

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets



IY002



X000518550

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

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. B16-58659		TRFW 2					
ADDRESS NO.		HIGHWAY OR STREET NAME AIRPORT RD		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 6/13/2016		TIME 4:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 15 U1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) MIRIUM DR		COUNTY MC LEAN		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 2		LARS CODE		U2 1	
<input checked="" type="checkbox"/> AT INTERSECTION WITH		(NAME OF INTERSECTION OR ROAD FEATURE)				HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								NO. LANES 2	

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV NARASIMHAN, KRISHNA K		DATE OF BIRTH 11/11/1980		MAKE MAZDA		MODEL MAZDA3		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 5		FRONT 8 1 2 7 9 3 6 5 4 REAR		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. 113		STATE IL		YEAR 2016				RSUR 1	
CITY BLOOMINGTON		STATE IL		ZIP 61704		INJURY O		EJECT 1		VIN [REDACTED]						VEHU 2 U1	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) DOBBS, JEFFREY R		INSURANCE CO. country financial						U2 2	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] NORMAL, IL, 61761		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]								U1 1	

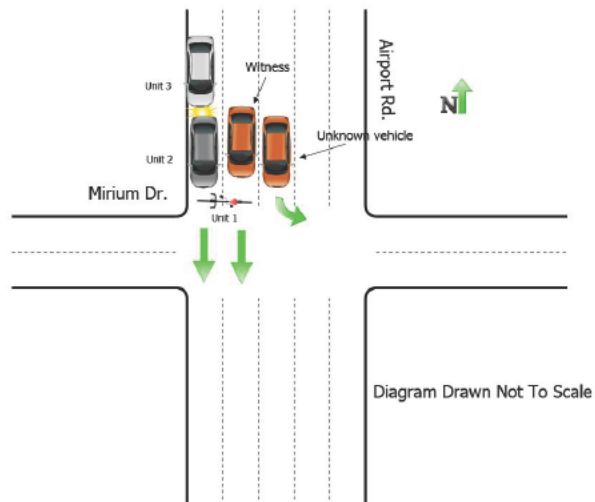
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV DOBBS, JEFFREY R		DATE OF BIRTH 11/11/1980		MAKE MITISHBISHI		MODEL GALANT		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 5		FRONT 8 1 2 7 9 3 6 5 4 REAR		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		U2 1	
STREET ADDRESS [REDACTED]		SEX M		SAFT 2		AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016				BAC 96	
CITY NORMAL		STATE IL		ZIP 61761		INJURY O		EJECT 1		VIN [REDACTED]						U1 96	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) DOBBS, JEFFREY R		INSURANCE CO. country financial						U2 96	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] NORMAL, IL, 61761		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]								NO. OCCS 1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
W								LEWIS, KAREN C. [REDACTED] NORMAL, 61761 / [REDACTED]			1
											U2 DIRP 5
											U1 5
											U2 5

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT 45	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				PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 02				
	2				ARREST NAME NARASIMHAN, KRISHNA K		SECTION 11-1002		CITATION NO. 257239	SECONDARY 40			
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	ARREST NAME		SECTION		CITATION NO.	DATE POLICE NOTIFIED 6/13/2016	TIME NOTIFIED 4:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2				OFFICER ID. 11222		SIGNATURE Chris Miller		BEAT / DIST. 3	SUPERVISOR ID. Jeff Albee, 6464	COURT DATE 7/19/2016		COURT TIME 1:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	3												

X000518550

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, on a bicycle, stated he was traveling westbound attempting to cross Airport Road.

Unit 1 stated he was waved on by an unknown driver. The unknown driver was facing southbound in the turn lane of Airport Road to turn East onto Miriam Drive.

Unit 2 stated he was traveling southbound on Airport Road at the intersection of Miriam Drive. Unit 2 observed a bicycle crossing the road into oncoming traffic causing him to slam on his breaks to avoid hitting the bicycle.

Unit 3 stated she was traveling southbound on Airport Road at the intersection of Miriam Drive. Unit 3 observed unit 2 slam on his breaks to avoid hitting the bicycle. Unit 3 stated she was unable to stop in time thereby rear-ending unit 2.

