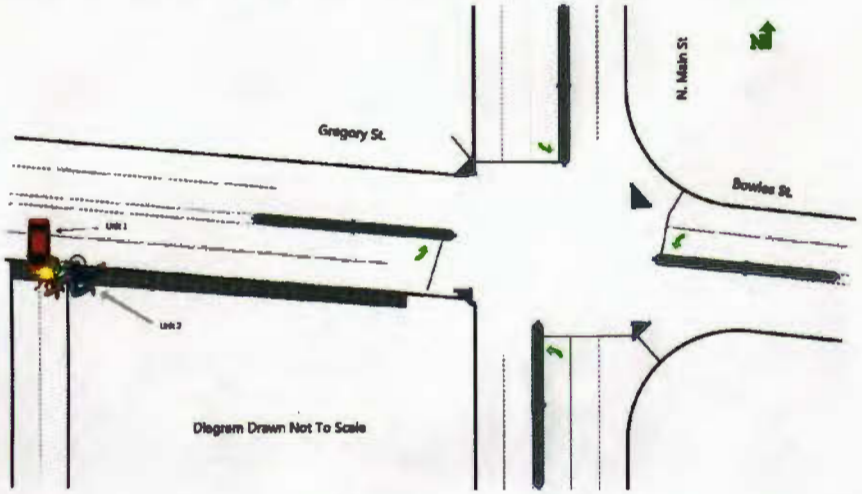
TIME NOTIFIED	Did crash occur in a Work Zone?
6:43 ☐ AM ☑ PM	☐ Y ☑ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

OFFICER ID.	SIGNATURE	BEAT / DIST.	SUPERVISOR ID.	COURT DATE	COURT TIME	Workers present?
981	Jordan Krueger	1/12	Mindy Vaughn, 852	10/11/2016	9:00 ☑ AM ☐ PM	☐ Y ☑ N

X000593649

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.)

On 09-09-16 at approximately 1843 hours, I (Officer Krueger) met with STEPHANIE A. PETERS [redacted] at NPD regarding an accident. The following is a summary of our conversation.

Stephanie stated she was at the University High School (601 Gregory St) picking up a family member. Stephanie stated she was in the bus lane where there was traffic attempting to leave one of the parking lots. Stephanie stated she was blocking a vehicle attempting to leave, therefore she reversed out of the way, then began idling forward into the parking lot which she was blocking. Stephanie stated as her vehicle was moving forward, she hit a bicyclist who was traveling w/b on the sidewalk. Stephanie stated she did not see the bicyclist prior to the crash. Stephanie stated the hood on her vehicle was damaged due to the crash. Stephanie stated she stopped and got out with Austin to make

LOCAL USE ONLY

Motorist 1 Report No: **20140862302**

Motorist 2 Report No: **20140862303**

U1 Color: **Gold**	U2 Color:	U1 Race:	U2 Race:
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.

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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 ☐ Drivar ☐ 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. _____ WIDE 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

sure he was okay.

After speaking with Stephanie, I spoke with the bicyclist, AUSTIN T. CORYDON [redacted] who stated the following.

Austin stated he was riding his bicycle w/b on the sidewalk near University High School. Austin stated he had to move out of the way from a truck, however could not move out of the way from being hit by unit 1. Austin suffered a scratch on his right thigh and stated his bicycle was okay. Austin stated he felt okay and would contact the police if he began to feel worse in the coming days.

Stephanie was issued a citation for 11-1008 (failure to yield right of way on sidewalk).

Nothing further.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000590708 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	2	1	1	1	1	U2 1 U1 3 U2 3	U1 1 U2 1	1	2	U1 3 U2 4	4	7

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-1024

TRFW: 1

ADDRESS NO.: 617 S

HIGHWAY OR STREET NAME: LINDEN ST

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☐ Y ☑ N

DATE OF CRASH: 9/13/2016

TIME: 9:18 ☑ AM ☐ PM

LARS CODE

VEHT: U1 13

☐ ..... FT / MI N S E W (CIRCLE) ☐ AT INTERSECTION WITH (CIRCLE) (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☑ Y ☐ N

HIT & RUN ☐ Y ☑ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

U2 16

NO.LANES: 0

ALIGN: 4

RSUR: 1

VEHU: U1 14

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 3

U2 7

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

ALLEN, JAMES D

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: JOHN DEERE MODEL: GATOR YEAR: 2011

STREET ADDRESS: [redacted]

SEX: M SAFT: 5 AIR: 3

PLATE NO. STATE YEAR

CITY [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 1M04X2XDVBM061156

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

FRONT 8 1 2 7 9 3 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

TELEPHONE [redacted] DRIVER LICENSE NO. [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): TOWN OF NORMAL

INSURANCE CO.: ARTHUR J GALLAGHER RMS INC

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): 100 E PHOENIX AVE NORMAL, IL, 61761

TELEPHONE: (309) 454-9540

POLICY NO.: S1324514

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

SIKORA, RICHARD L

DATE OF BIRTH: [redacted] mo / day / yr

MAKE MODEL YEAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 9 AIR: 3

PLATE NO. STATE YEAR

CITY [redacted] STATE ZIP

INJURY: B EJECT: 2

VIN

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 8 1 2 7 9 3 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

TELEPHONE [redacted] DRIVER LICENSE NO. [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.)

