

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000553979

DRAC	1	PEDV	2	TRFD	1	TRFC	1	WEAT	1	DRVA	1	VIS	16	VEHD	1	U1	1	U2	1	U1	1	U2	1	U1	1	U2	1	PPA	56	PPL	1
U1	U2																														

INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. B16-39399		TRFW 1					
ADDRESS NO.		HIGHWAY OR STREET NAME SEMINARY AVENUE		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 7/29/2016		TIME 10:34 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 16 U1	
<input checked="" type="checkbox"/> 40 (CIRCLE) (CIRCLE) 40 (CIRCLE) (CIRCLE) FT / MI N S E W		Ewing Street (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY MC LEAN		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 1		LARS CODE		U2 1 NO LANES	
<input type="checkbox"/> AT INTERSECTION WITH						HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N									

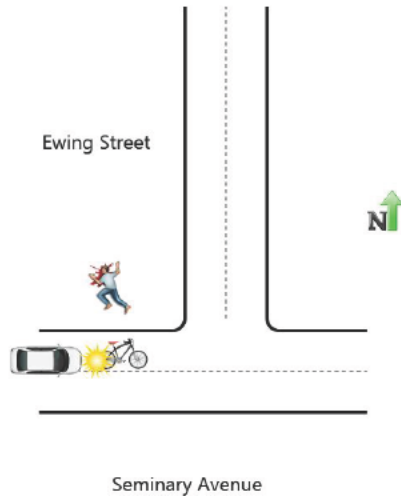
UNIT 1	NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV CANTU, XZAVIER K		DATE OF BIRTH 1/1/1980		MAKE KIA		MODEL OPTIMA		YEAR 2014		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 <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR		ALIGN 1	
	STREET ADDRESS [REDACTED]		SEX M		SAFT 1		AIR 3		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		RSUR 1	
	CITY NORMAL		STATE IL		ZIP 61761		INJURY B		EJECT [REDACTED]		VIN [REDACTED]		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		INSURANCE CO. [REDACTED]	
	TELEPHONE [REDACTED]		DRIVER LICENSE NO. NA		STATE IL		CLASS [REDACTED]		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		INSURANCE CO. [REDACTED]		POLICY NO. [REDACTED]		VEHU 2 U1	
TAKEN TO Advocate BroMenn Hospital		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]						U2 2		
UNIT 2	NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV WILLIAMS, DEBORAH A		DATE OF BIRTH 1/1/1980		MAKE KIA		MODEL OPTIMA		YEAR 2014		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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR		BAC 96	
	STREET ADDRESS [REDACTED]		SEX F		SAFT 1		AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		U2 1	
	CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY O		EJECT 1		VIN [REDACTED]		VEHICLE OWNER (LAST, FIRST, M.I.) WILLIAMS, DEBORAH A		INSURANCE CO. Liberty Mutual	
	TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) WILLIAMS, DEBORAH A		INSURANCE CO. Liberty Mutual		POLICY NO. [REDACTED]		U2 96 NO. OCCS	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]						U1 1		

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
												1
												3
												3

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT 30	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type	
	1	<input type="checkbox"/>			PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 10				
	2	<input type="checkbox"/>			ARREST NAME CANTU, XZAVIER K		SECTION 625511507		CITATION NO. 257941	SECONDARY 99			
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME WILLIAMS, DEBORAH A		SECTION 625511709		CITATION NO. 257942	DATE POLICE NOTIFIED 7/29/2016	TIME NOTIFIED 10:36 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. 10393		SIGNATURE Brandt Parsley		BEAT / DIST. 1	SUPERVISOR ID. Tim McCoy, 5428	COURT DATE 9/16/2016		COURT TIME 9:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	3	<input type="checkbox"/>											

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

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

The driver of Unit #1 told me the following in summary: He was riding his bike east on Seminary Avenue. He heard Unit #2 approaching him. The driver of Unit #1, believed the driver of Unit #2 was speeding. He changed lanes into the westbound lane. A short time later, he was struck by a vehicle. After being struck, he walked from the street to the grass. He remained in the grass until he was transported from the scene by Bloomington Fire and Rescue.

The driver of Unit#2 stated the following in summary: She was traveling east on Seminary Avenue. She struck Unit #1. The driver of Unit#2 did not see the driver of Unit #1 until she struck his bicycle.

It should be noted, the accident occurred in the westbound lane.

LOCAL USE ONLYMotorist 1 Report No: **20110893289**Motorist 2 Report No: **20110893290**U1 Color: **Blue**U2 Color: **White**U1 Race: **H**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 ☐ UNKDid HAZMAT Regulations violation contribute to the crash ?
☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed ?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ W DE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE

CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____