

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000602732

DRAC	1	PEDV	4	TRFD	1	TRFC	9	WEAT	1	DRVA	2	U1	1	U2	10	U1	1	U2	1	VEHD	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 checked="" type="checkbox"/> \$501 - \$1,500 <input 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. B16-65716		TRFW 1					
ADDRESS NO.		HIGHWAY OR STREET NAME W OAKLAND		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 9/26/2016		TIME 6:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT 1 U1	
(CIRCLE) <input checked="" type="checkbox"/> 2640 <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) FT / MI N S E W Alexander		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 1		LARS CODE		U2 16	

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 BACHMAN, BENJAMIN D		DATE OF BIRTH 11/11/1983		MAKE DODGE		MODEL DART		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		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		ALIGN 2		RSUR 1	
STREET ADDRESS [REDACTED]		SFX 2		SAFT 3		AIR 1		YEAR 2017		STATE IL		VIN [REDACTED]		INSURANCE CO. Allstate		VEHU 2 U1			
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) BACHMAN, BENJAMIN D		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 2			
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE NB		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 2					
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 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 ACHORD, MARY E		DATE OF BIRTH 11/11/1983		MAKE DODGE		MODEL DART		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 [REDACTED]		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		BAC 96 U1	
STREET ADDRESS [REDACTED]		SFX 1		SAFT 3		AIR 1		YEAR 2017		STATE IL		VIN [REDACTED]		INSURANCE CO. Allstate		U2 96	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY B		EJECT 3		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 96	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS [REDACTED]		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 96			
TAKEN TO OSF St. Francis Hospital		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 96							

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N 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 checked="" type="checkbox"/>	13	1	PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY	14		
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY	18		
UNIT 2	1	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED		TIME NOTIFIED	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			OFFICER ID.		SIGNATURE		BEAT / DIST.		SUPERVISOR ID.	
	3	<input type="checkbox"/>			11325		Brandon Finke		6		Henry Craft, 3992	

X000602732

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

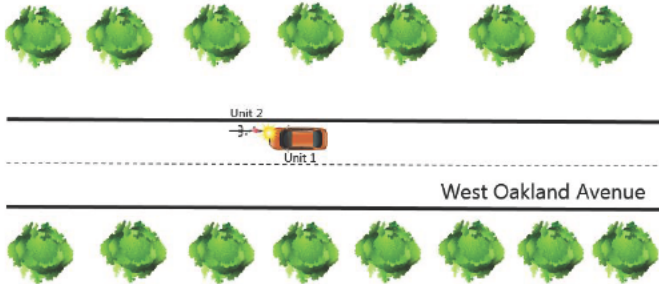


Diagram Drawn Not To Scale

Vehicles Shown At Impact

NARRATIVE (Refer to vehicle by Unit No.)

Mary Achord, Unit 2, was riding her bike westbound on Oakland when she was struck from behind by Unit 1. Mary was taken to St. Joseph Hospital for a laceration on her foot. We asked Mary if she had lights on her bicycle to warn oncoming motorists. Mary had two lights on her bicycle, one in front and one in back.

I spoke with Benjamin Bachman, driver of Unit 1. Benjamin stated he was driving westbound on Oakland when he was blinded by an oncoming vehicle's headlights. As he was being blinded by the headlights, Benjamin said that's when his vehicle hit Unit 2.

Upon observation of Mary's bicycle, I saw a broken light on the front and rear.

LOCAL USE ONLYMotorist 1 Report No: **20140230758**Motorist 2 Report No: **20140230757**U1 Color: **Black**U2 Color: **Black**

U1 Race:

U2 Race:

U1 Towed ☒ / to: **Joes Towing**

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 _____