INSURANCE CO.

TAKEN TO: Advocate Bromenn - (Normal)

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE

POLICY NO.

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	5
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME: SIKORA, RICHARD L

DAMAGED PROPERTY: RALIEGH BICYCLE

PROPERTY OWNER ADDRESS: 2004 GAILEY LN

CITY: BLOOMINGTON STATE: IL ZIP: 61704

ARREST NAME SECTION CITATION NO.

ARREST NAME SECTION CITATION NO.

OFFICER ID.: 231

SIGNATURE: Amanda Street

BEAT / DIST.: 3/33

SUPERVISOR ID.: Mindy Vaughn, 852

CONTRIBUTORY CAUSE(S)

PRIMARY: 14

SECONDARY: 99

POSTED SPEED LIMIT

DATE POLICE NOTIFIED: 9/13/2016

TIME NOTIFIED: 9:18 ☑ AM ☐ PM

COURT DATE

COURT TIME ☐ AM ☐ PM

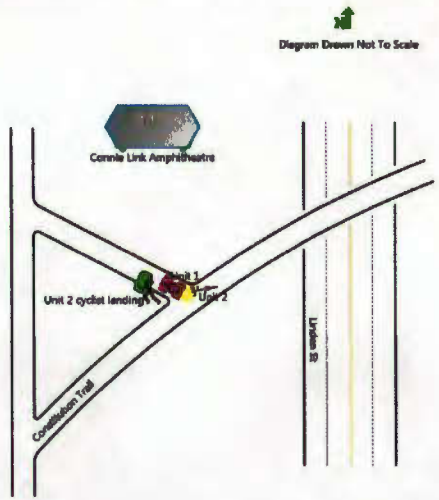
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000590708

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 eastbound on the Constitution Trail at a split in the trail at 617 S Linden St. Unit 2 was westbound on the Trail also near the split. Unit 1 and Unit 2 collided at an intersection in the trail. View for both Units was blocked by trees. Unit 2 cyclist was ejected and struck a garbage can, later transported to Advocate Bromenn by NFD. Bicycle damaged and unable to be ridden from scene. No damage to Unit 1 and no injury reported. No citations issued.

LOCAL USE ONLY

Motorist 1 Report No: **20140814094**

Motorist 2 Report No:

U1 Color: **Green**	U2 Color:	U1 Race:	U2 Race:
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000609523 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
U1 1	U2 1	1	1	1	1	2	U2 1	U1 1	U2 1	U1 1	U2 1	1	2	U1 3	U2 1	56	1

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-1061

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: VERNON

☑ City ☐ Township

CITY: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☑ Y ☐ N

DATE OF CRASH: 9/19/2016

TIME: 12:15 ☐ AM ☑ PM

LARS CODE

VEHT: U1 1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) Hester

☑ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE

U2 16

NO.LANES: 4

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

HOPKINS, MARGARET A

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: SUBARU MODEL: LEGACY YEAR: 2014

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2017

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN

POINT OF FIRST CONTACT: 3

TOWED DUE TO CRASH ☐ Y ☑ N

FIRE ☐ Y ☑ N

CELLPHONE ☐ Y ☑ N

EXCEED SPEED LIMIT ☐ Y ☑ N

COM VEH ☐ Y ☑ N

* IF YES SEE SIDEBAR

CITY / STATE / ZIP: [redacted]

INJURY: O EJECT: 1

VIN: 4S3BMCL65E3022080

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): HOPKINS, MARGARET A

INSURANCE CO.: Travelers

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: 9928039672031

ALIGN: 1

RSUR: 1

VEHU: U1 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

MULLOWNEY, JACK J

DATE OF BIRTH: [redacted]

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: 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 ☐ Y ☐ N

FIRE ☐ Y ☐ N

CELLPHONE ☐ Y ☐ N

EXCEED SPEED LIMIT ☐ Y ☐ N

COM VEH ☐ Y ☐ N

* IF YES SEE SIDEBAR

CITY / STATE / ZIP: [redacted]

INJURY: C EJECT: 2

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 7

U2 3

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME:

DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

CONTRIBUTORY CAUSE(S) PRIMARY: 02 SECONDARY: 99

POSTED SPEED LIMIT:

