

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000517821

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|----|------|----|------|----|------|----|------|----|------|----|-----|----|------|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|----|-----|----|
| DRAC | 1 | PEDV | 1 | TRFD | 2 | TRFC | 4 | WEAT | 1 | DRVA | 2 | VIS | 1 | VEHD | 13 | U1 | 13 | U2 | 1 | U1 | 1 | U2 | 1 | U1 | 1 | U2 | 1 | PPA | 64 | PPL | 2 |
| U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | 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. B16-57793 | | TRFW 1 | | | | | |
| ADDRESS NO. | | HIGHWAY OR STREET NAME MARKET ST | | <input checked="" type="checkbox"/> City BLOOMINGTON | | INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | DATE OF CRASH 6/15/2016 | | TIME 5:45 | | LARS CODE <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | VEHT 3 | |
| (CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH | | (CIRCLE) STILLWELL 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 16 | |
| | | (NAME OF INTERSECTION OR ROAD FEATURE) | | | | HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | | | | | U2 0 | |

| | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--------------------------------|--|---|--|--|--|--|--|--|--|-------------------|--|
| 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 HAGLER, JULIE S | | DATE OF BIRTH 11/11/1971 | | MAKE HONDA | | MODEL ODYSSEY | | 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 1 | | 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 1 | |
| STREET ADDRESS [REDACTED] | | SEX 2 | | SAFT 4 | | AIR 1 | | PLATE NO. [REDACTED] | | STATE IL | | YEAR 2016 | | | | RSUR 1 | |
| CITY BLOOMINGTON | | STATE IL | | ZIP 61705 | | INJURY O | | EJECT 1 | | VIN [REDACTED] | | | | | | VEHU 2 | |
| TELEPHONE [REDACTED] | | DRIVER LICENSE NO. [REDACTED] | | STATE IL | | CLASS D | | VEHICLE OWNER (LAST, FIRST, M.I.) HAGLER, JULIE S | | INSURANCE CO. travelers | | | | | | U1 98 | |
| TAKEN TO Refused | | EMS AGENCY Refused | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61705 | | TELEPHONE [REDACTED] | | POLICY NO. [REDACTED] | | | | | | | | U2 1 | |

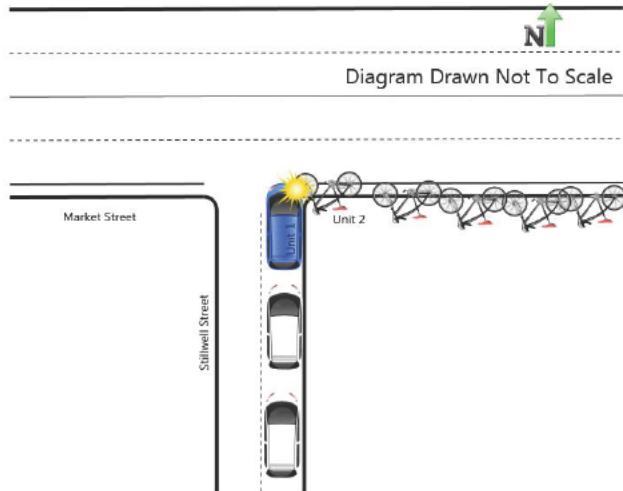
| | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------------|--|---|--|--------------------------------|--|--|--|---|--|--|--|---|--|------------------|--|
| NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input checked="" type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV JACKSON, TYUS L | | DATE OF BIRTH 11/11/1971 | | MAKE [REDACTED] | | MODEL [REDACTED] | | YEAR [REDACTED] | | 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 | |
| STREET ADDRESS [REDACTED] | | SEX 1 | | SAFT 3 | | AIR 1 | | PLATE NO. [REDACTED] | | STATE IL | | YEAR [REDACTED] | | | | U1 1 | |
| CITY BLOOMINGTON | | STATE IL | | ZIP 61701 | | INJURY B | | EJECT 1 | | VIN [REDACTED] | | | | | | U2 96 | |
| TELEPHONE [REDACTED] | | DRIVER LICENSE NO. NA | | STATE IL | | CLASS NA | | VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED] | | INSURANCE CO. [REDACTED] | | | | | | U1 96 | |
| TAKEN TO Advocate BroMenn Hospital | | EMS AGENCY Bloomington EMS | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] | | TELEPHONE [REDACTED] | | POLICY NO. [REDACTED] | | | | | | | | U2 1 | |

| (UNIT) | (SEAT) | (DOB) | (SEX) | (SAFT) | (AIR) | (INJ) | (EJECT) | PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) | | (HOSP) | (EMS) | |
|--------|--------|-------|-------|--------|-------|-------|---------|---|--|--------|-------|----------------|
| | | | | | | | | | | | | U1 1 |
| | | | | | | | | | | | | U2 1 |
| | | | | | | | | | | | | U1 1 |
| | | | | | | | | | | | | U2 7 |

| | | | | | | | | | | | | | |
|--------|--------|-------------------------------------|--------|-------|---------------------------------------|--|------------------------------------|--|-------------------------------|---|---------------------------------|--|---------------------------|
| 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 checked="" type="checkbox"/> | 12 | 1 | PROPERTY OWNER ADDRESS | | CITY STATE ZIP | | PRIMARY 02 | | | | |
| | 2 | <input type="checkbox"/> | | | ARREST NAME HAGLER, JULIE S | | SECTION 11-904 | | CITATION NO. 255900 | SECONDARY 99 | | | |
| UNIT 2 | 1 | <input type="checkbox"/> | | | ARREST NAME | | SECTION | | CITATION NO. | DATE POLICE NOTIFIED 6/15/2016 | TIME NOTIFIED 5:45 | Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | |
| | 2 | <input type="checkbox"/> | | | OFFICER ID. 10000 | | SIGNATURE Curtis Squires | | BEAT / DIST. 1 | SUPERVISOR ID. Jeff Albee, 6464 | COURT DATE 7/26/2015 | | COURT TIME 9:00 |
| | 3 | <input type="checkbox"/> | | | | | | | | | | | |

X000517821

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 driving north on Stillwell Street. At the intersection of Market Street, Unit 1 came to a complete stop at the stop sign. Unit 1 completed a quick check of traffic and entered the intersection. Unit 1 did not see Unit 2 riding his bike on the sidewalk and drove forward. Unit 1 struck Unit 2 as Unit 2 entered the roadway.

LOCAL USE ONLYMotorist 1 Report No: **20140418600**Motorist 2 Report No: **20140418595**U1 Color: **Silver, Aluminum**

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 ☐ 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 _____