

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000471221

DRAC	1	PEDV	1	TRFD	2	TRFC	4	WEAT	1	DRVA	6	U1	U2	VIS	1	VEHD	1	U1	U2	LGHT	4	COLL	2	MANV	1	U1	U2	PPA	57	PPL	1
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INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input 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. B16-58396		TRFW 1					
ADDRESS NO. WOOD ST		HIGHWAY OR STREET NAME LEE ST		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 4/12/2016		TIME 7:45		LARS CODE <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		VEHT 16	
<input type="checkbox"/> (CIRCLE) FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) LEE ST		COUNTY MC LEAN		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 1		LARS CODE		U1 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 JOHNSON, JAYLIN K		DATE OF BIRTH 11/11/1991		MAKE NISSAN		MODEL ALTIMA		YEAR 2006		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) <input checked="" type="radio"/> 00 - NONE <input type="radio"/> 10 - UNDER CARRIAGE <input type="radio"/> 11 - TOTAL (ALL AREAS) <input type="radio"/> 12 - OTHER <input type="radio"/> 99 - UNKNOWN POINT OF FIRST CONTACT 2		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" 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 1		SAFT 1		AIR 1		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		VIN [REDACTED]		U2 1	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY B		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		INSURANCE CO. [REDACTED]		U1 2		VEHU 2	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS 1		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 2		U2 2	
TAKEN TO Advocate BroMenn Hospital		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 2		U2 2		U3 2		U4 2	

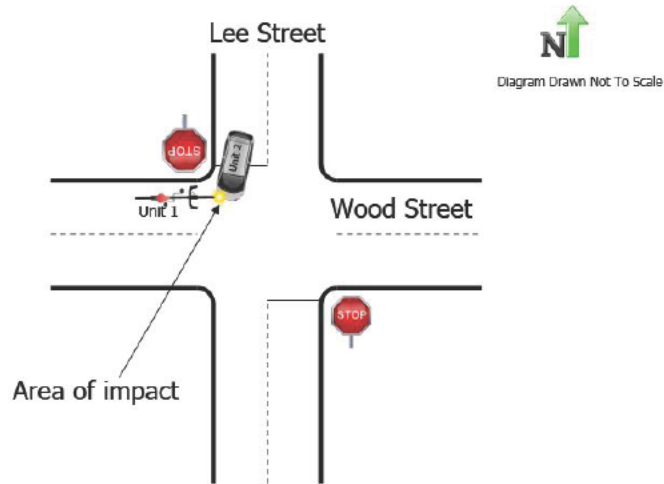
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV JOHNSON, CHRISTOPHER S		DATE OF BIRTH 11/11/1991		MAKE NISSAN		MODEL ALTIMA		YEAR 2006		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) <input checked="" type="radio"/> 00 - NONE <input type="radio"/> 10 - UNDER CARRIAGE <input type="radio"/> 11 - TOTAL (ALL AREAS) <input type="radio"/> 12 - OTHER <input type="radio"/> 99 - UNKNOWN POINT OF FIRST CONTACT 2		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" 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	
STREET ADDRESS [REDACTED]		SEX 2		SAFT 4		AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		VIN [REDACTED]		U1 96	
CITY NORMAL		STATE IL		ZIP 61761		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) JOHNSON, CHRISTOPHER S		INSURANCE CO. NATIONWIDE MUTUAL FIRE		U1 96		U2 96	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 96		U2 96	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 96		U2 96		U3 96		U4 96	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1	U2	U3	U4
												1	3	5	

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 05				
	2	<input type="checkbox"/>			ARREST NAME JOHNSON, JAYLIN K		SECTION 11-1505		CITATION NO. 257435	SECONDARY 99			
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME		SECTION		CITATION NO.	DATE POLICE NOTIFIED 4/12/2016	TIME NOTIFIED 7:46	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. 9034		SIGNATURE Chris Ellinger		BEAT / DIST. 6	SUPERVISOR ID. Tim McCoy, 5428	COURT DATE 5/16/2016		COURT TIME 9:00
	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.)

Unit one stated he was riding his bicycle east bound, against the flow of traffic in the west bound lanes, when he was hit by unit two at the intersection of Lee Street. Unit one sustained scrapes and bruises to his left leg and knee. It was also noted unit one was not wearing contrasting clothing in the dark, and the bicycle was not equipped with a headlamp.

Unit two said he was traveling south on Lee Street and stopped for the stop sign at Wood Street. Unit two said when he began to make a right turn, west, onto Wood Street he hit the bicycle with the front right corner of his bumper. Unit two said he did not see unit one in the roadway because of it being dark and the rider not wearing visible clothing.

Unit one: Black Mongoose 100 boys bicycle. Serial Number: SNFSD15EN9405

LOCAL USE ONLYMotorist 1 Report No: **20140416108**Motorist 2 Report No: **20140416110**U1 Color: **Black**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.

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 _____