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

ARREST NAME: HOPKINS, MARGARET A SECTION: 11902 CITATION NO.: 266036

ARREST NAME: HOPKINS, MARGARET A SECTION: 11-407 CITATION NO.: 266037

DATE POLICE NOTIFIED: 9/19/2016 TIME NOTIFIED: 12:31 ☐ AM ☑ PM

OFFICER ID.: 472 SIGNATURE: Todd Vanhoveln BEAT / DIST.: 3/33 SUPERVISOR ID.: Mindy Vaughn, 852

COURT DATE: 10/25/2016 COURT TIME: 9:00 ☑ AM ☐ PM

X000609523

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 stated that he was riding his bicycle east on Vernon at the intersection with Hester when Unit 1 pulled in front of him. Unit 2 stated that he flipped over the handlebars of his bicycle after striking the passenger side door area of Unit 1. Unit 2 stated that Unit 1 stopped asked if he was alright, but left without exchanging information. Unit 2 advised that he took a photo of the license plate for Unit 1. Unit 2 complained that his shoulder was sore, and that had some scratches on his arms. Unit 2 also advised that his bicycle had been damaged. The handlebars of Unit 2 were bent, and so was the front wheel. I later contacted Unit 1 at her residence. Unit 1 stated that she did not see Unit 2 until after the collision. Unit 1 stated that she stopped to check on Unit 2 after the accident, but left because Unit 2 started to yell. Unit 1 stated that Unit 2 yelled "didn't you see me", and "well thanks alot". Unit 1 had dents and scratches to the passenger side door. Unit 1 did not report any injuries. Unit 1 was issued citations 266036 and 266037 for failure to yield,

LOCAL USE ONLY

Motorist 1 Report No: **20140862211**

Motorist 2 Report No: **20120862212**

U1 Color: **Blue**	U2 Color: **Green**	U1 Race:	U2 Race:
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. _____ WIDE 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

and failing to immediately give notice of accident.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000649663 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	1	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 20 U2 1	20	1

INVESTIGATING AGENCY	Normal Police Dept.
DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500
TYPE OF REPORT	☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED
☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash	
AGENCY CRASH REPORT NO.	A2016-1320
TRFW	1
ADDRESS NO.	
HIGHWAY OR STREET NAME	WILLOW
☑ City ☐ Township	NORMAL
INTERSECTION RELATED	☑ Y ☐ N
DATE OF CRASH	11/3/2016
TIME	5:20 ☐ AM ☑ PM
LARS CODE	
VEHT	U1 16
☑ 300 (FT) / MI N S E (W) LINDEN (NAME OF INTERSECTION OR ROAD FEATURE) ☐ AT INTERSECTION WITH	
COUNTY	MC LEAN
PRIVATE PROPERTY	☐ Y ☑ N
HIT & RUN	☐ Y ☑ N
DOORING WITH PEDALCYCLIST?	☑ Y ☐ N
NUMBER MOTOR VEHICLES INVLD	1
LARS CODE	
U2	1
NO.LANES	2
ALIGN	1
RSUR	1
VEHU	U1 2
U2	2
RDEF	1
BAC	U1 96
U2	96
NO. OCCS	1
U1	1
U2	1
DIRP	1
U1	1
U2	7

UNIT 1

NAME	☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV
	CLARK, RYAN W
DATE OF BIRTH	[redacted] mo / day / yr
SEX	M
SAFT	9
AIR	3
STREET ADDRESS	[redacted]
CITY	[redacted]
STATE	
ZIP	
INJURY	A
EJECT	1
TELEPHONE	[redacted]
DRIVER LICENSE NO.	[redacted]
STATE	IL
CLASS	D
TAKEN TO	Advocate Bromenn - (Normal)
EMS AGENCY	Normal Fire Dept.
MAKE	
MODEL	
YEAR	
PLATE NO.	
STATE	
YEAR	
VIN	
VEHICLE OWNER (LAST, FIRST, M.I.)	
INSURANCE CO.	
OWNER ADDRESS (STREET, CITY, STATE, ZIP)	
TELEPHONE	
POLICY NO.	
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	Y ☐ N ☐
FIRE	Y ☐ N ☐
CELLPHONE	Y ☐ N ☐
EXCEED SPEED LIMIT	Y ☐ N ☐
COM VEH	Y ☐ N ☐
* IF YES SEE SIDEBAR	

UNIT 2

NAME	☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV
	HUSSEMANN, JOSHUA A
DATE OF BIRTH	[redacted] mo / day / yr
SEX	M
SAFT	2
AIR	4
STREET ADDRESS	[redacted]
CITY	[redacted]
STATE	
ZIP	
INJURY	O
EJECT	1
TELEPHONE	[redacted]
DRIVER LICENSE NO.	[redacted]
STATE	IL
CLASS	DM
TAKEN TO	Refused
EMS AGENCY	Refused
MAKE	MITSUBISHI
MODEL	LANCER
YEAR	2011
PLATE NO.	[redacted]
STATE	IL
YEAR	2017
VIN	JA32U2FU1BU039046
VEHICLE OWNER (LAST, FIRST, M.I.)	HUSSEMANN, PATRICIA M
INSURANCE CO.	FARMERS INSURANCE
OWNER ADDRESS (STREET, CITY, STATE, ZIP)	[redacted]
TELEPHONE	[redacted]
POLICY NO.	186624898
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	Y ☑ N ☐
FIRE	Y ☐ N ☑
CELLPHONE	Y ☐ N ☑
EXCEED SPEED LIMIT	Y ☐ N ☑
COM VEH	Y ☐ N ☑
* IF YES SEE SIDEBAR	