LOCAL USE ONLYMotorist 1 Report No: **20140229112**Motorist 2 Report No: **20140229113**U1 Color: **Silver, Aluminum**U2 Color: **Silver, Aluminum**U1 Race: **A**U2 Race: **W**

U1 Towed by / to :

U2 Towed by / to :

COMMERCIAL MOTOR VEHICLE (CMV)

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

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book**Gross Vehicle Weight Rating (GVWR).**Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

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

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash ?
☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed ?

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

Form No. _____

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

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

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

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

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Sheet 2 of 2 Sheets



IY002

* X000518550 *

DRAC 1		PEDV		TRFD 1		TRFC 1		WEAT 1		DRVA 2		VIS 1		VEHD 1		LIGHT 1		COLL 11		MANV 1		PPA		PPL		IY002		* X000518550 *	
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. B16-58659				TRFW 2	
ADDRESS NO.				HIGHWAY OR STREET NAME AIRPORT RD										<input checked="" type="checkbox"/> City BLOOMINGTON				INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 6/13/2016		TIME 4:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 2			
(CIRCLE) <input type="checkbox"/> FT / MI N S E W MIRIUM DR												COUNTY MC LEAN				PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 2		LARS CODE		U3					
<input checked="" type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE) LEIPOLD, HALEY D												DATE OF BIRTH 11/11/1984		MAKE CHEVROLET		MODEL IMPALA		YEAR 2012		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 5		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N CELLPHONE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N EXCEED SPEED LIMIT <input checked="" type="checkbox"/> Y <input type="checkbox"/> N COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR		NO LANES 2			
STREET ADDRESS [REDACTED]				SEX M		SAFT 2		AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		VIN [REDACTED]		INSURANCE CO. americian family mutual		U3									
CITY CARBONDALE				STATE IL		ZIP 62901		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) LEIPOLD, HALEY D				TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		VEHU 2									
TELEPHONE [REDACTED]				DRIVER LICENSE NO. [REDACTED]				STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] CARBONDALE, IL, 62901				TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U3									
TAKEN TO Refused				EMS AGENCY Refused				OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] CARBONDALE, IL, 62901				TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U3													
NAME <input 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												DATE OF BIRTH mo / day / yr		MAKE CHEVROLET		MODEL IMPALA		YEAR 2012		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 5		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> Y <input type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR		U3			
STREET ADDRESS [REDACTED]												SEX M		SAFT 2		AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		VIN [REDACTED]		INSURANCE CO. americian family mutual		U3	
CITY CARBONDALE				STATE IL		ZIP 62901		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) LEIPOLD, HALEY D				TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U3									
TELEPHONE [REDACTED]				DRIVER LICENSE NO. [REDACTED]				STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] CARBONDALE, IL, 62901				TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U3									
TAKEN TO Refused				EMS AGENCY Refused				OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] CARBONDALE, IL, 62901				TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U3													
NAME <input 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												DATE OF BIRTH mo / day / yr		MAKE CHEVROLET		MODEL IMPALA		YEAR 2012		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 5		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> Y <input type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR		U3			
STREET ADDRESS [REDACTED]												SEX M		SAFT 2		AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		VIN [REDACTED]		INSURANCE CO. americian family mutual		U3	
CITY CARBONDALE				STATE IL		ZIP 62901		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) LEIPOLD, HALEY D				TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U3									
TELEPHONE [REDACTED]				DRIVER LICENSE NO. [REDACTED]				STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] CARBONDALE, IL, 62901				TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U3									
TAKEN TO Refused				EMS AGENCY Refused				OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] CARBONDALE, IL, 62901				TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U3													
PASSENGERS & WITNESSES ONLY												(NAME) / (ADDR) / (TEL)												(HOSP)		(EMS)		U3	
PASSENGERS & WITNESSES ONLY												(NAME) / (ADDR) / (TEL)																	

X000518550

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

COMMERCIAL MOTOR VEHICLE (CMV)

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

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

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

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash ?
☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed ?

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

Form No. _____

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

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

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

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

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE

CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

Motorist 3 Report No: **20140229114**


Motorist Report No:

U3 Color: **White**

U Color:

U3 Race: **W**

U Race:

U3 Towed  / to : **Joes Towing**

U Towed by / to :

Narrative

The witness was southbound on Airport Road driving in the lane to the left of unit 2 and 3. The witness saw the unknown vehicle wave on unit 1 and stopped as unit 1 cross Airport Road. The witness observed unit 2 slam on his breaks to avoid hitting unit 1, causing the accident.