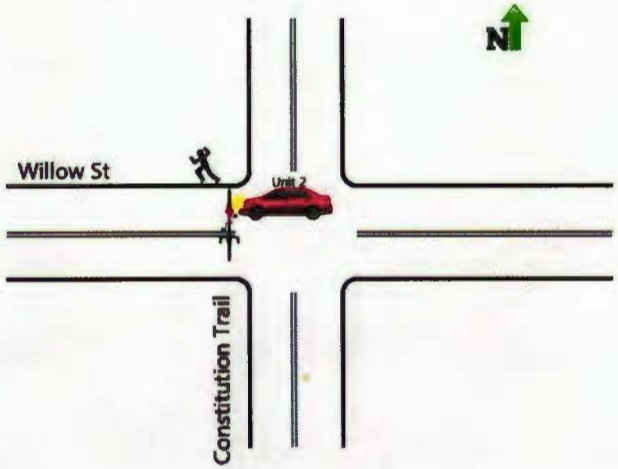
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					CARTER, ALEXANDER B [redacted]		
W		[redacted]	M					GETCHIUS, LEE M [redacted]		
W		[redacted]	M					SIEGEL, JORDAN B [redacted]		
W		[redacted]	M					THOMPSON, MICHAEL B [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☑	13	1
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME	
DAMAGED PROPERTY	
PROPERTY OWNER ADDRESS	
CITY	
STATE	
ZIP	
ARREST NAME	CLARK, RYAN W
SECTION	11-904
CITATION NO.	2667027
ARREST NAME	
SECTION	
CITATION NO.	
OFFICER ID.	793
SIGNATURE	Willliam Konovsky
BEAT / DIST.	3/33
SUPERVISOR ID.	Mindy Vaughn, 852
CONTRIBUTORY CAUSE(S) PRIMARY	02
SECONDARY	23
POSTED SPEED LIMIT	30
DATE POLICE NOTIFIED	11/3/2016
TIME NOTIFIED	5:20 ☐ AM ☑ PM
COURT DATE	12/6/2016
COURT TIME	9:00 ☑ AM ☐ PM
Did crash occur in a Work Zone?	☐ Y ☑ N
If YES check one below:	☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type
Workers present?	☐ Y ☑ N

X000649663

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 is a pedacyclist traveling northbound on Constitution Trail. Unit 2 was traveling westbound on Willow St. Unit 1 was approaching the intersection of Willow St while on Constitution trail and failed to yield the right of way to vehicles. Unit 2 was continuing with the flow of traffic when Unit 1 continued into traffic without due caution. Witnesses on scene advised they were stopped on Constitution trail waiting for a safe opporutnity to cross Willow St. Witnesses on scene advised that Unit 1 did not attempt to stop or brake at any point in time when approaching Willow St. Wtinesses advised Unit 1 proceeded into traffic when it was not safe to do so then was struck by Unit 2. Unit 1 pedacyclist was transported to Bromenn Hospital to be treated for his injuries. Unit 2 was towed from the scene by Joe's Towing.

LOCAL USE ONLY

Motorist 1 Report No: **20140020099**

Motorist 2 Report No: **20140020100**

U1 Color:	U2 Color: **Black**	U1 Race:	U2 Race:
U1 Towed by / to:		U2 Towed by / to: **Joes Towing**	

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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000645701 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	3	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 5 U2 1	51	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-1341

TRFW: 8

ADDRESS NO.:

HIGHWAY OR STREET NAME: GRANDVIEW

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

DATE OF CRASH: 11/8/2016

TIME: 2:45 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 1

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH

COLLEGE (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 99

NO.LANES: 0

ALIGN: 1

RSUR: 1

VEHU: U1 2

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 2

U2 7

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

VALENTINE, CHERIE D

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: CHEVROLET MODEL: MALIBU YEAR: 2016

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2017

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 1

VIN: 1G1ZE5ST8GF318297

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 2

TOWED DUE TO CRASH ☐ Y ☑ N; FIRE ☐ Y ☑ N; CELLPHONE ☐ Y ☑ N; EXCEED SPEED LIMIT ☐ Y ☑ N; COM VEH ☐ Y ☑ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): VALENTINE, CHERIE D

INSURANCE CO.: STATE FARM

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: V538850-F21-13D

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV

HILTON, CHARLES J

DATE OF BIRTH: [redacted] mo / day / yr

MAKE: MODEL: YEAR:

STREET ADDRESS: [redacted]

SEX: M SAFT: 5 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE ZIP

INJURY: O EJECT: 2

VIN:

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 ☐ Y ☐ N; FIRE ☐ Y ☐ N; CELLPHONE ☐ Y ☐ N; EXCEED SPEED LIMIT ☐ Y ☐ N; COM VEH ☐ Y ☐ N

* IF YES SEE SIDEBAR

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: AR CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO:

EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	4
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME:

DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY STATE ZIP

ARREST NAME: VALENTINE, CHERIE D SECTION: 11-1002 CITATION NO.: 268389

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 945 SIGNATURE: Deborah Weir BEAT / DIST.: 4/40 SUPERVISOR ID.: Mindy Vaughn, 852

CONTRIBUTORY CAUSE(S) PRIMARY: 07 SECONDARY: 02

POSTED SPEED LIMIT: 30

DATE POLICE NOTIFIED: 11/8/2016 TIME NOTIFIED: 2:45 ☐ AM ☑ PM

COURT DATE: 12/13/2016 COURT TIME: 9:00 ☑ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000645701

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 motor vehicle at n/b Grandview at College. Unit 2 was pedacyclist traveling w/b in the crosswalk on the south side of College at Grandview. Unit 1 driver stated she was going to turn right on red and looked to the west where the traffic was clear. She did not look to the east and see Unit 2. Unit 1 proceeded to turn e/b on College and struck Unit 2 in the crosswalk. Unit 2 pedacyclist stated he was not injured and his bicycle did not appear to be damaged.

LOCAL USE ONLY

Motorist 1 Report No: **20140020000**

Motorist 2 Report No: **20140862001**

U1 Color: **Beige**	U2 Color: **Black**	U1 Race:	U2 Race:
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000649707 *

DRAC		PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
U1 1	U2 1	1	3	4	1	2	U2 1	U1 1	U2 1	U1 1	U2 1	1	2	U1 4	U2 1	51	2

INVESTIGATING AGENCY	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	TYPE OF REPORT		AGENCY CRASH REPORT NO.	TRFW
Normal Police Dept.	☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500	☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash	A2016-1381	2

ADDRESS NO.	HIGHWAY OR STREET NAME							
	LINDEN	☑ City ☐ Township	INTERSECTION RELATED ☑ Y ☐ N	DATE OF CRASH	TIME	LARS CODE	VEHT
		NORMAL	PRIVATE PROPERTY ☐ Y ☑ N	11/17/2016	3:15 ☐ AM ☑ PM		U1 15
(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH	MULBERRY (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY	HIT & RUN ☐ Y ☑ N	DOORING WITH PEDALCYCLIST? ☐ Y ☑ N	NUMBER MOTOR VEHICLES INVLD	LARS CODE	U2 16
		MC LEAN			1		

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	Y N
BABIN, ETHAN A	[redacted]	CHEVROLET	TRAIL BLAZER	2003	00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT: 1	TOWED DUE TO CRASH ☐ ☑ FIRE ☐ ☑ CELLPHONE ☐ ☑ EXCEED SPEED LIMIT ☐ ☑ COM VEH ☐* ☑ * IF YES SEE SIDEBAR
STREET ADDRESS: [redacted]	SEX: M / SAFT: 2 / AIR: 4	PLATE NO.: [redacted]	STATE: IL	YEAR: 2017		
CITY: [redacted] STATE ZIP	INJURY: O / EJECT: 1	VIN: 1GNET16S436217619				
TELEPHONE: [redacted] / DRIVER LICENSE NO.: [redacted]	STATE: IL / CLASS: D	VEHICLE OWNER (LAST, FIRST, M.I.): FORAN, NICOLE M		INSURANCE CO.: STATE FARM		
TAKEN TO / EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted]		TELEPHONE: [redacted]	POLICY NO.: D073628E1713F	

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	Y N
ISHIHARA, MAYA	[redacted]				00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT:	TOWED DUE TO CRASH ☐ ☐ FIRE ☐ ☐ CELLPHONE ☐ ☐ EXCEED SPEED LIMIT ☐ ☐ COM VEH ☐* ☐ * IF YES SEE SIDEBAR
STREET ADDRESS: [redacted]	SEX: F / SAFT: 1 / AIR: 3	PLATE NO. / STATE	YEAR			
CITY: [redacted] STATE ZIP	INJURY: B / EJECT: 1	VIN				
TELEPHONE: [redacted] / DRIVER LICENSE NO.: [redacted]	STATE: IL / CLASS: D	VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.		
TAKEN TO: Advocate Bromenn - (Normal)	EMS AGENCY: Normal Fire Dept.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE	POLICY NO.	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W		[redacted]	M					SOUTHEY, CHARLES R [redacted]		
W		[redacted]	F					FARRAR, BRIANA N [redacted]		
W		[redacted]	F					SCHULTZ, HILARY A [redacted]		

NO.LANES	ALIGN	RSUR	VEHU		NO. OCCS	DIRP
4	1	1	U1 2	U2 2	U1 1	U1 6
				RDEF 1	U2 1	U2 3
				BAC U1 96		
				U2 96		

UNIT 1

(EVNO)	(MOST)	(EVNT)	(LOC)
1	☑	13	4
2	☐		
3	☐		

UNIT 2

(EVNO)	(MOST)	(EVNT)	(LOC)
1	☐		
2	☐		
3	☐		

DAMAGED PROPERTY OWNER NAME | DAMAGED PROPERTY

PROPERTY OWNER ADDRESS | CITY | STATE | ZIP

ARREST NAME | SECTION | CITATION NO.

ARREST NAME | SECTION | CITATION NO.

OFFICER ID.	SIGNATURE	BEAT / DIST.	SUPERVISOR ID.
981	Jordan Krueger	4/40	Mindy Vaughn, 852

CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	Did crash occur in a Work Zone?
PRIMARY 02	30	☐ Y ☑ N
SECONDARY 07		If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type
DATE POLICE NOTIFIED: 11/17/2016	TIME NOTIFIED: 3:15 ☐ AM ☑ PM	
COURT DATE: 12/20/2016	COURT TIME: 9:00 ☑ AM ☐ PM	Workers present? ☐ Y ☑ N

X000649707

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.)

On 11-17-16 at approximately 1515 hours, I (Officer Krueger) was dispatched to the intersection of Mulberry / Linden regarding an accident involving a bicyclist.

Upon arrival, I met with unit 2, MAYA ISHIHARA who was lying in the middle of the roadway. Maya was eventually transported to Brommen where I spoke with her about the incident. The following is a summary of our conversation. Maya stated she was traveling e/b on Mulberry on the sidewalk. Maya stated she entered the crosswalk at Linden because she had the white "cross" sign. Maya stated she was then struck by unit 1 causing her to fall off of her bicycle. Maya was treated for minor aches due to the crash. She was later released by the hospital.

I then spoke with unit 1, ETHAN BABIN who was waiting by his vehicle. The following is a

LOCAL USE ONLY

Motorist 1 Report No: **20140815689**

Motorist 2 Report No: **20140815690**

U1 Color: **Tan**	U2 Color: **Green**	U1 Race: **W**	U2 Race: **A**
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. _____ WIDE 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

summary of our conversation. Ethan stated he was stopped at the stop light. Ethan stated he was facing s/b on Linden where he wanted to turn right (w/b) on Mulberry. Ethan stated he looked down Mulberry to see if any traffic was coming then began to creep forward to turn. Ethan stated as he began to turn right, he stuck unit 2. Ethan stated he crashed into the rear wheel of unit 1's bicycle. I noticed on Ethan's vehicle that there were black scuff marks on the hood near the driver's side. Ethan stated he did not see unit 2 prior to crashing into her.

I spoke with three witnesses to the crash, BRIANA FARRAR, HILARY SCHULTZ and CHARLES SOUTHEY. The following are summaries of my conversations with the witnesses.

Briana stated she was stopped at the red light as she was going n/b on Linden. Briana stated everyone was stopped due to the red light. Briana stated she looked down and when she looked back up, she saw unit 1 crash into unit 2.

Hilary stated she was also stopped at the intersection of Linden / Mulberry (n/b). Hilary stated she observed unit 1 begin to turn right and when he did, Hilary saw unit 1 crash into unit 2.

Charles stated he was behind unit 1, stopped at the red light. Charles stated he saw unit 1 creep forward in an attempt to turn right. Charles stated he saw unit 1 crash into unit 2 as unit 1 was turning right.

Ethan was issued a citation (#269922) for Failure to Yield at a Crosswalk (11-903).

Nothing further.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000668868 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	4	1	2 U2 2	U1 1 U2 1	U1 1 U2 1	5	2	U1 7 U2 1	64	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-1414

TRFW: 1

ADDRESS NO.:

HIGHWAY OR STREET NAME: WILLOW ST

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☑ Y ☐ N

DATE OF CRASH: 11/29/2016

TIME: 5:12 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 2

(CIRCLE) ☐ ..... FT / MI N S E W (CIRCLE) ☑ AT INTERSECTION WITH School St. (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 99

NO.LANES: 2

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: WIENZIERL JR, GERALD W

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: DODGE MODEL: RAM YEAR: 2006

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

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2017

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN: 1D7HA18276S679781

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: DM

VEHICLE OWNER (LAST, FIRST, M.I.): WIENZIERL JR, GERALD W

INSURANCE CO.: Erie Insurance

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted]

POLICY NO.: Q06 2012395

ALIGN: 1

RSUR: 1

VEHU: U1 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: SMITH, EDWARD K

DATE OF BIRTH: [redacted]

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:

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 5 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP:

INJURY: C EJECT: 1

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused

EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

U2 2

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 1

U2 1

DIRP: U1 7

U2 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

UNIT 1

(EVNO)	(MOST)	(EVNT)	(LOC)
1	☑	13	4
2	☐		
3	☐		

UNIT 2

(EVNO)	(MOST)	(EVNT)	(LOC)
1	☐		
2	☐		
3	☐		

DAMAGED PROPERTY OWNER NAME:

DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: SECTION: CITATION NO.:

ARREST NAME: SECTION: CITATION NO.:

CONTRIBUTORY CAUSE(S): PRIMARY 18 SECONDARY 02

POSTED SPEED LIMIT: 30

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

DATE POLICE NOTIFIED: 11/29/2016

TIME NOTIFIED: 5:12 ☐ AM ☑ PM

OFFICER ID.: 996

SIGNATURE: Matthew Kirkham

BEAT / DIST.: 1/12

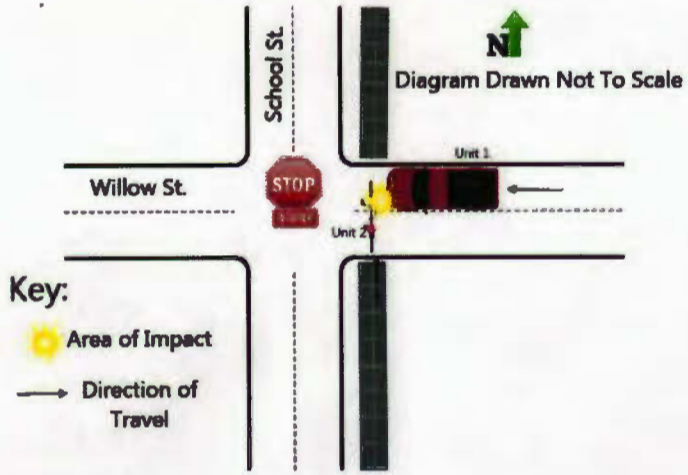
SUPERVISOR ID.: Mindy Vaughn, 852

COURT DATE:

COURT TIME: ☐ AM ☐ PM

X000668868

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 sitting at the stop sign on Willow St. facing westbound. Unit 2 was traveling on the sidewalk, northbound on School St. The driver of Unit 1 stated that he waited for cross traffic to clear before he began to enter the intersection. As Unit 1 began to enter the intersection Unit 2 hit the left front bumper of Unit 1. The driver of Unit 1 stated that he did not see Unit 2 enter the intersection. Unit 2 stated that he entered the intersection after stopping at the corner. While Unit 2 was crossing the intersection, Unit 1 began to enter the intersection and hit Unit 2. Unit 1 had no visible damage. Unit 2 stepped off his bike and stumbled a little but never fell. Unit 2 driver was evaluated by Normal Fire Department and refused transport to the hospital. Unit 2 driver had minor injuries. Both vehicles were driven from the scene. There were no citations issued based on the differing stories and unable to determine fault.

LOCAL USE ONLY

Motorist 1 Report No: **20140815966** N 40.5139

Motorist 2 Report No: **20140815967** W -88.9896

U1 Color: **Red**	U2 Color: **Black**	U1 Race:	U2 Race:
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. _____ WIDE 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

IY002

* X000668879 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1 1 U2 1	1	2	4	1	2	U2 1 U1 1 U2 1	U1 1 U2 1	1	2	U1 7 U2 1	20	2

INVESTIGATING AGENCY: Normal Police Dept.

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: A2016-1421

TRFW: 13

ADDRESS NO.:

HIGHWAY OR STREET NAME: MAIN ST

☑ City ☐ Township: NORMAL

INTERSECTION RELATED ☐ Y ☑ N

PRIVATE PROPERTY ☐ Y ☑ N

HIT & RUN ☐ Y ☑ N

DATE OF CRASH: 12/1/2016

TIME: 3:04 ☐ AM ☑ PM

LARS CODE:

VEHT: U1 15

(CIRCLE) ☑ 50 (FT) / MI N S E (W) Locust St

☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: MC LEAN

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

NUMBER MOTOR VEHICLES INVLD: 1

LARS CODE:

U2 16

NO. LANES: 0

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: ROWE, ALEXIS B

DATE OF BIRTH: [redacted] (mo / day / yr)

MAKE: FORD MODEL: ESCAPE YEAR: 2013

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

	Y	N
TOWED DUE TO CRASH	☐	☑
FIRE	☐	☑
CELLPHONE	☐	☑
EXCEED SPEED LIMIT	☐	☑
COM VEH	☐*	☑

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: F SAFT: 2 AIR: 4

PLATE NO.: [redacted] STATE: IL YEAR: 2017

CITY: [redacted] STATE: ZIP:

INJURY: O EJECT: 1

VIN: AFMCU0H93DUD38104

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.): ROWE, SCOT E

INSURANCE CO.: HANOVER INSURANCE

TAKEN TO: EMS AGENCY:

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] TELEPHONE: [redacted] POLICY NO.: A1CA914856

ALIGN: 1

RSUR: 1

VEHU: U1 2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☑ PEDAL ☐ EQUES ☐ NMV ☐ NCV: HADDADIN, ISSA F

DATE OF BIRTH: [redacted]

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:

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐*	☐

* IF YES SEE SIDEBAR

STREET ADDRESS: [redacted]

SEX: M SAFT: 1 AIR: 3

PLATE NO.: STATE: YEAR:

CITY: [redacted] STATE: ZIP:

INJURY: B EJECT: 1

VIN:

TELEPHONE: [redacted] DRIVER LICENSE NO.: [redacted]

STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST, M.I.):

INSURANCE CO.:

TAKEN TO: Refused EMS AGENCY: Normal Fire Dept.

OWNER ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE: POLICY NO.:

RDEF: 1

BAC: U1 96

U2 96

NO. OCCS: U1 2

U2 1

DIRP: U1 4

U2 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
1	3	[redacted]	F	2	4	O	1	ROWE, PAIGE J, [redacted]		
W		[redacted]	F					KOWALSKI, COURTNEY J [redacted]		

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☑	13	5
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME:

DAMAGED PROPERTY:

PROPERTY OWNER ADDRESS: CITY: STATE: ZIP:

ARREST NAME: ROWE, ALEXIS B SECTION: 11-903 CITATION NO.: 269929

ARREST NAME: SECTION: CITATION NO.:

OFFICER ID.: 981 SIGNATURE: Jordan Krueger BEAT / DIST.: 3/33 SUPERVISOR ID.: Mindy Vaughn, 852

CONTRIBUTORY CAUSE(S): PRIMARY 02 SECONDARY 15

POSTED SPEED LIMIT: 0

DATE POLICE NOTIFIED: 12/1/2016 TIME NOTIFIED: 3:04 ☐ AM ☑ PM

COURT DATE: 1/3/2016 COURT TIME: ☑ AM ☐ PM 9:00

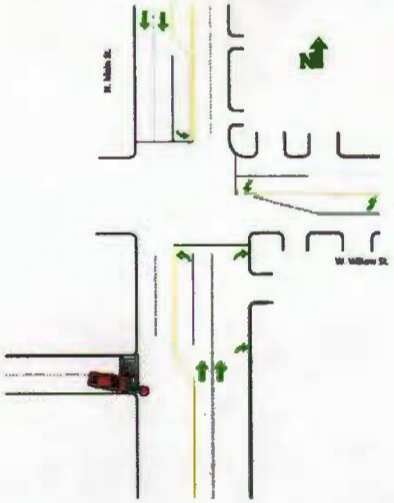
Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers present? ☐ Y ☑ N

X000668879

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.)

On 12-01-16 at approximately 1504 hours, I (Officer Krueger) was dispatched to the area of Main St / Willow regarding an accident involving a bicyclist.

Upon arrival, Officer Hedges was speaking with the driver of unit 1, ALEXIS B. ROWE [redacted] and the front passenger PAIGE J. ROWE ([redacted]. The following is a summary of what Officer Hedges and Alexis told me. Alexis stated she was exiting the parking lot and looking at s/b traffic for Main St. Alexis stated she began to enter traffic where she hit unit 2. Alexis stated she did not see unit 2 prior to crashing into him. Alexis and Paige did not require medical treatment and were both wearing their seat belts.

I then spoke with unit 2, ISSA F. HADDADIN [redacted] who stated the following. Issa stated he was traveling n/b on Main St. on the sidewalk where he was approaching the

LOCAL USE ONLY

Motorist 1 Report No: **20140007563**

Motorist 2 Report No: **20140007564**

U1 Color: **Black**	U2 Color: **Black**	U1 Race:	U2 Race:
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.

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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 tha 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. _____ WIDE 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

driveway to Hancock Stadium. Issa stated unit 1 was stopped therefore he continued to go through the driveway with the thought that unit 1 saw him. Issa stated he was then stuck by unit 1 as he was crossing the drive. Issa declined to be transported by NFD and later had a friend take him to Bromenn where he was evaluated. Issa later informed me that he had a broken heel bone and would be undergoing surgery tomorrow.

A witness, COURTNEY J. KOWALSKI [redacted] stated she was walking s/b on Main St. (sidewalk) and saw the accident. Courtney stated she saw unit 2 already in the crosswalk and then was struck by unit 1. Courtney stated unit 1 struck unit 2 with the front driver's side portion of the bumper.

Alexis was issued a citation (#269929) for 11-903 (vehicles entering crosswalk).

Nothing further.